

Schizophrenia

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Australian Treatment Guide
for Consumers and Carers



The Royal
Australian &
New Zealand
College of
Psychiatrists

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Key points about schizophrenia

- 1 Schizophrenia is a mental illness about which there is much stigma and misinformation. This often causes people with schizophrenia and their family additional distress.
- 2 The typical symptoms of schizophrenia involve disorders of thinking, perception and motivation that distort reality and cause changes in behaviour.
- 3 Although it is likely that there is no single cause of schizophrenia, current evidence supports the belief that it is due to biological abnormalities of brain function.
- 4 Schizophrenia may develop very gradually, or it may present abruptly.
- 5 The diagnosis of schizophrenia is best made by a psychiatrist, and your family doctor can make a referral for an assessment.
- 6 Modern treatments exist. New medications are possibly more effective than the older treatments, and are certainly more tolerable.
- 7 It is important for people with schizophrenia and their families to establish a positive working relationship with the treatment team, especially as treatment is long term. Modern treatment combines medication with education, family, social and community support.

Introduction

This guide has been developed for adults and young people with, or suspecting they have, schizophrenia, and for their families and carers. It has been written to provide you with information about schizophrenia and its treatment, based on the best research evidence. It is intended to be read for discussion with your health professional in order to jointly plan your care.

As a person or a carer for someone with schizophrenia, you too can benefit from a guide about the best possible treatments. This guide covers early treatment, support and recovery.

There have been great advances in treatment in recent years. And there continues to be a lot of research into treatments for schizophrenia. It is the responsibility of health professionals to ensure that they are up to date with current best-practice approaches for the illnesses their clients have. The newer treatments for schizophrenia are the most effective yet, and provide much hope that a comprehensive treatment approach will reduce the suffering that schizophrenia can bring. Early management of the illness by individuals, their families and friends, and health professionals can achieve better long-term outcomes.

What is schizophrenia?

Schizophrenia is a poorly understood illness in the general community because there is much misinformation and stigma associated with it. A person with schizophrenia does not have multiple personalities. Neither are people with schizophrenia inherently violent. When in a treatment program, they act like other people in the general population.

Schizophrenia is one of a group of mental disorders known as psychoses. A person experiencing psychosis has a loss of contact with reality. Psychosis is characterised by difficulties with thinking and can include seeing or hearing things that other people cannot see or hear; these experiences are called hallucinations.

Psychosis can also include holding beliefs that are very odd or not true. These beliefs are called delusions. People with psychosis often feel that they want to withdraw from the outside world. Their energy and emotions are affected. They may feel a loss of vitality. They may also feel depressed or irritable.

Who gets schizophrenia?

Anyone can get schizophrenia. Schizophrenia affects one in 100 people across all countries, socioeconomic groups and cultures. Schizophrenia usually begins when people are aged between 15 and 25, although it can also emerge later in life. Men are slightly more likely to develop schizophrenia than women, and men tend to have an earlier onset.

What are the first signs that something is wrong?

Most people experience changes in behaviour and perception. When these occur together in the early stages they are called a 'prodrome'.

The prodromal symptoms include:

- changes from normal behaviour such as worsening of usual work or school performance
- social withdrawal
- emerging unusual beliefs
- changes in perception, such as experiencing brief instances of hearing sounds not heard by others.

The prodromal period lasts approximately two years on average.

After this time, clearer symptoms of psychosis become evident. The prodrome is best thought of as a warning: a person experiencing a prodrome is not necessarily going to develop psychosis.

What are the symptoms of schizophrenia?

Health professionals talk about three main types of symptoms associated with schizophrenia. These are positive symptoms, negative symptoms and disorganised symptoms.

Positive symptoms are experiences that happen in addition to normal experience. These include symptoms such as hallucinations (positive because they are additional perceptions).

Negative symptoms incorporate a loss or decrease in normal functioning. They include experiences such as loss of pleasure or interest in normal activities, loss of motivation, and loss of interest in socialisation.

Disorganised symptoms are those symptoms that reflect the confusion caused within the brain.

Symptoms vary from person to person, but commonly include:

Negative symptoms

Feeling unmotivated

Not feeling social

Feeling apathetic

Not feeling any emotions

Mood

Irritability

Suicidal thoughts

Depression

Elevated mood

Positive symptoms

Delusions

Hallucinations

Disorganised symptoms

Difficulty making decisions

Difficulty planning

Difficulty interpreting others' emotions and motivations

Schizophrenia appears to come and go in cycles, worsening in periods known as relapse, but improving or disappearing completely during remission. People with schizophrenia can have periods of stable emotional health. However, during the acute or psychotic phase, when delusions and hallucinations may occur or worsen, many have trouble with everyday tasks such as thinking clearly, managing their feelings, solving problems, decision making and relating to family, friends or professionals.

What causes schizophrenia?

It is now accepted that schizophrenia is a syndrome (cluster of symptoms) produced by a complex change in brain functioning. This change interferes with intellectual processes and produces unusual experiences and emotional changes.

The causes of schizophrenia are multiple. They involve a combination of genetic risk factors and other contributors such as complications during pregnancy and early life, and almost certainly other problems

with brain development during adolescence. It is probable that a different mix of causes can occur from person to person. While in some people it is possible to show subtle structural changes in the brain using tests such as magnetic resonance imaging (MRI) scans, in most people the abnormality in the brain is a reversible functional disturbance. This is why treatment with anti-psychotic medication seems to restore normal central nervous system/brain functioning.

While much research has been carried out in recent years, a great deal still needs to be learned about this complex disorder of the central nervous system.

What other problems do people with schizophrenia face?

People with schizophrenia may also face other problems. Anxiety and depression are very common. The rates of substance use (cigarettes, alcohol and cannabis especially) can be up to ten times higher than in the general community. Because symptoms, if left untreated, affect relationships, many people with schizophrenia are single, and unemployment can be a problem. People can also have accommodation problems and may withdraw from family and friends. Isolation and loneliness can be common.

People with schizophrenia may need assistance for several problems when seeking professional help. It is okay to ask for help for any of these problems to reduce the stress of living with schizophrenia and improve the chance of recovery.

The physical health of people with schizophrenia is often overlooked, and as a group, people with schizophrenia tend to have worse physical health than the general community. The good news is that most of these health problems are preventable. Often physical health is ignored due to a concentration of the individual, their carers and clinicians on issues associated with mental health. Studies have shown

that people with schizophrenia are twice as likely to die from heart disease. This may be prevented by people with schizophrenia receiving earlier interventions to reduce the likelihood of a fatal coronary incident. Cancer is another disease where the potential for prevention and early detection is often missed. People with schizophrenia are no more likely than someone in the general community to develop cancer. However, they are more likely to die from cancer as it is typically discovered much later than cancer in the general population.

Some of the other health problems faced by those with schizophrenia are a consequence of side effects of anti-psychotic medications. These include diabetes, weight gain (which is a risk factor for poor health) and cardiovascular problems in some people. All of these health problems are manageable if identified and treated early.

It is important that people with schizophrenia have the same screening tests as others with their risk profile and in their age group. Additionally, people with schizophrenia can look after their own health by eating a nutritious and balanced diet, exercising regularly, and seeking help to reduce use of cigarettes, alcohol and other drugs.

Diagnosis and beginning treatment

How is schizophrenia diagnosed?

