

Behavioral Health 101: Schizophrenia

For Healthcare Providers

Role of PH Providers in Treating BH



Only 20% of adult clients with mental health disorders are seen by BH providers

Clients often prefer and receive treatment in primary care settings

60% of premature death in persons with Schizophrenia are due to medical conditions such as cardiovascular, pulmonary, and infection diseases

(American Hospital Association, 2014; Unützer, Harbin, Schoenbaum, & Druss, 2013)

Role of PCPs in Suicide Prevention



- 75% of individuals who die by suicide are in contact with a primary care physician in the year before their death
- 45% do so within one month of their death
- Only 20% of these patients saw a mental health professional in the preceding month
- 62% of antidepressant prescriptions in the U.S. are written by generalists (internists, pediatricians, PCPs)

(McDowell, Lineberry, & Bostwick, 2011; Office of the Surgeon General, US & National Action Alliance for Suicide Prevention, US. (2012))

Systematic integration facilitates the communication and coordination of:

- Physical healthcare
- Behavioral healthcare
- Substance use disorder treatment

Integrated care promotes a cohesive service delivery system & better continuity of care.

Common Disorders

- Depression
- Bipolar Disorders
- Anxiety Disorders
- Posttraumatic Stress Disorder
- Substance Use Disorders
- Schizophrenia & Psychotic Disorders

Schizophrenia & Psychotic Disorders



“They’ve always tried to help me, but having schizophrenia it was hard to receive the help.”

-Robert Lawton – film producer, writer, and director

“The problem is that you have a disease, but the disease is abnormal integrity, loyalty to a view of the world that the schizophrenic is willing to stake his life on.”

-Carl Whitaker – psychiatrist and therapist

Learning Objectives

- Recognize symptoms of schizophrenia and psychosis
- Identify 2 medications that are recommended for schizophrenia and psychosis
- List 2 treatment options for individuals who could have schizophrenia and psychosis
- Participate in and discuss an experiential exercise about schizophrenia

Schizophrenia



Prevalence

- 1.1% in the US population
- Higher prevalence in Medicaid population

Onset

- Age 16-30
- Primarily late adolescence
- Later for females than males

(Haffner et. al., 1994; National Institute for Mental Health, 2016)

Why to be aware

- Schizophrenia is a “serious mental illness” (SMI), which means it is chronic and has poor outcomes
- 50% to 90% of people with SMI have at least 1 chronic medical illness
- People with SMI die 25 years earlier than those without
- High need for integrated care

(Gold, Kilbourne, & Valenstein, 2008; Colton & Manderscheid, 2006)

“Natural Causes” of Death with SMI

- Heart disease
- Cancer
- Cerebrovascular, respiratory, and lung diseases



(Colton & Manderscheid, 2006)

Positive and Negative Symptoms

Symptoms of Schizophrenia: Positive and Negative

(Mental Health Guru Media, Inc., 2015)

Positive Symptoms: Psychosis

When a person has lost some contact with reality
Can occur

- Episodically, as a part of other conditions (Most common)
- Chronic in illnesses, such as schizophrenia
- In ranges (Mild to Severe)



Positive Symptoms: Psychosis

Delusions – fixed false beliefs

- Persecutory
- Grandiose
- Delusions of reference (e.g. TV talking to them)
- Thought insertion, control

Hallucinations – aberrant perceptions

- Visual
- Audio
- Tactile
- Olfactory

Positive Symptoms: Disordered Speech

- Switching topics rapidly
- Nonsensical speech (word salad)
- Making up words and sounds
- Comes from disordered thinking
 - Difficulty understanding information
 - Difficulty using information
 - Difficulty focusing
 - Problems with memory

(Mental Health America, 2015)



Negative Symptoms

- Social withdrawal
- Extreme apathy
- Lack of drive or initiative
- Emotional unresponsiveness



(Mental Health America, 2015)

Screening Instruments



None have been validated for use in primary care settings

- Low prevalence of the disorder
- Most screening questionnaires result in high false positive rates
- Prevention is still being researched

Screening Questions



- Use a normalizing lead in:
“Sometimes when people are [under stress/ feeling anxious/ feeling depressed], they can have strange experiences such as trouble with their thinking or seeing or hearing things that others don’t.”
- Follow up with “Tell me more” if patient answers “Yes”

(Viron, Bagget, Hill & Freudenreich, 2012)

Screening Questions

For delusions

- “Have you had any strange or odd experiences lately that are difficult to explain or that others would find hard to believe?”
- “Have you felt like people are watching or following you or that they want to harass or hurt you?”
- “Have you felt like others can hear your thoughts or that you can hear another person’s thoughts?”

(Viron et. al., 2012)

Screening Questions



For hallucinations

- “Have your eyes or ears ever played tricks on you?”
- “Have there been times when you heard or saw things that other people could not?”

