UNDERSTANDING YOUR DIAGNOSIS

Schizophrenia

Also called Schizophrenia

A brain condition that can make you hear or believe things others do not. With treatment, many people live full, steady lives.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 300 people	Late teens to early 30s	Yes - treatment helps most	24 million people worldwide

What this is

- Schizophrenia is a brain condition that changes how you think, feel, and take in the world around you.
- It is not a split personality. That is a myth. It is one mind having trouble sorting what is real from what is not.
- It is not your fault. It is not caused by bad parenting or weak character. It is a medical illness, like diabetes.
- Most people with schizophrenia are not dangerous. They are far more likely to be hurt by others than to hurt anyone.

What it can look and feel like

- You may hear voices that no one else hears. They can sound real, and they may comment on you or tell you what to do.
- You may feel sure that people are watching you, following you, or trying to harm you, even when loved ones disagree.
- Your thoughts may jump around, so your words come out mixed up and other people have trouble following what you mean.
- You may lose interest in things you used to enjoy, and pull away from friends, school, or work without meaning to.
- You may feel flat inside, and your face and voice may show less than you feel, which others sometimes read as not caring.
- It may get harder to focus, remember things, plan your day, or finish tasks that used to be easy for you.
- Sleep may turn upside down, and you may stop showering, eating well, or keeping up with everyday care.

What is happening in your brain and body

- Dopamine, a brain chemical that flags what matters, can run too high. Ordinary things then feel loaded with meaning.
- Brain cells that normally talk to each other get out of step, so signals about what is real and what is imagined cross.
- The natural trimming of brain connections during the teen years may go too far, which makes focus and memory harder.
- Brain areas used for memory and planning work less smoothly, which is why thinking can feel slow or foggy.
- Stress hormones stay high during an episode, so your body feels wired, tense, and worn out at the same time.

What can make it more likely

- Genes play a big part. Having a close relative with schizophrenia raises your chance, but most people with that history never get it.
- Stress, trauma, or growing up in a hard environment can add to the risk that genes already carry.
- Using cannabis in the teen years, especially strong products, raises the chance for people who are already at risk.
- Problems before or during birth, such as low oxygen or an infection, slightly raise the chance later in life.

What to expect

- Symptoms often build slowly over months before the first episode. Getting help early leads to better long-term results.
- Most people improve a lot with steady treatment. Many work, study, have relationships, and live on their own.
- There will be good stretches and harder stretches. A flare-up is not failure. It is a sign to adjust the plan.
- Staying with treatment even when you feel well is the single best way to keep episodes from coming back.

What helps

Treatment works. Most people get better.

Talking therapies

- **Talk therapy for psychosis** helps you check upsetting beliefs and cope with voices, usually over 16 to 24 sessions.
- **Family education** teaches everyone at home what helps, what to watch for, and how to lower stress. It cuts relapses.
- **Coordinated specialty care** is a team - therapist, prescriber, job coach - who work together after a first episode.
- **Skills groups** give you practice with conversations, daily routines, and self-care through role-play and coaching.
- **Thinking skills training** uses brain exercises plus a real job or class to sharpen focus, memory, and planning.

Medicines

- **Antipsychotics** are the main medicines. They turn down the volume on voices and fearful beliefs over 2 to 6 weeks.
- Common ones include risperidone, aripiprazole, and olanzapine. Your prescriber works out the dose together with you.
- Side effects can include weight gain, sleepiness, restlessness, or stiffness. Tell your team - most can be managed.
- **Clozapine** helps many people when two other medicines have not. It needs regular blood tests to keep you safe.
- **Long-acting shots** given every few weeks or months are an option if remembering daily pills is hard.

Everyday things that help

- Keep sleep steady. Going to bed and waking up at the same times protects your mind more than almost anything else.
- Skip cannabis and street drugs, and go easy on alcohol. They can trigger symptoms and block your medicine from working.
- Move your body most days and eat regular meals. This protects your heart, which some medicines can put under strain.
- Stay connected. A few people you trust, a routine, and something to do each day keep you steadier than being alone.
- Write a plan naming your early warning signs and who to call. Share it with someone you trust before you need it.

Get help right away if

- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- Get help right away if voices tell you to hurt yourself or someone else, or if you cannot tell what is real.
- Call your care team today if you stop sleeping, stop eating, or feel a sudden jump in fear or suspicion.

Questions to ask your care team

- *What early warning signs should my family and I watch for?*
- *How long should I stay on this medicine, and which side effects should I report?*
- *Is a long-acting shot a good fit for me instead of daily pills?*
- *What programs near me help with work, school, or housing?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.