There is currently no test for schizophrenia. However, your general practitioner (GP) may want you to do some other medical tests to rule out other possible illnesses, both physical and mental, which have symptoms similar to those of schizophrenia. Getting a correct diagnosis can be difficult because psychiatric diagnoses are still based on descriptions of behaviour.

If you are afraid of seeking help and feel reluctant to describe your symptoms or see a GP, remember that the earlier you get help, the greater your chance of managing your illness.

Your GP may be familiar with schizophrenia. However, it is strongly advised that a psychiatrist who is more qualified and experienced in confirming the diagnosis and planning treatment is also consulted.

Is there a cure?

There is currently no cure for schizophrenia. However, many treatments that aid recovery have been developed. Many people with schizophrenia remain vulnerable to relapse and may have sustained disability. Despite this, good quality of life is possible, and with improvements in the quality of treatment and support, many people recover to lead full lives again.

Prevention: can the prodrome be treated?

The prodrome is the period before an acute episode of psychosis. It indicates that a psychotic episode may be about to occur. People

showing signs of a prodrome who have never had an episode of psychosis are encouraged to develop a relationship with a mental health professional or a GP with knowledge of this prodromal period.

Individuals who have a parent or sibling with psychosis have more risk of developing schizophrenia. If there is any change in levels of functioning at school or work, or if symptoms of depression or strange thinking occur, it is a good idea for these individuals to go to their GP or a psychiatrist to be thoroughly assessed. By being monitored in this manner, if clear psychotic symptoms emerge (and there is no guarantee that they will), early specific treatment is readily available.

This can avoid the need for hospitalisation and minimise the impact of a potential psychotic episode. Early intervention is vital for a good recovery.

See your GP for information and referral to mental health services in your area or visit headspace, Australia's National Youth Mental Health Foundation. Assessment and treatment at public mental health centres is free. There are some early intervention centres where young people can be comprehensively assessed (see Appendix 4). You can get a referral from your GP to see a psychiatrist for an assessment and treatment, the fees for which are subsidised through Medicare.

Evidence from the Personal Assessment and Crisis Evaluation (a clinic for people at immediate risk of developing psychosis) study in Melbourne indicates that assessment and provision of low levels of medication in the prodromal period may reduce the risk of eventual psychotic symptoms in some people.

When should treatment begin?

The sooner a person with schizophrenia gets help for their symptoms the better the chance they have of receiving effective treatment.

Research shows that it is important to get help early! This applies to the first episode and to all subsequent episodes. In many locations a specialist 'early intervention team' will provide care during the first episode and offer follow-up for the first year or two.

The first task is for your clinician to undertake a thorough assessment to understand more about different aspects of your life, such as your accommodation, finances, symptoms and physical health. A thorough investigation is required to make sure that there is no underlying physical condition that may better account for your symptoms. Once a medical check has been completed, a referral can be made to an appropriate mental health service or specialist. If there are significant social, cultural or religious issues that need to be considered in your treatment, you should let your health care workers know.

How is my care organised?

It is important to understand the treatment system so that you can make it work the best way for you. Care from your GP alone in the first onset of schizophrenia is not an adequate standard of care. You need a GP who can advise you about when you should see a mental health professional and to help you get specialist care early. You can receive specialist care in the public mental health system or from a private psychiatrist.

In situations where the person does not believe they are unwell, it is often the family who goes to the GP seeking assistance. GPs typically give families the contact details of the mobile assertive outreach (a specialist team of mental health workers) from the local mental health service so that a home visit can be made to determine a plan of action.

When receiving care through a public mental health service, it is usual practice to be allocated a case manager (sometimes called a key worker) and a psychiatrist, who make up the treating team. The case manager organises the assessment, treatment plan and ongoing treatment with you. This includes information and education for you and your family or partner, or carers. They can also arrange links to other services such as community agencies, employment services, Centrelink and accommodation agencies. The treating team may also prepare the treatment plan, which encompasses all aspects of care: medication, psychotherapy, education, support and other treatment or services required.

In rural areas, your GP may play this role and contact specialist services by telephone. In other cases, because of personal preference, or because the illness is stable, some people will have their schizophrenia managed entirely by a GP.

How to advocate for improving your care

If you do not think that you are getting the level of care you should be, do not be silent about your dissatisfaction. Approach your case manager, or the clinic manager. If the problem is a lack of resources, approach members of parliament or become involved in a consumer or carer network. Ask to speak with the consumer consultant and/or carer consultant in your mental health service. If there is not one, ask why not. If you are seeing a private psychiatrist and are not happy with your care, ask for a second opinion, or discuss referral to a different psychiatrist with your GP.

Location of treatment

A range of treatment settings is available and the choice of which one to use is made on the basis of the nature of your illness. Where possible, people with schizophrenia are treated in the community (as opposed to becoming inpatients in a hospital) to reduce the distress and disruption to their lives. The treating team may visit you at home, and can support you in crisis situations.

If you are in recovery or remission, you can attend regular outpatient appointments for treatment. However, if you are at risk of harming yourself or others, or if you are extremely distressed by your symptoms, the best option may be a short stay in hospital for treatment and care. Sometimes this may be necessary even though it may not be what you want at the time.

When you are well, arrangements for what will happen in the event of a relapse can be put in place in advance. This gives you more control and you will have a say in how you would like to be treated.

Cultural needs

Health professionals should always respect and cater for the wide diversity of cultural groups in our community. Depending on your cultural background or religious beliefs, when you are seeking treatment, or helping a person you care for get treatment, you may have special requirements that you need to communicate to the health professionals you encounter. You may need to request:

- a translator if your first language or that of the person you care for is not English
- explanations of medical or other terms that may not be clear
- respect for your religious practices and understanding of the roles of males and females in your culture

- treatment provided in a particular setting (you may have a cultural preference for home or hospital treatment)
- special food or access to a prayer room if you need to go to hospital
- understanding of your family's expectations of treatment.

It is very important to discuss cultural issues with your health care provider, to enable them to better understand you and so that your religious beliefs and cultural practices can be incorporated into your treatment plan.

What does treatment cost?

It is important to discuss all potential costs involved in your treatment with your health professional.

In Australia, some GPs bulk bill, which means that Medicare will cover the full cost of any visit. If your GP does not bulk bill, partial rebates are available through Medicare and you will need to pay any difference. There will also be an additional cost for any medication that may be prescribed.

Your GP may refer you to appropriate services, such as for psychological services provided by a psychologist or an appropriately trained social worker or occupational therapist. Any treatment provided by these health professionals will only be rebated by Medicare if you have previously claimed a rebate for a GP Mental Health Treatment Plan. A GP Mental Health Treatment Plan will be developed by your GP and tailored to your needs to find the treatment that is right for you, monitor your progress and assist you in achieving your goals for recovery.

Medicare rebates are also available for assessment and treatment by a psychiatrist. A psychiatrist may also refer you for Medicare-subsidised treatment with a psychologist, an appropriately trained social worker or occupational therapist. You may receive up to 12 individual/and or

group therapy sessions in a year. An additional six individual sessions may be available in exceptional circumstances.

Your GP may also refer you to other government funded providers of psychological services depending on what is available in your local area.

How is schizophrenia treated?

Treatment should include medication, psychological and psychosocial treatment, and community support. The combination of treatments is crucial and all forms of treatment enhance each other to produce a better recovery for the individual.

