

Information about **SCHIZOPHRENIA**
in children and adolescents

WHAT IS SCHIZOPHRENIA in children and adolescents?

Schizophrenia is an illness that affects and distorts thoughts, feelings and actions. Many people are of the belief that those with schizophrenia are split between two personalities, but this is not correct. Rather, it is a psychosis, i.e. a distorted perception of reality, often characterised by delusions and hallucinations. For example, children and adolescents with schizophrenia may see things and hear noises that do not exist. However, the visions and sounds are no less totally real to the person who is ill.

Children and adolescents with schizophrenia often find that the world has fundamentally changed. They have experiences that they cannot share with other people. It can change the perception that children or adolescents have of themselves and their surroundings, and it can cause their behaviour to change. As a consequence, the early development of language, motor skills and social function may be delayed.

Children and adolescents with schizophrenia can feel fundamentally changed and have a sense of not being present, or not being alive, as much as other people. This affects all areas of the child or adolescent's life and means it is difficult for the child or adolescent to maintain contact with friends and family, or cope with schooling and leisure time interests. It makes living with schizophrenia very demanding at times.

Around 20 per cent of children and adolescents with a diagnosis of schizophrenia are cured. The remaining 80 per cent can have long periods without symptoms, but also periods where the symptoms deteriorate or become so serious that they require hospitalisation in a Mental Health Centre for Child and Adolescent Psychiatry.

HOW MANY PEOPLE HAVE SCHIZOPHRENIA?

- **It is extremely rare for children and adolescents to develop schizophrenia; the risk of getting the condition is less than one per cent.**
 - **Boys develop schizophrenia more often than girls.**
 - **In Denmark, around 25,000 people (children, adolescents and adults) are living with schizophrenia.**
 - **The lifetime risk of developing schizophrenia is 0.7 per cent in Denmark.**
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SYMPTOMS OF SCHIZOPHRENIA

Schizophrenia can be diagnosed with certainty in children from around the age of seven years. Only at this age are children aware enough of their emotional state to be able to describe their symptoms.

Schizophrenia often develops more slowly and insidiously in children and adolescents than it does in adults. Often, a number of years can pass from the first symptoms occur until a doctor is able to make a definite diagnosis.

Symptoms of schizophrenia can occur both singly, and in many different combinations. What all symptoms have in common, however, is that in all cases they need to have been present for at least one month.

The most common presentation of the illness in children and adults is a combination of hallucinations, delusions, negative symptoms and linguistic thought disturbances.

THOUGHT ALIENATION EXPERIENCES

- **Thought withdrawal (the feeling that a person's thoughts are being taken out of their head or otherwise removed)**
- **Thought insertion (the experience of having thoughts that are not one's own and which are being imposed from outside by an alien force)**
- **Thought broadcasting (the experience that one's thoughts are not private, but are directly available to others)**
- **Audible thoughts (the experience of hearing one's thoughts spoken aloud inside one's head)**

AUDITORY HALLUCINATIONS

- **Commenting voices (voices discussing and commentating on the person's thoughts or actions)**
- **Discussing voices (several voices talking together about a person's thoughts or actions)**

CONTROL EXPERIENCES

- **Imposed actions (the experience that one's movements or action are imposed by an alien will)**
- **Imposed will impulses (the experience that one's will has been replaced by another will, so one is controlled from outside by an alien power or force)**
- **Imposed emotions (the experience of having emotions that are not one's own, imposed from outside)**

BODILY ALIENATION EXPERIENCES

(Strange sensory experiences, combined with thoughts that this is due to some external influence). This may, for example, be the feeling either that the brain is shrinking, or is too big for the cranium.

