Wisconsin Families and Mental Health Services

Aging Families of Adults with Schizophrenia: Planning for the Future

A Compilation of Study Findings from the First Two Visits with Families

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# AGING FAMILIES OF ADULTS WITH SCHIZOPHRENIA:
## PLANNING FOR THE FUTURE

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History of the Study

This study is funded by the National Institute of Mental Health to understand the needs of adults with schizophrenia and their families as they grow older. We know relatively little about the health and well-being of adults with schizophrenia as they enter middle-age. In addition, very little systematic research has been conducted about the extent to which coping with schizophrenia takes a long-term toll on the well-being of parents. Similarly, little research has been conducted about the extent to which families in later life plan for the future care of their son or daughter with schizophrenia. Therefore, it comes as no surprise that there is much to be accomplished in the development of informed public policy and services for aging families of adults with schizophrenia.

Purpose of this Report

Our study is longitudinal, which means that we are interviewing participants on three different occasions (every 18 months) over a five-year period in order to understand how the needs of individuals with schizophrenia and their families change over time. Over the past three years, we have interviewed 260 families twice. We are currently in the process of interviewing families a third time. In this report, we provide our findings regarding changes that have occurred in the lives of families and their adult children with schizophrenia from our first two visits. As we continue to interview families over the next year, we will develop more complete answers to our major research questions on the long-term impacts on parents in caring for a son or daughter with schizophrenia and the adjustment of adults with schizophrenia when their parent(s) are no longer able to assume a supportive role.
The Study Participants

Mothers:

- 260 are participating; 7 mothers who participated had two children with schizophrenia
- their average age is 70 years old
- 52% of these women are currently married; 33% widowed
- the majority of mothers are retired (70%), with the remaining 30% either working full (14.7%) or part-time (15.3%)
- 72% report being in good or excellent health
- approximately 40% belong to a support group (typically NAMI)
- the average number of adult children in each family is 4.2
- 59% co-reside with their son or daughter with schizophrenia or live within a 5-minute drive; over 90% live within a half hour drive of their son or daughter

Fathers:

- of the 133 eligible fathers, six were too ill to participate; of the remaining 127 fathers, 79 are participating
- their average age is 71 years old
- the majority of fathers are retired (76%), with the remaining 24% either working full-time (15%) or part-time (9%)
- 90% of the fathers reported being in good or excellent health
- approximately 50% belong to a support group (typically NAMI)
- the majority are very involved in the lives of their adult children with schizophrenia; they provide help with transportation, monitoring their medications, providing companionship, and recreational opportunities

Sons and Daughters with Schizophrenia:

- 162 are participating
- their average age is 41 years old
- 74% are male
- 89% are white, 8% are African American, and 3% Hispanic or Native American
- 44% live with their parent(s)
- approximately 90% are high school graduates and of these, 19% went on to graduate from college
- 43% work in either a competitive job or supportive employment, working approximately 20 hours per week
- over 90% are receiving mental health services, mostly from a community support or an outpatient mental health program
Changes in the Lives of Adults with Schizophrenia

Symptoms of Schizophrenia

In our research, we are very interested in documenting how the symptoms of schizophrenia change as an individual ages. In research on schizophrenia, a distinction is made between “positive symptoms” and “negative symptoms.” The positive symptoms of schizophrenia represent an excess or distortion of normal functions. Examples of some common positive symptoms are hearing voices, believing one has special powers, believing others can control one’s thoughts, and paranoia. Negative symptoms represent a diminution or loss of normal functions. Examples of these negative symptoms include speaking in a monotone voice, saying very little or responding in one or two word phrases, avoiding eye contact, spending much of the day in idle activity, the inability to develop friendships or romantic relationships, and the lack of interest in or motivation to pursue activities.

When comparing information from the first two visits with families, we noted a small decrease in positive symptoms over the 18-month time period. As shown in Figure 1, 30% of the mothers reported that their son or daughter was hearing voices at the first interview, but at the second interview only 22% of the mothers reported the occurrence of this symptom. Also, approximately 22% of the mothers at the first interview reported that their son or daughter was experiencing paranoia, but by the second interview, 15% of the mothers reported that their son or daughter was experiencing this symptom. This trend represents an abatement of positive symptoms over time.

