

Schizophrenia



Symptoms or Behaviors

- Confused thinking (for example, confusing what happens on television with reality)
- Vivid and bizarre thoughts and ideas
- Hallucinations
- Hearing, seeing, feeling, or smelling things that are not real or present
- Delusions
- Having beliefs that are fixed and false (i.e., believing that aliens are out to kill them because of information that they have)
- Severe anxiety and fearfulness
- Extreme moodiness
- Severe problems in making and keeping friends
- Feelings that people are hostile and “out to get them”
- Odd behavior, including behavior resembling that of a younger child
- Disorganized speech
- Lack of motivation

About the Disorder

Schizophrenia is a medical illness that causes a person to think and act strangely. It is rare in children less than 10 years of age and has its peak age of onset between the ages of 16 and 25. This disorder affects about 1 percent of the population, and thus middle and high school teachers will likely see children who are in the early stages of the illness. Schizophrenia can be difficult to recognize in its early phases, and the symptoms often are blurred with other psychiatric disorders.

Schizophrenia usually comes on gradually in what is known as the prodrome, and teachers are often the first to notice the early signs. The early signs are usually non-specific. For example, students who once enjoyed friendships with classmates may seem to withdraw into a world of their own. They may say things that don't make sense and talk about strange fears and ideas. Students may also show a gradual decline in their cognitive abilities and struggle more with their academic work. Since the disorder can come on quite gradually, it may be difficult to appreciate this decline in cognition without a longitudinal perspective over several academic years. The typical prodromal period lasts about 2 to 3 years. Some children show difficulties with attention, motor function, and social skills very early in life, before the prodrome, whereas others have no problems at all before the illness sets in.

The symptoms of schizophrenia include hallucinations (hearing and seeing things that are not there), delusions (fixed false beliefs); and difficulties in organizing their thoughts. A student may talk and say little of substance or the child may have ideas or fears that are odd and unusual (beyond developmental norms). Many, but not all individuals with schizophrenia may show a decline in their personal hygiene, develop a severe lack of motivation, or they may become apathetic or isolative. During adolescence the illness is not fully developed, and thus it is at times difficult to differentiate schizophrenia from a severe depression, substance abuse disorder, or bipolar affective disorder. Students who show signs of schizophrenia need a good mental health assessment.

Early diagnosis and treatment of schizophrenia is important. About 50 percent of people with schizophrenia will attempt suicide; 10 to 15 percent will succeed. Young people with this disease are usually treated with a combination of medication and individual and family therapy. They may also participate in specialized programs. Medications can be very helpful for treating the hallucinations, delusions, and difficulties in organizing thoughts. Unfortunately, the difficulties with motivation, personal hygiene, apathy, and social skills are often the least responsive to medications.

The cause of schizophrenia is not known, although it is believed to be a combination of genetic and environmental factors. The exact environmental factors that contribute to the development of schizophrenia are also not known.

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Educational Implications

Students with schizophrenia can have educational problems such as difficulty concentrating or paying attention. Their behavior and performance may fluctuate from day to day. These students are likely to exhibit thought problems or physical complaints; or they may act out or become withdrawn. Sometimes they may show little or no emotional reaction; at other times, their emotional responses may be inappropriate for the situation.

Instructional Strategies and Classroom Accommodations

- Reduce stress by going slowly when introducing new situations.
- Help students set realistic goals for academic achievement and extra-curricular activities
- Obtaining educational and cognitive testing can be helpful in determining if the student has specific strengths that can be capitalized upon to enhance learning.
- Establish regular meetings with the family for feedback on health and progress.
- Because the disorder is so complex and often debilitating, it will be necessary to meet with the family, with mental health providers, and with the medical professionals who are treating the student. These individuals can provide the information you will need to understand the student's behaviors, the effects of the psychotropic medication and how to develop a learning environment.
- Often it is helpful to have a "Team Meeting" to discuss the various aspects of the child's education and development.
- Encourage other students to be kind and to extend their friendship

—From "Schizophrenia: Youth's Greatest Disabler," produced by the British Columbia Schizophrenia Society, available at www.mentalhealth.com/book/p40-sc02.html

Resources

NAMI (National Alliance for the Mentally Ill)

Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201
703-524-7600 • 800-950-6264
www.nami.org

National Association for Research on Schizophrenia and Depression (NARSAD)

60 Cutter Mill Road, Suite 404
Great Neck, NY 11021
800-829-8289
www.narsad.org • info@narsad.org
Research updates and fact sheets

National Mental Health Association

2001 North Beauregard Street, 12th Floor
Alexandria, VA 22311
800-969-6642 • www.nmha.org
Fact sheets, news updates, referrals, support groups

Publications

Children with Schizophrenia, by Devyn Noble and Sandy Lenz, 1995. Available from Education Services Room 0601, Glenrose Rehabilitation Hospital, 10230-111 Avenue Edmonton, Alberta T5G 0B7
Phone: 780-471-7912

Surviving Schizophrenia: A Manual for Families, Consumers and Providers, by E. Fuller Torrey, HarperCollins, 2002.

When Madness Comes Home: Help and Hope for Families of the Mentally Ill, by Victoria Secunda, Hyperion, 1998.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.