

Monitoring physical and mental health
Physical health

- Before starting antipsychotic medication, record: weight, waist circumference, pulse and blood pressure, assessment of movement disorders, assessment of extent of physical activity and diet, fasting blood glucose, HbA_{1c}, blood lipid profile and prolactin levels. ECG when indicated and for every inpatient
- Secondary care services are responsible for monitoring the patient's physical health and response to medication for either 12 months, or until stabilisation - whichever is longer. Thereafter, the responsibility can become a shared care arrangement. Review antipsychotic medication annually, including benefits and side effects
- After transfer from secondary services GPs should monitor physical health at least annually. A copy of the notes should be sent to the psychiatrist and care co-ordinator
- Offer help with stopping smoking. Nicotine replacement, bupropion or varenicline may be used. Discuss this with the patient and the potential side effects. Be aware that sudden cessation can impact on the metabolism of antipsychotic medication, particularly clozapine and olanzapine
- Offer a healthy eating and exercise regimen. Offer interventions if the patient has abnormal lipid levels, rapid weight gain, or problems with blood glucose management

Mental health

- If a patient is distressed with declining social functioning and suggestion of psychotic symptoms or a first-degree family history, refer them for immediate assessment by a specialist mental health service
- Early intervention in psychosis services should be accessible to all individuals with a first episode of psychosis, irrespective of age or duration of psychosis. A holistic intervention, combining psychological, pharmacological, social and educational components should be provided. Early intervention should be extended beyond three years if the patient has not made a stable recovery. Patients should also be assessed for post-traumatic stress disorder
- If the severity of the psychotic episode exceeds the capacity of the early intervention in psychosis team, involve the home treatment and crisis resolution team as the first-line service before inpatient admission. Consider crisis houses or acute day facilities
- During recovery, care should be continued in the early intervention in psychosis services, or by a specialist integrated community-based team. Offer a holistic approach, engaging the patient in the least restrictive and stigmatising environment possible. Consider intensive care management for people at risk of disengagement

Treatment and rehabilitation

- For people with first episode, acute exacerbation or recurrence of psychosis, offer oral antipsychotic medication in conjunction with psychological interventions. For individuals who are solely interested in psychological interventions, advise them that they are most effective in conjunction with oral antipsychotic medication
- Offer supported employment programmes. Consider other occupational or educational activities for those who are unable to find work
- Consider peer support for patients with schizophrenia delivered by a trained worker who has recovered from schizophrenia and is stable. Consider a self-management programme given face to face with service users: this should include information about schizophrenia, medication, coping with stress and what to do in a crisis
- If a patient is at high risk of developing psychosis, offer individual CBT. Do not offer antipsychotic medication with the aim of decreasing the risk or occurrence of psychosis. If after intervention, the individual continues to be distressed or have symptoms and no clear diagnosis of psychosis, continue to monitor for up to three years using a validated assessment tool. If a patient asks to be discharged, offer follow-up appointments and the opportunity to self-refer; ask the patient's GP to continue monitoring mental state
- If a patient needs inpatient care, consider the impact this may have not just on them, but on their family and support network. If inpatient admission is unavoidable, ensure the setting is suitable, considering their age, gender and level of vulnerability

Carers' support

- Mental health services should offer carers an assessment of their own needs, and formulation of a care plan if required. Advise carers of their right to a formal carer's assessment performed by social services
- Give carers written and verbal information about schizophrenia. Include the carer in decision making if the service user agrees
- Offer a carer-centred education programme, which should be available if needed and have a positive approach to recovery