Figure 1: Positive Symptoms Based on the Mother’s Report
The adults with schizophrenia reported on their symptoms by completing the Brief Symptom Inventory. This measure is commonly used in psychiatric research and measures some of the positive symptoms of schizophrenia. In Figure 2, we show the percent of adults who indicated that they experienced the symptom at least a “moderate” amount of the time. As seen in the majority of symptoms listed, the adults reported little change or a decline in most symptoms over time.

Of particular interest, there was a substantial decline in the adults’ reports of psychotic symptoms. These psychotic symptoms include feeling someone can control your thoughts and feelings, and believing one is being punished for one’s sins. At the first interview, 24% of the adults reported these symptoms. At the second interview, this decreased to 14%. However, the adults did not report a decline in feelings of paranoia as was indicated by their mothers. The general decrease in positive symptoms reported by both mothers and adults with schizophrenia may be due to the fact that over 90% of the adults reported that they usually or always comply with their medications as prescribed.

In contrast to the low rates of positive symptoms and a general decline in positive symptoms of schizophrenia over time, we found that negative symptoms remained quite high and stable over time. Almost 80% of the adults with schizophrenia had difficulty forming and maintaining close relationships and approximately 2/3 had few or no friends. One exception to this trend was that mothers reported that their adult child with schizophrenia became more interested in activities. At the first interview,
58% of mothers reported that their son or daughter had a little or no interest in activities, and by the second interview, only 40% of the mothers reported their son or daughter had little or no interest in activities.

These findings suggest that over an 18-month period of time, most of the adults with schizophrenia showed either a pattern of stability or small improvements in their symptoms. Overall, 55% of the mothers reported that their son or daughter was doing somewhat or a lot “better” since the first interview, 29% reported “about the same” and 16% reported that their son or daughter was doing a lot or somewhat “worse.”

Comments from the mothers in response to our questions about changes that had occurred in their son or daughter’s life since our first interview are illustrative of some of the encouraging changes that occurred. Some adults made rather dramatic changes in their lives. In the words of one mother:

_He stopped drinking completely. His whole personality has changed. He is so much more friendly and outgoing than he used to be. I attribute a lot of these positive things that have happened to him taking his medications._
Another mother commented:

I’ve seen him change from walking around like a zombie and not coping with anything to being able to care for himself, getting off the couch where he had been laying for three for months, and getting a job and trying to support himself.

For most, the changes were small but in a positive direction. One mother shared:

We’ve noticed a very good change for the positive. He talks to us more. He still sleeps most of the day but he is more talkative.

Yet not all adults with schizophrenia were doing better as some showed a progressive decline over the 18-month period. In the words of one mother:

Well, she is someone who is very ill. And she doesn’t know she’s ill. She has very little insight. She has a thought disorder which comes and goes, and you can see her going off into her own little world. She used to have them only once and a while. But now they are almost constant.

Another mother shared:

He has no ambition anymore. I don’t know if it’s from the medication or not. He goes from the couch to the bed, and from the bed to the couch.

Thus, we have learned that there is considerable variability in the symptoms of schizophrenia over time. Even though our study suggests that the majority of adult sons or daughters show a pattern of stability or a small improvement, there is a subgroup of individuals who become more symptomatic over time. One of the goals of our study is to understand why some people do better and others do worse over time.

Changes in Need for Help with Daily Living Tasks

Each time we interview parents, we ask about the extent to which their son or daughter with schizophrenia is able to accomplish certain activities of daily living without any assistance.
The data in Figure 4 show the percent of adults with mental illness who need help in different activities of daily living at the time of the first and second interviews. At both interviews, the greatest need was in the area of money management and household chores. When comparing the 18-month time period between visits, there was little change in their need of assistance or help with daily activities. Adults who were able to accomplish the task without assistance at the first interview remained independent and those who needed assistance at the first interview continued to need assistance 18 months later.

![Figure 4: Need for Assistance with Activities of Daily Living](image)

When a change occurred, it was typically in the direction of greater independence. For example, 63% of the adults needed assistance with taking their medications at the time of the first interview but only 52% needed assistance by the second interview. This is reflected in the words of one mother.

> She is determined to be more independent and for the most part has succeeded. She is relying on us a little less now. In the past, she’d always want to do something with me, and now she’s not doing that quite as much.

But a few adults become more dependent on their parents as reflected in this participant’s comments.

