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Children's Mental Health Schizophrenia in Children

What is Schizophrenia?

Schizophrenia is a medical illness that causes strange thinking, abnormal feelings, and unusual behavior. It is an uncommon psychiatric illness in children and is hard to recognize in its early phases. The behavior of children and teens with schizophrenia may differ from that of adults with this illness.

Mounting evidence indicates that schizophrenia has neurodevelopmental roots. The appearance of schizophrenic symptoms before age 12 is rare (less than one-sixtieth as common as the adult-onset type), but studying these cases is important for an understanding of this disorder.

Neurodevelopmental damage seems to be greater in childhood schizophrenia than in the adult-onset type. Most schizophrenic children show delays in language and other functions long before their psychotic symptoms (hallucinations, delusions, and disordered thinking) appear, usually at age seven or later. In the first years of life, about 30% of these children have transient symptoms of pervasive developmental disorder, such as rocking, posturing, and arm flapping. Childhood home movies indicate uneven motor development, such as unusual crawling, in adult-onset schizophrenic patients. Children with schizophrenia may be even more seriously impaired in this respect; they are also more anxious and disruptive than adult-onset schizophrenic patients were as children.

Early Warning Signs:

- trouble discerning dreams from reality
- seeing things and hearing voices that are not real
- confused thinking
- vivid and bizarre thoughts and ideas
- extreme moodiness
- peculiar behavior
- concept that people are "out to get them"
- behaving younger than chronological age
- severe anxiety and fearfulness
- confusing television or movies with reality
- severe problems in making and keeping friends

The behavior of children with this illness may change over time. The schizophrenic psychosis develops gradually in children, without the sudden psychotic break that sometimes occurs in adolescents and adults. Children may begin talking about strange fears

and ideas. They may start to cling to parents or say things that do not make sense. Children who used to enjoy relationships with others may become more shy or withdrawn and seem to be in their own world.

Treatment

Early diagnosis and medical treatment are important. Children with the problems and symptoms listed above must have a complete evaluation. These children may need individual treatment plans involving other professionals. A combination of medication and individual therapy, family therapy, and specialized programs (school, activities, etc.) is often necessary. Psychiatric medication can be helpful for many of the symptoms and problems identified.

Standard antipsychotic drugs appear to be effective for schizophrenic children and adolescents, and the atypical drug clozapine is helpful for at least half of those who do not respond to typical drugs. In a few cases their psychotic symptoms seem to disappear entirely. Unfortunately, children may be more susceptible than adults to the toxic effects of clozapine; about one third of them have to stop taking it because of the side effects. Newer antipsychotic drugs that may be safer and just as effective are now being tested.

Parents need to ask their family physician or pediatrician to refer them to a child and adolescent psychiatrist who is specifically trained and skilled at evaluating, diagnosing, and treating children with schizophrenia.

For More Information:

Contact your local Mental Health Association, community mental health center, or:

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314
Phone 800-969-6642
Stigma Watch Line 800-969-NMHA
TTY line 800-433-5959
<http://www.nmha.org>

National Alliance for Research on Schizophrenia
and Depression (NARSAD)
60 Cuttermill Rd
Suite 200
Great Neck, NY 11021
Phone: (800) 829-8289

Schizophrenics Anonymous
Mental Health in Michigan
15920 W. Twelve Mile
Southfield, MI 48076
Phone: (313) 557-6777

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