

# Schizophrenia in Children

The behavior of children with schizophrenia may change slowly over time. For example, children who used to enjoy relationships with others may start to become more shy or withdrawn and seem to be in their own world. Sometimes youngsters will begin talking about strange fears and ideas. They may cling to parents or say things which do not make much sense. These early problems may first be noticed by the child's school teachers.

Schizophrenia is a serious illness. Early diagnosis and medical treatment are important. Children with the problems and symptoms listed in the purple section must have a complete evaluation. Usually these children need individual treatment plans involving other professionals. A combination of medication and individual therapy, family therapy, and specialized programs (school, activities, etc.) are often necessary.

Psychotropic medication may be helpful for many of the symptoms and problems identified. These medications require careful monitoring by a child and adolescent psychiatrist. Parents should 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.

The Manitoba Schizophrenia Society, Inc. is a non-profit community based mental health self-help organization. Formed in 1979, MSS seeks:

- To offer support and guidance to anyone living with schizophrenia and also co-occurring substance use/abuse.
- To restore self-confidence and overcome stigma, discrimination and misconceptions surrounding mental illness.
- To increase awareness and understanding about schizophrenia and to advocate for quality of life for the mentally ill.
- To promote research into the causes and treatment of schizophrenia, and its ultimate cure.

For information about public presentations, support groups and one-on-one consultation contact us at  
**786-1616**



**Schizophrenia is an illness caused by biological and chemical changes in the brain. It is an uncommon illness in children and is hard to recognize in its early phases.**



MANITOBA SCHIZOPHRENIA SOCIETY  
A REASON TO HOPE THE MEANS TO COPE

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Children with schizophrenia may be disorientated, confused and anxious. They may suffer from distortions in perceptions of time and space, and their senses, such as hearing and sight, can appear to be playing tricks on them.

School Reports often verify long-standing cognitive functioning problems. These can include:

- Delays in language development
- Attention and concentration problems
- Pervasive learning impairments

Thought organization and problem-solving abilities are compressed early in the illness and this will have an impact on the child's ability for new learning and suitability for psychotherapies.

They may have psychotic episodes where they truly can't tell the difference between real and unreal experiences. Other times, they may be aware that they are confused.

This may be more easily understood if you think of the brain in terms of a telephone operator sitting at an old plug type switchboard. The operator (your brain) receives and sorts all the information that comes in.

Senses, thoughts, emotions, ideas, and memories are formulated in appropriate combinations. Learned sounds are translated into words with meaning. Words or sentences are sorted into a pattern of thought.

A child with schizophrenia, however, has a brain that does not always put proper connections together, or his or her brain may not receive all the messages. The result is that the child with schizophrenia often misunderstands what we see and hear very clearly.

He or she may have trouble recognizing people (because familiar patterns are scrambled or distorted.) The same type of distortion can occur with hearing. If the child's hearing is distorted he or she may be highly sensitive to noise, or be unable to pinpoint its source, and so ignore the sound.

The repetitive questioning seen in almost all children with schizophrenia may be due to a distortion in time perception. Even though only seconds may have gone by, the child may see the brief interval as the passage of many hours without his question being answered.

*The behavior of children and adolescents with psychosis or schizophrenia may differ from that of adults. Child and adolescent psychiatrists look for several of the following early warning signs in youngsters with psychosis or schizophrenia.*

#### SYMPTOMS

- Trouble recognizing dreams from reality
- Seeing things and hearing voices which are not real
- Confused thinking
- Vivid and bizarre thoughts and ideas
- Extreme moodiness
- Odd behavior
- Ideas that people are "out to get them"
- Behaving like a younger child
- Severe anxiety and fearfulness
- Confusing television with reality
- Severe problems in making and keeping friends



The distortions in space relationships frequently produce strange ways of walking. The child may walk in a zig-zag pattern or with his legs high and wide. The child with schizophrenia is often clumsy and has poor balance. Because of these difficulties, these children often touch the walls as they walk along.

Children with schizophrenia may have hallucinations. While these are often difficult to detect in children, they may report that pictures look real and may be afraid to be left alone because of this. Real people may look small or flat to the child. Their own body perceptions are also distorted; for example, children may report they feel like a stuffed animal or think that their legs disappear when they are in the swimming pool.

While children with schizophrenia can pay attention and be involved, they are often inattentive and incapable of putting out effort over a long period of time. They may also show decreased reaction to painful situations or be overly fearful of everyday life.

Combining the world of children with schizophrenia with those of their families can indeed cause disruption, conflicting feelings, and ongoing stress.