> Right now I help him do a lot more of the chores. He’s not doing well and has to take a lot of rest.
Thus, our data suggest that there was considerable stability in the functioning of persons with schizophrenia over the 18-month period. When change occurred, there was a small trend in the direction of greater independence, although some show a pattern of greater dependency over the 18-month period.

**Changes in Health**

One of the most unexpected and important findings from our interviews thus far is the prevalence of health problems in adults with serious mental illness.

Approximately 40% of the mothers reported that their son or daughter’s health was poor or fair, and 25% reported that their son or daughter’s health had deteriorated over the past 18 months. In Figure 5, we compare the health problems of the adults with schizophrenia (as reported by the mothers) to that of the rates of health problems in the general Wisconsin population from a recent survey by the Center for Disease Control of 25-54 year old individuals. As shown, adults with schizophrenia were about 4 times as likely to have diabetes as their age peers in the general population and about 1.5 times as likely to have high blood pressure. There were no differences in the rates of asthma and small differences in levels of high cholesterol.

![Figure 5: Health Problems of Adults with Schizophrenia Compared to Their Age Peers](image-url)
Other common health problems were chronic stomach troubles (34.1%), dental problems 30%, foot problems (20.5%) and kidney/bladder problems (10.4%). Although 55% of the adults with schizophrenia who participated in this study smoked, other studies have found that up to 90% of adults with schizophrenia smoke.

The most prevalent health problem was obesity. Approximately two-thirds of the adults with mental illness were overweight and of these, half have a Body Mass Index that places them in the obesity range. Many parents expressed concern about their son or daughter’s weight.

_He’s overweight. The psychiatrist told him that the medication has something to do with him gaining so much weight but it isn’t only that. He eats really well._

_He’s gained weight. He used to weigh around 180 pounds and now I think is well over 220. He’s forever hungry, and every time he comes over here it’s “What’s there to eat?”_

About 40% of the sons and daughters get some exercise regularly, which is typically walking or bicycling, but 43% report having difficulty walking one block or more, climbing a few flights of stairs, or bending, lifting, and stooping.

Parents expressed concern about this lack of exercise and their child’s poor physical condition. One mother shared:

_He looks like he’s strong and healthy but when he does the least little thing he becomes exhausted. From shoveling the walk or helping lift anything. He doesn’t have any stamina._

Although access to health care treatment is a major obstacle for persons with schizophrenia, the majority of adults with schizophrenia in our study had regular contact with health care providers. Almost 65% percent had a physical exam in the past 2 years. With the very high rates of dental problems, it is not surprising that approximately 70% had seen a dentist in the past year and another 15% in the past two years. About 70% reported that their son or daughter had their eyes checked in the past 2 years. However, few had their hearing tested in the past 5 years. Approximately two-thirds had never had a hearing exam or had it checked more than five years ago.
Changes in Employment

At our first interview, slightly more than one-third of the adults with schizophrenia (n=91) had either competitive jobs or supported employment for which they worked an average of 15-20 hours per week. Of those employed at the time of the first interview, about one-third lost their job by the second interview. They lost their jobs for a variety of reasons including poor performance due to their illness, store closings, or quitting because of job related stress.

Of those not working at the first interview, about 30 found either a competitive job or supportive employment by the second interview. Even though about the same number of adults with schizophrenia were working, there was substantial individual change with about one-third losing their jobs and about one-third securing jobs.

Many mothers spoke of the importance of work in the life of their son or daughter with schizophrenia.

She enjoys her work very much and it seems that she is interacting with the people there more than she used to.

She’s a diligent employee. She doesn’t like to miss work and feels bad if she does. She likes being there and she’s a good employee.

Right now he’s floating. I think if he had a job, a part-time job, this would give him something to do, a reason to get up in the morning.