NEGATIVE SYMPTOMS

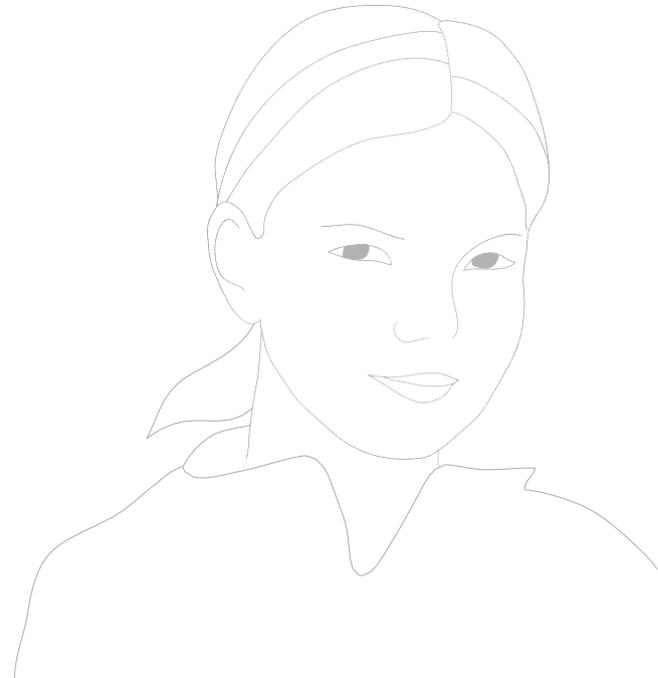
- **Sluggishness** (slow in movement and thought)
 - **Drowsiness**
 - **Affective flattening** (the loss of the ability to express emotions)
 - **Lack of initiative**
 - **Passivity**
 - **Language poverty** (speaking less than previously)
 - **Reduced contact** (difficulties with normal contact and conversation)
 - **Lack of initiative or interests**
 - **Empty or aimless behaviour**
 - **Social withdrawal or searching for solitude**
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HOW CAN A PERSON GET HELP?

Where schizophrenia is suspected, it is important to discuss it with the child's or adolescent's GP. The doctor can help to clarify whether or not there are grounds to think that it is schizophrenia. If there are, the doctor can refer the person for examination and treatment by a specialist practising psychiatrist, or at the Mental Health Centre for Child and Adolescent Psychiatry, if necessary.

If your child needs emergency psychiatric help, contact the 24-hour Psychiatric Emergency Department for children and adolescents in Glostrup.

For more information, go to www.psykiatri-regionh.dk/akut or the Akuthjælp app.



TREATMENT OF SCHIZOPHRENIA

Treatment begins with a thorough discussion to clarify whether it is schizophrenia. If it is, an assessment is made as to which course of treatment would be most beneficial. The discussion takes place either with a GP, with a privately practising specialist in child and adolescent psychiatry, or with the doctor at a Mental Health Department for Child and Adolescent Psychiatry.

Where schizophrenia is suspected in a child, the doctor will always talk to the child's parents. It is important to hear the parents' account of the course of the illness, as the child may have difficulty describing the changes that have taken place. The same applies to adolescents over the age of 15, unless otherwise agreed.

The treatment of schizophrenia at Mental Health Centre for Child and Adolescent Psychiatry is done as a multi-disciplinary collaboration between the doctor and a range of other professional groups, e.g. psychologists, nurses, social and health assistants, physiotherapists and occupational therapists, as well as teachers and educationalists. As a rule, treatment is carried out in close collaboration with the parents.

MEDICINAL TREATMENT

In the vast majority of cases, anti-psychotic medication is necessary in order to treat schizophrenia. The medication alleviates the psychotic symptoms such as hallucinations and delusions, thus reducing anxiety, and it becomes possible to create a trusting contact with the child or adolescent. The medication often has a modifying

effect on agitation, sleeplessness and the generally tortured state that the child or adolescent is in.

It is necessary to alleviate the psychotic symptoms in order for the child or adolescent to benefit from the psychological forms of therapy such as talk therapy, environmental therapy, and any special facilities at school or in the institutions, or in conjunction with leisure time activities.

In some cases, the medication can have side effects, such as fatigue, weight gain and an increase in cholesterol and insulin in the blood. More rarely, there can also be movement disturbances such as shaking, stiffness of the muscles or tripping, and there can be disturbances in body functions, e.g. dry mouth, constipation and dizziness.

If side effects do arise, it is important to contact the doctor to discuss the side-effects. The effects and side effects of the medication vary from one person to another, and it may therefore be necessary to try out several types of medicine in order to find the one that produces the fewest side effects possible.

It is important to complete the whole course of medicinal treatment. If medicinal treatment needs to be stopped, this must be done gradually, and by agreement with the doctor.

PREVENTATIVE MEDICINAL TREATMENT

When a person has the illness known as schizophrenia, it means they are at risk of a relapse or deterioration of their symptoms several times during their lives. There may, therefore, be grounds to take preventative medication to minimise the risk of a recurrence of the symptoms.

If, despite this, symptoms of schizophrenia arise while the child or adolescent is taking preventative medication, it is important to contact the doctor. In these cases, the doctor will decide whether the type or dose of medication needs to be changed.

HOW DOES THE MEDICATION WORK?

Anti-psychotic medication primarily works to counter symptoms such as hallucinations and delusions. The medication suppresses racing thoughts, improves the ability to think clearly, and suppresses anxiety and tension. In a large proportion of patients, the medication suppresses or removes the symptoms completely.

