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Schizophrenia: Understanding One of Mental Health's Most Misunderstood Conditions

A comprehensive overview for patients, families, and the public | May 2026



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7-MINUTE READ

Few words in medicine carry as much misunderstanding, fear, and “Schizophrenia”. Depicted in films as violent unpredictability, confused in popular language with “split personality,” and whispered about in hushed tones, schizophrenia is a condition wrapped in layers of myth that often prevent those who suffer from receiving compassionate, timely care.

The reality is both more complex and more human than the caricature. Schizophrenia is a serious, chronic brain disorder that disrupts the way a person thinks, feels, and perceives reality. It affects approximately 24 million people worldwide — roughly 1 in 300 individuals across every culture, every socioeconomic class, and every corner of the globe. It is not a moral failing. It is not a choice. And with the right treatment and support, many people with schizophrenia lead meaningful, fulfilling lives.

What Is Schizophrenia?

Schizophrenia is a psychotic disorder — meaning it involves episodes in which a person loses touch with reality. It is classified as a chronic condition because it typically requires long-term management, though its severity and course vary significantly from person to person.

Schizophrenia typically emerges in late adolescence or early adulthood. Men tend to develop symptoms in their late teens to mid-twenties; women often experience onset in their late twenties to early thirties. The condition rarely begins in childhood or after age 45, though both are possible.

Symptoms: A Three-Part Picture

Mental health professionals organize schizophrenia's symptoms into three broad categories.

Positive Symptoms

“Positive” here does not mean good — it refers to experiences that are *added* to normal functioning, things that are present but should not be.

- **Hallucinations** are perceptions without external stimuli. Auditory hallucinations — hearing voices — are the most common, affecting roughly 70% of people with schizophrenia. These voices may comment on the person's actions, issue commands, argue with each other, or say frightening things. Visual, tactile, olfactory, and taste hallucinations can also occur, though less frequently.
- **Delusions** are fixed, false beliefs held with absolute conviction, resistant to reason or contrary evidence. Common types include:
 - a) **Persecutory delusions** — believing one is being watched, followed, or plotted against

- b) **Referential delusions** — believing that random events (a TV broadcast, a stranger's glance) carry special personal messages
- c) **Grandiose delusions** — believing one has extraordinary powers, wealth, or a special mission
- d) **Thought insertion or withdrawal** — believing outside forces are placing thoughts into or removing them from one's mind
- **Disorganized thinking and speech** — Thoughts may jump erratically between unrelated topics ("loose associations"), or become so tangled as to be nearly incomprehensible ("word salad").
- **Disorganized or abnormal motor behavior** — This can range from childlike silliness to unpredictable agitation, or at the extreme end, catatonia — a state of unresponsiveness or rigid, unusual posturing.

Negative Symptoms

Negative symptoms represent a *diminishment* of normal functioning — things that are absent but should be present.

- Flat affect — Reduced emotional expression; speaking in a monotone, showing little facial expression
- Alogia — Poverty of speech; brief, empty replies; difficulty generating conversation
- Avolition — Lack of motivation; inability to initiate or sustain goal-directed activity
- Anhedonia — Diminished ability to experience pleasure from activities once enjoyed
- Social withdrawal — Reduced interest in social contact and relationships

Negative symptoms are often more disabling in daily life than positive ones and they respond less readily to current medications — making them an urgent focus of ongoing research.

Cognitive Symptoms

Often overlooked but profoundly impactful, cognitive symptoms affect:

- Working memory and the ability to use information immediately after learning it
- Attention and concentration
- Executive function — planning, decision-making, and problem-solving
- Processing speed

These deficits can make holding a job, managing finances, or following a conversation genuinely difficult, independent of any psychotic episode.

Causes and Risk Factors

Schizophrenia does not have a single cause. Current scientific understanding points to a complex interplay of genetic, neurobiological, and environmental factors.

Genetics

Schizophrenia runs in families, but it is not determined by a single gene. Having a first degree relative (parent or sibling) with schizophrenia raises one's lifetime risk from about 1% to roughly 10%. An identical twin of someone with schizophrenia has approximately a 40–50% risk — significant, but far from certain, demonstrating that genes are not destiny.

Hundreds of genetic variants have been identified as contributing small amounts of risk, many involving genes related to synaptic function, dopamine regulation, and immune response.

Brain Chemistry and Structure

Decades of research implicate dysregulation of dopamine and glutamate neurotransmitter systems. The "dopamine hypothesis" — that excess dopamine activity in certain brain circuits underlies psychosis — remains influential and is the basis for current antipsychotic medications.

Neuroimaging studies have also found structural differences in the brains of people with schizophrenia, including enlargement of the brain's fluid-filled ventricles and reductions in gray

matter volume in the prefrontal cortex and temporal lobes — regions critical for thought, emotion, and perception.