But persons with mental illness often face the dilemma that working full-time may jeopardize their eligibility for benefits. As one mother commented:

He is working part-time and he would like to have a full-time job. He really would. But I tell him, “You must remember you have to have insurance that covers all your medications and I don’t think insurance from a full-time job will do that.” I tell him to sit down and figure all the bills that he pays each month and figure out how he would pay if he didn’t have medical assistance. And he does and he agrees that he probably could not handle it financially if he was employed full-time. But he would like to work more because I know he’s bored.
Of those adults not working, about 12% volunteered (approximately 6 hours a week), 13% attended a clubhouse, and 14% a day treatment program. About 40% of the adults had no structured activity during the day. About half of these adults spent their days outside of the home walking or visiting with friends, while the others remained at home. Social isolation continued to be a major problem for the adults with schizophrenia. Several mothers spoke of how their children were plagued by loneliness:

*She’s a very lonely person. She needs more social contact but doesn’t know where to find friends or how to go about making friends. And she’s scared to do that.*

*Most of her friends are married, they have young children and some have moved away. So a lot of people who spent time with her are no longer here. And that has been hard for her.*

**Changes in Housing**

Over the course of 18 months, the majority of adults with schizophrenia remained living at the same residence. At the time of the first interview, 108 adults lived with their parents and 145 lived independently in an apartment or group home. By the time we visited these families for the second interview, sixty-five adults had moved from one apartment or group home to another, 15 moved away from their parent’s home, and 6 moved back home.

The 6 adults moved back home for a variety of reasons: in one case, the adult with schizophrenia was being mistreated by the group home staff and no other housing was available; in another case, the father died and the son returned home to help his mother take care of their house; and in the other cases the adult with schizophrenia became more symptomatic, and needed more care than could be provided in their current living situation.

Of those who moved from their parents’ home, about half moved in order to become more independent and to prepare for the future when the parent(s) would no longer be available to help.
He moved into a group home because we wanted him to have a place to live in case something happened to us. It started on a trial basis but it has worked out. He likes the group home and he gets out more now and is willing to do more. When he comes home, he seems to open up more than he used to.... And I’m more relaxed. We have more time for ourselves. And it’s made it easier for us to get away and take trips.

She was very reluctant to move out and it was a great adjustment. She was angry with us for making her move but we wanted to make sure she had a place if something would happen to us because I don’t know how much longer we’ll be staying in our house. My husband had a number of heart surgeries and things could change at any time. She understands this and now has adjusted. She seemed very lonely when she first moved until she got more used to being alone in the evenings, but I think she enjoys it now. She seems to get along well with the other residents.

Others moved because it was too stressful for the parent(s) to have their son or daughter continue living at home. Typically the son or daughter’s condition deteriorated to the degree that they required hospitalization or the involvement of the police, at which point an alternative living situation was arranged.

We had to have a protective placement. She was drinking and came home one night and started yelling and screaming. She started throwing things at the ceiling and started chasing something outside. The police came and she went to jail for a while and then to the hospital for treatment. She was placed in a group home. She’s back on her medication and her old self is back. She is showing more initiative, helping me with the yard work and other things when she comes over.

Receipt of Mental Health Services

We asked adults with mental illness about the kinds of services that they were currently receiving and their level of satisfaction. As shown in Figure 6, adults with mental illness were most likely to receive individual counseling or therapy and assistance with medication. About a quarter of the adults reported that they received job or educational training or help finding a job. Over the 18-month period, an increasing number of adults with schizophrenia reported that they received help finding a job and help with transportation.
Overall, adults with schizophrenia reported high levels of satisfaction with the services that they received. Over 80% liked the services that they received, found them conveniently located, and felt that the services they needed were available. They also reported feeling comfortable asking the mental health staff questions about their treatment, and thought that they were able to see a psychiatrist when they needed. They were least satisfied with their ability to reach someone at night, with over 50% reporting difficulty reaching a staff member after regular business hours.

**Discrimination Experienced by Persons with Schizophrenia**

In the second interview, we asked adults with schizophrenia to report on their experiences of being discriminated against in different areas of their lives because of their mental illness. As shown in Figure 7, about 80% reported that they had been treated with less courtesy and respect because of their illness. About 64% had received poorer service than other people at a restaurant or store and 63% reported that other people appeared to be afraid of them because of their illness. Approximately one-third felt that they had been denied a job because of their mental health problems, and about one-quarter reported that they had been hassled by the police. Our data clearly indicate that persons with schizophrenia are often the targets of daily acts of discrimination.
In our interviews, many mothers spoke of the discrimination and stigma that they and their children experienced.

