OXFORD HEALTH POLICY FORUM

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DEVELOPING UNIVERSAL RECOMMENDATIONS FOR TREATMENT OF SCHIZOPHRENIA: FINDINGS FROM A MODIFIED DELPHI PROCESS

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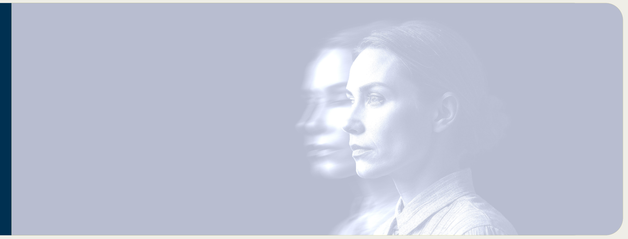


Background and aims

Recent and upcoming advances in pharmacological treatment, diagnostics, and emerging technologies such as wearable devices, coupled with an evolution of societal understanding of mental health in the last decade **give new hope for better lives to people with schizophrenia**. Their impact will be moderated by support that people with schizophrenia can access from health and social care professionals and within wider society.[1,2]

Our aim was to **formulate specific policy recommendations to improve lives of people with schizophrenia** which would be applicable globally, across countries with different health systems, cultures, and wealth.

Methods

1. We reviewed **legal texts, policy documents, grey** and **scientific literature** on:
   a. schizophrenia pathogenesis, diagnosis, treatment, impact; patient pathways, advances in diagnosis, treatment, adherence
   b. since 2014
2. We implemented a modified Delphi process involving a diverse group of stakeholders:
   a. We consulted **policymakers, patient advocacy groups, people with schizophrenia, caregivers, and academics**
   b. We then **drafted policy recommendations**
   c. These were finalised during **two consensus workshops** by thirteen co-authors of the final report[2]

Results

We formulated a set of 18 detailed recommendations: seven focusing on improving treatment, including access to psychosocial therapies; four on enhancing recovery; three on supporting caregivers; and four on empowering people with schizophrenia.

We found that while each country faces specific challenges, **most of the recommendations can be applied in lower and higher income contexts alike**. For instance, even high-income countries need to increase the accessibility of mental health services for marginalised communities, such as the homeless.[27] Implementation of the recommendations can be challenging, especially in less wealthy jurisdictions, and depends on the local health system, legislative, financial, and cultural contexts in each country.

At the same time, the modified Delphi process produced a consensus that while **not every nation, community or institution will achieve all** global recommendations, **even small improvements** in any of the 18 points have the potential to make lives of people with schizophrenia and their caregivers better.

Conclusions

All countries can and should enact changes, however incremental, to improve access to treatment from multi-professional teams in both community and hospital settings and provide support to both people with schizophrenia and caregivers, and address stigma.

In simple terms, our universal recommendations for treatment of schizophrenia can be summarised as: "start somewhere, even small steps can make a difference".

UNIVERSAL RECOMMENDATIONS FOR TREATMENT OF SCHIZOPHRENIA

Optimise treatment

Promote early/pre-morbid detection or diagnosis of those at risk of mental health conditions
- Current evidence clearly highlights the potential value of early intervention to address first episode psychosis, with the intention of interrupting the accumulation of burden and suffering that schizophrenia drives, including both negative symptoms and the disease's impact on cognition.[3,4]
- Implement comprehensive programmes for early/ pre-morbid detection or diagnosis, and early intervention to address first episode psychosis.
- Prioritise recovery, i.e. the attainment of a more fulfilled and valued life, as the primary goal of treatment.

Ensure early implementation of psychosocial therapies
- Increase awareness of psychosocial therapies and promote use as a primary treatment approach.
- The evidence base for many forms of psychosocial therapy (e.g. cognitive behavioural therapy, cognitive remediation, social skills training) is so strong that there is a good case for trying them before other potential treatments, for which less supporting evidence is available.[5,6,7,8,9]

Ensure personalised, shared, and integrated treatment plans
- These should take into account the individual's illness characteristics and support needs and involve an in-depth characterisation of the person's condition and comprehensive needs assessment, with a focus on psychosocial interventions.
- For instance, assertive community treatment has been demonstrated to improve social motivation, depressive symptoms and quality of life in first episode and multi-episode patients with schizophrenia.[10]

Integrate physical health management in schizophrenia care
- The management of physical ill health in schizophrenia remains far from ideal.[11]
- Implement multi-disciplinary care models to ensure effective physical health interventions and lifestyle modifications and empower psychiatrists to actively monitor and manage risk factors.

Include lifestyle interventions as a cornerstone of schizophrenia management
- Emphasise the importance of lifestyle interventions such as a nutritious diet, regular exercise, quality sleep, and abstaining from smoking and substance abuse.[12]
- Engage a multidisciplinary team including general practitioners, psychologists, dietitians, and other health professionals to support these interventions and provide comprehensive care.

