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Bridging the Practice Gap in Evidence-Based Schizophrenia Care

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Disclosures

Neither I nor my spouse has a relevant financial relationship with a commercial interest to disclose.

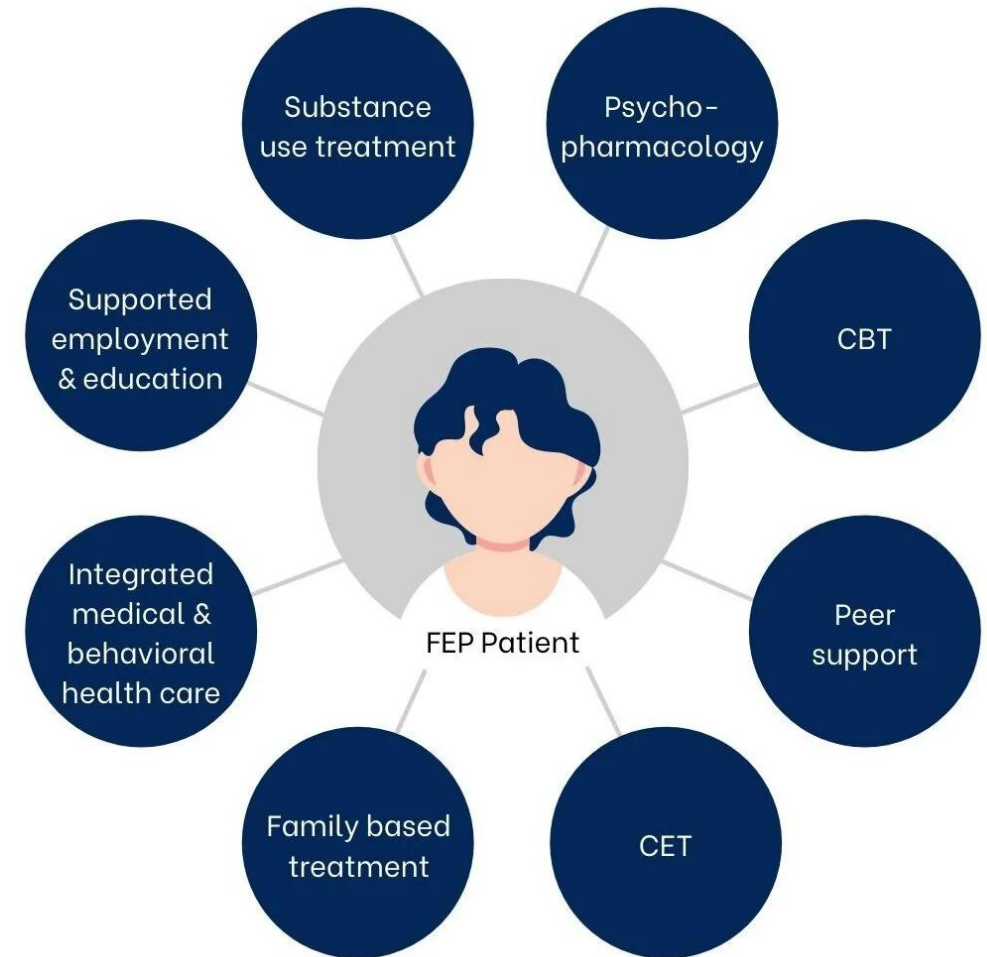


Outline

- Schizophrenia Treatment in the U.S.: 2000 - 2025
- How Change Happens
- Addressing Priority Practice Gaps
 1. Life-Saving Pharmacotherapies
 2. Family Involvement & Evidence-Based Family Interventions
 3. Supported Education & Employment
 4. Long-Term Physical Health and Wellness

The Evidence-Base for Schizophrenia Treatment

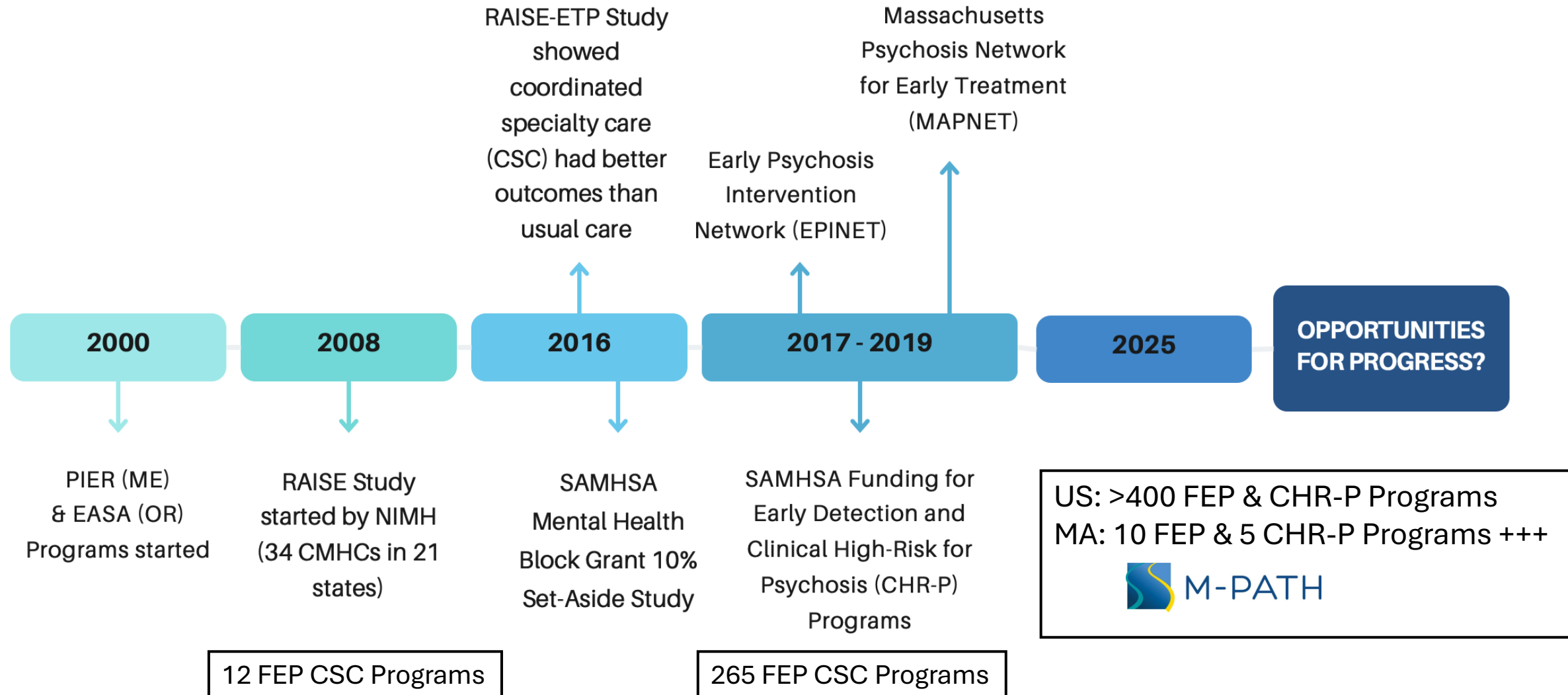
- First-line antipsychotic medication
- Cognitive-behavioral therapy (CBT) and other evidence-based psychosocial treatments
- Earlier intervention, the better
- Coordinated specialty care (CSC) as gold-standard early intervention