*When I have a group of women over and he comes home early, my friends stop talking to look at him. I feel that I need to explain. I think some women have chosen not to get involved with me because I have a disabled child.*

*I think the worse part is sometimes people look at her and think, “Wow, she’s a very beautiful girl and she’s dressed so good.” And then she speaks and everybody just kind of like says “What?” A lot people seem to be laughing at her, people that don’t know her.*

*The hardest thing is when people make fun of Sam or look at us as though something’s wrong with us. One time he was broke and ran into three of his former friends who had slept at our house when they were young and eaten at our family dinner table. They were in business suits and they were coming out of a restaurant. Sam was dirty and hungry and had no money for the bus. One of the guys had a new car and my son went over and said, “I’m going to my folks’ house, can you give me a lift?” It was the end of the day. And they looked at my son, looked him up and down and said, “Get a life.” They got into the car, made some offensive remarks, and drove away. And Sam came home and cried. And then I go to church on Sunday, and there the mother is distributing communion, the father is lecturing, and their son is at mass with his wife and kids, and they have no idea what they’ve left in their wake.*
Quality of Life

At each interview, we ask the adults with mental illness to answer questions about their satisfaction with various aspects of their lives. What may appear to be a contradiction given many of the difficulties that they face in the social and occupational realm, and their experiences with discrimination, the great majority of adults with schizophrenia in our study report being satisfied with various aspects of their lives, being most satisfied with their living situation, family relationships, and access to health care (as shown in Figure 8). This speaks to their ability to maintain a positive outlook despite the difficulties many face in coping with their illness.

![Figure 8: Life Satisfaction of Adults with Schizophrenia](image)

Although the majority of adults reported high levels of quality of life, there are many individuals who continue to experience considerable distress. This is evident by the fact that over the 18-month period, 10 consumers attempted suicide or made suicide threats. Also, several mothers reported that their son or daughter had lost their job, which took a toll on their self-esteem, and 14% had trouble with the law over the 18-month period. As we discuss later, 14 adults with mental illness died, mainly from medical problems and not the result of a suicide. Although we find the majority of adults with schizophrenia report being satisfied with their lives, we must not forget that there is a small group of highly distressed adults who do not share this good fortune.
Changes in the Lives of Mothers of Adults with Schizophrenia

Loss and Illness

Loss and illness were common themes discussed by the mothers participating in the second interview. Sixteen percent (16%) of the mothers reported that they had experienced the death of a close friend and 21% reported the death of a family member over the 18-month period. Of these, 6 had lost a spouse.

Illness also was a frequent change with 22% mentioning that their own health declined and 33% noting their husband’s health declined. There was an increase in the number of health problems reported by both the mothers and fathers participating in the study but the increase was most dramatic among fathers. At the first interview, mothers reported that they had an average of 7 health problems among the 22 listed (e.g., eye problems, back pain, respiratory problems, shortness of breath). At the second interview, they reported an average of 8.7 health problems. In contrast, fathers at the first interview reported an average of 5 health problems, which increased to 13 by the second interview.

Changes in Psychological Well-Being

Given these experiences of loss and physical illness, it is not surprising that we found many of these mothers reported somewhat poorer psychological well-being at the second interview. Mothers experienced slightly higher levels of depression and reported greater fatigue and less vigor at the second interview. In spite of these signs of increased distress in certain areas of their lives, they were able to maintain their well-being in other life domains. We found that they continued to maintain high levels of self-esteem, a sense of mastery over their lives, and overall high levels of positive psychological well-being. Thus, even in the face of many age related changes, these mothers were able to remain resilient and continue their involvement in supporting their son or daughter with schizophrenia.

Death of a Child with Schizophrenia

One of the most unexpected findings from our study is the tragic number of deaths of adults with mental illness. Fourteen adult sons and daughters with schizophrenia died
over the 18-month period. Whereas during the early course of schizophrenia, suicide is the most common cause of death, in our study at least 8 of the deaths were the result of medical illness such as kidney failure, medication complications, or cancer.

The adults with schizophrenia died at an average age of 42 (age range 29 to 53) and 9 were sons. Of the adults who died, 8 had a secondary diagnosis of depression. Half of the adults who died were living at home with their parent(s) at the time of their death.

The death of a child is one of the most profound losses and it is no less traumatic when a son or daughter has a mental illness. Ten mothers and/or fathers kindly agreed to be interviewed with the hope that the information that they shared would encourage greater attention to the physical and mental health needs of adults with schizophrenia. They shared with us the causes of their son or daughter’s death, their experience of coping with this loss, and how it had affected others in the family.

