

SCHIZOPHRENIA SOCIETY OF CANADA

POSITION PAPER

ISSUE TITLE: EARLY INTERVENTION IN SCHIZOPHRENIA

ISSUE

Early treatment of schizophrenia and other illnesses causing psychosis reduces suffering, improves outcome and reduces future episodes of illness. It is therefore imperative that government, health and social systems encourage and support early treatment for schizophrenia and related disorders.

SCHIZOPHRENIA SOCIETY OF CANADA POSITION

The Schizophrenia Society of Canada accepts the scientific evidence that indicates:

1. Early detection and treatment of schizophrenia and other psychotic illnesses leads to reduced suffering and improved prognosis including reduced reoccurrences of symptoms.
2. Psychotic symptoms can be detected early if potential case finders such as teachers are educated to recognize early symptoms and warning signs.
3. Early diagnosis, sufficient to initiate effective referral and support, is easily possible with minimal additional training of professionals such as general practitioners.
4. Treatment is effective when persons with psychosis have access to and use: skilled practitioners and a range of treatments, and personal and family educational and/or support programs.

The Schizophrenia Society of Canada therefore:

1. Urges governments, health authorities and other provider organizations to ensure that their mental health systems have, as a priority, laws that favour early treatment, targeted funding, trained personnel and accessible, comprehensive programs that are "friendly" to people who develop psychoses and their families. Programs must include training of potential case detectors (e.g. teachers, police, family physicians), clear and rapid referral links, early and comprehensive assessment by trained clinicians, optimal use of the newest antipsychotic medications, proper psychological treatment, appropriate rehabilitation and training to support reintegration to school, work and the community, education and support for the family and education to raise awareness and reduce stigma. Quality assurance, evaluation and research activities are to be encouraged.
2. Dedicates itself, in association with provincial schizophrenia societies and their local chapters, to advocating for accessible early intervention programs across

Canada. In addition, SSC supports the efforts of provincial offices, chapters and branches by providing education and support material.

BACKGROUND

Early psychosis is serious for individuals, families and society

- Psychosis (an experience of being out of touch with reality) is a disruption of brain functioning that causes hallucinations, illogical thoughts, delusions and lack of motivation.
- Psychosis is frightening to the person it is disabling because it interferes with thinking, perception and motivation and thus with personal, social, school, work and family functioning. This can seriously affect the rest of a young person's life.
- Long term or recurrent psychosis is most typically the result of schizophrenia, although it also occurs with the manic phase of bipolar illness.
- With the first psychotic "break" it is sometimes difficult to determine if the psychosis is due to schizophrenia, bi-polar disorder or other cause. Since the treatment is similar no matter what the cause, early psychosis programs usually cover all forms of early psychosis.

Psychosis Affects about 2-3% of the Population

- The life time prevalence of the psychotic disorders, schizophrenia and bi-polar disorder, are both about 1%, with approximately another 1% being affected through head injury, drugs and other causes.
- Early psychosis mainly is manifest at ages 15 to 25
- If these disorders are not treated early and effectively the human costs, in terms of suffering of individuals and families, family disruption, lost vocational opportunity and health and social service costs, are staggering.

Detection and Treatment are Often Delayed

- Typically the person with a psychosis does not seek treatment because one of the symptoms of this brain illness is lack of insight. Ill individuals may feel that "there is nothing wrong with me: I don't need help." Studies show that many people are suffering from psychosis for several years before being treated.
- In the early stages of psychosis or schizophrenia other people such as family, teachers, and physicians may wrongly attribute symptoms to adolescent adjustment reactions or street drugs or other psychiatric disorders (e.g. depression or anxiety).
- Individuals and families are often reluctant to seek treatment because of the stigma surrounding schizophrenia, the most stigmatized of all the mental illness.

If Treatment Is Available and Accepted it Is Effective

- Positive psychotic symptoms, such as thought disorder and hallucinations, can usually be controlled within a few days with anti-psychotic medication. However it may take weeks or months to gain full therapeutic benefit from these medications.
- Side effects occur with the use of medication, but there are fewer side effects associated with the newer atypical medications.
- Most people do well with medications although some do not regain their previous level of functioning.
- Most people need to continue on medication to prevent relapses.
- Information and discussion (i.e. counseling or psychotherapy) about the symptoms of the illness, trauma caused by being psychotic, treatment and side effects, relapse prevention, school, work and family relations is very important. It is important that the exchange of information and discussion is presented in a user-friendly manner and environment, and involve significant others such as family and/or friends where appropriate.

Service Authorities Must Ensure That the Components of an Early Psychosis Detection and Treatment System are In Place and Coordinated.

- Planning for the development and implementation of detection and treatment systems need to include those involved in initially suspecting psychosis, provider and support groups including: education (teachers, counselors), police, youth workers, child and adolescent mental health and welfare workers, general practice physicians, mental health centres, hospital psychiatric units, psychiatrists and other mental health specialists, advocacy groups (e.g. Schizophrenia Societies, Mood Disorders Associations, Canadian Mental Health Association). This position paper can be used as a template to assist groups their situations.
- The following components of the system need to be in place and clearly known to those who may use the system:
 - i. Early recognition and appropriate referral
 - ii. Specialist diagnostic and treatment services
 - iii. Counseling and other support for the person
 - iv. Education and support for families and others involved in the ill person's life.
- Education is key to providing knowledge, skill and improving attitudes for all those in the system including the general public. Education needs to be planned and systematically carried out. Links with University teaching and research programs are helpful.

Governments Must Fund Modern Anti-Psychotic Medications

- Modern anti-psychotic medications are more effective and have fewer side effects than older medications. Thus adherence to the medications is also improved and costly relapses and rehospitalizations reduced. There is an overall cost benefit superiority over older cheaper medications.

Governments Must Provide Mental Health Acts that Favour Early Intervention and User-Friendly Treatment

- Mental Health Acts, that require the person who is refusing treatment to deteriorate to the point of becoming physically dangerous before he/she can be involuntarily treated, are counter productive. Some people with psychosis take years to become physically dangerous. Others never become physically dangerous but suffer or cause great non-bodily harm. Involuntary admission criteria in Manitoba, Saskatchewan and British Columbia are appropriate. Since Ontario and Alberta require the person become potentially physically dangerous they are counter productive.
- It is essential that Mental Health Acts encourage rapid discharge to the community, even when continuing treatment is necessary on a compulsory basis. This is because hospitalization can be traumatic for a young person and compulsory treatment in the community rather than the hospital is more respectful of freedom rights and provides better transition to community living. Conditional leave (e.g. British Columbia) and community treatment orders without a pre condition of hospitalization are examples of mechanisms favouring this position.

Other Countries and Some Areas in Canada Have Exemplary Programs

- Australia has a national mental health plan with early intervention as a priority and the US national plan also favours it. Both countries and others now have programs with can serve as guides or models.
- In Canada most provinces have recognized the importance of early intervention but not all have the necessary programs, professionals and legislation to support it.
- SSC and its provincial affiliates have successfully distributed an effective early intervention teaching resource entitled *Reaching Out: The Importance of Early Treatment*.