A Science-to-Practice Success Story



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The Research-to-Practice Gap

Treatments show promise in trials but not in real-world settings =
People don't receive optimal care

Access Gap:

Treatments aren't
widely available
or easy to access

Adoption Gap:

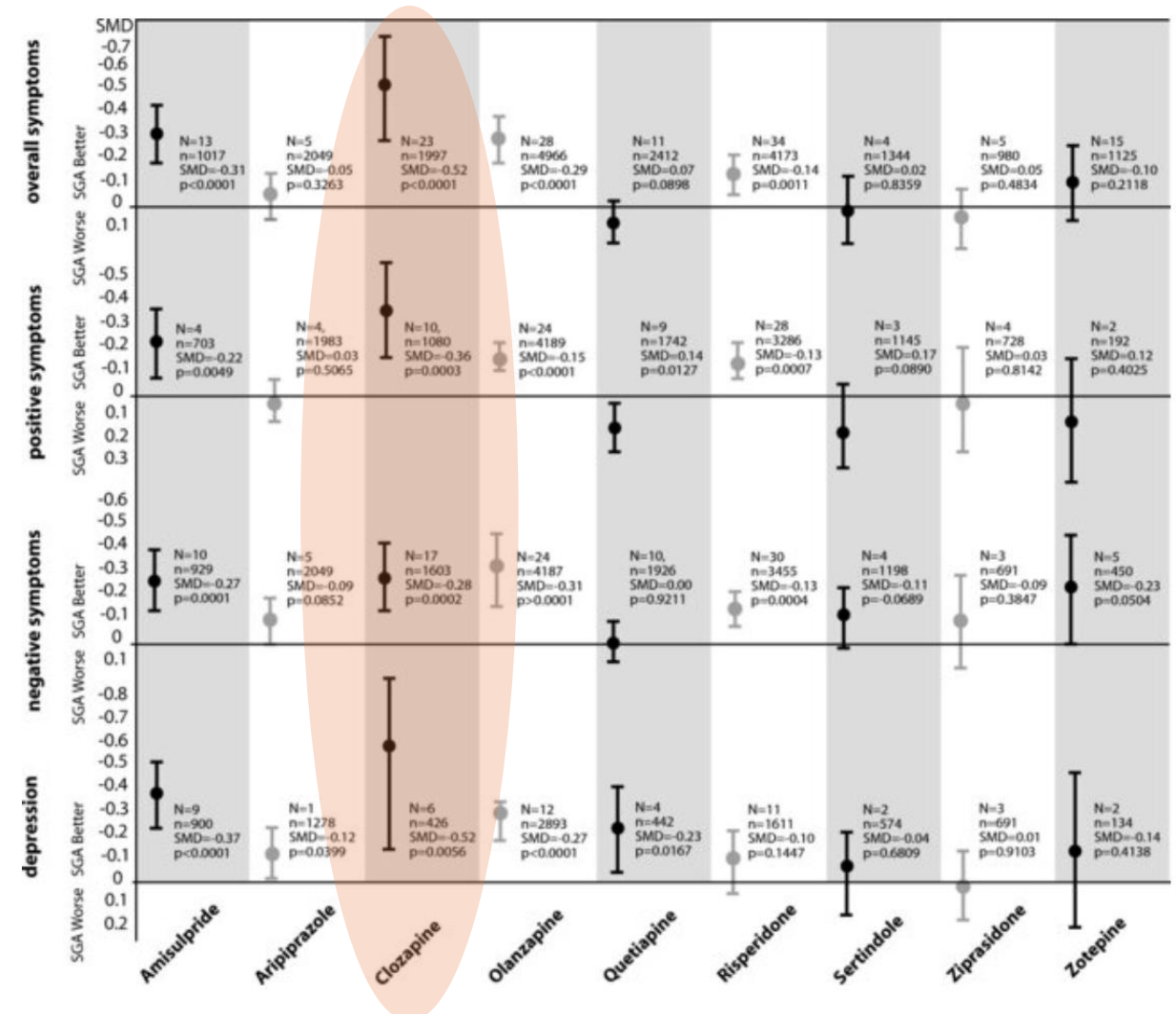
Treatments aren't
used enough

Quality Gap:

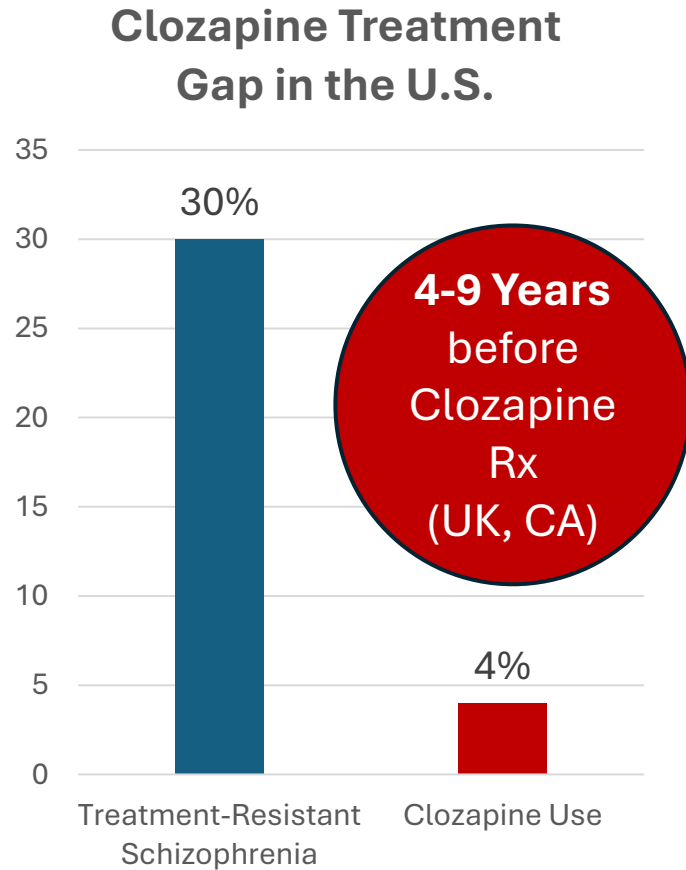
Treatments aren't
delivered well

How Change Happens: Clozapine REMS

- Clozapine is most efficacious antipsychotic for managing psychotic symptoms
- FDA-approved and effective for suicidality and treatment-resistant schizophrenia



How Change Happens: Clozapine REMS



- Agranulocytosis risk (<1%, typically in first 4 months)
- No Blood, No Drug
- Missed or delayed clozapine refills
- Routine testing burden
- More unwilling patients and prescribers



How Change Happens: Clozapine REMS

PSYCHIATRIC NEWS

Psychiatric

FULL ACCESS | Community | Publication Date: 24 September 2024

Patient Advocacy Groups Demand Significant Changes to Clozapine REMS

Mark Moran | [AUTHORS INFO & AFFILIATIONS](#)

Publication: Psychiatric News • Volume 59, Number 10 • <https://doi.org/10.1>

Start Using Clozapine
and Stop Interrupting It
[#endtheclozapinerefs](#)





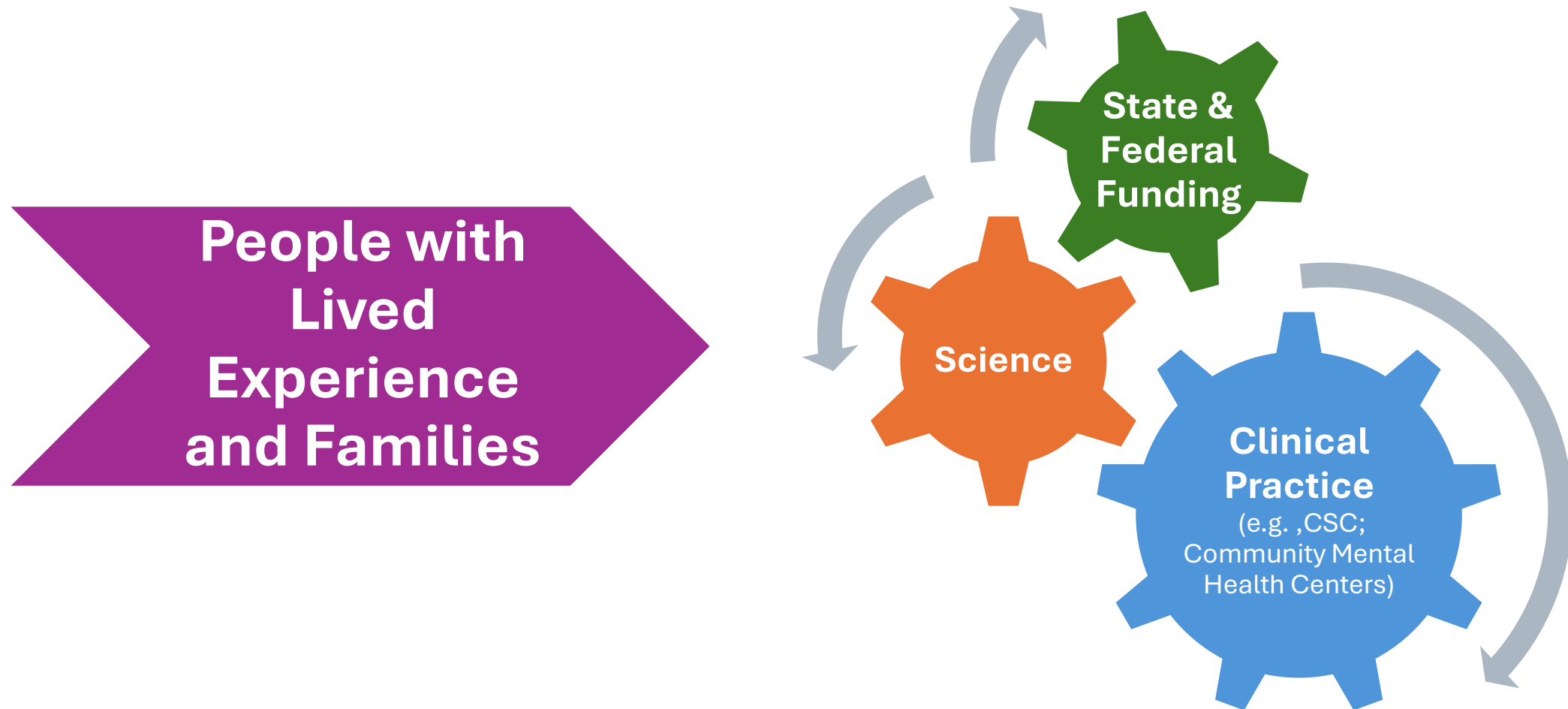
How Change Happens: Clozapine REMS

August 27, 2025

**FDA removes risk evaluation and mitigation strategy (REMS)
program for the antipsychotic drug Clozapine**

*Neutropenia Risk Remains, but REMS No Longer Necessary and REMS May Prevent Treatment
Access*