Psychosocial rehabilitation enhances the effects of the anti-psychotic medication whilst the medication also enhances the effects of rehabilitation. Social inclusion is as important as medication as it treats the person rather than merely the disability. An individual's motivation to get better is critical to their recovery. As you progress through your treatment, exercising regularly and eating a healthy diet can help you gain a sense of mental health and wellbeing.

Medication

Medication is essential for effective treatment of schizophrenia for most people. However, it works best when integrated with good quality psychosocial treatment.

It is necessary to find the right type and dosage of medication to treat your symptoms with the fewest side effects. Generally, a single medication will be used. However, in some cases it may be helpful to combine medications.

The main types of medicines used to treat schizophrenia are called anti-psychotics. There are two groups of anti-psychotics. The older group, referred to as 'typical' anti-psychotics, include chlorpromazine, haloperidol and thioridazine. The newer group are called 'atypical' anti-psychotics. These include olanzapine, risperidone, clozapine, quetiapine and amisulpride. Older medications work, but often have more side effects, especially if used in high doses.

Information on the safe dosage range for your medication can be found in the product information, or in standard manuals of medication such as MIMS or the Therapeutic Guidelines – Psychotropics (which most GPs hold). Ask your GP if you can read the section about your medication. You will typically be given written information on the medication prescribed for your treatment, including any side effects that may occur.

Does medication work?

All of the medications that may be prescribed for you have gone through rigorous international testing, and have been shown to reduce the symptoms of psychosis. They are not addictive. There are several types of medication and your psychiatrist will choose the one that will best address your individual symptoms. You should ask why the particular medication has been suggested for you. In recommended doses, anti-psychotic medication is safe. However, excessive doses can result in a range of disturbing side effects.

Sometimes it takes time to find the most effective medication and dosage.

What symptoms are helped by medication?

The positive/active symptoms of psychosis, such as hallucinations and delusions, have been the main focus of medication treatment. Newer anti-psychotic medication may also be helpful in treating negative/deficit symptoms, particularly problems with mood, thinking and socialising. Feelings of anxiety and agitation are also helped by anti-psychotic medication.

Does medication work for everyone?

A small number of people do not respond well to initial treatment and may need to try several anti-psychotic medications as well as other therapies to gain control over their symptoms. For people who begin treatment with one of the newer anti-psychotic medications, known as atypical anti-psychotics, and find their symptoms do not improve, the medication clozapine has been found to be effective.

Relapse prevention and medication

Individuals who have experienced a psychotic episode need to consult their GP or psychiatrist and case manager for strategies to prevent a further episode. This may include restarting or increasing medication, or adding a different medication in combination with psychosocial treatment and regular monitoring. Becoming involved in a psychosocial rehabilitation program will also help to prevent relapse.

What are the possible side effects?

You may experience side effects when taking anti-psychotics. Some common side effects or side effects about which it is important to be aware are discussed below. You may wish to ask your doctor or pharmacist for more detailed information on the side effects of any medication you may be taking.

It is very important to communicate any changes in your symptoms or new symptoms to your doctor as these may be side effects of your medication. Appendix 2 gives a summary guide to medication and side effects with space for you to record your medication dosage.

Common side effects

Movement disorders, sometimes referred to as extrapyramidal symptoms, are known side effects of anti-psychotic medications and are more common with the older anti-psychotics, known as typical anti-psychotics. Movement disorders include tardive dyskinesia (see below), dystonia (muscle spasm), Parkinsonism (tremor, slow movements), and akathisia (restlessness).

The newer, or atypical anti-psychotics, have been found in studies to be effective at treating symptoms of schizophrenia, and typically cause fewer side effects, including effects on muscle tone and movement. They are, however, more likely to cause other specific symptoms including weight gain, loss of libido, and hormonal side effects.

Weight gain is a relatively common side effect of some anti-psychotic medications, in particular the newer atypical medications olanzapine and quetiapine. While weight gain itself does not usually mean there is a more serious underlying metabolic problem, significantly increased weight may put some people at greater risk of developing other health problems such as diabetes and cardiovascular disease.

Other possible side effects of anti-psychotic medications include dizziness (especially on standing), sedation, and, rarely, liver disorder. A small number of people taking anti-psychotic medications may also experience symptoms linked to changes in hormone levels, such as breast changes, galactorrhea (stimulation of milk secretions) and sexual dysfunction in males.

No one should have to put up with unpleasant side effects. Doctors can treat these effects by using low doses of anti-psychotics or prescribing medicines to reduce movement symptoms.

Tardive Dyskinesia

Tardive dyskinesia (sometimes referred to by the acronym TD) is a particular movement disorder that can occur with anti-psychotic medication. Tardive dyskinesia involves uncontrollable muscle spasms resulting in a twisting of the body or neck. Tardive dyskinesia can occur in up to 5% of patients who take typical anti-psychotics over a long period of time. Recent research has shown that the newer, or atypical, anti-psychotics are much less likely than the typical anti-psychotic medications to cause tardive dyskinesia.

If you are unhappy with your medication, provide your clinician with as much information as possible about your symptoms, side effects and other problems. You have a right to expect the best treatment possible.

Take all medications as prescribed.

If a medication works well, stick with it. Don't chop and change.

These medications take a little while to start working. Don't stop taking your medication unless under good medical supervision.

Individual drugs and their side effects

Clozapine may cause fatigue, drowsiness, constipation, and weight gain. It has also been associated with increased heart rate, seizures, increased saliva production and problems with urination. A small proportion of people who take Clozapine may also experience changes in their white blood cells (which are involved in defending the body from infection) and there is a small chance (less than 1%) of

agranulocytosis (loss of production of white blood cells). Agranulocytosis can lead to an increased chance of experiencing life-threatening infections. To prevent this, you need to have a weekly assessment of your white cell level when you commence this medication and then ongoing monthly monitoring.

Risperidone in low doses has very few side effects. In higher doses, some movement disorder side effects have been noted. People who take risperidone have also reported weight gain, some gastric discomfort, and mild sedation.

Olanzapine generally has few side effects, but may cause weight gain and has also been associated with other non-movement disorder side effects such as constipation, sexual dysfunction, and possible mild liver dysfunction.

Quetiapine has been associated with side effects such as drowsiness, weight gain, dizziness and headaches, but there is a significantly lower incidence of distressing symptoms such as movement disorder symptoms and restlessness.

Amisulpride may cause side effects including weight gain and drowsiness. Amisulpride, when compared to other anti-psychotics, may be more likely to cause changes in the breast such as increased milk flow and changes in males, although these changes are very rare.

On the other hand, amisulpride may be less likely than other anti-psychotic medications to cause sedation and movement disorder side effects.

Talk to your doctor about the advantages and disadvantages of using these newer medications, particularly the possible impact of side effects.

What is the treatment for side effects?

To treat movement disorders caused by older anti-psychotics, doctors often use a medication called an anti-cholinergic, such as benztropine (Cogentin, Benztrop). Anti-cholinergic medications may also cause side

effects including sedation, dry mouth, constipation, and impaired memory. Many side effects, such as sedation, will improve with time. If side effects continue to cause problems it may be necessary to change the dose, use a different type of anti-cholinergic, or add another medication.

