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SCHIZOPHRENIA Factsheet

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What is the evidence on how schizophrenia impacts on families?

Moderate to low quality evidence suggests caregiving can have both negative and positive impacts. Coping, appraisal/attribution, and interpersonal response styles account for most of the variation in caregiver distress, with a strong association between emotional over-involvement and caregiver distress. High expressed emotion is common in families with around 50% of families reporting this trait. Emotional over-involvement, critical comments, hostility, and distress are reported in around 30% of families.

Siblings 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 is associated with patients' symptom severity. Siblings have expressed a need for more information regarding the illness and its treatment, and would generally like to be involved in family support groups.

Family members often have difficulty recognising 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 family member with 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 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 serve to assist in this process.

Moderate to high quality evidence finds carer psychoeducation improves carers' perceived burden and depression, their knowledge of psychosis, negative caregiving experiences, and overall morbidities. Moderate quality evidence also shows family psychoeducation has a medium-sized benefit for reducing familial expressed emotion. Family intervention, which can include psychoeducation or mutual support, improves long-term family functioning, while also reducing long-term carer support service use. Home-based crisis intervention reduces family disruption and burden, and increases patients' and relatives' overall satisfaction levels.

Moderate quality evidence finds babies of mothers with schizophrenia in the peri-natal 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. 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%. This evidence does not take into account any effects of other contributing factors such as medical conditions, medications or substance use.

For more information see the technical table



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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate/schizophrenia.