How Change Happens



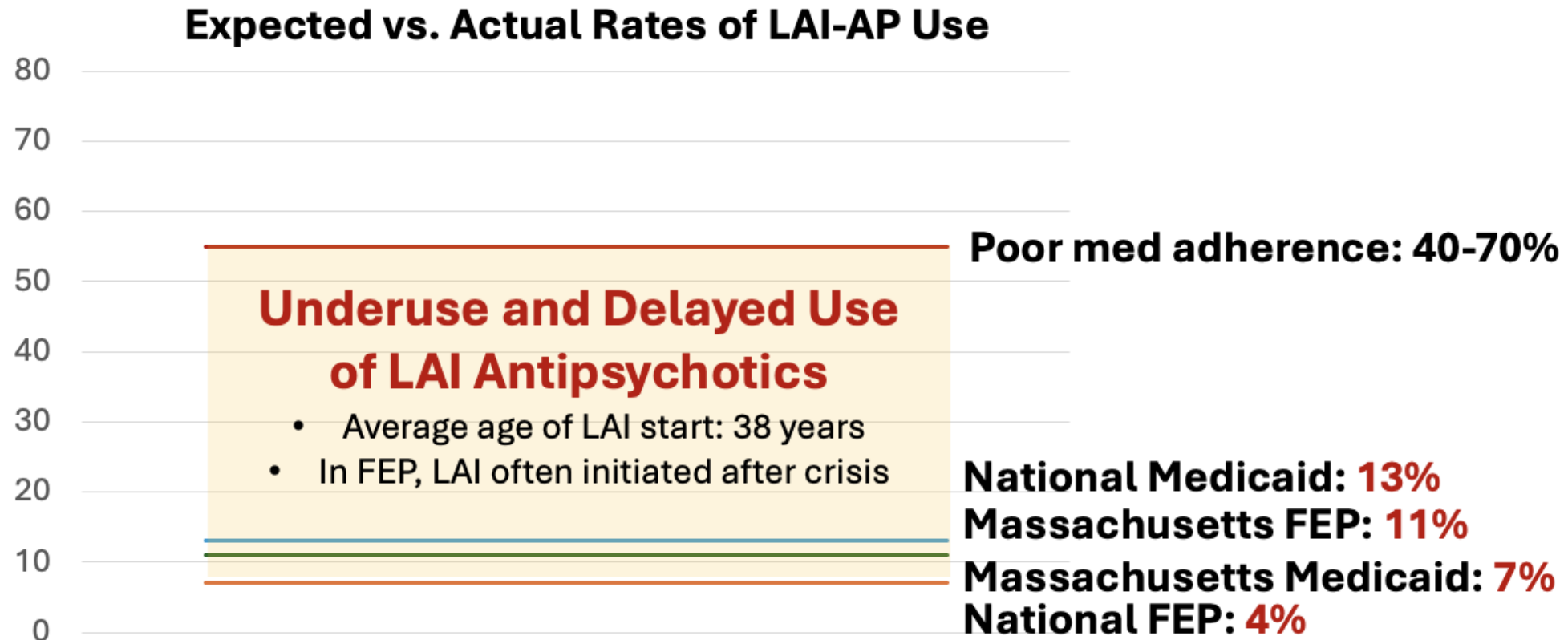


Priority Practice Gaps

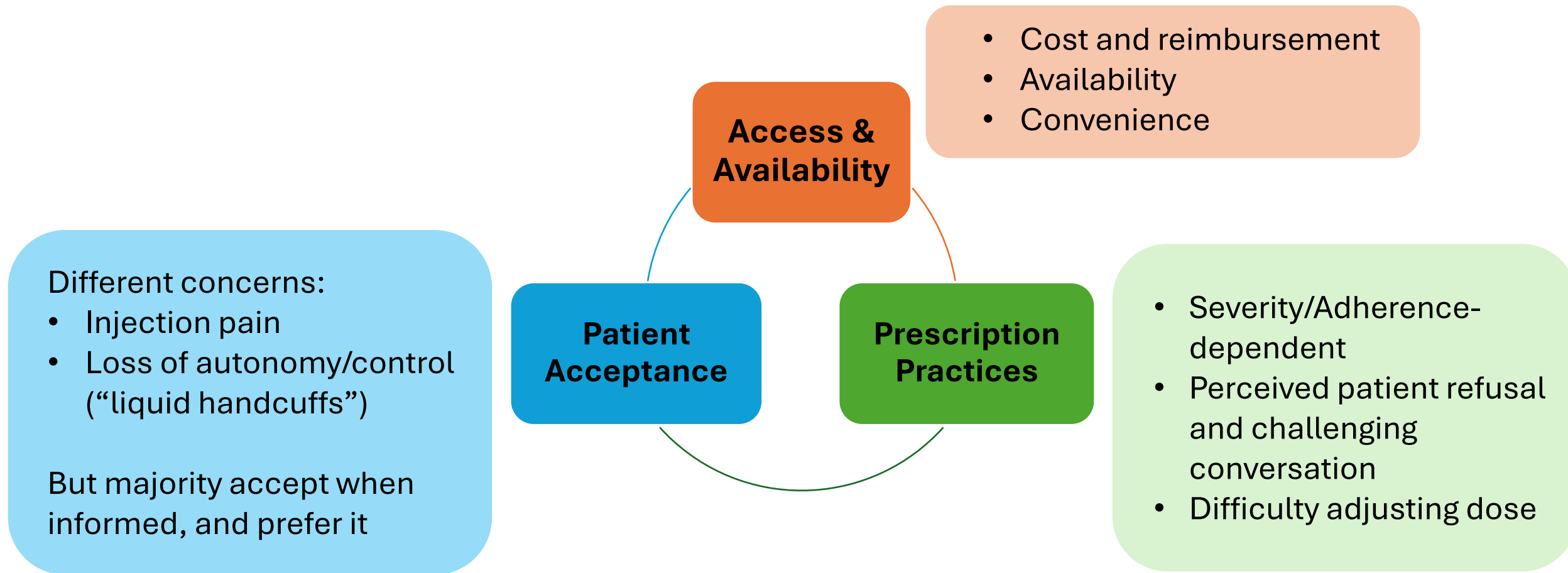


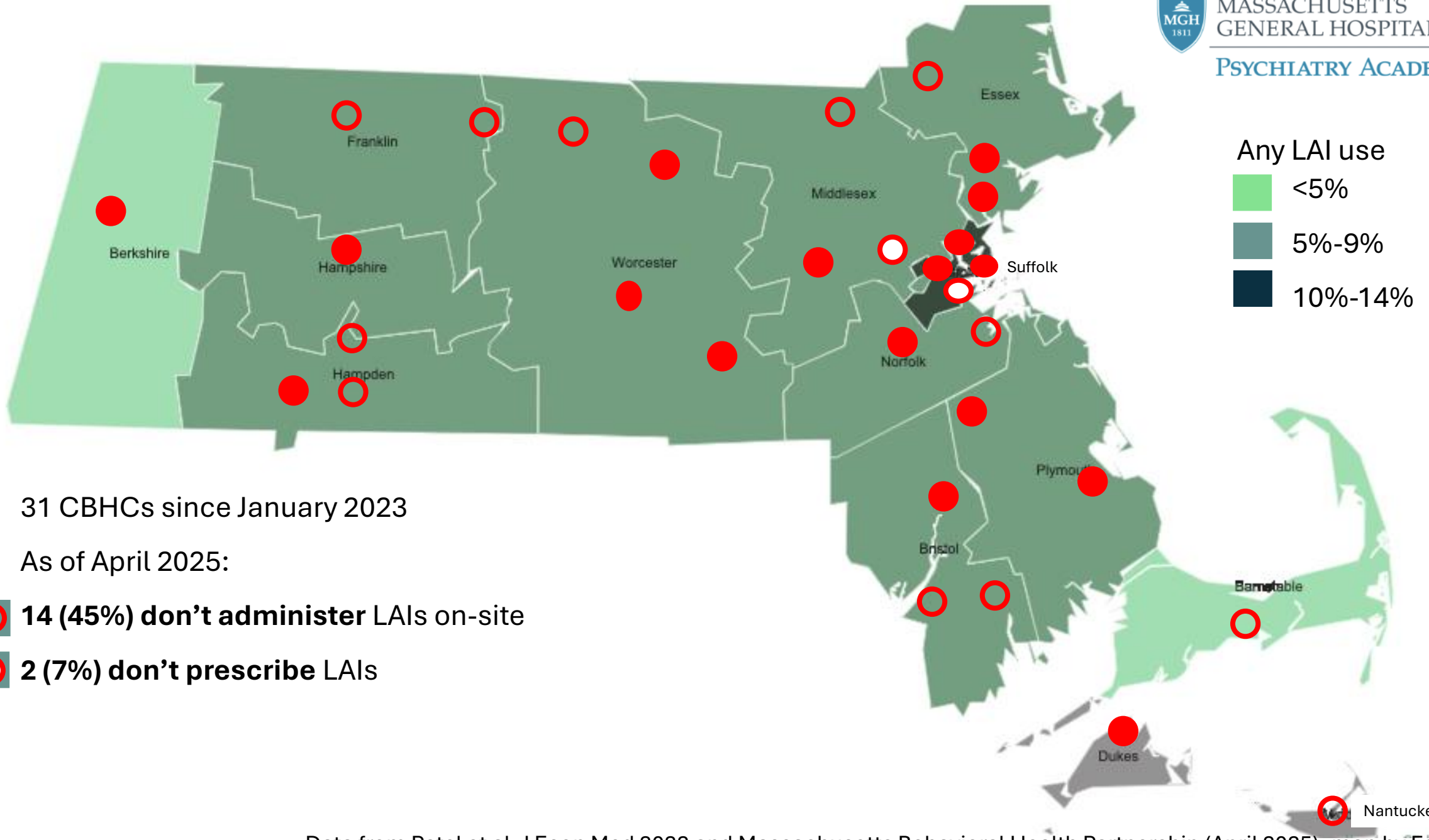
