

Schizophrenia Fact Sheet



Minnesota Association for
Children's Mental Health

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Symptoms/Behaviors

- Confused thinking (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 (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
- Problems planning and organizing
- 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
- Unpredictable agitation
- Poor memory

Resources: See macmh.org/edguidelink for more schizophrenia specific resources.

About the Disorder

Schizophrenia is a severe, disabling brain disorder 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. Students in middle and high school will likely be 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 two to three years. Some students 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, saying little of substance, or 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 consequently it may be difficult to differentiate schizophrenia from a severe depression, substance induced disorder, or bipolar disorder. Students who show signs of schizophrenia need a thorough mental health assessment.

Early diagnosis and treatment of schizophrenia is important. The DSM-5 reports about 20 percent of people with schizophrenia will attempt suicide; 5 to 6 percent will succeed. Students with this disease are usually treated with a combination of medication and individual and family therapy. 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. New research, however, reveals that treating a person's first episode of psychosis can have significant positive affects on the trajectory of the illness. Early intervention can improve symptoms and restore adaptive functioning.

According to the DSM-5 schizophrenia affects about 1 percent of the general population and in a greater degree for people who have a relative with the disorder. 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 currently not known.

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, mental health providers, and medical professionals who are treating the student. These individuals can provide the information needed 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 student'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

For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health chapter on Meeting the Needs of All Students.