CURESZ FOUNDATION
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CureSZ
Research | Recovery | Hope
Newsletter
Comprehensive Understanding via Research and Education into SchiZophrenia

Learning to H.O.P.E.

One in five people will develop a mental illness at some point in life. High school and college students (approximately age 15-25) have increased risk for developing more serious mental illness including schizophrenia, bipolar disorder, depression and anxiety. Typically, students know very little about these mental illnesses, which are in fact treatable brain disorders, especially with early intervention.

Because high school and college students are at the age of risk, they must be aware that some of their peers will struggle. For example, at a high school with six hundred students, one percent, or about 6/600 will develop schizophrenia and 10/600 with bipolar disorder. A much larger number (up to 200/600) will develop depression and/or anxiety.

When a student suspects that his or her peer may be struggling, where do they begin, what signs should they watch for? What is the best way to help?

The CURESZ Foundation encourages students (as well as their teachers, counselors and other adults in their lives) to apply the principles of **H.O.P.E.**, which stands for **Hear, Observe, Process, Engage.**

The first step in recognizing if a young person is struggling with a neuropsychiatric disorder, aka, mental illness is to listen. Subtle clues may prove to be very important.

Often, people with schizophrenia say things that may sound illogical. They may be having delusions in the form of persistent false beliefs, such as believing that someone plans to harm them or that they are being watched or that the TV is talking to them or about them. They may also be experiencing hallucinations, hearing voices or seeing things that do not actually exist.

When you sit down with your friend who may be struggling, **HEARING** what they are saying, and showing that you care, can be comforting and can make a big difference in convincing them to seek medical help from a psychiatric physician.

Second, **OBSERVE** your friends' behavior. Your peers may start to distance and isolate themselves or become extremely agitated. Abnormal changes in mood (depression or irritability) may be an indicator of schizophrenia or bipolar disorder. Withdrawal, lack of interest in fun activities a person used to love and neglecting personal hygiene may be symptoms of depression or schizophrenia.

Third, **PROCESS**. Recovery from severe mental illness is a long journey. As your friend begins treatment, be available talk to him or her about what they are experiencing. Encourage the young person to reach out to a trusted counselor, therapist or physician for appropriate care. You should also report the symptoms to a trusted adult or counselor. Early intervention is key to a successful recovery.

Finally, **ENGAGE**. To the extent you can, provide support to allow your friend to fully engage and embrace a treatment plan which works for them. As your peer engages in support services with a support team, encourage him or her along the journey. Ask if the medication is working well, and be interested in their goals and plans for the future. Having support is essential to your peer's recovery.

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Mary Beth De Bord, JD, *Lawyer, CURESZ Board Member, and Leader of Friendsz*

Bethany Yeiser, *President of the CURESZ Foundation*

WhatSZ IN THIS EDITION

CURESZ
FRIENDSZ

Eric Smith

How Assisted Outpatient Treatment Changed My Life

Eric Smith,
Mental health advocate, consultant for Treatment Advocacy Center, and graduate student studying social work

My journey to a successful, productive life was not easy. For years, I struggled with psychosis which did not respond to any medication I tried, though I tried many. Thankfully, I recovered on the underutilized medication clozapine in 2012. Looking back, I doubt I would have ever begun clozapine if not for a program called Assisted Outpatient Treatment (AOT).

AOT is not just a program or a law. I see it as a lifeline to escaping the confines of insanity for many people. AOT involves the combined teamwork of a judge, psychiatrist, social worker, nurse, attorney, and others as part of a treatment team. Exactly who and what comprises an AOT treatment team can vary from one city to another, but my treatment team had all of those people and professions involved. AOT is beneficial for people diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, and other related disorders.

My AOT treatment team cognitively and behaviorally changed my view of treating mental illness by taking an authentic and active interest in my sanity.

They did not treat me like a lost cause, as I had been treated before.

I highlight this point because those of us with severe mental illness are often treated as a lost cause to be swept under the rug on which society lives so that we are out of sight and mind. Truthfully, there were plenty of times where I, too, thought my sanity was a lost cause. I underwent years of failed medication regimens. AOT helped me realize that not only is sanity something I could regain, but also a foundation on which I could build a happy and purposeful life.