Why LAI Antipsychotics Matter

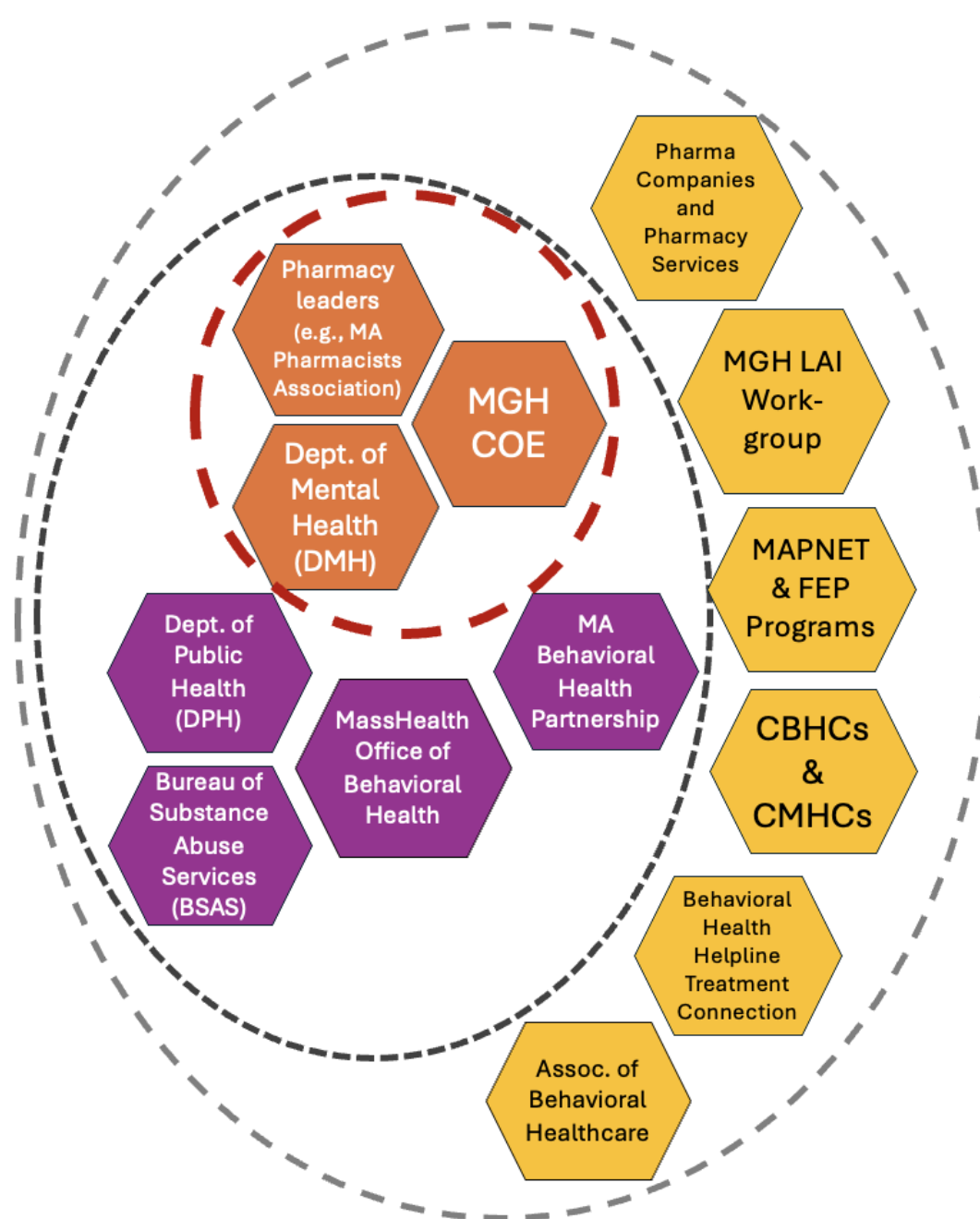
- Prevents relapse and hospitalizations via medication adherence



