



Disability Services

Information Sheet

Intellectual disability and schizophrenia

Schizophrenia is a serious mental illness that affects about one per cent of the population. Contrary to common belief, schizophrenia does not mean “split personality”. The term schizophrenia comes from the Greek for “fractured mind” and refers to changes in mental function where thoughts and perceptions become disordered.

What is psychosis?

Psychosis is not the same as schizophrenia. Psychosis is a general term to describe a mental health problem in which a person has lost some contact with reality. There are severe disturbances in thinking, emotion and behaviour. Psychosis can severely disrupt a person’s life. There are numerous disorders in which a person can experience psychosis, including schizophrenia, but can also be associated with other illnesses such as major depression, bipolar disorder and drug induced psychosis.

The signs and symptoms of psychosis may vary from person to person and can change over time but common indicators when psychosis is developing include:

- ▶ **Changes in emotion and motivation** for example depression, anxiety, irritability, suspiciousness, blunted or flat or inappropriate emotion, change in appetite, reduced energy and reduced motivation.
- ▶ **Changes in thinking and perception** for example difficulties with concentration or attending’ odd ideas’ unusual sensory experiences.
- ▶ **Changes in behaviour** for example sleep disturbance’ social isolation or withdrawal.

Schizophrenia and intellectual disability

The prevalence of schizophrenia in intellectual disability is reported to be around three per cent which is about three times higher than in the general population.

Although the experience of schizophrenia is different for each person there are some reasonably consistent symptoms. In the acute phases of the illness these include:

- ▶ **Hallucinations** most commonly involve hearing voices, but can also involve seeing, feeling, tasting or smelling things. These are perceived as very real by the person, but are not actually there. The hallucinations can be very frightening, especially voices saying negative comments about the person.
- ▶ **Delusions:** These are false beliefs, for example of persecution, guilt, having a special mission or being under outside control. Although the delusions may seem bizarre to others, they are very real to the person experiencing them.

People with intellectual disability are more likely to express hallucinations and delusions through their behaviour. Some of the common behaviours suggesting hallucinations and/or delusions include:

- ▶ new avoidance or 'fears'
- ▶ irrational beliefs and bizarre accusations not expressed previously
- ▶ glaring with intense anger at strangers or others who were previously liked
- ▶ talking to non-existent people
- ▶ turning his/her head or nodding as if listening to someone no-one else hears
- ▶ sniffing the air, as if smelling something no-one else smells
- ▶ pushing or brushing unseen objects off the body
- ▶ covering eyes or ears as if to block out sounds or sights not seen by others

Hallucinations and delusions are very real and often frightening for the person experiencing them. Families and carers need to be sensitive and understanding of the person's experiences.

Other symptoms include:

- ▶ Loss of energy, initiative, motivation or increased agitation
- ▶ Reduced ability to express emotions and respond
- ▶ Withdrawal from contact with people
- ▶ Appearance of unusual mannerisms including staring or responding to objects
- ▶ Disordered thinking where speech and thoughts become chaotic, jumbled and lack any coherence
- ▶ Deterioration of language skills or decrease in the use of language or communication that no longer making sense.

The key things to watch for are changes in behaviour and the pervasiveness of the decline over a range of aspects of the person's life.

What causes schizophrenia?

Currently there appears to be no single cause that has been identified. However, several factors are believed to contribute to the onset of schizophrenia:

- ▶ **Genetic factors:** the chance of developing schizophrenia increases if there is a family history.
- ▶ **Biochemical factors** affecting the neurotransmitters in the brain particularly those involved in transmitting information.
- ▶ **Stress** can be seen as a precipitating cause for people with a predisposition to developing schizophrenia
- ▶ **Drug and alcohol abuse** are also likely to cause a relapse.

Getting Help

The first step is awareness and the time to get professional help is when the behaviour changes. Speak to the person's GP, service coordinator, a mental health professional, psychiatrist, psychologist or counsellor.

For people with intellectual disability it may initially be useful to have a familiar person go to an appointment with them as family or carers will be able to provide some support and describe the changes they have noticed.

Data collection is a great help in the assessment, treatment and prevention of further episodes. This sets in place an objective behaviour observation system that can highlight patterns of behaviour changes over time.

Some treatment options involve a combination of support, psychological approaches and medication.

Psychological approaches include:

- ▶ **Cognitive behaviour therapy:** The person is helped to recognise patterns of thinking (cognition) and acting (behaviour) that are making them more likely to have problems or are keeping them from improving once they become unwell. Once these patterns are recognised, the person can make changes to replace these patterns with new ones that reduce symptoms and improve coping.
- ▶ **Counselling:** Assists people explore problems and resolve difficulties such as conflict and deal with grief or relationship issues. Counselling may involve the use of charts, pictures, photos, drawings and diaries to help describe feelings and worries and to try out alternative solutions.
- ▶ **Medication:** Antipsychotic medications are effective for psychotic symptoms such as hallucinations. However, they are less effective for other symptoms such as lack of motivation, poor memory and problems with concentration. Where possible medication should be used in conjunction with other interventions. There may be a delay before the effects of medication are seen. Medication must be regularly reviewed by a GP or psychiatrist.
- ▶ **Changing lifestyle and environmental factors** to reduce stress and ensure a stable, secure and safe environment.
- ▶ **Psycho-education:** educating the person, family and support staff about schizophrenia, its effects and how best to manage it.

Other helpful resources

Disability Services—Centre for Disability Health

Call: 8397 8100

SA Health Mental Health Triage Service

Call: 13 14 65 (statewide) 24 hours, seven days a week. This service provides advice in emergencies and is the main point of access into mental health services.

Beyondblue

Beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related disorders in Australia.

www.beyondblue.org.au or call 1300 22 4636

SANE Australia

SANE conducts programs, educational campaigns and research to improve the lives of people living with mental illness, their family and friends. SANE also operates a helpline and website. Online helpline and information available at:

www.sane.org or freecall 1800 18 7263* (*mobile phone calls incur a charge)

Intellectual Disability Mental Health First Aid Manual

By Kitchener BA, Jorm AF, Kelly CM, Pappas, R, Frize, M. 2nd ed. Melbourne: Orygen Youth Health Research Centre; 2010 [online] Accessed 28/06/2011

This is a supplement to the 2nd Edition Standard Mental Health First Aid Manual. It is a resource for people supporting adults with intellectual disability who are experiencing an emerging mental health problem or mental health crisis.

www.mhfa.com.au/cms/wp-content/uploads/2011/02/2nd_edition_id_manual_dec10.pdf

Mental health assessments for people with Intellectual Disability

PAS-ADD (Psychiatric Assessment Schedules for Adults with Developmental Disabilities) is the general name for a set of mental health assessments originally developed for people with intellectual disability.

On this UK website you will find information on the PAS-ADD suite of mental health assessments published by Pavilion Publishing (Brighton) Ltd (www.pavpub.com). The suite includes the PAS-ADD Checklist, Mini Pas-ADD, ChA-PAS and the newly published PAS-ADD Clinical Interview.

<http://79.170.44.140/pasadd.co.uk/>

Lifeline 24-Hour Counselling

Lifeline has trained volunteer counsellors available 24 hours a day for the cost of a local call (free from mobile phones).

www.lifeline.org.au or call 13 11 14

Kids Help Line

Kids Help Line is a free, confidential and anonymous counselling service specifically for young people aged between 5 and 25

www.kidshelp.com.au or freecall: 1800 55 1800* (*mobile phone calls incur a charge)

