

Children who Suffer from Schizophrenia

Reid Shiland

The College of Saint Rose

Schizophrenia is a long term mental disorder in which the individual suffers from a breakdown of thought, emotion, and behavior. This will lead to flawed perception, erratic emotional behavior, and withdrawing from reality. A low percentage of individuals suffer from this disorder. It is often a hard diseases to cope with, both for the individual and people who witness it.(Nieto-Rucian 2018)

Schizophrenia is characterized by a difference in behavior, hallucinations, and disordered thinking and speech. The early signs of schizophrenia can be seeing and hearing things that are not actually there, often feeling as though they are being watched, changes in personality and hygiene. While none of these warning signs alone are clear examples of schizophrenia, if multiple take place there is the chance of the disorder. The symptoms of schizophrenia are broken into two categories, positive symptoms and negative symptoms. The positive symptoms are delusions, hallucinations, disordered thinking and speech, and disorganized behavior. These disturbances are considered positive because they “add” to the individual's personality. The negative symptoms are social withdrawal, extreme lack of enthusiasm, lack of drive or initiative, and emotional flatness. These are capabilities the person once had, but are now lost, making them negative symptoms.(Gallagher 2018)

The cause of schizophrenia has still yet to be determined. Many factors can lead to a individual being diagnosed with the disorder. The Mayo Clinic writes:

Researchers believe that a combination of genetics, brain chemistry and environment contributes to development of the disorder. Problems with certain naturally occurring brain chemicals, including neurotransmitters called dopamine and glutamate, may

contribute to schizophrenia. Neuroimaging studies show differences in the brain structure and central nervous system of people with schizophrenia. While researchers aren't certain about the significance of these changes, they indicate that schizophrenia is a brain disease. (Mayo Clinic para. 6)

Other sources corroborate with these causes as well. The genetic cause of schizophrenia is being supported science. Through research, doctors have been able to link immediate relatives with a history of schizophrenia, schizoaffective disorder, bipolar disorder, and depression to a higher risk for developing schizophrenia throughout the general population. In a study conducted by Department of Psychiatry, Niigata University Graduate School of Medical and Dental Sciences instructors found “polygenic scores based on genome-wide association study data from 581 multiplex families .... significantly predicted disease status of 9394 patients and 12,462 controls; .... These results support the polygenic model of schizophrenia with an overlap between common risk variations in multiplex families.”(Watanabe) While the prevalence of schizophrenia is higher in families who suffer from mental disorders, the true cause of it has yet to be found.

The prevalence of schizophrenia is estimated to be “Approximately 3.5 million people in the United States are diagnosed with schizophrenia and it is one of the leading causes of disability.”(Sardaa) The spectrum of severity makes it much more possible for many to suffer from it. Schizophrenia is a slightly difficult disorder to diagnose, so a part of people who suffer from it often do not get treated. Due to the lack of knowing and diagnoses they suffer from the disorder. Diagnosing schizophrenia is often difficult to do: a big contribution to this is the usage of drugs. The effects drugs can have on someone often mock schizophrenia symptoms. Another

issue with the disorder is that, the people who suffer from it often think they do not have schizophrenia. This complicates the diagnosis quite a lot, as the patients are often in denial. There is no lab test to diagnose the disorder, which then requires a health care provider to observe the patient for generally at least six months. During this time, they must rule out other possible explanations, such as a brain tumor or bipolar disorder. Once it is thought that schizophrenia must be the diagnosis, the patient must suffer at least two of these symptoms: delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, and negative symptoms to actually be diagnosed. (Nami 2017)

To treat schizophrenia, antipsychotic (AP) are often used on the patients. The use of AP helps to treat and manage the symptoms. However, this often becomes an issue, because the user likely will soon believe they are no longer suffering from the symptoms. This leads them to stop taking the medication, and the symptoms start to reoccur. It is important to know that schizophrenia is as of now incurable, but using medication can lessen and control the symptoms. (Vanasse 2016)

One case of schizophrenia interventions was an empowerment trial. In this case, the patients took part in a six week trial where they, while still on their daily medication, received positive reinforcements. The intervention discussed six topics classified in three broad categories: comprehending recovery from an illness, doing and undoing efforts made for recovery and the route to the best recovery. The method of delivering sessions was through a booklet format supported with face-to-face discussion. The length of the discussions varied on an individual basis and ranged between 20 and 30 minutes. The results of this empowerment intervention showed progress in the feeling of helplessness that the candidates often felt. The

studies findings confirm that adding this type of intervention to standard healthcare in psychiatric clinics is an effectual method to improve the severe symptoms of schizophrenia. (Hasan and Musleh 2017)