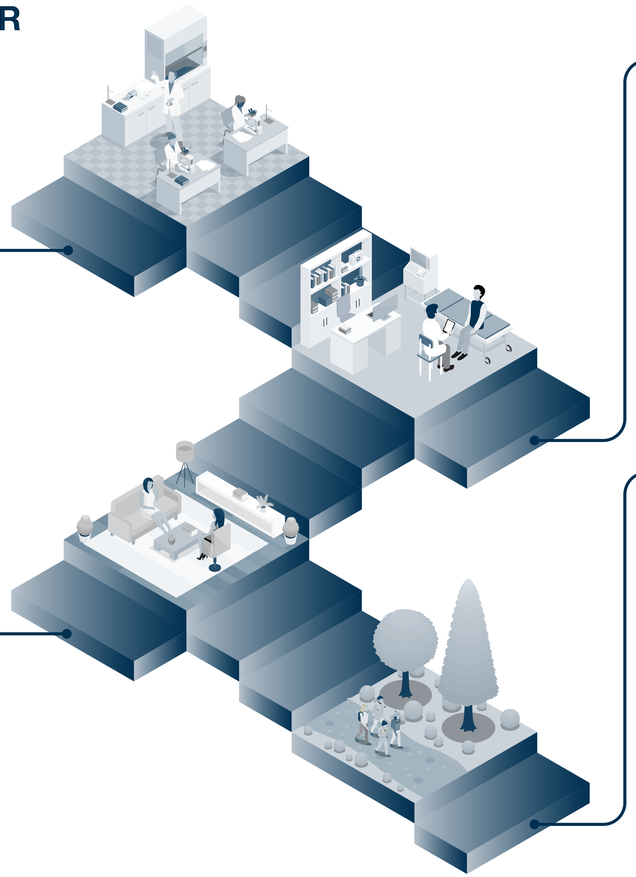
Ensure continuity of care during transition from adolescent to adult services
- A strong therapeutic relationship between clinician and patient to improve medication adherence, work performance, symptom management, and reduce hospitalisations.[13,14,15]
- Maintain continuous care for people with schizophrenia during their transition from adolescent to adult services.

Advance tele-mental healthcare globally
- Ensuring equitable access and maintaining privacy in remote care not only prepares us for future crises but also extends comprehensive support to individuals with psychosocial disabilities.[16]
- Promote through legislative reform and inclusive best practices.

Take care of the caregivers

Mitigate caregiver burden in schizophrenia
- Provide support and training for caregivers and families.
- Enhancing training and support for caregivers is a key strategy for mitigating these impacts and achieving substantial cost savings.[19,20]
- Offering respite to the caregivers, so that they are able to take time for self-care, is crucial and can be supported.[21]

Involve caregivers in policy development at all levels.
- Incorporate caregiver burden into Health Technology Assessments.
- Assess impact on caregivers in Randomised Controlled Trials of treatments and in evaluations of real-world evidence of treatments' effectiveness.[22]



Empower people with schizophrenia

Address the complexities of legal capacity and involuntary treatment in line with human rights
- Coercive and compulsory methods are overused, and evidence supports the adoption of non-coercive alternatives.[16]
- Implement non-coercive alternatives in mental health care, emphasising supported decision-making and defining legal capacity for individuals with psychosocial disabilities, in alignment with human rights principles, for instance the WHO 2017 Quality Rights Initiative.[23]
- Transition towards community-oriented, evidence-informed, and individual-focused mental health interventions, guided by the UN Convention on the Rights of Persons with Disabilities and global human rights benchmarks.[24]

Combat stigma
- Collaborate with a wide range of organisations to reduce mental health stigma, fostering an environment of understanding and acceptance, through initiatives such as public education programmes and awareness campaigns.

Improve the availability of peer-led support and guidance
- Peer-led interventions are particularly crucial for young individuals with schizophrenia.[8]
- Acknowledge the significant role these interventions play in recovery-focused care, even amidst the difficulties arising from disjointed schizophrenia services.

Improve access to disability benefits for people with schizophrenia
- In many countries with established social benefit systems, people with schizophrenia face delays or rejections even when they qualify for benefits.[25,26]
- A comprehensive approach to general support should encompass both information provision and assistance in accessing available benefits.

Go beyond treatment: gather data and experience

Train educational staff for early mental health intervention
- Enhance the training and knowledge of school nurses, guidance staff, college health teams, and therapists in educational settings to aid in early identification and management of mental health issues, particularly among young adults.

Involve people with lived experience of schizophrenia and informal caregivers in mental health policy, research and training development
- Actively involve individuals with firsthand experience to ensure policies and practices are truly relevant and effective.

Standardise mental health data for enhanced digital innovation and research
- Promote research and practices integrating digital technology with mental health improvement efforts, while also ensuring mental health data is standardised to enable international comparison.
- Routinely gathering current, comparable data should allow countries and international organisations to monitor progress and direct investment in areas requiring improvement.[17,18]
- Gather data on mental health in marginalised communities and evaluate the accessibility of mental health services in these areas, building on digital innovation and research.

Improve awareness of cannabis and illegal substance risks in vulnerable populations
- Educate healthcare providers, including primary care physicians and paediatricians, about the risks of cannabis and illegal substances, especially in individuals predisposed to psychosis.

Maximise cost savings with vocational rehabilitation and/or supported employment
- Significant cost savings can be realised through ensuring people with schizophrenia stay in the workforce.[19]
- Integrate employment strategies with other interventions. At least half of those with schizophrenia who participate in supported employment programmes eventually secure competitive employment.[8]
- Where paid employment isn't viable, offer volunteering opportunities. Do similar in educational settings: implement Individual Placement and Support principles in educational settings to allow people with schizophrenia to reach their educational goals.

The full text of the recommendations can be found in the 2024 report on schizophrenia care, policy, and outcomes.[2]

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Read the full report and detailed recommendations

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