Medication is prescribed at the lowest possible dosage in order to minimise the problems of side effects.

TALK THERAPY

Talk therapy consists of talks with a therapist, often a doctor or psychologist who specialises in child and adolescent psychiatry. These talks can be held either one-to-one or in groups. Generally, talk therapy with children is carried out together with the parents.

Talk therapy often includes cognitive behavioural therapy, where there is a discussion about how the illness is being perceived. The therapist attempts are made to help the child to change his or her thoughts, feelings, actions and body reactions. Agreements are made as to the goal of the treatment, and on how to achieve the desired improvement.

Talk therapy should provide an insight into the illness and put the child or adolescent in a position to be in control of their life with schizophrenia. For instance, it may be to provide the child or adolescent with specific tools for what they can do when, for example, they hear voices.

Children and adolescents with schizophrenia can often only take part in, and benefit from, talk therapy once the medicinal treatment has begun to work and the hallucinations and delusions have been suppressed.

EDUCATION ABOUT MENTAL ILLNESS (PSYCHOEDUCATION)

Knowledge and education about schizophrenia can help to increase the understanding of what type of illness the child or adolescent has. A good understanding of symptoms, illness and treatment help to reduce the risk of relapses, as it provides greater awareness of the symptoms to keep an eye on and react to.

Education about mental illness is also called psychoeducation, and this forms part of most courses of treatment under Mental Health Services – Capital Region of Denmark. The family and other close relatives can benefit greatly from taking part in the education.

Psychoeducation for the whole family increases the family's knowledge about schizophrenia, and provides support to the relatives in solving the problems associated with having a child with schizophrenia. For instance, the parents also gain knowledge and help with setting reasonable requirements for and expectations of the child or adolescent.

The staff at the Mental Health Centre for Child and Adolescent Psychiatry can provide information about the possibilities of taking part in psychoeducation.

ENVIRONMENTAL THERAPY

Children or adolescents with schizophrenia can have great difficulty in planning and carrying out the simplest day-to-day routines and tasks for themselves, such as going to school and leisure time activities, or maintaining contact with friends.

Environmental therapy is about (re)training the person's ability to cope and be together with other people, and to carry out normal day-to-day actions.

Environmental therapy is offered during periods of hospitalisation, and is adapted to the needs of the individual child or adolescent. One way in which environmental therapy works is as preparation for discharge from the Mental Health Department for Child and Adolescent Psychiatry.

COMPULSION

It is part of schizophrenia that the child or adolescent does not necessarily have a realistic picture of how ill they are. Nor is it certain that they understand they have an illness that requires treatment. In order to help and alleviate the symptoms, it can be necessary to treat children and adolescents admitted with schizophrenia against their will. It is the doctor who decides whether there is a need to use compulsion in the treatment.

You can find out more about the use of coercion and the rights of patients in respect of coercion in the leaflet "Tvang i psykiatri (Coercion in psychiatry). Information for admitted children and adolescents – and their parents", which is published by Mental Health Services – Capital Region of Denmark.

For further information, see www.psykiatri-regionh.dk/patientinfo.

WHAT CAN RELATIVES DO TO HELP?

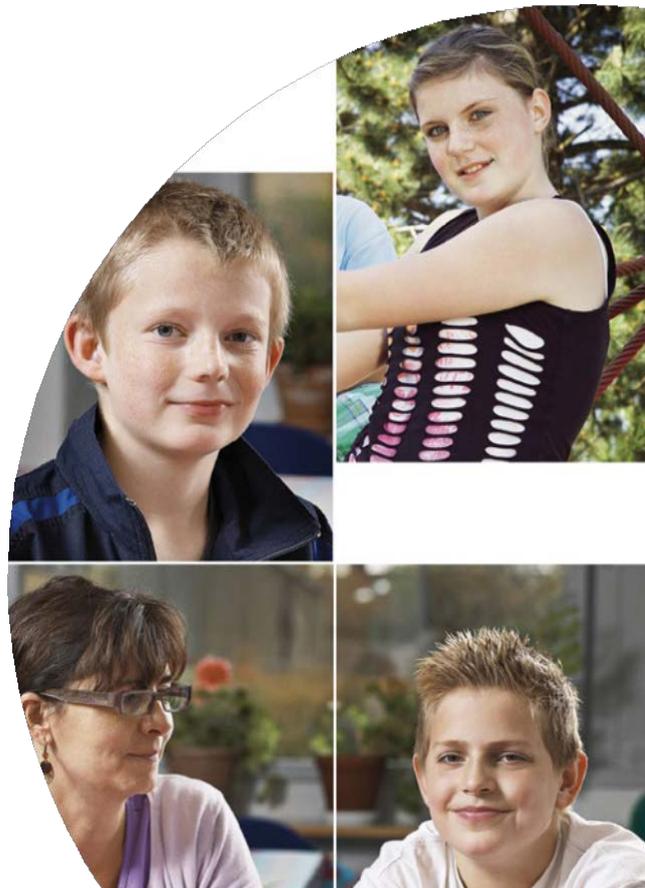
The most important task for the relatives of children and adolescents with schizophrenia is to provide support in finding professional help. It can be difficult to distinguish between when your child merely has a good imagination, or needs to be left alone a little, and when there are actual signs of schizophrenia. It is for the doctor to decide.