These parents had lost their son or daughter up to 18 months prior to our interview with them. The passage of time had not yet healed the pain of this loss. They reported elevated levels of depression, with 50% scoring in the range indicative of clinical depression. Also, parents who lost their child reported higher levels of fatigue, anger, and anxiety. A significant number (40%) said that their health was worse than it had been 18 months ago when we first interviewed them.

These families spoke eloquently of the difficulty they had in obtaining medical care for their son or daughter because of their mental illness. In the words of one parent whose son died from medication related complications:

*He wasn’t feeling well. We took him to the doctor and the doctor felt that he was coming down with something. She checked his heart which was okay and suggested that he get his eyes checked. He continued not to feel well so we called the psychiatrist on Friday. She suggested that he get some rest. She could have at least suggested to come in and see another doctor, but she didn’t. Friday afternoon he’s getting worse so he calls his counselor because he wanted to go to the hospital. The counselor told him not to go there because they would put him in the psychiatry ward. They had a close relationship and she (the counselor) scared him and kept him from going to the hospital. That night he got really sick and died in our bathroom around 5:30 the next morning.*
Another shared:

He began complaining of being tired all the time. He was getting his medications and I assumed that he was getting a physical and everything he needed. Then one day he told me that he had tried everything to stop feeling so tired and didn’t know what to do. I then asked him whether he ever had his blood tested and he said he had never had. He asked then to have his blood tested and they found out he had a rare blood disease. By then it was too late to treat him. People with mental illness are not expected to be physically ill so when they talk about their physical illness, professionals feel that it is psychosomatic, which isn’t necessarily true. People with mental illness need to have physical exams, probably even more so than people without mental illness.

In other cases, the adult with schizophrenia refused medical treatment because of fear of being hospitalized. In the words of a parent:

He was very fearful of going to a hospital because he thought we were trying to trick him into being committed again. He was very fearful of mental hospitals.

Parents spoke of experiencing intense grief as a result of the loss of their child. In the words of one parent:

Our family was devastated for quite a while. We didn’t talk about it without a lot of hurt feelings. We are still working on it.

Another parent shared:

Emotionally I can’t talk about it. There are people who call and talk about him, but I still can’t. I’m having problems.

For many parents, the death of their child was experienced with considerable ambivalence. On one hand, they experience intense and reoccurring feelings of loss and grief over the death of their child. On the other hand, there is a sense of relief knowing that their son or daughter will no longer experience the personal pain caused by the illness and that they, the parent, no longer had to worry about what would
happen to their son or daughter upon the parent’s passing. In the words of one parent:

*She didn’t deserve the life she had. I’m sure that she has an infinitely better life now. I was always afraid that I’d go first and worried about what would happen to her and afraid that she would kill herself. Both those things didn’t happen. This is a blessing if I can get it into my head.*

**Quality of the Relationship with Their Son or Daughter**

Although most mothers spoke of unwanted changes that had occurred in their lives since the first interview, a few mothers (14%) reported that positive changes had occurred. These positive changes include retirement, returning to work, an increase in social activity, and additions to the family through marriage and the birth of grandchildren.

For many mothers, one of the most positive changes was an improved relationship with their son or daughter with schizophrenia. As shown in Figure 9, in all domains mothers rated the quality of their relationship with their adult son or daughter as improving over the 18 months, although the differences are small. They felt that their son or daughter showed statistically significant more understanding, trust, and affection toward them.
In addition, we asked mothers about the ways that their son or daughter helps them. Adult children living with their parent(s) are much more likely to be helping their parent(s) than those living apart. Of those living with their parent(s), about half help with yard work, snow shoveling, and other general outdoor tasks. Also, about 60% have cared for their parent(s) during an illness. When the adults lived away from home, they are most likely to help their parent(s) by providing companionship.

**What’s Next?**

We have learned a great deal from our interviews with families. We believe that our findings about the health and quality of life of persons with schizophrenia provide valuable information as to the unique needs of persons with schizophrenia as they age. This is a critical time for the mental health system because of impending budget cuts that will affect the range and intensity of services provided to persons with a serious mental illness. During this time, it is vital that we collect information from persons with schizophrenia and their families in order to have the data needed to document the mental health services of consumers and their family members. We are fortunate because the National Institute of Mental Health has provided us with funding to interview each family a third time. We very much hope that you will continue to participate in the study so that we can expand our understanding of the course of schizophrenia and the future service needs of persons with schizophrenia and their family members.