

Rethinking Schizophrenia Care in Europe: A Brain Health Approach to Early Intervention and System Reform

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Objectives: This project presents a redefined care framework for schizophrenia, building on the European Brain Council *Rethinking Schizophrenia Beyond the Voices Policy Report* (2024) and *Rethinking Schizophrenia Care Pathway Study Paper* released in 2025 (Mohr et al., 2026). It aims to shift care from reactive, crisis-driven models to a proactive brain health approach by integrating clinical, psychosocial and policy components. The work bridges neuroscience and real-world delivery through country profiles and policy engagement.

Methods: Multi-phase project (2023–2026). Phases 1–2 used qualitative research (survey) and stakeholder input to map care pathways and barriers across 9 countries. Phase 3 develops structured country profiles (Poland, Denmark, Germany) using triangulation of national data, WHO/EU sources and stakeholder consultations to identify gaps and prioritise actionable recommendations.

Results: From June 2025 to March 2026, country profiles and stakeholder discussions (roundtable + webinars) identified cross-cutting gaps: persistent delays to early intervention, limited youth-centred transitions, fragmented care delivery, and insufficient routine focus on functioning, cognition and negative symptoms. These findings inform the brain health-oriented recommendations highlighted on the poster (Table 1).

Conclusion: Country profiles reinforce the need for a brain health-oriented, integrated biopsychosocial model that links clinical care with lifestyle and social determinants (e.g., education, housing, employment), supported by digital tools (Figure 1).

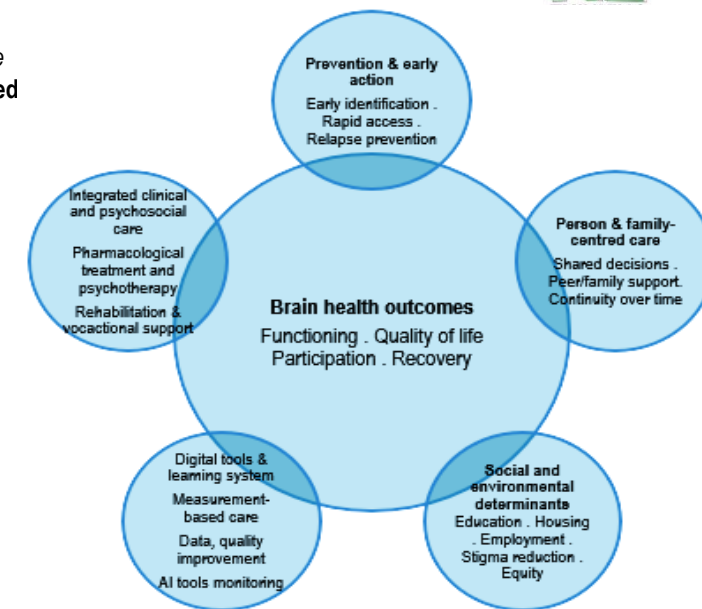


Figure 1. Brain health-oriented approach: integrated biopsychosocial schizophrenia care

Table 1. Cross-cutting gaps

| Cross-cutting gap | Poland | Denmark | Germany |
|---|--|--|--|
| Early intervention and delays to care (DUP) | MHC coverage ~50%; urgent access ≤72h in MHC areas; >5-month waits elsewhere. | Median DUP >6 months; OPUS capacity ~70% of incident cases; gap after 2 years. | AI-supported prediction/early warning; median DUP >4 months + early intervention coverage. |
| Youth focus and transitions | Early onset common; child → adult transitions fragmented. | OPUS YOUNG developing; uneven rollout/capacity. | AI-enabled identification in youth settings + structured transition pathways. |
| Fragmented delivery and continuity of care | Weak integration with education/social care; limited shared information (including EHR). | Post-OPUS step-down often under-resourced; coordination challenges. | Integrated biopsychosocial pathway + interoperability across sectors. |
| Negative/cognitive symptoms and functioning | Psychosocial rehab and family support uneven; functioning not consistently measured. | Guideline-driven assessments (including neuropsychology targets) but not fully achieved. | AI-supported monitoring of cognition/negative symptoms + recovery/function dashboards. |
| Socio-environmental risks | Stigma; comorbidity (e.g., substance use, trauma) complicates care. | Substance use, homelessness, excess mortality; persistent stigma. | Include social determinants in risk stratification; link to housing/employment supports. |
| Digital tools and innovation (including AI) | Telemedicine/e-prescribing emerging; scale-up and investment needed. | Virtual reality used in some regions; strong quality data infrastructure. | Core focus: AI supporting prediction + intervention; governance/ethics + implementation. |

Key Recommendations towards a Brain Health Approach to Early Intervention and System Reform

1. Shorten delays to care through scalable early detection and rapid access pathways.
2. Make functioning a core outcome: routine cognitive/negative symptom assessment + evidence-based psychosocial interventions.
3. Build reform readiness: sustainable financing, cross-sector governance, and ethical implementation of digital/AI-enabled care

For more information and full country profiles, scan the QR code or visit: www.braincouncil.eu/projects/rethinking-schizophrenia/

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Source: Phase 3 country profiles (Poland, Denmark; Germany forthcoming).

Abbreviations: DUP = duration of untreated psychosis; EHR = Electronic Health Record; MHC = Mental Health Centre; OPUS = early-intervention team; AI = artificial intelligence; VR = virtual reality.

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