No discussion about AOT is complete without mentioning how it intentionally does not criminalize mental illness. The criminal justice system is not designed to treat and remedy matters of mental illness, nor should it be. The fact that AOT relies on civil (non-criminal) court proceedings is essential. Civil AOT hearings are not only different from criminal hearings by name, they are also different in how they look and feel.

Most people have a general idea about what a courtroom looks like, with a judge sitting in an elevated position in a black robe at the front of the room, and places for a plaintiff and a defendant to state their cases. My AOT hearings were nothing like this. The first thing I ran into when showing up for my AOT hearings was a waiting room where I would sit with others who were there for their hearings. In this waiting room were donuts, muffins, orange juice, and other snacks neatly placed out on a table for us to eat and drink at no cost to us. When called upon to take part in the AOT hearings I entered a conference room, not a courtroom. In that conference room was my treatment team, ready to have a civil conversation with me about how I was doing. I know some AOT hearings around the United States are actually held in courtrooms, and I imagine they are effective even if they are in a courtroom. That said, my treatment team purposefully distanced the AOT hearings from looking like a criminal courtroom. That meant the world to me, and it still does.

I believe AOT is a testament to the power of teamwork across various professions, and this multipronged approach makes sense given the complex nature of issues stemming from severe mental illness.

AOT (and clozapine, which I eventually arrived at with thanks to AOT) has afforded me the opportunity to thrive in reality. As a graduate student, I cannot think of a better way to spend my life than helping others of the diagnosed population find happiness and hope. Advocating for AOT is among the best ways to make that happen.

CureSZ News

TELEMEDICINE & SCHIZOPHRENIA

A BRAVE NEW WORLD

March 2021 marks a year since the U.S. declared the COVID-19 pandemic a national emergency, and the healthcare world is still trying to sort out the details. In an instant, telemedicine went from being a niche service to a baseline expectation for healthcare providers in every setting, from large healthcare systems to private practices.

Unlike many other specialists, most psychiatrists don't require a significant amount of equipment to do our jobs, so one would think that the field would be ideal for transitioning smoothly to telemedicine. However, many psychiatrists did so very begrudgingly – myself included. In almost every facet of my life, I am an avid user of every piece of technology I can get my hands on. However, in my clinical practice, I insisted on face-to-face appointments and handwriting my notes to keep eye contact as much as possible. But desperate times called for desperate measures, so I became a temporary telepsychiatrist overnight. Early on, there were two common concerns I heard from colleagues: that people with schizophrenia would have difficulty using the technology required for telemedicine or that delusions or hallucinations would be too disruptive to appointments.

My experience, however, has been different. On the whole, I've found people with schizophrenia to be very comfortable with navigating technology. More troubling has been the so-called *"digital divide,"* which refers to the fact that not everyone in the country has equal access to fast, stable internet connections and adequate hardware to take advantage of it. I have also not seen psychosis present a source of problems that would not have been equally challenging if the person was in the same room. However, it can be more difficult for a clinician to assess the scope and severity of psychosis virtually, so I'd recommend patients try to be more proactive with voicing the symptoms they're experiencing. Many people also find it helpful to make a list of topics they want to discuss ahead of time. Of course, schizophrenia is so much more than just the positive symptoms. I have noticed that some people who have more prominent cognitive symptoms of schizophrenia have been somewhat more distracted. On the other hand, many people with more prominent negative symptoms seem more at ease in our virtual interactions than face-to-face.

Telemedicine has also shown usefulness as a supplement to in-person care, not just a replacement. A dilemma for people who are prescribed Long-Acting Injectable antipsychotics (LAIs) in the pandemic has been that they absolutely require in-person administration. I believe that LAIs are life-saving interventions, so I had to figure out how to continue offering injections while doing my part to keep everyone healthy. Early on, I transitioned people to LAIs that can be injected in the shoulder to allow people to drive-up and receive the injection while remaining in their car. As we gained confidence in our ability to use masks and distancing to reduce infection risk, I started to bring people who need LAIs administered in the hip muscle back in the office to do so. After I administered the injection, we conducted the remainder of the visit virtually to reduce the chance for transmission of the virus.

