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

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Schizophrenia is a neurodevelopment disorder with 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 increased from 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 is the 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
Reference


