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)

Integrated Healthcare

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.

(SAHMSA, n.d.)
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

(Lane, 2015)
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”
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

- Psychiatrist
- Counselor/Therapist
- Case manager
- Outreach worker
- Visiting Nurse
- Residential staff member
- Legal guardian

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

Shannon L. Alder
References


• Gold, K. J., Kilbourne, A. M., & Valenstein, M. (2008). Primary care of patients with serious mental illness: your chance to make a difference: a primary care visit may lead to regular care of side effects and comorbidities, especially if you coordinate care. Journal of Family Practice, 57(8), 515-526.


References Continued…

References Continued…

• Nestler Laboratory at the Icahn School of Medicine at Mount Sinai. (n.d.) Brain reward pathways. Retrieved from http://neuroscience.mssm.edu/nestler/brainRewardpathways.html
References Continued...

References Continued…

References Continued...
