

# Psychosis (Schizophrenia) in Children and Youth

Schizophrenia and other psychotic disorders are medical illnesses that result in strange or bizarre thinking, perceptions (sight, sound), behaviors, and emotions. Psychosis is a brain-based condition that is made better or worse by environmental factors - like drug use and stress. Children and youth who experience psychosis often say "something is not quite right" or can't tell if something is real or not real. It is an uncommon psychiatric illness in young children and is hard to recognize in its early phases.

The appearance of symptoms of psychosis before age 12 is rare (less than one-sixtieth as common as the adult-onset type), but studying these cases is important for understanding this disorder. For those who might develop psychotic disorders or schizophrenia as adults (adult-onset), it is not uncommon for them to start experiencing early warning signs during puberty or adolescence. The period of time when an adolescent experiences the early warning signs of psychosis is called prodrome. During this time, youth recognize that their experiences (hearing or seeing things that are not there) are strange or concerning. They may not easily admit these problems unless asked. Being aware of the early warning signs and offering support is crucial.

Childhood-onset - Most children with schizophrenia show delays in language and other functions long before their psychotic symptoms (hallucinations, delusions, and disordered thinking) appear. 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-onset of psychosis may present with poor motor development, such as unusual crawling, and children may be more anxious and disruptive compared to those with later onset.

It is especially important to pay attention to sudden changes in thoughts and behaviors. Keep in mind that the onset of several of the symptoms below, and not just any one change, indicates a problem that should be assessed. The symptoms below should not be due to recent substance use or another medical condition.

## Early Warning Signs:

- Feeling like their brain is not working
- Feeling like their mind or eyes are playing tricks on them
- Seeing things and hearing voices that are not real
- Hearing knocking, tapping, clicking or their named being called
- Confused thoughts
- Vivid and bizarre thoughts and ideas
- Sudden and bizarre changes in emotions
- Peculiar behavior that seem unusual
- Increased sensitivity to light, sounds, smells or touch
- Concept that people are "out to get them"
- Fearfulness or suspicion that isn't warranted
- Withdrawal from others
- Severe problems in making and keeping friends
- Difficulty speaking, writing, focusing or managing simple tasks

The behavior of children with this illness may change over time. Psychosis can develop gradually or suddenly. Children and youth may begin talking about strange fears and ideas. They may start to cling to parents or say things that do not make sense. Others who used to enjoy relationships with peers may become more shy or withdrawn or seem to be in their own world.

## Treatment

Early diagnosis and medical treatment are important. It is especially important that children and youth with the problems and symptoms listed above receive 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 (wraparound services, early psychosis treatment) is often necessary. Changes in life style (keeping stress low, taking fish oils), additional supports (therapy and school support) and psychiatric medication can be helpful for many of the symptoms and problems identified.

Making the choice about whether or not to use medications can be difficult. Second-generation (atypical) antipsychotic drugs are usually tried first because they may cause fewer side effects than standard drugs. Serious side effects of second-generation antipsychotic drugs can include weight gain, diabetes and high cholesterol. Currently, the Food and Drug Administration approves the use of two second-generation drugs in children ages 13-17, Risperidone (Risperdal) and Aripiprazole (Abilify).

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.

## Other Resources

National Psychosis Prevention Council: [www.psychosisprevention.org](http://www.psychosisprevention.org)

NARSAD: The Mental Health Research Association (800) 829-8289 [www.narsad.org](http://www.narsad.org)

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