



Survey Highlights How Family Support and Finding and Staying on the Right Treatment Can Make a Difference in Keeping Patients with Serious Mental Illness Well

Psychiatrists Worldwide Provide Insights into Essentials of Patient Care

BARCELONA – 2 September, 2008 – Patients with serious mental illness, such as schizophrenia, schizoaffective disorder and bipolar disorder can live productive and fulfilling lives. Yet an international survey of psychiatrists illuminates that there are major barriers to long-term wellness, which include stigma, limited resources and the fear and consequences of relapse.

Gathering perspectives of 697 psychiatrists from Australia, Canada, France, Germany, Italy, Portugal, Spain, the United Kingdom and the United States, the survey tapped into their insights on how family caregivers, stigma, treatment non-adherence and relapse affect the lives of people living with these debilitating illnesses. Findings show that psychiatrists have frequently seen how relapse can be a devastating blow to both individuals and their families, and how this has resulted in hospitalization, employment loss, incarceration or even suicide.

This survey of psychiatrists, the second of a *Keeping Care Complete* series of surveys, builds upon findings from a 2006 assessment of 1,082 caregivers that shed light on experiences of family caregivers of individuals with bipolar disorder, schizophrenia and schizoaffective disorder.

“More than 50 million people suffer from serious mental illnesses around the world,” said Preston Garrison, Secretary-General and Chief Executive Officer, World Federation for Mental Health (WFMH). “An indirect consequence of serious mental illness is that it can have a negative impact on family caregivers’ own physical and emotional health. That is why it’s so important that family members get the support they need so that they can take better care of their loved ones. Keeping Care Complete is a vital research initiative that is helping us understand the real life challenges faced by those who treat, care for and live with serious mental illness.”

Keeping Care Complete was developed in partnership with the World Federation for Mental Health and Eli Lilly and Company.

Consequences of Relapse

Relapse is a major concern for caregivers and psychiatrists as patients can suffer multiple relapses over the course of their lives. Thirty-seven percent of caregivers said that their family member relapsed five or more times since becoming diagnosed, leaving a majority of caregivers to often or always worry about their loved one relapsing.

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The consequences of relapse are devastating to patients and their caregivers.

- Fifty-two percent of psychiatrists said they had a patient attempt suicide as a result of relapse
- For caregivers, the relapse of a family member can result in the deterioration of their own mental and physical health and financial situation, lead to employment loss and cause substantial disruptions to their lives.

Considerations for Selecting Medication and Non-Adherence

Eighty-four percent of psychiatrists surveyed said that a lack of adherence to medication is the number one cause of relapse in patients with schizophrenia, and 98 percent said that complete or partial non-adherence is a significant barrier to effective treatment for most patients with bipolar disorder. In addition, psychiatrists and caregivers both agree that medication discontinuation poses an obstacle for successful treatment and very often leads to relapse.

“This study shows that psychiatrists continue to see that medication adherence is a huge challenge for patients,” said Prof. Dr. Dieter Naber, chairman, Department of Psychiatry and Psychotherapy, University of Hamburg, Germany. “All patients are different, which is why psychiatrists need to know their patients, their attitudes toward treatment and their social conditions to help patients find and stay on the treatment plan that works for them. But, as this survey shows, patients benefit from more than just medication alone – family support, talk therapy, diet, exercise and stable schedules also help patients stay well.”

Consequences of Stigma

Stigma against people with serious mental illness is painful and can have harmful consequences.

- 92 percent of psychiatrists said that inaccurate portrayals of serious mental illness in the mainstream media can further add to the stigma and negatively affect their wellness and treatment.
- 87 percent of psychiatrists and 82 percent of caregivers have seen the effects of stigma and discrimination make it harder for individuals with serious mental illnesses to get and stay well.

Road to Wellness: Finding the Right Treatment, Caregivers and Wellness Programs

Finding and staying on the right treatment can result in marked improvements in a patient’s everyday life. Results from both surveys showed that performing daily tasks independently, staying out of the hospital, holding a steady job, living on their own and forming romantic relationships are some of the positive outcomes patients may experience as a result of being treated successfully.

Ninety-six percent of psychiatrists and 74 percent of caregivers said that in addition to medication, family support is a key factor that helps keep patients well. Caregivers and psychiatrists both reported that programs designed to help patients with their overall wellness are valuable in helping them manage their symptoms. However, findings indicate there is a need for more services for mental health.

Although a majority of psychiatrists encourage caregivers to participate in support and education programs, 57 percent reported that less than 10 percent of caregivers they interact with actually participate in these programs. When asked about rehabilitation resources, only 19 percent of psychiatrists believed there were enough resources available in the community for their patients.

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International survey data and fact sheets on schizophrenia, schizoaffective disorder, bipolar disorder and the caregiver perspective are available at www.wfmh.org.

About Bipolar Disorder, Schizophrenia, and Schizoaffective Disorder

Bipolar disorder, schizophrenia and schizoaffective disorder are complex mental illnesses that know no racial, cultural or economic boundaries.¹ Bipolar disorder, formerly known as manic-depression, is characterized by debilitating mood swings with symptoms of mania and depression.² Schizophrenia is characterized by acute psychotic episodes including delusions (false beliefs that cannot be corrected by reason), hallucinations (usually in the form of non-existent voices or visions) and long-term impairments such as diminished emotion, lack of interest and depressive symptoms, such as hopelessness and suicidal thoughts.³ Schizoaffective disorder is characterized by a combination of symptoms of schizophrenia and an affective (mood) disorder. Twenty-seven million people suffer from bipolar disorder and 25 million people suffer from schizophrenia worldwide.^{4,5} Although the exact prevalence of schizoaffective disorder is not clear, it is estimated to range from two to five in a thousand people. Schizoaffective disorder may also account for one-fourth or even one-third of all persons with schizophrenia.⁶

About WFMH

WFMH is an international interdisciplinary membership organization committed to promoting, among all people and nations, the highest possible level of mental health in its broadest biological, medical, educational, and social aspect. Consultative status at the United Nations provides WFMH a variety of opportunities to engage in mental health advocacy at the global level, working closely with the World Health Organization, UNESCO, the UN High Commissioner for Refugees, the UN Commission on Human Rights, the International Labor Organization and others. Additional information about WFMH is available at www.wfmh.org.

About Eli Lilly and Company

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¹ Schizophrenia: What You Need to Know. National Mental Health Association. Available at: <http://www.nmha.org/infoctr/factsheets/51.cfm>, accessed June 7, 2006.

² Bipolar Disorder National Institute of Mental Health. NIH Publication No. 02-3679; Printed 2001, Reprinted September 2002. Available at: <http://www.nimh.nih.gov/publicat/bipolar.cfm>, accessed June 7, 2006.

³ Weiden P, Scheffler P, Diamond R, et al. *Breakthroughs in Antipsychotic Medications*. New York: W.W. Norton & Company, 1999.

⁴ The World Health Report 2001: Mental Health – New Understanding, New Hope. World Health Organization. Available at: <http://www.who.int/whr/2001/chapter3/en/index1.html>, accessed January 6, 2006.

⁵ The World Health Report 2003: Shaping the Future. World Health Organization, 2003. Available at http://www.who.int/whr/2003/en/whr03_en.pdf

⁶ Schizoaffective Disorder. National Alliance on Mental Illness. Available at: http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=11837, accessed on June 7, 2006.