

A photograph of a classical building facade with white columns and a pediment, serving as a background for the top half of the slide.

The Demand for Policy Change in Schizophrenia Care: Crucial Steps to Explore and Execute



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Background Literature

- Schizophrenia is a neurodevelopment disorder w/ alterations in the brain impacting cognitive, social, and emotional domains
- In 2016, costs of schizophrenia revealed an estimation of over \$60 billion (Chong et al. 2016)
- Time devoted to caregiving by family members 484 hours per year in 2002 to 1,040 hours in 2013 (Cloutier, et.al. 2016)
- The combined financial impact for individuals and their families is \$117 billion; unemployment biggest contributor (Treatment Advocacy Center, 2018)

Research Questions

- What are characteristics associated with and protective against treatment nonadherence?
- What are the treatment variables resulting in improved outcomes such as lowered hospitalization rates?
- Are young people with schizophrenia from rural counties more likely to drop out of treatment?
- Is mental health care delivered by telehealth as effective as face-to-face visits for treatment adherence?

Methodology

- **Chart review** of first episode psychosis young people aged 18-26
- **104 cases** from July 2016-June 2017
- ***Data Extracted***
- **Demographic data** -age, gender, race, county of residence;
- **Clinical data:** Type of care delivery, Type of medication delivery, Type of provider, family involvement
- **Outcome data:** Repeat hospitalizations, medication adherence, lost to follow-up
- **Statistical analysis**
- **Setting:** 8 county mental health catchment area in coastal Georgia
- 2 counties very urban, 4 counties very rural, 2 counties semi-urban

Significant Results

- Treatment non adherence 47% (previously unrecognized)
- Impact of family involvement and lost to follow-up
 - Patients w family support more treatment compliant ($p>0.0679$)
- Impact of medication delivery on lost to follow-up
 - Patients who took oral or injectable medication more likely to remain in care ($p>0.0474$)
- Impact of type of care delivery to lost in follow up
 - Telehealth more likely to drop out ($p> 0.0177$)

Recommendations

- 1. Psychoeducation provided to families by staff nurses during crisis hospitalization engaging the family
- 2. Greater use of LAI medications early in treatment
- 3. Hybrid telehealth home visiting program to assess the patient and administer medication
- 4. Interagency collaboration with educational and vocational systems for employment and school support

Policy and Advocacy

- Of the 104 young people with FEP followed in this chart review
- 49 were non adherent to care- unknown to providers
- Suggests that half of all young people who have schizophrenia are not receiving care
- Untreated psychosis produces significant loss of cognitive functioning and loss of brain volume for life
- Family engagement, early use of LAI medication, Face to face delivery, and hybrid telehealth visits where nurse administers medication to patient in their home if fails to appear for apt.
- Vocational and educational engagement required to support school and employment
- This must become the minimum standard of care

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