

Schizophrenia - Time to Commit to Policy Change

Unveiling Insights and Pioneering Change for Schizophrenia: A Global Call to Action



Understanding Schizophrenia



Mental disorder characterised by:¹

- abnormal thinking
- perceptual disturbances
- diminished or exaggerated emotional expression
- diminished speech
- psychomotor abnormalities



Affects 24 million people globally¹



Caused by a complex interaction of genetic, non-genetic and biological factors¹



Usually appears in early adulthood, causing life long-burden¹



Impact on quality of life for patients and caregivers¹



Reduces life expectancy by up to 20-years²



Schizophrenia has the highest socioeconomic impact of all mental health conditions.³

Policy and Human Rights

It is critical to advocate for community-focused care, dignity, autonomy, and non-coercive treatment.⁴



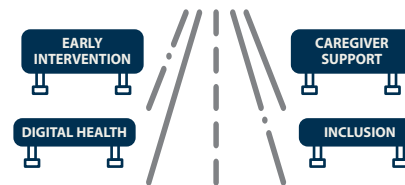
Advances in Care

From pharmacological and diagnostic breakthroughs to community-based care and digital health innovations, schizophrenia treatment is improving.⁴



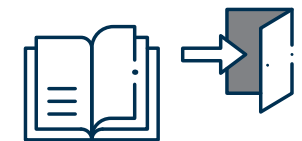
What More Can Be Done?

Early detection, enhanced caregiver support, leveraging digital health, and fostering social and vocational inclusion are keys to a brighter future.⁴



Start somewhere!

Even the smallest changes and initiatives could make a difference.



References

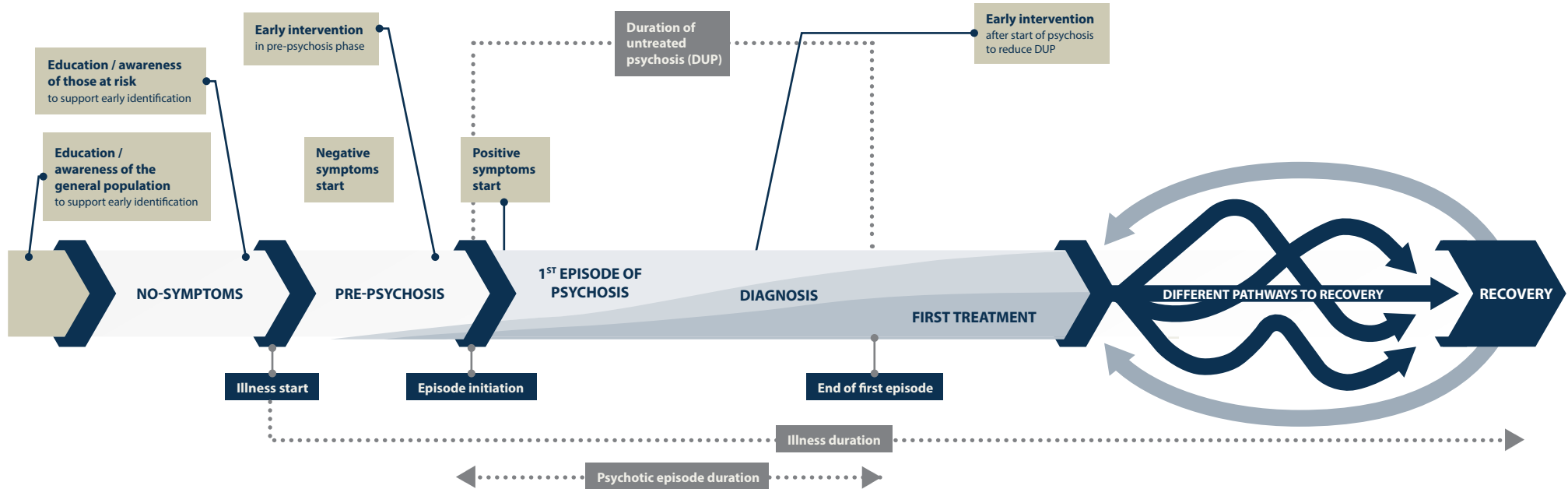
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Dive into the full report to explore how we can transform schizophrenia care and policy together. Your journey to change begins here.