(Viron et. al., 2012)

Treatment for Schizophrenia Disorders

- Treatment is ONLY for diminishing/eliminating symptoms
- Antipsychotic medication – primary treatment
- Psychosocial treatments
 - Illness management skills
 - Rehabilitation
 - Family education
 - Cognitive behavioral therapy
 - Self-help groups (e.g. NAMI Connections)

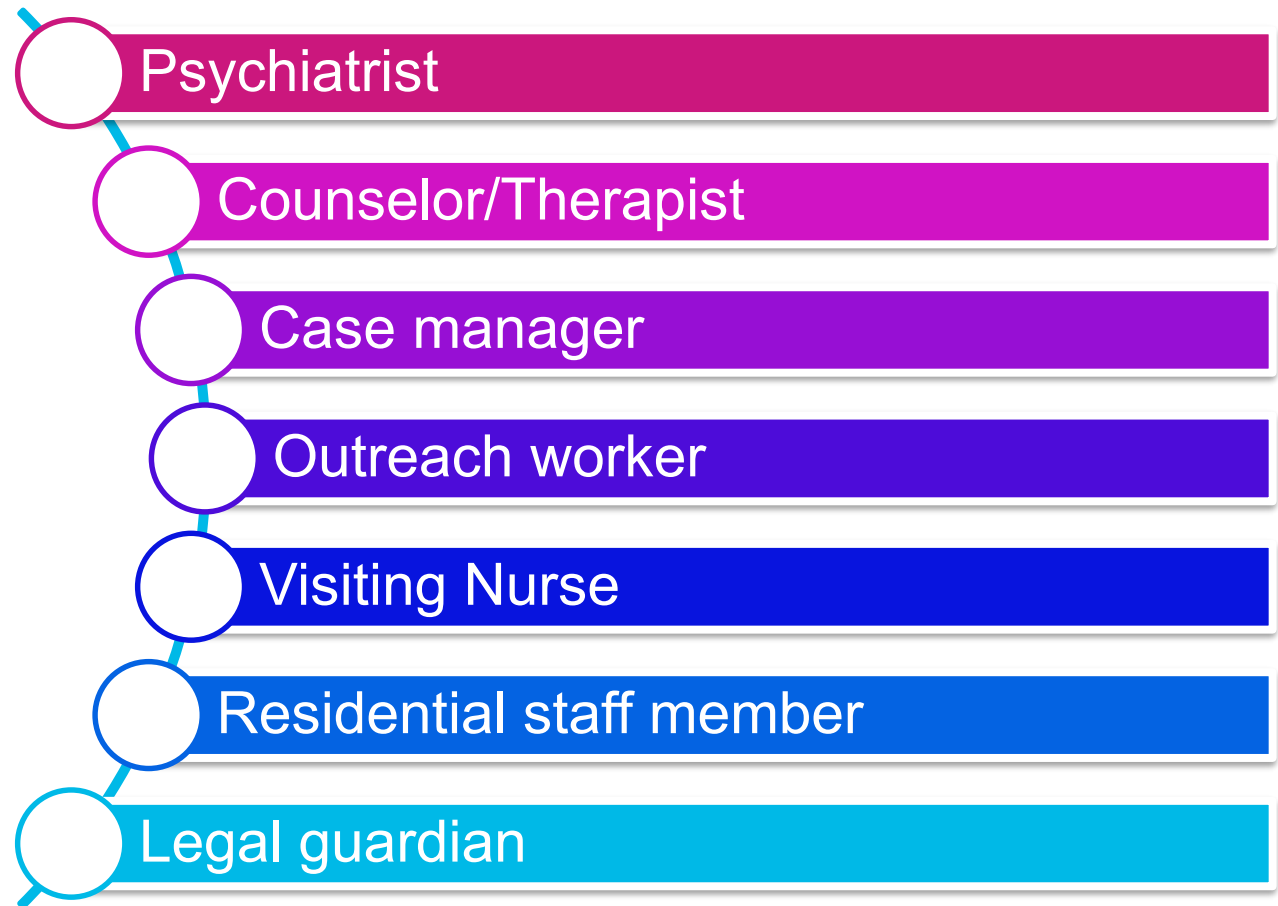
(NIMH, 2009)

Coordinated Specialty Care



(National Council for Behavioral Health, 2015)

Mental Health Treatment Team



(Viron et. al., 2012)

Medications: “Typical” Antipsychotics

- Chlorpromazine (Thorazine)
- Haloperidol (Haldol)
- Perphenazine (Etrafon, Trilafon)
- Fluphenazine (Prolixin)



Medications: Atypical Antipsychotics

- Risperidone (Risperdal)
- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)
- Ziprasidone (Geodon)
- Aripiprazole (Abilify)
- Paliperidone (Invega)
- Asenapine (Saphris)
- Lurasidone (Latuda)

Group Activity



- Healthcare professional
 - Interviews patient with verbal screening questions
- Patient
 - Gets interviewed and answers “yes” to one of the questions
 - Answers other questions however they want to
- Observer
 - Evaluates interviewer
 - Times interaction
 - Gives feedback to interviewer
 - Asks interviewer what they would do
- Rotate roles
 - 6 minutes for each round

Process



- How difficult was it to conduct the screening?
- How long did it take to conduct the screening?
- What decisions did interviewers make after the screening?
- How could you use what you've learned for integrated patient care in your practice?

What Questions Do You Have?



Learning Objectives Revisited



- Recognize symptoms of schizophrenia and psychosis
- Identify 2 medications that are recommended for schizophrenia and psychosis
- List 2 treatment options for individuals who could have schizophrenia and psychosis
- Participate in and discuss an experiential exercise about schizophrenia

Reflection



- What are two or three of the important things you're taking away from this training?
- What changes will you make in your practice as a result of this training?

Parting Thought

“Never give up on someone with a mental illness. When ‘I’ is replaced by ‘We’, illness becomes wellness.”

Shannon L. Alder



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Resources