For weight gain, some people are able to monitor their weight and effectively self-manage this troubling side effect by eating healthily and exercising regularly. Some mental health services offer weight management clinics for people taking anti-psychotic medications. Alternatively they can provide referrals to dietitians to support people taking anti-psychotic medications who are having difficulty managing their weight. Talk to your mental health service about what support might be available in your local area.

Constipation is another troubling side effect that if mild to moderate can be effectively self-managed by increasing fluid intake, eating plenty of fibre rich foods, and, if necessary, the occasional use of mild laxatives. Persistent or severe constipation should be discussed with your mental health professional.

Remember to mention any unusual symptoms or side effects you experience to your doctor. Rare but more serious side effects require urgent medical attention. Your doctor can provide you with information on what to look out for. Medicine information leaflets, usually found inside the medication packet or available from your doctor or pharmacist, also provide information on side effects.

If you experience anything which may be a side effect, tell your doctor as soon as possible. It may be that the symptom you are experiencing is not a side effect, but it is better to be sure.

What is depot medication?

Depot medication can be useful for some people, at least for a period of time. Depot medication is a form of anti-psychotic medication given by injection, which slowly releases the medication over one to four weeks (depending on which medication is given).

Most of the depot formulations currently available are for the typical anti-psychotics but depot versions of some of the newer atypical anti-psychotics are becoming available. A doctor or nurse will usually give the injection. Some people prefer depot medication as they find remembering to take pills every day difficult. However, depot medication can cause the same side effects as mentioned above for these medications when taken in oral form.

Sometimes people with schizophrenia are ordered to take medication under government laws such as the Mental Health Act. In this situation, depot medication is often used. An order to be treated and to take medication made under mental health legislation must be reviewed at regular intervals. There is also provision for you to appeal against any treatment order.

Why do I have to take other medications?

Your GP or psychiatrist may consider prescribing other medications along with an anti-psychotic medication to treat the symptoms of schizophrenia or other problems you may be having. There are many medications that may be used in conjunction with anti-psychotic medication. They include:

- anti-anxiety agents, which are used to treat distress or agitation
- mood-stabilising agents to treat mood symptoms when they occur in psychosis (lithium, carbamazepine and sodium valproate)
- sleeping tablets (hypnotics) to help insomnia
- side effect medication (anti-cholinergics, or anti-parkinsonian medications) used to reduce movement disorders
- anti-depressants used to treat depression.

There are a number of points to consider. Accepting the need for regular medication can be daunting for anyone. If you think of the challenge it can be to take a full course of antibiotics for two weeks, it is a much bigger challenge to take an anti-psychotic and side effect medication for a much longer period of time.

Taking medications long term requires some lifestyle changes, similar to those required for managing any long-term condition such as arthritis or diabetes. Making lifestyle and mindset changes is not easy.

Medications are often incorrectly seen as mind altering rather than mind restoring.

Taking the medications can cause unpleasant experiences such as sedation, 'numbing' or slowed down thinking, movement or body problems, or sexual side effects. As a result, many people form the incorrect view that the medications are 'mind altering' rather than mind restoring.

Seeing your medication as mind restoring can help maintain your motivation to keep taking it. Medications are a very powerful protector against a second or further breakdown. Taking medication as it is prescribed makes it five times less likely that you will experience a relapse. Sometimes it takes more than one psychotic episode for people to accept that medication is necessary.

If you are put on an order to receive treatment, you should be given a booklet that outlines your rights. If are not given this booklet, it is important that you ask for it. If you are unable to read the booklet, your rights should be explained to you verbally or an appropriate translation should be provided.

How much do I need?

Anti-psychotic medications are administered at the dosage that proves most effective for each individual. For many medications, the doctor will start with a low dose and increase very slowly to reach the level where symptoms stop and before side effects start to be present. Doses differ according to the potency of the medication used and cannot easily be compared against one another.

For example, 100 milligrams (mg) of chlorpromazine is approximately equal to:

- 2mg of haloperidol
- 2mg of risperidone
- 7.5 to 10mg of olanzapine.

For how long do I need to take the medication?

Some people will require anti-psychotic medication for long periods. Usually the medication is continued for one to two years after the person has achieved excellent recovery from their first episode, and has been able to maintain stable relationships, work and accommodation.

In the early years there is a high risk of relapse and if the person experiences another episode they may need anti-psychotic medication for two to five years before ceasing use. Those who have multiple episodes may need to use medication for much of their life.

What if the medications don't work for me?

If you have tried one or two anti-psychotic medications and your symptoms have not improved, a thorough review is necessary. First your doctor will typically check with you that you remembered to take the medication as prescribed and that the dose was correct, and that there are no other factors involved, such as a medical problem or use of cannabis or other drugs.

Your doctor may suggest that you try psychological therapy, described below, to help you cope with the symptoms, and that other medicines be added to help. A third atypical medication may be tried. More commonly, you would be offered clozapine, a medication showing good results when other treatments are not successful. However, if you are taking clozapine you will need to be closely monitored for side effects.

What about pregnancy and breastfeeding?

Many anti-psychotic medications have not been tested on pregnant women. Unborn babies are very sensitive to medications and it is very important to talk to your doctor about the safest choices to use during pregnancy and/or breastfeeding. An observational study – The National Register of Antipsychotic Medication in Pregnancy – is designed to collect information about anti-psychotic medication safety in pregnancy. Early results from this continuing study suggest that the most commonly used anti-psychotics are reasonably safe for use in pregnancy, but that the need for the medication has to be considered carefully. Further information can be obtained by contacting Professor Kulkarni at The Alfred Psychiatry Research Centre, Commercial Rd, Prahran, Melbourne.

Psychological and psychosocial treatment

Psychosocial treatments should be tailored to your individual needs. Medications aim to reduce your symptoms while psychosocial treatment helps you adapt to living with schizophrenia and helps you to strive for a good quality of life, despite the illness. One important feature of all psychosocial treatment is developing a relationship with your health professional that is based on trust and optimism. Ideally this would also extend to your family, partner or carer.

There are several kinds of psychosocial treatment that may benefit your recovery.

Psychoeducation

This therapy provides education to individuals and their carers about the illness, either individually or in a group. It works by increasing your understanding of symptoms and treatment options, services available and recovery patterns. Information and education may be provided via DVDs, pamphlets, websites, meetings, or discussions with your case manager or doctor. If required, information in other languages or interpreters can usually be provided to you. Materials can also be obtained from support groups as listed in Appendix 4.

Family psychoeducation

People with schizophrenia should be encouraged to nominate a friend, their partner or other family members who will help and support them for as long as is necessary. Help and support is particularly necessary when people become unwell and may turn against those closest to them.

People with schizophrenia and their supporters (usually family members) can be helped by undertaking a program of family psychoeducation to help them build skills they need to provide ongoing support for the person with schizophrenia.

Family psychoeducation is a program delivered for at least nine months, in which the person with schizophrenia and family members are helped by clinicians to learn communication and problem-solving skills to solve the many challenges that accompany schizophrenia. Positive research evidence for these programs indicates that relapse rates are reduced, resulting in fewer hospitalisations and greater willingness to take medication, thereby resulting in a reduction of psychiatric symptoms. Other outcomes include improved social functioning, increased employment rates, involvement in the community, reduced burden for carers, and significantly improved relationships within the family. These programs would ideally be included as routine care but are not yet widely available. Strong advocacy is needed to increase their availability.