Multilevel Barriers to LAI use







A System-Wide Coalition to Improve LAI Access and Use in Massachusetts



Developing a Strategic Plan and Tools to Improve LAI Access



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Strategic Plan for Expanding LAI Access in key community mental health settings (CBHCs, FEP programs, inpatient settings)



Statewide LAI-AP administration site directory via MA Behavioral Health Help Line Resource Directory



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**BEHAVIORAL
HEALTH
HELP LINE**



Provider LAI Toolkit for evidence-based prescribing, including a *LAI Treatment Decisions Provider Pocket Card*



LAI-AP Decision Aid Tool for shared decision-making

Call or text now
833-773-2445
Visit masshelpline.com to chat



Treatment-Resistant Schizophrenia and Clozapine: TRS ACCESS Network

- Post-REMS: Fewer barriers with simpler monitoring requirements
- **MGH TRS ACCESS:** Advocacy, Clinical Consultation, Education, and Support Service (www.mghaccess.org)
- Mission: To build a network of clozapine-capable clinicians and clinics

LAI Antipsychotic and Clozapine Use: What You Can Do



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Priority Practice Gaps



Long-Acting Injectable Antipsychotic (LAI) and Clozapine Use



Family Involvement and Evidence-Based Family Interventions



Supported Employment and Education



Long-Term Health Promotion and Illness Management



Family Involvement Matters

- Evidence-based psychoeducation and support for families
(e.g., *NAVIGATE Family Psychoeducation*, *McFarlane Multi-Family Group*, *Family Focused Therapy*)
- Up to 50% reduction in relapse/hospitalization rates vs. control
- Reduced caregiver burden and distress
- Improved family communication and family relationships
- More family sessions attended, better treatment engagement

Family Engagement Gap

- >90% patients prefer some family involvement
- **22-46%** families receive evidence-based family intervention in the U.S.
- MA FEP: **40%** of clients' families attended ≥ 1 family session

Barriers

- Limited trained staff and family services
- Limited family-friendly hours
- Families may fear judgment or blame
- Family cultural and language barriers

Family Engagement Strategies

- **First 6 months of care:** critical window for treatment engagement

In Massachusetts FEP programs, high family engagement teams (N=4) compared to low engagement teams (N=4) were more likely to have:



Case management and practical support (75% vs. 40%)

"The family's going to gravitate to the person who's going to meet their immediate need... then we'll roll in psychoed."