There have also been clear positives to the widespread usage of telemedicine. The elimination of travel time has made it easier for people to schedule appointments around other obligations. As a result, I've been able to work people in more quickly when they need an appointment urgently, people who live far from the office have been able to schedule more frequent meetings, and the number of missed appointments has decreased. Telemedicine has also empowered people to reach out beyond their local geography to seek out specialist care. It's easier than ever for people who live in rural areas to access treatment or a second opinion from a specialist in schizophrenia across the state or beyond.

They say that necessity is the mother of invention. While the transition's urgency caused us to get some things wrong, both clinicians and patients adapted quickly. The result has transformed healthcare in a way I don't see us abandoning.

Whatever telepsychiatry ends up looking like, one thing is clear: it is the future of medicine in some form or another.

Dr. Craig Chepke,
Member, Board of Directors, The CURESZ Foundation, Private Practice Psychiatrist, and Adjunct Assistant Professor of Psychiatry, University of North Carolina School of Medicine

visit us at CureSZ.org

Learning to H.O.P.E.

(continued from page 1)

The CURESZ Foundation offers students information that is useful as friends and family practice HOPE. The foundation offers educational resources about signs and symptoms of schizophrenia, as well as related disorders and comorbidities such as bipolar disorder, anxiety and depression. We also offer information about underutilized and cutting-edge medications for schizophrenia. We highlight individuals who have successfully recovered from schizophrenia and are currently thriving. The CURESZ Foundation website has relevant videos and provides contact information for excellent psychiatrists throughout the country.

If your friend is struggling with unusual behavior due to a psychiatric brain disorder, you can write the CURESZ Foundation to ask for a second opinion from one of our CURESZ physicians.

As you practice the principles of HOPE, we would also encourage you to consider founding a CURESZ on Campus club at your high school, college or university. CURESZ Clubs offer useful information about a wide variety of mental illnesses and their warning signs. They also offer information on career paths in mental health, such as what it takes to become a psychologist, a psychiatrist or nurse practitioner. The Clubs bring in speakers on a regular basis (recovered students, professors, other guests), organize in person events and share the CURESZ Foundation's mission with peers, teachers, counselors and professors. The Club meetings also provide a safe space for students to convene and share what is going on in their personal lives.

Do not underestimate how much good you can do in the lives of others. Everyone needs friends, especially friends who are empowered through education to recognize the emergence of mental illness and to HOPE. Those struggling with a mental illness tend to isolate themselves and break away from family and friends when they need them the most.

Students should also be aware that if their initial treatment plan is not working, there are other medication options. Young people must proactively work with their doctor to achieve the highest level of recovery possible. Additionally, young people who struggle with brain disorders need to make plans for the future such as returning to school, getting a part-time or full-time job, or volunteering. The goal should always be to rebuild your life. Through friendship, recovery becomes a more achievable goal.

VIDEO HIGHLIGHT

Bipolar Disorder and Schizophrenia (Part 1)

Although schizophrenia and bipolar disorder are regarded as different psychiatric brain disorders, they have many overlapping features. There are shared clinical symptoms such as delusions, hallucinations, depression, anger, and suicidal urges. With formal neurocognitive testing, both disorders demonstrate cognitive deficits in memory and executive functions compared to the general population, but bipolar disorder has superior vocabulary.

Genetically, research shows that both schizophrenia and bipolar disorder have multiple risk genes, and some are shared between them. However, copy number variations and mutations are not shared.

In both disorders, brain imaging studies found degenerative changes for both in different brain regions, but they do share abnormalities in the right and left insula and the dorsal anterior cingulate gyrus.

High rates of substance use and medical/psychiatric comorbidities are shared between them. Finally, as far as treatment, several atypical antipsychotic medications have efficacy in both disorders.

Please consider making a donation to the CURESZ Foundation online at CURESZ.org

Your contribution will help provide education and referrals to persons with schizophrenia, their families, and those who work with the seriously mentally ill. CURESZ informs the general public to better understand this serious brain disorder, and to provide scientific advances showing that there is hope for recovery, and a return to a fulfilling and normal life. The CURESZ Foundation is a 501(c)(3) nonprofit organization. All contributions are tax deductible.

"We are committed to helping individuals to cope with and recover from schizophrenia."

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