If an organised family psychoeducation program is not available, your family and friends will still want to talk to a professional about their experience of your illness and how they might help. It can be very distressing to see someone you love and care for become unwell. Your family can be an important source of information to help in clarifying your diagnosis, and in supporting your treatment.

Good communication exists when you, your family and your clinicians talk about the choice of treatments so that everyone receives the same information and can work towards the same goal.

Clinicians should offer your family members or carers frequent support when you are acutely unwell, and on an ongoing basis as needed. You should ask for printed information on your medication, therapy or group activity that you can give to your family members or partner.

'I am not sick! I don't need help!'

A percentage of people who develop schizophrenia are unaware that they have an illness. This creates challenges for everybody. The book *I am not sick! I don't need help!* by Xavier Amador (author) and Anna-Lica Johanson (contributor) is a practical guide for families.

Support groups are designed for patients and families to share their experiences about services or treatment. Research shows that support groups can be helpful. Sometimes your family may be able to help you in other ways. For example, family members can:

- help you identify early warning signs
- keep records of the effectiveness of medication at treating your symptoms
- assist you in accessing care.

They can also play an important role in encouraging and supporting you to return to social, academic and vocational activities.

Cognitive behavioural therapy

One form of psychotherapy that has been found to be effective in treating psychosis is called cognitive behavioural therapy (CBT). It may be recommended depending on your needs and phase of illness.

Research suggests that CBT can improve coping strategies, help you learn new ways to manage stressful situations, improve thinking and memory skills, help you learn to socialise, reduce the level of positive symptoms, and help manage ongoing symptoms.

Research has also shown that CBT is a useful treatment for symptoms of depression and anxiety. These symptoms are very common in people going through a psychotic episode. CBT may also be effective in reducing drug abuse.

It is also more common for people experiencing psychosis to have suicidal thoughts and feelings. They are at a greater risk than the general community of self-harm and suicide. This risk can be reduced through supportive psychotherapy and use of expertly conducted CBT. CBT works by reducing the severity of depressive thoughts and feelings of hopelessness that can be experienced by some people with schizophrenia.

It is important to ask your mental health professional if they have special training in CBT.

Vocational and social rehabilitation

Rehabilitation focuses on social and occupational skills, which may be absent or underdeveloped due to your illness. Depending on your needs, rehabilitation can be undertaken in a group or individually. It's about getting your whole life back and not just managing your symptoms.

When a person becomes ill, it is helpful for others to focus on their strengths and not dwell on their mental illness. By focussing on a person's strengths, these strengths are reinforced and they will feel more validated as a person. They will feel they have greater meaning and purpose, and will not feel subsumed by their illness. It is important to also remember that a person's key strengths may relate to them as individuals, or to them as a member of their family or community.

Emphasising and reinforcing the positive aspects of a person's life will help them to retain a sense of hope and be more able to positively manage their mental illness. Seeing a person with mental illness as a person rather than focussing on their illness can contribute to their wellbeing and to a more sustainable recovery.

Group activities

People with schizophrenia may benefit from participating in group activities with other people who also have schizophrenia. The focus of these groups can vary. They may provide information, teach coping skills for dealing with mental illness, provide opportunities for formal or informal exercise, help you to develop relationships, help you to learn to become independent again, improve your confidence, enhance your study or work skills, or just be fun.

If your mental health service does not run such groups, your doctor or case manager can let you know about groups run by local community agencies.

Overstimulation and feeling under pressure can lead to relapse. Isolation and loneliness are related to poorer and slower recovery. Group activities organised by clinicians or in local community groups can counteract these problems. Join a group. Get involved!

Self-help groups

Self-help groups are not really considered 'treatment'. Rather, they are there for support and information. They may be beneficial because they provide support, facilitate information exchange, and provide resources.

Often self-help groups provide opportunities for developing new friendships. A list of self-help agencies is included in Appendix 4. Self-help groups may also work to foster understanding of people with schizophrenia by the wider community. They can also give you the chance to help someone else who is recovering because you may benefit from hearing each other's experience.

Advocacy is important. There is much known about the optimal treatments for psychosis, however, access to these optimal treatments is not always as easy as it should be. Through self-help groups you can lobby for better services and more research.

Crisis support

A system of mobile clinical support is available in most areas 24 hours a day. Public mental health crisis assessment teams (CAT teams) are trained mental health professionals linked with your local service who can speak with you over the phone about your situation, current treatment and symptoms and, when necessary, visit you or arrange follow-up with your treating team. It should be part of your regular treatment plan that you know how to contact the after-hours service when you feel at risk. Ensure that you have the contact details of the service. These details can also be obtained from your case manager or doctor. Family members can also use the service.

Counselling

Talking to someone is an important part of treatment. Your case manager and doctor can provide general counselling and support during and after an episode of psychosis.

If you are feeling down, depressed, demoralised or thinking about suicide, it is VITAL that you talk to someone about it.

Coping with the bad times

Suicidal thinking is **temporary**, but it is dangerous to try to cope with these symptoms on your own.

Suicide is one of the main causes of death for people with schizophrenia, most likely due to the depressive symptoms that many people experience, especially early on in their psychosis.

Depression can be overcome. Most people have a good recovery even if things have been a bit rocky for a while. The key steps to surviving depression and suicidal thoughts in schizophrenia are:

- **tell someone** – your doctor, case manager, relatives, friends
- **seek help** – your doctor or case manager can help you manage your low feelings
- **don't be alone** – keep company around you and perform some positive activity.

Remember that research shows that combined treatments work best, rather than choosing only one treatment. It is important to choose both medication and psychosocial treatments together to progress your recovery.

Hospitalisation

When is hospitalisation necessary?

A range of treatment settings should be available to people with schizophrenia. Treatment should occur in the least restrictive environment possible and hospitals used only when absolutely necessary. Hospital inpatient care may be appropriate when you need a place away from major stressors, or when medications need major review or other treatments are needed that can only be delivered in hospital.

Where possible, people should be treated at home. Sometimes hospitalisation is necessary for your safety, even though you do not want it. Involuntary hospitalisation is governed by the Mental Health Act. Like orders to receive other forms of psychiatric treatment, an order for involuntary hospitalisation should be regularly reviewed, and you should be informed in writing of your rights.

Going to hospital can be a distressing experience. Everybody has ideas about what a psychiatric ward will be like. Most of these ideas are based on outdated stereotypes, and fiction. You have a right to be treated with respect and to have things explained to you in a way and language you understand. You can ask for family or friends to stay with you while you are admitted and get settled in.

Hospitalisation should also offer access to non-medication treatment options such as those discussed previously. Your family or friends can visit and spend as much time with you as you wish, while you stay in hospital.

Electroconvulsive Therapy

Rarely, electroconvulsive therapy (ECT) is used if you have severe depression on top of your schizophrenia or when symptoms are very severe. ECT can be effective. It is not painful, and there are no long-term effects. If ECT is recommended as a treatment for you, a brochure should be provided to you explaining how it works, how it feels and your rights. ECT is administered in hospital.

Be optimistic about your future. You can live well with, and after having had, schizophrenia!

