

# RE

# THINKING SCHIZOPHRENIA

**Phase II** ▶▶ **Optimising Schizophrenia  
Care Pathways in Europe**

**From the First Episode of Psychosis  
to Long-Term Care**

**POLICY REPORT**



# Introduction

Schizophrenia, a paradigmatic psychotic disorder, remains one of the most complex mental health conditions to manage. With typical onset in late adolescence and early adulthood, schizophrenia profoundly impacts the lives of young people and their families across Europe. The burden of schizophrenia extends far beyond clinical symptoms, encompassing significant disruptions of social relationships, education and employment. Data from the Global Burden of Disease Study highlights its status as one of the top 20 causes of years lived with disability worldwide (Lancet Psychiatry, 2024). Among those affected, 70%–90% encounter employment challenges, and stable housing remains an unmet need for many (Gowda *et al.*, 2022). 5-10% of individuals with schizophrenia die by suicide, underscoring the critical need for timely intervention and comprehensive care that spans from the FEP to long-term management (European Psychiatry, 2023). Schizophrenia significantly increases mortality rates and shortens life expectancy; compared to the general population, people with schizophrenia die 15-20 years prematurely (Correll *et al.*, 2022). Moreover, they have an elevated risk of comorbid somatic illnesses, however they receive less medical care (Solmi *et al.*, 2021; Leucht *et al.*, 2007). Despite significant advances in treatment, the pathways to effective care remain fraught with barriers, and difficult-to-treat symptoms, still pose a therapeutic challenge and significantly interfere with functional recovery.

The EBC, in collaboration with the European Psychiatric Association (EPA) and key stakeholders, has undertaken the crucial task of addressing the enablers and weak spots in the schizophrenia care pathways. To examine these factors comprehensively, a co-created survey for the EBC Rethinking Schizophrenia Care Pathway project **PHASE 2** explored the opinions of healthcare professionals and the experiences of patients and caregivers across nine European countries, providing a robust evidence base for actionable change. Respondents emphasised the need for strengthened investment and policy action in Europe to address long-standing challenges in mental health. While the region has experienced social and economic challenges, factors that have contributed to a growing mental health problem among youth and young adults, the nine studied countries are actively working to manage and improve the mental health of their citizens. There are significant opportunities for progress by tackling funding gaps, enhancing the status of mental health services, reducing stigma, and addressing the social determinants of mental health and inequalities. While the transition from institutional to community-based care varies across the EU, this report highlights three key priorities for enhancing schizophrenia care: early assessment and intervention, continuity of care with shared decision-making, and a recovery-oriented approach.

## Early assessment and intervention

The survey highlights persistent barriers that hinder timely and effective care. Fragmentation within the healthcare systems, stemming from regional disparities in resource availability, often delays diagnosis and treatment. The stigma associated with schizophrenia remains a significant obstacle; it discourages help-seeking behaviour and limits access to services. Moreover, the lack of integration between primary care, community services and specialised mental health and addiction care providers leaves many patients navigating a disjointed and inefficient system. These challenges demand immediate attention. The data emphasise the need to reduce the duration of untreated psychosis, to use clinical neuropsychological assessment methods for a more precise characterisation of the patient's cognitive and functional impairments/strengths to better understand the patient's symptoms from the very beginning, and the necessity to improve access to multidisciplinary and patient-centred care.

## Continuity of care and shared decision-making

Continuity of care is essential in the long-term management of schizophrenia. However, transitions between care settings—such as from acute inpatient care to outpatient or community-based services—are often poorly coordinated, leading to interruptions in treatment and support. The survey highlights the critical role of shared decision-making, emphasising the need to actively engage patients and their families in the management plans. Empowering patients with information and involving them in treatment choices fosters trust, improves adherence and enhances outcomes. Strengthening the therapeutic alliance between patients and providers is central to achieving sustained progress.

## A recovery approach in the treatment journey

Recovery in schizophrenia is not merely the alleviation of symptoms but encompasses a broader focus on quality of life, social inclusion and personal empowerment. A recovery-oriented approach prioritises the biopsychosocial approach to care that integrates pharmacological treatments with psychosocial interventions, such as cognitive training, cognitive-behavioural therapy (CBT), vocational training and family support. It also addresses the social and environmental determinants of health, improving access to stable housing, education and employment opportunities. The integration of pharmacotherapy and psychosocial interventions represents a paradigm shift in schizophrenia care. Second-generation antipsychotics (SGAs), as a cornerstone of pharmacological treatment, combined with tailored psychosocial strategies, provide a comprehensive framework for addressing the disorder's complexities. This approach may not only alleviate symptoms but also empower individuals with schizophrenia to achieve functional recovery and improve their quality of life. The survey findings reveal a growing recognition of this change in thinking in schizophrenia care among European healthcare professionals, yet considerable work remains to be done to embed recovery principles into routine care.