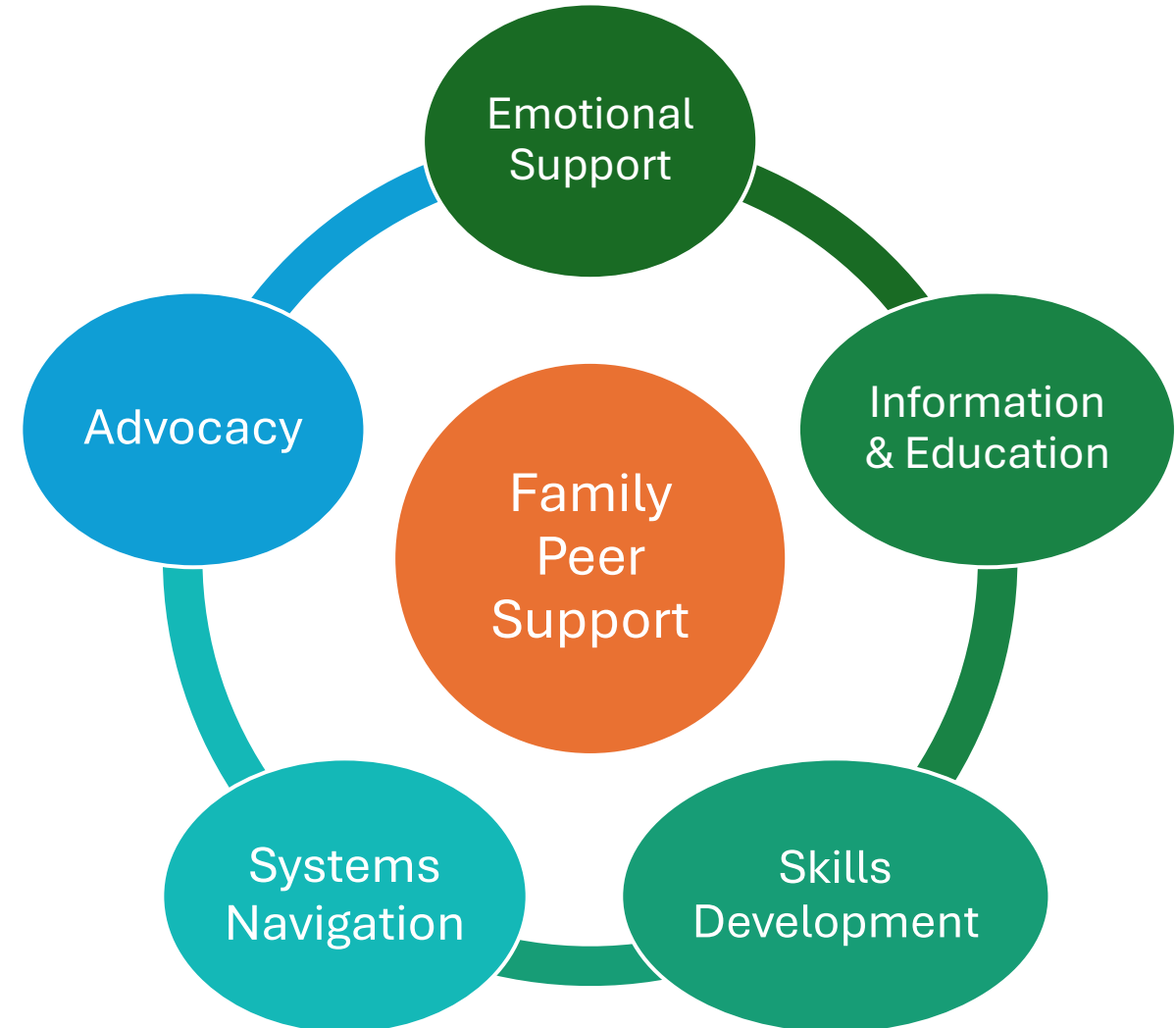


Proactive recommendation with educational framing (100% vs. 40%)

"The key is approaching all families from the perspective of providing support and education rather than fixing, blaming, or pathologizing the family."

Family Peer Support

- Serves multiple valuable functions, including community outreach
- Promising evidence:
 - NAMI Family-to-Family Education Program
 - Psychosis REACH Family Ambassador Peer Training in CBTp
 - Family Peer in CSC (FAMES)
- ***MAPNET Talk:***
December 19, Friday, 11:30am – 1pm





Family-Inclusive Care: What You Can Do

PARTICIPATE

**CONNECT
WITH THE
TREATMENT
TEAM**

**CONNECT
WITH OTHER
FAMILIES**

CONTRIBUTE

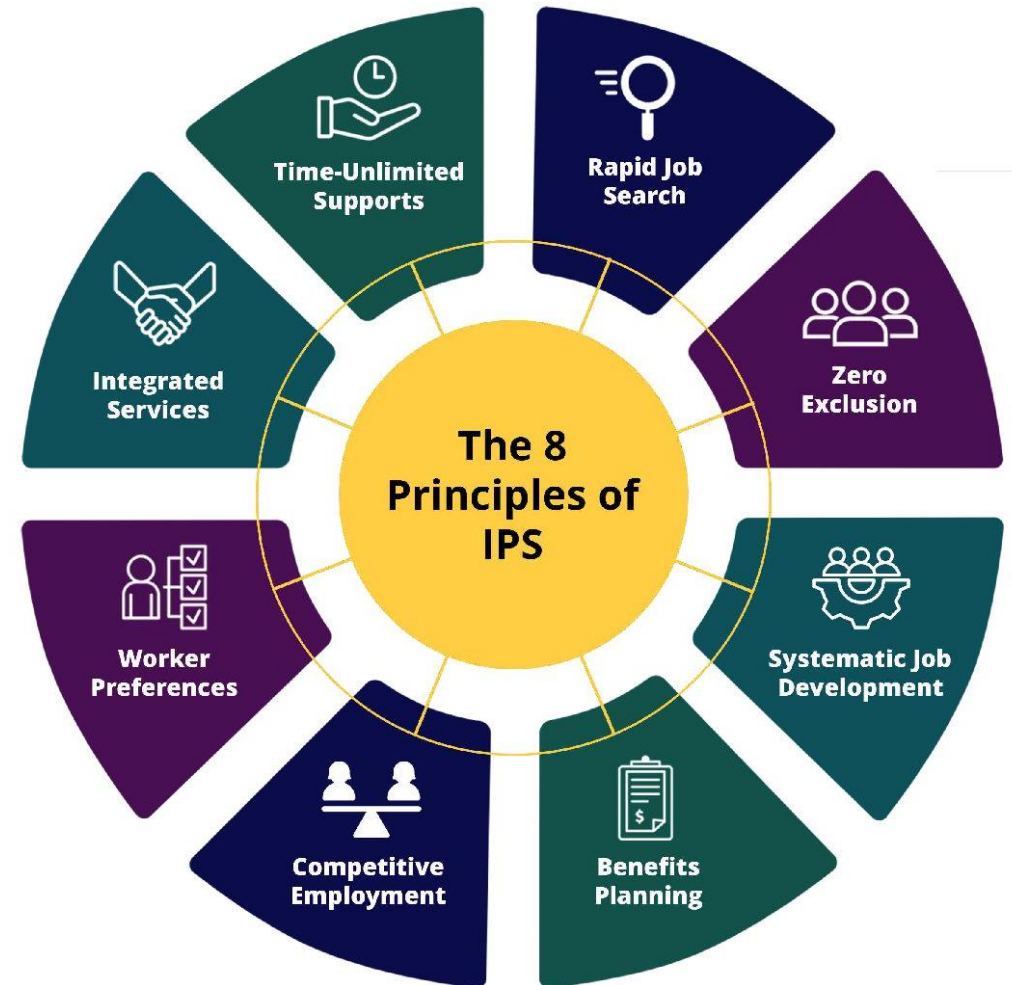


Priority Practice Gaps



Supported Education and Employment (SEE)

- Realistic and meaningful goal
- Cognitive rehabilitation and skills training during placement
- Evidence-based SEE have higher rates of work/school involvement vs. standard vocational support