Support and self help

Families, loved ones and friends

Schizophrenia is an illness that not only affects those who have it, but also their families, loved ones and friends. Often those close to a person experiencing schizophrenia are confused and unsure about the illness and their role in recovery. This can particularly be the case where the person experiencing psychosis may have ideas that make them afraid or distrustful of their family. In this situation it is often difficult for clinicians to make decisions about sharing information, particularly if the person states unequivocally that family members are not to be involved.

While it is important to remember that the primary concern of clinicians will be the person experiencing the illness, families need to give information about what has been happening, and to receive information. This may take the form of education about the illness in general, or more detailed information about their loved one's specific circumstances. Family members need information about how to manage, as they often fear that they may inadvertently do things that hinder recovery.

It is also helpful if the clinician clearly explains to the person experiencing psychosis that it is in their best interests if the family carers are involved as they can be an essential element in recovery. The clinician will need to reassure the person that their private information will not be disclosed. In cases where information cannot be given by the treating clinician, family members can seek help from another clinician not directly involved in the treatment program, who could give the family carers the information and support that they require.

Getting the most from visits with your clinician

Sometimes in an appointment, people forget the questions they want to ask, or do not remember what the answers were, so it is a good idea to prepare for the appointment beforehand.

- Write down specific questions for discussion and take them with you.
- Take a notebook and pen, and write down the answers given to you by your clinician.
- Take a friend or family member with you to appointments.
- Ask your health professional to explain any terms that you don't understand.

You could also write a letter to your clinician outlining your queries and requesting a written response.

What can I do to help myself?

You can contribute by staying informed about schizophrenia and its treatments. Tips for good health practices include:

- following a sensible diet
- having regular exercise
- avoiding all illicit drugs, as they have a strong negative impact on recovery
- not using tobacco, as for all individuals, as it acts on the liver and may mean higher doses of medication are required
- using alcohol and caffeine moderately
- developing good sleeping habits
- learning and using stress management techniques.

Try and build an honest and open relationship with the professionals involved in your care. This will make it easier for them to understand

and help you. Pay attention to changes in your body and in your thinking, and report them as soon as you can to your treating team.

It is very important for you to collaborate with your doctor to find a medication that gives you the most benefit, and use it as recommended.

It is wise to develop a plan to monitor early signs of relapse. You may want to ask close friends or family to help. Start the plan as early in the development of the illness as possible.

Finally, it is important to nurture all the positive relationships you have in your life to ensure you have support throughout treatment and a positive outlook for the future.

Research summary of treatment essentials

Essentials for treatment are:

- **combined medication and psychosocial therapies**
- **low dose atypical anti-psychotic medication is strongly recommended unless there are indications for other medication**
- **adjunctive medications where required**
- **psychoeducation for individuals**
- **collaboration and education for families and carers**
- **individual cognitive therapy and group therapy tailored to individual needs**
- **access to crisis support 24 hours a day**
- **case management and other agencies providing accommodation and vocational support.**

There should also be a focus on the future, and where you are going. Case management should be pro-active. If it is not, then you need to demand that it is.

Appendix 1

Solving common treatment problems

The table below outlines some common problems you may encounter during your treatment, and offers some possible solutions.

SCENARIO	POSSIBLE SOLUTIONS
A Excess medication leading to side effects such as movement disorders.	Inform nurse or doctor of side effects. Dosage may be reduced, medication changed to a different anti-psychotic or another medication added to counter side effects.
B Traumatic admission – e.g. you were brought to hospital by police and/or restrained by hospital staff.	Provision of counselling by mental health service, preferably with a staff member not associated with the trauma. Also, a similar service could be provided to relatives who may have been traumatised by your admission.
C Scary inpatient experience.	You have a right to feel safe in hospital. If you do not, you should speak to staff about your concerns. You may be placed in a locked ward as a safety precaution. This situation has to be reviewed regularly, and you should be informed of why you are still in a locked ward.

SCENARIO	POSSIBLE SOLUTIONS
D Negative attitudes to schizophrenia? i. Mental health staff and other health staff	If you perceive poor attitudes from a member of the mental health services, in the first instance speak to that person's manager (e.g. shift leader, charge nurse, clinic manager) or to a member of your treatment team you feel you can talk to. You could also speak to the consumer consultant in your service who is there to advocate for you.
ii. Public	Many people in the general public are uneducated about mental illness. Where possible find people who will support you to 'speak out'. Tell your clinician about the way you feel. If you experience attitudes that seem like discrimination or harassment, e.g. at your accommodation, or workplace, then find pro bono lawyers who will help you take action. It is illegal to discriminate against someone because of mental illness.

SCENARIO	POSSIBLE SOLUTIONS
E Low skill care	You should receive care from professionals who are up to date in their knowledge of psychosis and schizophrenia. Check out their qualifications. Membership of a professional association may indicate that they are required to keep up to date. Ask questions such as: What are the qualifications of the clinician? What is their experience in working with people with psychosis? How do they keep their knowledge up to date? (Answers you will want are reading journals, attending conferences, and attending courses.) Are they a member of a professional association such as the Royal Australian and New Zealand College of Psychiatrists, the Australian Psychological Society or the Australian Association of Social Workers?
F No psychosocial recovery program	The aim of a mental health service should be to provide a comprehensive, best practice service. It is known that a psychosocial recovery program is an integral part of an optimal rehabilitation. Ask for the types of programs or activities that have been mentioned in this guide. Again, advocate for improvement.

SCENARIO	POSSIBLE SOLUTIONS
G Barriers to early access: i. First episode	Problems in getting access to quality services for a first episode are beginning to be addressed by the development of specialist early intervention centres or teams within existing services. Ask what special approaches are available in your area. Sometimes there are barriers when you want help but you are told that you are not unwell enough. In this case, talk to your doctor and try together to get access. It is important to reduce the delay in receiving care as the earlier treatment is started, the better the outcome. A private psychiatrist or self-help group can also be an advocate.
ii. Subsequent episodes	People experiencing a relapse may also experience difficulties accessing mental health services. The difficulty can be minimised by having a plan worked out in advance with your clinicians and carers.
iii. Declining treatment	Sometimes people who are unwell with schizophrenia feel that they don't need or want treatment. This is another barrier to receiving services. Often mental health services will say that they are not able to force treatment on someone who is not 'at risk' (i.e. imminently suicidal/homicidal). However, this is not absolutely true. If you are a carer, a good suggestion would be to become familiar with the Mental Health Act in your area. This will help you to advocate for care when it is needed.

