



**Improving care for people with  
schizophrenia and psychosis**



# Schizophrenia Commission

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- Established to mark 100 anniversary of coining of term “schizophrenia”.
- Independent multi-disciplinary expert group chaired by Sir Robin Murray.
- Scoping current experience of people with schizophrenia and making recommendations for improving outcomes.
- 6 public evidence sessions, 80 experts, 2500 online responses.
- Report “The Abandoned Illness” published 14 November.



## Many of the outcomes we achieve for people with schizophrenia and psychosis are unacceptable

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- Excess mortality – people dying 15-20 years earlier.
- Poor social outcomes – only 8% in employment.
- Overrepresentation of people with schizophrenia/psychosis in prison or amongst homeless population.
- Very high levels of stigma and misunderstanding.
- Cost to society of £11.8 billion.



# Why is the system not working?

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- Insufficient attention given to prevention.
- Priorities driven by risk not recovery.
- Services fragmented and service users and families insufficiently central to decision making or listened to.
- Not doing things we know work.



# Insufficient attention given to prevention

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- Environment and experience have a major role in the development of schizophrenia/psychosis.
- Risks of cannabis use still not properly communicated.
- Need for positive interventions in schools and elsewhere to support young people with mental health problems.
- Protect and extend early intervention services.



# Priorities driven by risk not recovery

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- Therapeutic “negativism”.
- Impact of media and public stereotyping.
- Secure care consuming 20% of mental health budget.
- State of some inpatient care
- Lack of aspiration from commissioners and providers.



# Services fragmented

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- Failure to create a system of care and to industrialise good practice.
- Continuity of care undermined.
- Need for integration between primary and secondary care.
- Social care and welfare cuts creating gaps in community care.



# Service users and carers insufficiently central to decision making

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- Care needs to be values based – focus on compassion and listening.
- Shared decision making and personalisation can help service users be more in control of their care.
- Peer support has potential to transform how care is delivered.
- Care should be family friendly.





# Not doing what works

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- The best medication.
- Physical health interventions.
- Psychological therapies.
- Individual Placement and Support (IPS).



## What Rethink Mental Illness will be doing to follow through the report

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- Keeping the issue prominent in the media.
- Campaigning for changes in policy and priorities.
- Supporting and evaluating a Development Network which implements the Commission's recommendations.
- Creating a social movement to drive change.



# This is about all of us ... please stay in touch

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For further updates about the follow through to the Schizophrenia Commission please contact us at:

[campaigns@rethink.org](mailto:campaigns@rethink.org)