Education & Employment Gaps

- Employment rate remains low despite desire to work
- Educational attainment gap compared to general population
- Very few have access to evidence-based SEE services
- Cognitive strategies & executive functioning skills coaching needed

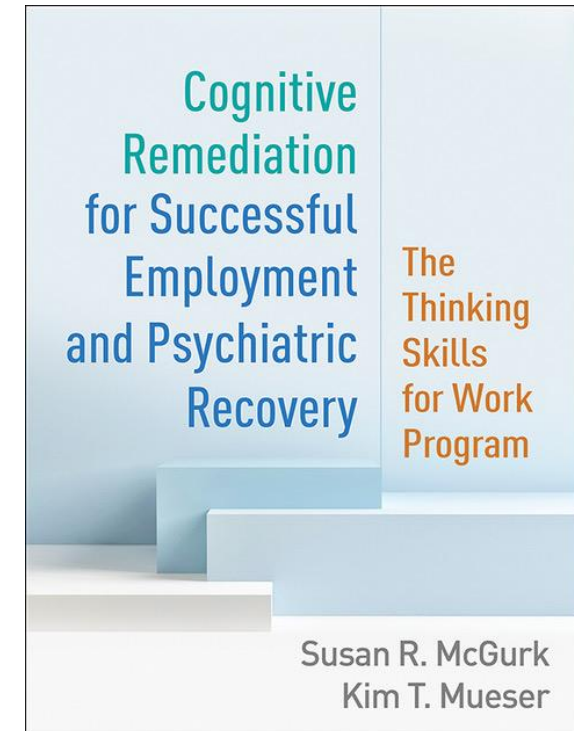
Barriers

- Employers reluctant to hire
- Providers underestimate “readiness”
- Insufficient scaffolding and support when starting work/school
- Limited SEE/IPS services
- Limited funding mechanism for SEE/IPS



Supported Education & Employment: Making it Better

- Integrating cognitive self-management strategies and executive functioning coaching
- School placements, learning accommodations (IEP/504), benefits counseling
- Local resources and programs: *MassAbility, MassEducate, NITEO, Recovery Learning Communities (peer-run services and support), McLean WellSpace Peer & Vocational Groups*
- Job development and partnerships with local jobs or educational institutions



Achieving Academic and Work Goals: What You Can Do



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YOUR LOVED
ONE'S
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Priority Practice Gaps



Paying Attention to Physical Health

Common Medical Issues:

- Cardiovascular diseases
- Metabolic syndrome
(overweight/obesity; high blood pressure; high cholesterol, high blood sugar; abnormal lipid levels)
- Type 2 Diabetes
- Respiratory diseases
- Cancer

Shared Biological Vulnerability

Antipsychotic Side Effects

(e.g., sedation, metabolic, prolactin-related effects)

Social Determinants

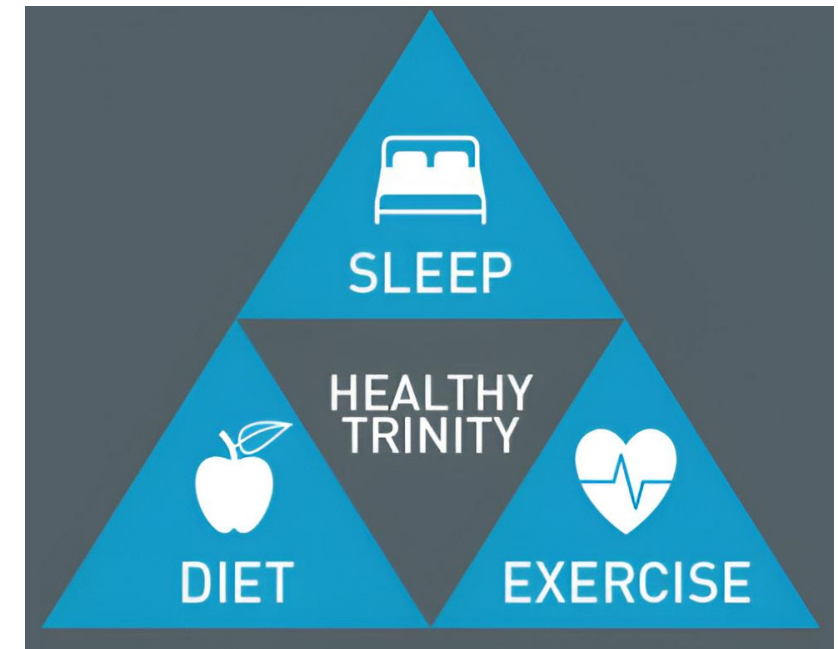
(e.g., care access)

- Tobacco/substance use
- Physical Activity
- Nutrition and Diet

Lifestyle
Factors

Protecting Physical Health: Prevention and Effective Treatments

- **Best Prevention and Management: Healthy Lifestyle Habits**
 - Balanced, nutritious diet; regular physical activity; good sleep hygiene
 - Tobacco/substance use cessation or harm reduction
 - **Tobacco cessation medications (e.g., varenicline) combined with behavioral support are safe and effective**





Protecting Physical Health: Prevention and Effective Treatments

- **Routine, annual physical health screening and medical monitoring, especially for cardiometabolic risk factors**
- **Use lowest effective antipsychotic dose**
- **Metformin prevents and treats antipsychotic-induced weight gain**
 - Second-line: GLP-1 receptor agonists
- **Primary care <> Psychiatric Care**
- **Long-term health promotion and management**



Promoting Long-Term Health: What You Can Do

KNOW

**DISCUSS
WITH LOVED
ONES**

**DISCUSS
WITH
TREATMENT
TEAMS**

**ENGAGE IN
HEALTHY
HABITS AS A
FAMILY**



You are Key to Bridging Gaps

Effective treatments for schizophrenia exist.
With your advocacy, your loved one and many others can more readily access and use these treatments.



Bridging Gaps: Key Takeaways



Expect Recovery and Demand Integrated, Holistic Care



Know the Evidence



Be Involved in Treatment Decisions



Connect and Share Perspectives with other Families



Collective Advocacy is Powerful



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Thank You!

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