Appendix 2

Medication guide

Usual therapeutic doses and intensity of common side effects of anti-psychotic medications.¹

Medication	Oral Dose Range (mg)	Sedation	Postural Hypo-tension	Anti-Cholinergic	Extra-pyramidal	Weight Gain
Newer agents						
Amisulpride	100-1000	+	+	0	++ ²	+
Aripiprazole	10-30	++	+	0	+	+
Clozapine	200-600	+++	+++	+++	+	+++
Olanzapine	5-20	+++	+	++	+	+++
Quetiapine	300-750	+++	++	+	+ ²	++
Risperidone	2-6	++(initially)	+++ (initially)	0	++	++
Older agents						
Chlorpromazine	75-500	+++	+++	+++	++	+++
Droperidol	5-10 (IM)	++	+	+	+++	+
Fluphenazine	5-20	+	+	+	+++	+++
Haloperidol	1-7.5	+	+	+	+++	++
Pericyazine	15-75	+++	++	+++	+	++
Pimozide	2-12	++	+	+	+++	+
Thioridazine	300-600	+++	+++	+++	+	+++
Trifluoperazine	5-20	+	++	+	+++	++
Zuclophenthixol acetate	50-150 ³	+++	+	++	+++	++
Zuclophenthixol dihydrochloride	10-75	+++	+	++	+++	++

Usual therapeutic doses and intensity of common side effects of long-acting traditional anti-psychotics.¹

Medication	IM Dose Range (mg) ⁴	Dosing interval (weeks)	Sedation	Postural Hypo-tension	Anticholinergic	Extra-pyramidal	Weight Gain
Flupenthixol decanoate	20-40	2-4	+	+	++	+++	++
Fluphenazine decanoate	12.5-50	2-4	+	+	+	+++	+++
Haloperidol decanoate	50-200	4	+	+	+	+++	++
Risperidone	25-50	2	++(initially)	+++ (initially)	0	++	++
Zuclophenthixol decanoate	200-400 ⁵	2-4	+++	+	++	+++	++

KEY

- 0** Negligible or absent
- +** Infrequent
- ++** Moderately frequent
- +++** Frequent
- IM** Intramuscular (i.e. injected into a muscle)

¹ Based on the Therapeutic Guidelines (Psychotropic) Version 5 publication.

² Rarely a problem at usual therapeutic doses.

³ Single dose, not to be repeated for two or three days.

⁴ An initial test dose is recommended for all long acting agents, especially if the person with schizophrenia has not been exposed to the type of anti-psychotic agent previously.

⁵ Patients switched from zuclophenthixol acetate do not require a test dose of zuclophenthixol decanoate.

Dosages vary from person to person. It is recommended that you discuss this guide with your doctor in relation to your prescribed dosage.

Appendix 3

Mental health care teams

Crisis team member – Mental health professionals from a wide range of professions who work in teams to provide assistance during periods of high stress. They are trained as a psychiatrist, psychiatry registrar (medical doctor doing specialist training to be a psychiatrist), medical doctor, psychologist, social worker, occupational therapist or nurse.

Case manager – The health care provider whom you see the most for your mental health care in the public mental health system. They coordinate all your care with other members of the team. They can be medical doctors, or allied health specialists such as psychologists, social workers, occupational therapists or trained mental health nurses.

General practitioner (GP)/ Local doctor/ Family doctor – Registered medical practitioner, who has a general training in all areas of medicine, including psychiatry, and manages your general health care.

Occupational therapist (OT) – A person trained to provide therapy through creative or functional activities that promote recovery and rehabilitation.

Pharmacist – A person licensed to sell or dispense prescription medications.

Psychiatric nurse – A person specially trained to provide promotion, maintenance, and restoration of mental health, including crisis and case management. Nurses can administer medications but cannot prescribe them, whereas other allied health professionals can neither prescribe nor administer medications.

Psychiatrist – A medical doctor who specialised in psychiatry. Psychiatry is a branch of medicine that deals with the study, treatment and prevention of mental illness and the promotion of mental health.

Psychiatry registrar - A registered medical doctor doing specialist training to be a psychiatrist.

Psychologist – A person usually trained at a post-graduate level who works to apply psychological principles to the assessment, diagnosis, prevention, reduction, and rehabilitation of mental distress, disability, dysfunctional behaviour, and to improve mental and physical wellbeing.

Social worker – A person with specialised training in individual and community work, group therapies, family and case work, advocacy and the social consequences of disadvantage and disability, including mental disorders. They can provide psychosocial treatments for mental disorders and assist with welfare needs such as finance or accommodation.

Appendix 4

Sources of information and support

For further information on this guideline and other Clinical Practice Guidelines see www.ranzcp.org.

The list of organisations and information sources provided in this Appendix, whilst not exhaustive, may further support you in learning about and managing schizophrenia. Inclusion of these organisations and information sources does not imply RANZCP endorsement but rather aims to help people find information and to encourage communication about mental illness.

These organisations and resources are not intended as a replacement for formal treatment but as an adjunct to it. If you are unsure about any of the information you find or would like to know if a treatment you read about may be appropriate for you, you should speak with your mental health care professional.

Many of the organisations listed below are community-managed non-profit associations. They provide mutual support, information, housing, rehabilitation, employment or advocacy services to people with or having had schizophrenia, their relatives and friends.

NATIONAL ORGANISATIONS

Mental Illness Fellowship of Australia

Phone: (03) 8486 4200
 Helpline: (03) 8486 4222
 Email: enquiries@mifellowship.org
 Website: www.mifellowship.org

SANE Australia

Phone: (03) 9682 5933
 Helpline: 1800 187263
 Helpline Email: helpline@sane.org
 Email: info@sane.org
 Website: www.sane.org

Carers Australia

Phone: (02) 6122 9900
 Email: caa@carersaustralia.com.au
 Website: www.carersaustralia.com.au

Mind Australia

Phone: (03) 9455 7900
 Email: info@mindaustralia.org.au
 Website: www.mindaustralia.org.au

beyondblue

Phone: (03) 9810 6100
 Website: www.beyondblue.org.au

Multicultural Mental Health Australia

Phone: (02) 9840 3333
 Email: admin@mmha.org.au
 Website: www.mmha.org.au

Australian Institute for Suicide Research & Prevention

Phone: (07) 3875 3382

National Ethnic Disability Alliance (NEDA)

Phone: (02) 9687 8933

Torture and Trauma

Phone: (03) 9388 0022

SOUTH AUSTRALIA

Mental Illness Fellowship of South Australia

Phone: (08) 8221 5160
 Email: mifsa@mhrc.org.au
 Website: www.mifsa.org

Multicultural Advocacy and Liaison Services of SA

Phone: (08) 8227 2066

WESTERN AUSTRALIA

Mental Illness Fellowship of Western Australia

Phone: (08) 9228 0200
 Email: info@mifwa.org.au
 Website: www.mifwa.org.au

WA Transcultural Mental Health Centre

Phone: (08) 9224 1761

Ethnic Disability Advocacy Centre

Phone: (08) 9388 7455

QUEENSLAND**Mental Illness Fellowship of North Queensland Inc**

Phone: (07) 4725 3664

Email: fellowship@mifng.org.au

Website: www.mifng.org.au

Mental Illness Fellowship of Queensland

Brisbane: Phone: (07) 3358 4424

Email: admin@sfq.org.au

Gold Coast: Phone: (07) 5591 6490

Email: sfbranch@bigpond.net.au

Website: www.sfa.org.au

QLD Transcultural Mental Health Centre

Phone: (07) 3167 8333

Advocacy for NESB People with a Disability (AMPRO)

Phone: (07) 3369 2500

VICTORIA**Mental Illness Fellowship of Victoria**

Phone: (03) 8486 4200

Helpline: (03) 8486 4265

Email: enquiries@mifellowship.org

Website: www.mifellowship.org

Victorian Transcultural Psychiatry Unit (VTPU)

Phone: (03) 9288 3300

Action on Disability within Ethnic Communities (ADEC)