# Policy recommendations

## EU Level

- Ensure Schizophrenia and mental health policies acknowledge the biopsychosocial framework. Align public health interventions with social services to provide comprehensive, wraparound support.
- Support the identification of best practices when it comes to early diagnosis, treatment and care for people living with schizophrenia by leveraging existing mechanisms such as the EU Best Practice Portal or EU-funded projects.
- Ensure the EU properly tackles social, commercial, and digital determinants of health by stepping up its to promote healthier choices in relation to nutrition, physical activity, alcohol, tobacco and drug use. Furthermore, efforts should acknowledge environmental, social and commercial health determinants: living conditions (housing, air quality, access to sport, culture, nature and green areas), risk of violence, psychosocial risks at work and work-life balance.
- Support clinical trials and adoption of precision medicine to match treatments with individual patient profiles.
- Ensure people with lived experience of schizophrenia and their caregivers are involved in all steps of policy design and implementation.
- Ensure that the challenges posed by schizophrenia are specifically addressed and integrated in multidisciplinary training programs, such as the one developed through the EU-funded project PROMENS, which encompass the biopsychosocial model and the integration of new treatment modalities under the EU4Health Programme.
- Support and fund EU-wide awareness raising campaigns about schizophrenia to address stigma.
- Support longitudinal studies and real-world evidence collection on the effectiveness of integrated care pathways using the biopsychosocial model.
- Develop training programs for healthcare professionals emphasising the biopsychosocial model and the integration of new treatment modalities under the EU 4Health Programme.

## National Level

- Shift from symptom management to recovery-oriented care that emphasises quality of life, independence and social inclusion.
- Develop policies that ensure housing stability, financial support and access to education and employment for individuals with schizophrenia.

- Implement nationwide early psychosis intervention (EPI) programs focused on early identification of at-risk individuals through community outreach, digital tools and primary care integration. It is of great importance to develop reliable and user-friendly tools for the assessment of cognitive functions and negative symptoms in everyday clinical practice. Current neuropsychological evaluation is typically time-consuming and requires an expertise that is not always available.
- Ensure equitable access to second-generation antipsychotics (SGAs) including clozapine, long-acting injectables (LAIs), novel therapies targeting cognitive and negative symptoms that are difficult to treat and interfere with overall functioning, and digital health technologies (e.g., telemedicine, mobile apps, wearables, Virtual Reality (VR), Augmented Intelligence).
- Encourage the establishment of multidisciplinary care teams that include general practitioners (GPs), child and adolescent psychiatrists, adult psychiatrists, clinical psychologists and neuropsychologists, nurses, social workers, peers, and community support specialists to deliver integrated care that can address the complex interactions between mental health, brain health, substance use and physical health.
- Ensure seamless transitions between care stages—acute treatment, rehabilitation and long-term support—addressing biological needs (symptom management), psychological well-being (coping skills) and social reintegration (employment, housing).
- Invest in scaling evidence-based psychosocial programs and social prescribing, such as psychoeducation, psychotherapy (e.g., CBT), cognitive and trauma sensitive care training, family interventions, vocational training, physical exercise, and social skills training.
- Investigate the synergistic effects of combining pharmacological, psychological and social interventions on patient outcomes. Explore how advanced technologies, such as Artificial Intelligence (AI) and precision medicine, can optimise care delivery and outcomes.
- Support and fund awareness raising campaigns to address stigma surrounding schizophrenia and on how environmental exposures during critical developmental periods shape children and adolescent mental health and cognitive development later in life.
- Develop training programs for healthcare professionals emphasising the biopsychosocial model and the integration of new treatment modalities. Equip the workforce to address the interplay of biological, psychological, social and environmental factors in schizophrenia care.

## Global Level

- Support and fund global awareness raising campaign about schizophrenia to address stigma and improve understanding of schizophrenia.
- Support the implementation of the WHO [Comprehensive Mental Health Global Action Plan](#) and the [WHO's Integrated operational framework for mental health, brain health and substance use](#).

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