SCHIZOPHRENIA Factsheet

February 2019

Does schizophrenia impact on families?
A diagnosis of schizophrenia can have a large impact; not only on the affected individuals, but also on the people closest to them.

What is the evidence on how schizophrenia impacts on families?
Moderate to low quality evidence suggests siblings of people with schizophrenia experience increased subjective burden, including feelings of guilt, shame, hurt, and anxiety. Burden is highest in younger, female or more educated siblings, and the levels of burden are associated with symptom severity. Siblings have expressed a need for more information regarding the illness and its treatment, and would like to be involved in family support groups. They also need help managing their own psychosocial issues arising from having a sibling with schizophrenia. Family members often have difficulty recognizing that an illness is developing in their relative and that the person is in need of help, resulting in delays in timing and type of help sought. Predominant barriers to seeking help by relatives are the perceived stigma of having a mental illness and reluctance of the ill relative to participate in the help-seeking process. The ill individuals' wider social context and informal networks may also inhibit help-seeking. Crises, or overt psychotic symptoms, are the main promoters of active help-seeking and facilitators to accessing services. Relatives' informal networks often served to assist in this process.

Moderate quality evidence suggests babies of mothers with schizophrenia in the perinatal and post-natal periods show a two- to three-fold increase in the risk of mortality or congenital malformation. Lower quality evidence is unclear about the risk of mortality in older children of parents with schizophrenia. Moderate to high quality evidence suggests a two-fold increased risk of foetal mortality among pregnant mothers with a psychotic disorder, though the absolute risk of stillbirth in offspring of mothers with schizophrenia is < 2%. The available evidence does not account for the effects of factors such as whether the mothers were taking antipsychotics or other medications, or had any concurrent substance use (alcohol, tobacco, or illicit drugs), or any medical conditions. The failure of the studies reviewed to take other factors into account in estimating risk of mortality and morbidity in offspring of mothers with schizophrenia mean that the data are of very little help in deciding whether or not to have children in individual cases.

Moderate quality evidence suggests home-based crisis interventions reduce family disruption compared to standard care. Moderate to low quality evidence suggests crisis intervention may be associated with patient and relative satisfaction and reduced family burden. Psychoeducation or support groups may be effective for improving the experience of caregiving, and for problem-solving. Mutual support groups can improve families’ and patients’ knowledge about mental illness and coping strategies, and reduce stress and burden.

For more information see the technical table

HOW YOUR SUPPORT HELPS
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