Phone: (03) 9480 1666

Victorian Mental Illness Awareness Council

Phone: (03) 9387 8317

Email: info@vmiac.com.au

Website: www.vmiac.com.au

ACT**Mental Illness Fellowship of ACT Inc**

Phone: (02) 6205 1349

Email: admin@mifact.org.au

Website: www.mifact.org.au

ACT Transcultural Mental Health Network

Phone: (02) 6207 6279

ACT Multicultural Council

Phone: (02) 6249 8994

NEW SOUTH WALES**Schizophrenia Fellowship of NSW**

Phone: (02) 9879 2600

Email: admin@sfnsw.org.au

Website: www.sfnsw.org.au

NSW Transcultural Mental Health Centre

Phone: (02) 9840 3800

NSW Multicultural Disability Advocacy Association

Phone: (02) 9891 6400

NORTHERN TERRITORY**Mental Health Carers NT**

Phone: (08) 8948 2473

Website: www.mentalhealthcarersnt.org

Top End Mental Health Service

Phone: (08) 8999 4988

Multicultural Community Services of Central Australia

Phone: (08) 8952 8776

Associations for the Relatives and Friends of the Mentally Ill (ARAFMI)

ARAFMI Australia

Phone: (08) 9427 7100

Email: arafmi@arafmi.asn.au

Website: www.arafmiaustralia.asn.au

ARAFMI New South Wales

Central Coast ARAFMI: (02) 4369 4233

ccarafmi@bigpond.net.au

ARAFMI Illawarra: (02) 4254 1699

arafmi_i@bigpond.net.au

ARAFMI Hunter: (02) 4961 6717

arafmihunter@exemail.com.au

ARAFMI North Ryde : (02) 4961 6717

fcmhp@arafmi.org

Support: 1800 655 198 (NSW rural); (02) 9332 0700 (Sydney)

Website: www.arafmi.org

ARAFMI Queensland

Phone: (07) 3254 1881

Email: info@arafmiqld.org

Website: www.arafmiqld.org

ARAFMI Western Australia

Perth: (08) 9427 7100

Rural Freecall: 1800 811 747

Hillarys: (08) 9427 7100

Midland: (08) 9347 5741

Mandurah: (08) 9535 5844

Broome: (08) 9194 2665

Canarvon: (08) 9941 2803

Website: www.arafmi.asn.au

ARAFMI Tasmania (Carer support)

Phone (North): (03) 6331 4486

Phone (South): (03) 6228 7448

Email (North): north@arafmitas.org.au

Email (South): south@arafmitas.org.au

Website: www.arafmitas.org.au

ARAFEMI (Victoria)

Phone: (03) 9810 9300

Carer Helpline: 1300 550 265

Email: admin@arafemi.org.au

Victorian Mental Health Carers Network

Phone: (03) 8803 5555

Email: info@carersnetwork.org.au

Website: www.carersnetwork.org

Useful websites

Organisation/ website	Web address	Comment
Australian Department of Health and Aging	www.health.gov.au	Provides a range of links to and information on government initiatives and programs, as well as general information on mental disorders.
Carers Australia	www.carersaustralia.com.au	Facilitates access to state-based support for family carers.
EPPIC	www.eppic.org.au	Information and program on early psychosis; includes factsheets on psychosis and related topics (also available in languages other than English).

Organisation/ website	Web address	Comment
Reach Out	www.reachout.com.au	Youth information portal on mental health.
headspace	www.headspace.org.au	Information and advice regarding mental health problems and where young people can find help and support.
SANE Australia	www.sane.org	Information on mental health including factsheets; also includes an online helpline.
itsallright.org	www.itsallright.org	Website for young people dealing with mental illness in their family.
Mental Illness Fellowship of Australia	www.MIFA.org.au	Information on mental illness for consumers, carers, clinicians and the general public. Includes factsheets and other resources.

Appendix 5

Common terms

Anti-psychotic medication – A group of medications used to treat psychotic illnesses.

Delusion – A symptom of psychosis. A delusion is an illogical belief that is held strongly, even in the face of evidence that it is false.

Depression – A mood disorder ranging from passing sad moods to a serious disabling illness requiring medical and psychological treatment. Major depression is a ‘whole body’ disorder, which impacts on the patient’s emotions (feelings of guilt and hopelessness or loss of pleasure in once enjoyed activities), thinking (persistent thoughts of death or suicide, difficulty concentrating or making decisions), behaviour (changes in sleep patterns, appetite or weight), and even physical wellbeing (persistent symptoms such as headaches or digestive disorders that do not respond to treatment).

Hallucination – A false or distorted perception of objects or events, including sensations of sight, sound, taste, touch and smell, typically with a powerful sense of their reality.

Mental illness – A general term for a wide range of disorders of the brain involving both psychological and behavioural symptoms.

Mental disorder – A mental illness such as ‘schizophrenia’ which is diagnosable under agreed international criteria.

Negative symptoms – Symptoms where a normal behaviour or emotion, such as motivation, socialisation, or interest is lacking. They are called negative symptoms because the behaviour or emotion has been removed from the normal range of behaviours.

Neuroleptics – Another name for anti-psychotic medication.

Paranoia – An insidiously developing pattern of unfounded thoughts and fears, often based on misinterpretation of actual events. People with paranoia may consider themselves endowed with unique and superior abilities or may have the delusion that others are conspiring to do them harm.

Positive symptoms – Symptoms such as delusions, hallucinations, disorganised thinking and agitation (called positive because the behaviour adds to what is considered normal).

Prodrome – Low-grade symptoms and a period of change in behaviour experienced before an episode of psychosis.

Psychosis – This is central to a group of mental disorders that include loss of contact with reality e.g. hallucinations or delusions and breakdown of normal social functioning and extreme personality changes. A psychotic episode may be short lived or chronic.

Psychotherapy/Psychological intervention – A form of treatment for mental disorders based primarily on verbal communication between the patient and a mental health professional, often combined with prescribed medications. Psychotherapy can be conducted in individual sessions or in a group.

Symptom – A feeling or specific sign of discomfort or indication of illness.

Acronyms

CAT team	Crisis Assessment Team
CBT	Cognitive Behavioural Therapy
ECT	Electroconvulsive Therapy
GP	General Practitioner
MRI	Magnetic Resonance Imaging
OT	Occupational Therapist
TD	Tardive Dyskinesia

Appendix 6

Development of the guideline

This guide is a research-based clinical practice guideline based on a thorough review of the medical and related literature. It was written in association with people who have schizophrenia and those working with them.

In 2009, the content of this guide was revised and expanded by an expert advisory panel comprising mental health professionals, and consumer and carer representatives. The purpose of the revision was to ensure the information contained in the booklet was current and comprehensive in terms of treatment best-practice and therefore remained relevant for people with schizophrenia and their carers, families, and friends.

Authors

The authors of the original edition, and their affiliations at the time, were:

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The Australian and New Zealand Clinical Practice Guidelines Team for Schizophrenia was chaired by Professor Patrick McGorry, Professor of Psychiatry, University of Melbourne.

The expert advisory panel for the 2009 revision comprised:

Professor Patrick McGorry – (Chair) Professor of Psychiatry and Director, Orygen Research Centre

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Quality statement

The original edition of this guide was consulted upon bi-nationally and drafts were available for comment on www.ranzcp.org. It was appraised using DISCERN by a national workshop of consumer consultants and meets NHMRC criteria for presenting information on treatments for consumers. The revision process sought to maintain the integrity of this process by incorporating updated information supported by research findings published in recent medical and other scientific literature.

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