

# Mental Health and Growing Up, Second Edition

## Schizophrenia

### Printable Leaflet - Factsheet 23, for parents and teachers

#### What is schizophrenia?

Schizophrenia is a serious mental disorder which affects thinking, emotions and behaviour. It is the most common form of severe mental illness and affects 1 person in every 100. It is rare before puberty, and is most likely to start between the ages of 15 and 35 years. The illness often lasts for a long time and can be very disabling.

It tends to run in families. A child who has an affected parent has a 1 in 10 chance of developing schizophrenia. Viral infections during pregnancy, birth complications, growing up in inner cities and drug misuse also seem to play a part in the development of schizophrenia. The structure and chemistry of the brain may be affected, but there are no simple diagnostic tests for this at present.

Families do not *cause* schizophrenia (as some people used to believe). Evidence from research suggests that stressful events, or difficult relationships in the family, can sometimes trigger an episode of schizophrenia in someone who is already likely to develop it because of genetic and other factors.

#### What are the symptoms?

Schizophrenia affects different people differently. There are two groups of symptoms, 'positive' and 'negative' (see below). Individual sufferers often have a mixture of the two. They can appear quickly, over a few days, or develop more gradually over a period of weeks or months.

##### Positive symptoms:

**Delusions** This means holding beliefs which are not only untrue but which can seem quite bizarre. If you try and discuss these beliefs, you find that the sufferer holds onto them however much evidence there is against them.

**Thought disorder** This is a disturbance in thinking clearly. Other people may find the sufferer hard to understand because their sentences don't seem to make sense, or they drift from idea to idea, losing the sense of what you are trying to talk about.

**Hallucinations** These are when you see, hear, smell or feel something that isn't there. For example, the most common hallucination that people experience is hearing voices. These voices seem absolutely real, can be frightening and can make you believe that people are watching you, listening to you and harassing you. Young people having these experiences may appear suspicious and may act strangely. For example, they may talk or laugh to themselves as if talking to somebody that you can't see. This is quite different from the talking and laughing of children caught up in the pretend world of imaginative play.

##### Negative symptoms:

The young person suffering from schizophrenia may become quiet, withdrawn and can appear unemotional. They seem to lose interest, drive and motivation and may stop washing regularly or looking after themselves properly. They usually find it impossible to concentrate on work or study.

Typically, the symptoms are severe enough to cause concerns both at home and at school. Positive or negative symptoms alone do not mean that the person is definitely developing schizophrenia. Similar symptoms also happen in other conditions, such as depressive illness or as part of a severe reaction to stress. Symptoms like this *do* mean that you should seek medical advice.

#### What effects does schizophrenia have?

A young person with schizophrenia will

- find it hard to do well at school, or to keep up friendships.
- be likely to become depressed and suicidal.
- probably *not* be a danger to anyone else. Contrary to popular belief, most people with schizophrenia pose no risk to others – yet misunderstanding of this illness by others can lead the young person and their family to suffer the hurtful effects of stigma.
- suffer a severe loss of confidence and may feel they have lost control of their life – possibly form an unnecessarily pessimistic view of the future.

Family and friends are often shocked and distressed to see the changes caused by schizophrenia. The young person they know and love may now behave in ways which strain family relationships and upset the normal rules and routines of family life. These changes are hard to understand and deal with.

## 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.

You should contact your family doctor first. It is important to be sure that there is no underlying medical condition to account for the symptoms. If necessary, a referral can then be made to a local child and adolescent psychiatrist (see [Factsheet 36](#)). Assessment or treatment may sometimes need to take place in a specialist psychiatric in-patient unit for children or adolescents. When there is a risk of harm to the young person or others, admission is usually advisable. The young person may then need to remain in hospital for a few weeks or months.

## Effective treatments

The goal of treatment is to help the young person resume a life that is as normal as possible. At first, treatment focuses mainly on removing the symptoms. To obtain the best outcome, everyone involved, including the young person, the family, the psychiatric team, education and social services, need to work together from an early stage.

**Medication** plays a crucial role in the treatment of schizophrenia. It controls 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. They all belong to the class of drugs referred to as **neuroleptics**, **antipsychotics**, or **major tranquillisers**. For reasons which are not fully understood, not everyone responds to the same drug in exactly the same way. Sometimes a number of different drugs will need to be tried before the best 'fit' is found. Once the symptoms of the illness have been successfully treated, it is important to continue with the medication, under medical supervision, for some months. A small number of people are then able to stop medication with no ill effects. Most people, however, need to take **maintenance therapy** indefinitely, to prevent relapse.

Side-effects of the medication can occur. 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.

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

- help in understanding and coping with the condition.
- rebuilding confidence.
- tackling risk factors that could lead to a recurrence of illness.
- providing support to continue with education and employment.

Some young people will become ill again in spite of these measures. However, this need not prevent them from having a life which is enjoyable and fulfilling.

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