



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

BMHP6029

Psychopathological classifications and provisions

Component 1

Student name: Mame Diarra

Student number:2335169

Schizophrenia (6 A20,ICD-11,WHO,2019)

Schizophrenia or other primary psychotic disorders.

Introduction

- Schizophrenia is a primary psychotic disorder that affects perception of reality, thinking, emotions, and behaviour.
- It is characterised by positive symptoms(hallucinations, delusions, disorganised thinking) and negative symptoms (reduced motivation, social withdrawal, flattened affect).
- The condition can significantly impair daily functioning, relationships, and quality of life.
- This poster critically explores schizophrenia in relation to treatment approaches, historical and contemporary care, and the impact of social, cultural, political factors, stigma, and inequality.

Historical treatment and care

- Historically, schizophrenia was poorly understood, and individuals experiencing psychosis were often viewed through a medical model that focused on illness and containment rather than recovery and social inclusion (WHO, 2022).
- During the 19th and early 20th centuries, many people with severe mental health difficulties were cared for in psychiatric hospitals and asylums, which often resulted in separation from family, employment, and wider society.
- The introduction of antipsychotic medication in the 1950s represented a significant change in schizophrenia treatment, allowing symptoms to be managed more effectively, although concerns remain regarding side effects and long-term experiences of treatment.
- The process of deinstitutionalisation shifted mental health care away from long-term hospital admission towards community-based services, with the aim of promoting independence and improving quality of life (NICE, 2014).
- Despite these developments, the transition to community care has faced challenges, including pressure on mental health services, gaps in support, and continued stigma experienced by people living with schizophrenia.



Causes,symptoms, diagnosis

Causes

- No single cause explains schizophrenia — research points instead to a mix of inherited vulnerability and outside influences acting together (Robinson and Bergen, 2021). Contributing factors include:Genetics: risk rises when a close relative has the condition, but this comes from the combined small effects of many genes rather than one faulty gene.
- Problems around birth: complications during pregnancy or delivery, such as infection, poor nutrition, or oxygen shortage.

Symptoms

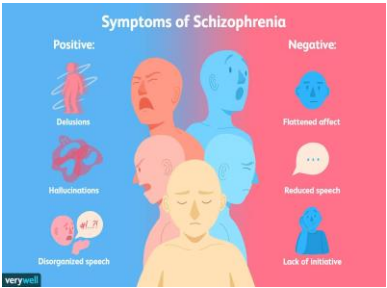
Clinicians typically split symptoms into two groups:

- Positive symptoms — experiences added on top of normal functioning, such as hearing or seeing things others don't (hallucinations), holding fixed false beliefs (delusions), or speech and thought that become jumbled.
- Negative symptoms — a loss of normal functioning, including low motivation, pulling away from social contact, blunted emotional expression, and speaking less. (WHO, 2022)

Diagnosis

There's no scan or blood test that confirms schizophrenia. Instead, a psychiatrist reaches a diagnosis through clinical evaluation, guided by set criteria in either the DSM-5 or ICD-11. Both manuals broadly require:

- At least one defining symptom (delusions, hallucinations, or disorganised Speech) along side a second symptom.
- Persistence of symptoms over a set period (six months under DSM-5, most of one month under ICD -11). Clear disruption to everyday life, such as work, relationships, or self-care. (NeuRA, 2022)



Current services and treatments

- Antipsychotics: main treatment, used to ease hallucinations, delusions and disorganised thinking (NICE, 2020)
- CBTp and family support: talking therapy plus help for relatives, alongside medication (NICE, 2020)
- Early Intervention teams: aim to treat first episodes within 2 weeks, improving long-term outcomes (NHS England, 2023)
- Community mental health teams: ongoing monitoring and support once acute symptoms settle

Recovery-focused care : centred on personal goals and independence, not just symptom control (WHO, 2021)

Recommendations

- Expand early intervention services so more people access treatment within 2 weeks of a first episode (NHS England, 2023)
- Reduce stigma through public education and more responsible media coverage (Martí-García et al., 2025)
- Improve culturally responsive services to address inequalities in diagnosis and detention (CQC, 2026)
- Continue shifting toward recovery-focused, person-centred community care (WHO, 2021)

Conclusion

There's no single cause of schizophrenia it stems from a mix of genetic and environmental influences. Care has moved a long way, from locking people away in asylums to supporting them within the community with a focus on recovery. Even so, stigma, unequal treatment across diagnosis and detention, and stretched services still get in the way of good outcomes. Closing that gap will take further investment in early intervention, more culturally aware services, and a continued shift toward recovery-focused care.



References

- Care Quality Commission (CQC) (2026) Monitoring the Mental Health Act in 2024/25. London: CQC. Available at: <https://www.cqc.org.uk/publications/monitoring-mental-health-act/2024-2025/inequalities> (Accessed: 28 July 2026).
- Martí-García, C., Quemada-González, C., Aguilera-Serrano, C., Mejías Martín, Y. and García-Caro, M.P. (2025) 'Changing the narrative: a qualitative study on the impact of media portrayals on people with schizophrenia', PLOS ONE, 20(10), e0335008. Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0335008> (Accessed: 28 July 2026).
- Mental Health Act 1983 (c.20). Available at: <https://www.legislation.gov.uk/ukpga/1983/20> (Accessed: 28 July 2026).
- National Institute for Health and Care Excellence (NICE) (2014) Psychosis and schizophrenia in adults: prevention and management (CG178). Available at: <https://www.nice.org.uk/guidance/cg178> (Accessed: 28 July 2026).
- NeuRA (2022) Schizophrenia: Diagnosis and Assessment. Sydney: Neuroscience Research Australia. Available at: <https://library.neura.edu.au/schizophrenia/diagnosis-and-assessment/schizophrenia-3/> (Accessed: 28 July 2026).
- NHS England (2023) Implementing the Early Intervention in Psychosis Access and Waiting Time Standard. London: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2023/03/B1954-implementing-the-early-intervention-in-psychosis-access-and-waiting-time-standard.pdf> (Accessed: 28 July 2026).
- NICE (2020) Rehabilitation for Adults with Complex Psychosis. NICE Guideline NG181. London: NICE. Available at: <https://www.nice.org.uk/guidance/ng181> (Accessed: 28 July 2026).
- Robinson, N. and Bergen, S.E. (2021) 'Environmental risk factors for schizophrenia and bipolar disorder and their relationship to genetic risk: current knowledge and future directions', Frontiers in Genetics, 12, 686666. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8273311/> (Accessed: 28 July 2026).
- Royal College of Psychiatrists (n.d.) Schizophrenia. Available at: <https://www.rcpsych.ac.uk/mental-health/problems-disorders/schizophrenia> (Accessed: 28 July 2026).
- World Health Organization (WHO) (2021) Guidance on community mental health services: Promoting person-centred and rights-based approaches. Geneva: World Health Organization. Available at: <https://iris.who.int/server/api/core/bitstreams/184ff4ef-9c4c-4aad-b1c5-437b08bc0184/content> (Accessed: 28 July 2026).
- World Health Organization (WHO) (2022) Schizophrenia. Geneva: World Health Organization. Available at: <https://www.who.int/news-room/fact-sheets/detail/schizophrenia> (Accessed: 28 July 2026).