Another educational intervention that was performed was video-based mobile health intervention provided through the students phones. This allowed the students suffering from schizophrenia to have outlets during the school day. The phones would allow students to have interventions that are structured as brief interactive modules in which the students are asked to rate their daily status, using multiple-choice options displayed on the screen. Based on their self-ratings, the phone would deliver an intervention in the form of screen sequences containing illness management suggestions and support statements in written text and images. This experiment showed to be helpful to those students, as their symptoms were now more manageable. The individuals were still on their medication throughout the trial. The video-based mobile health intervention is just another asset to help manage their symptoms when in a public setting, such as school.(Ben-Zeev 2018)

Schizophrenia affects the working memory, making those affected by the disorder educational experiences harder. In this article, it discusses how the schizophrenic's brain capacity to maintain information in memory is limited. After further analysis, the researchers also found varying guidelines of working memory, such as capacity, but not guidelines for reinforcement learning. The study also showed that working memory uniquely affected learning in people with schizophrenia, while reinforcement learning mechanisms did not.(Orenstein) Schizophrenic children also fall into the category of Emotional and Behavior Disorders. These individuals often have have comorbidity. This further effects their educational learning process,

as the disorder(s) can hinder their learning processes. If this is the case very often day treatment and residential programs are implemented.(Friend 2017)

Although the prevalence of schizophrenia is rather low, the importance of knowing about it is high. The disturbances that these individuals are going through differ between each person, and by being educated in the topic people can assist those who suffer from it. To help someone who is diagnosed with schizophrenia the American Psychiatric Association (APA) has outreach programs. This site has the opportunity for questions to be asked and can help someone get in touch with a trained professional near them. (Carpenter) Another agency that provide the same support as APA is the Substance Abuse and Mental Health Services Administration (SAMHSA). The SAMHSA provides support groups for patients and the families, along with a hotline to call. These two groups can help the family or the individual have a connection with someone to talk to and receive treatment. (SAMSHSA 2018)

Schizophrenia is a serious mental disorder which many suffer from, and are often in denial of this. With having a larger understanding and educating ourselves, we can assist those who are diagnosed with the disorder. Society should be readily available to help people who may have it, because often they believe that they are not schizophrenic.

## References

About Schizophrenia. (n.d.). Retrieved April 17, 2018, from <https://sardaa.org/resources/about-schizophrenia/>

Ben-Zeev, D., Brian, R. M., Aschbrenner, K. A., Jonathan, G., & Steingard, S. (2018).

Video-based mobile health interventions for people with schizophrenia: Bringing the 'pocket therapist' to life. *Psychiatric Rehabilitation Journal*, 41(1), 39-45.

doi:10.1037/prj0000197

Carpenter, W., Jr. (n.d.). Help With Schizophrenia. Retrieved from <https://www.psychiatry.org/patients-families/schizophrenia>

Friend, M. P. (2018). *Special education: Contemporary perspectives for school professionals*.

New York, NY: Pearson.

Gallagher B, Jones B. Early-onset schizophrenia: Symptoms and social class of origin.

*International Journal Of Social Psychiatry* [serial online]. September

2017;63(6):492-497. Available from: PsycINFO, Ipswich, MA. Accessed April 23, 2018.

Hasan, A., & Musleh, M. (2017). The impact of an empowerment intervention on people with schizophrenia: results of a randomized controlled trial. *The International Journal Of Social Psychiatry*, (3), 212.

J. (2017, March 29). Schizophrenia. Retrieved from <https://www.samhsa.gov/treatment/mental-health-disorders/schizophrenia>

NAMI.(n.d.).Retrievedfrom

<https://www.nami.org/learn-more/mental-health-conditions/schizophrenia>

Orenstein, D. (n.d.). Working memory hinders learning in schizophrenia. Retrieved from

<https://news.brown.edu/articles/2014/10/schizophrenia>

Nieto-Rucian, V., & Furness, P. J. (2018). The experience of growing up with a parent with

schizophrenia—A qualitative study. *Qualitative Psychology*, doi:10.1037/qup0000112

Schizophrenia. (2018, April 10). Retrieved April 17, 2018, from

<https://www.mayoclinic.org/diseases-conditions/schizophrenia/symptoms-causes/syc-20354443>

Vanasse, A., Blais, L., Courteau, J., Cohen, A. A., Roberge, P., Larouche, A., & ... Delorme, A.

(2016). Comparative effectiveness and safety of antipsychotic drugs in schizophrenia

treatment: a real-world observational study. *Acta Psychiatrica Scandinavica*, *134*(5),

374-384. doi:10.1111/acps.12621

Watanabe, Y., Nunokawa, A., Shibuya, M., Ikeda, M., Hishimoto, A., Kondo, K., . . . Someya,

T. (2016). Rare truncating variations and risk of schizophrenia: Whole-exome

sequencing in three families with affected siblings and a three-stage follow-up study

in a Japanese population. *Psychiatry Research*, *235*, 13-18.

doi:10.1016/j.psychres.2015.12.011