Environmental Triggers

Genetic predisposition alone is rarely sufficient. Environmental factors can increase risk, particularly in those who are genetically vulnerable:

- **Prenatal factors** — Maternal infection during pregnancy (particularly influenza in the second trimester), malnutrition, or stress
- **Obstetric complications** — Oxygen deprivation at birth, low birth weight
- **Urban upbringing** — Growing up in cities is consistently associated with modestly higher risk, possibly due to social stress or environmental exposures
- **Childhood adversity** — Abuse, neglect, and trauma increase risk
- **Cannabis use** — Heavy use of high-potency cannabis, particularly during adolescence, is associated with significantly elevated risk in genetically susceptible individuals
- **Immigration and social isolation** — Minority stress, social exclusion, and discrimination appear to contribute to higher rates among certain immigrant populations

Diagnosis

There is no blood test or brain scan that diagnoses schizophrenia. Diagnosis is clinical — based on a thorough psychiatric evaluation, medical history, physical examination, and laboratory tests to rule out other causes of psychosis (such as thyroid disorders, drug-induced states, autoimmune encephalitis, or brain tumors).

According to the DSM-5 (the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition), a diagnosis of schizophrenia requires:

- Two or more of the following for a significant portion of time during a one-month period: hallucinations, delusions, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms — with at least one of the first three present
- Continuous signs of disturbance for at least six months
- Significant impairment in social or occupational functioning
- Symptoms not attributable to substances, medication, or another medical condition

Differential diagnosis is essential. Conditions such as bipolar disorder with psychotic features, schizoaffective disorder, brief psychotic disorder, and substance-induced psychosis must be carefully distinguished, as treatment approaches differ.

Treatment

Schizophrenia is a treatable condition. While there is currently no cure, a combination of medication, therapy, and social support enables many people to manage symptoms effectively and live with considerable independence.

Antipsychotic Medications

Antipsychotics are the cornerstone of treatment. They work primarily by blocking dopamine receptors in the brain. Two generations of medications exist:

- **First-generation (typical) antipsychotics** — including haloperidol and chlorpromazine — are effective against positive symptoms but carry a significant risk of movement-related side effects (extrapyramidal symptoms), including tardive dyskinesia, a potentially permanent condition involving involuntary movements.
- **Second-generation (atypical) antipsychotics** — including clozapine, risperidone, olanzapine, quetiapine, and aripiprazole — have a lower risk of movement side effects for most patients. Clozapine is considered the most effective antipsychotic overall, particularly for treatment-resistant cases, but requires regular blood monitoring due to a rare but serious risk of agranulocytosis (a dangerous drop in white blood cells).

Long-acting injectable formulations are available for patients who struggle with daily oral medication adherence — a common and understandable challenge.

Finding the right medication often requires patience and collaboration between patient and psychiatrist. Side effects — weight gain, sedation, metabolic changes, and sexual dysfunction — are real and can significantly affect quality of life and willingness to continue treatment.

Psychosocial Treatments

Medication alone is rarely sufficient. Effective psychosocial interventions include:

- **Cognitive Behavioral Therapy for Psychosis (CBTp)** — Helps individuals examine and reframe distressing beliefs and responses to voices. Evidence supports its use as an adjunct to medication.
- **Family therapy and psychoeducation** — Families play a critical role in recovery. Educating family members about the illness, reducing high-expressed-emotion environments (characterized by criticism and hostility), and teaching communication strategies significantly reduce relapse rates.
- **Supported employment (Individual Placement and Support, IPS)** — Helps people with schizophrenia obtain and maintain competitive employment, which is strongly linked to improved outcomes and quality of life.
- **Assertive Community Treatment (ACT)** — Intensive, mobile, multidisciplinary treatment teams that brings services directly to individuals with severe mental illness in the community, reducing hospitalizations and homelessness.
- **Social skills training** — Structured practice of everyday interpersonal skills that symptoms and social withdrawal may have eroded.

Early Intervention

Research consistently shows that the **duration of untreated psychosis (DUP)** — the time between the onset of psychotic symptoms and the start of treatment — is a powerful predictor of long-term outcomes. Shorter DUP correlates with better recovery. Coordinated

Specialty Care (CSC) programs for first-episode psychosis have demonstrated impressive results: **reduced symptoms, better functional outcomes, and higher rates of employment and education.** Early identification and treatment are among the most impactful investments a healthcare system can make.

Ready to Take the First Step?

Reach out to JSA Mental Health Consultants today. Our veteran-informed clinical team is ready to support you with personalized, compassionate care. **Schedule a consultation.**

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