The Schizophrenia Patient Journey⁴

The experience of every person with schizophrenia will be different.



The experience of every individual with schizophrenia will be different, but here are some examples of what some people might be experiencing at each stage

PRE-PSYCHOSIS		1 ST EPISODE OF PSYCHOSIS		DIAGNOSIS		FIRST TREATMENT		RELAPSE-RECOVERY CYCLE		THE NEW NORMAL	
PATIENT	CARER	PATIENT	CARER	PATIENT	CARER	PATIENT	CARER	PATIENT	CARER	PATIENT	CARER
Patients may exhibit disordered thinking and speech, become isolated, and begin to behave erratically.	Caregivers often think this is 'normal behaviour', until symptoms worsen and the 1 st episode of psychosis occurs.	Patients often have an outburst of positive symptoms which prompts hospitalisation. Negative symptoms also worsen. Misdiagnoses of bipolar /depression are frequent.	Caregivers first start to realise medical attention is required.	Patients may struggle to accept diagnosis & the prospect of long-term treatment (especially if they feel 'institutionalised').	Caregivers become more active at this point and may attend appointments.	Success or failure of first treatment has a big impact on the patient's attitude to the treatment and their condition.	Caregivers become hopeful of a solution, and may expect a "cure". They begin to find out about the condition.	Patients begin to settle into maintenance therapy but factors such as a lack of insight, poor compliance, or substance misuse may lead to relapse, prompting medication review from their psychiatrist or even hospitalisation.	Relapses have a high burden for carers and may damage their relationship with the patient.	Patients may grow accustomed to their condition and learn to manage it. For those patients with less insight, each relapse brings a worsening of functioning and quality of life.	Caregivers may settle into routine of ongoing support whereas some may be unable to help any further.
NEEDS + ACTIONS Better understanding of mental health in schools, addressing the stigma of mental illness and schizophrenia in particular. Education for parents, teachers, and school psychologists on signs and symptoms of mental illness in children.		NEEDS + ACTIONS Earlier identification of prodromal psychosis, leading to faster referral to psychiatrist and earlier intervention. More accurate diagnosis upon hospitalisation - fewer misinterpretations of 1 st episode of psychosis as other mental illnesses. Appropriate treatment given initially.		NEEDS + ACTIONS In some cases patients not told of their diagnosis until later on, making episodes confusing and isolating. HCPs need to engage caregivers on what to expect to better help them support the patient in the long term.		NEEDS + ACTIONS Patients and their chosen caregiver should: - be given realistic and accurate information about treatment options, reasons for chosen treatment, limitations, and how psycho-social factors can affect outcomes. - identify recovery options, personal goals for recovery and be involved in the care planning process. All patients: - should be warned about potential physical and psychological side effects to prevent treatment withdrawal. - have the right to psychological and community care, which should be provided. Caregivers should be offered support and training.		NEEDS + ACTIONS Depending on their level of insight, patients may not understand the importance of adherence to maintenance therapy. Management strategies for adherence & triggers for patients and caregivers & caregiver emotional support for relapse. Patients and caregivers may not recognise the impending signs of a relapse; this may also be true of the HCP if they have not had frequent enough contact to prevent a relapse in a patient.		NEEDS + ACTIONS Support for patients & caregivers getting lives set up for stability and control (i.e. help finding the patient conducive work). Ongoing engagement & interest from HCPs in their daily lives & relationship with medication, as well as further HCP education on relapse and disease. Long-term compliance support & relapse management options. Community support - talking to other patients with schizophrenia.	