The relative of a child or adolescent undergoing treatment is best able to provide support by listening, being there for them, and making everyday life easier for the child or adolescent. For example, you can pay particular attention to supporting the child in conjunction with leisure activities, help to arrange visits with friends or help with homework.

Being the relative of a child or adolescent with schizophrenia can be very challenging. People have to be prepared to be rejected, while at the same time being able to show care and interest. It is an illness that cannot be controlled or guided by force of will.

For some people, meeting people via a network for the relatives of schizophrenia sufferers is of help. Read more at www.psykiatri-regionh.dk/patientinfo.

Mental Health Services – Capital Region of Denmark has published a leaflet containing information about the role of relatives, the involvement of relatives in the treatment and the potential for help and support for relatives. Please feel free to contact the staff at the Mental Health Department for Child and Adolescent Psychiatry or find the leaflet at www.psykiatri-regionh.dk/patientinfo.



TIPS FOR RELATIVES

- Find out what schizophrenia is.
 - Support the child or adolescent during treatment, and follow the doctor's instructions and advice.
 - Allow them some space. Everyone can feel the need for 'time out'. Both parents and child.
 - Focus on the areas where you can make a difference. Accept that you cannot solve all the problems yourself.
 - Solve problems step by step. Make changes gradually, and work on one thing at a time.
 - Allow normal life to continue. Resume the family routines as far as possible. See friends and family as normal.
 - Provide comfort, e.g. by saying: "Remember, you will get better. You have an illness, which you can get treatment for".
 - Avoid reproaches.
 - Reduce your expectations. Use a personal measuring stick for success and compare, for example, this month with last month. Has there been any progress?.
 - Keep an eye out for warning signs, and contact a professional therapist if symptoms of schizophrenia arise after treatment, or if the child or adolescent feels worse during the treatment.
 - Seek help for yourself if you have questions, lack support or need assistance in your everyday life.
 - Remember that schizophrenia is not anyone's fault.
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FURTHER INFORMATION

www.psykiatri-regionh.dk

You also have the opportunity to consult with PsykInfo for further information, advice and guidance on mental illness. PsykInfo is a psychiatric information center, located in central Copenhagen, which caters to all citizens who seek knowledge about mental illness.

See www.psykinfo-regionh.dk.



This booklet is for you who is a patient at Mental Health Services – Capital Region of Denmark and for your relatives. With this booklet, we want to help you and your family experience a good and comprehensive course of treatment – and good cooperation with the staff at Mental Health Services – Capital Region of Denmark.

It is you and your immediate family, who live with the illness and is most aware of how you feel and how your illness is affecting your life.

We place great emphasis on keeping you well informed about the treatment throughout the course of treatment, and you are always welcome to ask questions.

THE PATIENT AT THE CENTRE

The treatment at Mental Health Services – Capital Region of Denmark often consists of a combination of a number of therapies and is always based on the patient's individual and immediate needs. Therefore, no courses of treatment are alike.

The mental health staff has professional insight into how mental illnesses can develop and be treated. We want to hear how you experience your illness and what your treatment goal is. We use both as a basis when we plan the treatment together.

The goal is for the treatment to heal you or make you considerably better. It varies when and how much people with mental illness recover. But with the right treatment, anyone can develop and create or resume daily life.

REGION HOVEDSTADENS PSYKIATRI (MENTAL HEALTH SERVICES – CAPITAL REGION OF DENMARK)

Many people encounter a mental illness during the course of their lifetime. At Mental Health Services – Capital Region of Denmark, every year we treat approx. 41,000 children and adults for a variety of mental illnesses. The treatment is done on an outpatient basis by visiting teams and, where necessary, by Mental Health Services – Capital Region of Denmark.

Mental Health Services – Capital Region of Denmark

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