21 Schizophrenia
Factsheet for parents and teachers

What is schizophrenia?
Schizophrenia is a serious mental disorder that affects thinking, emotions and behaviour. It is one of the most common forms of psychosis and affects one person in every 100.
Schizophrenia is rare before puberty. It is most likely to start between the ages of 15 and 35 years, but can occur in younger children. The illness might last for a long time and can be very disabling.

When a young person has a 'psychotic breakdown', not due to drug use, and a definite diagnosis may not be possible, it can be difficult to know what the long-term effects will be.

What are the symptoms?

Schizophrenia affects everybody differently. There are two groups of symptoms, which are described as ‘positive’ and ‘negative’. Young people with schizophrenia often have a mixture of the two. Sometimes, the illness develops slowly and can be hard to spot, but some young people become unwell very quickly.

None of these symptoms occurs exclusively in schizophrenia, they all occur in a wide variety of conditions. It is the combination of these, their course and the overall clinical picture which distinguishes schizophrenia from other conditions.
Positive symptoms

Delusions: this means holding beliefs that are not only untrue, but that can seem quite bizarre. The young person may believe that they are someone different, the President of the USA for example, or they may believe that other people are ‘out to get them’. They will believe that this is true despite what you say.

Thought disorder is when someone is not thinking straight and it is hard to make sense of what they are saying. Their ideas may be jumbled up, but it is more than being muddled or confused.

Hallucinations are when someone sees, hears, smells or feels something that isn’t really there. The most common hallucination that people have is hearing voices. In schizophrenia, hallucinations are totally real to the person having them. This can be very frightening and can make them believe that they are being watched or picked on. People who are having these experiences may act strangely. For example, they may talk or laugh to themselves as if talking to somebody that you can’t see.

Negative symptoms

The young person suffering from schizophrenia may become withdrawn and can appear unemotional. They seem to lose interest, stop washing regularly or spend a lot of time on their own. They are not able to carry on with their normal activities and usually find it impossible to concentrate on work or study.

How to get help

The earlier it is recognised that the young person is ill, the better the chances of getting effective treatment. This speeds recovery and reduces the long-term harm. Some people can make a complete recovery.

Even if your child won’t come with you, you must speak to your general practitioner first. It is likely that you will be referred to a psychiatrist (see Factsheet 31 on child and adolescent psychiatrists). Your child may need admission to hospital.

TREATMENT

Medication to reduce or reverse the abnormal mental processes and alleviate the distress these cause the patient.

Recovery support and rehabilitation to maintain or restore personal, social, learning and employment function, and to maintain and enhance activity levels and personal capabilities.

Medication

Medication plays an important part in the treatment of schizophrenia. It treats the symptoms of the illness and allows normal life to be resumed. Medication tends to be more effective with positive symptoms, less so with negative symptoms. Hallucinations and delusions may take some weeks to disappear. A number of drugs are available, and the doctor will advise which is the best for your child. Sometimes a number of different drugs will need to be tried before the best ‘fit’ is found. The treatment may need to be long-term, but you must discuss this with your doctor. Unfortunately, schizophrenia can recur, and may need long-term treatment.

There are side-effects to these medicines. Your doctor can advise you about what they are and what can be done to help. The risk of side-effects needs to be balanced against the risk of the damaging effects of the illness on a person’s life.

Practical help and support

It is crucial that drug treatments should be combined with practical help and support for the young person and their family. This includes:

• Help with understanding the illness. It is very important that the young person with schizophrenia and their family are helped to understand the condition, and how best to manage their life.

• Help to resume education or start work. An episode of schizophrenia can interfere with education because it is difficult to learn when you are unwell. An important part of recovery is to begin to plan the young person’s future.

• Help with family relationships. Criticism, hostility and stress are likely to cause a relapse. Families need help in recognising and controlling these, and on how best to support the young person. As is normal for all young people, this may include helping a young person to leave home and to live independently.

• Help to cope with voices (hallucinations). Some people with schizophrenia find a type of psychotherapy, Cognitive Behavioural Therapy (CBT), helpful in managing voices, often in combination with medicines. Talking treatments, such as CBT, can be helpful, but needs to be given in addition to medication.

When treated properly, many young people with schizophrenia can go on to lead a life that is enjoyable and fulfilling.

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