

Janssen training programme helps young people with schizophrenia get back to work Catalyst programme uses breakthrough research to create real world benefits for patients

Janssen Pharmaceutica NV, BEERSE, Belgium, 10 October 2013 – To mark World Mental Health Day, Janssen Pharmaceutica NV, in collaboration with the Insight Partnership*, is introducing Catalyst, a new pan-European training programme, supporting healthcare and other professionals to achieve better outcomes for people who have schizophrenia.

The Catalyst training programme is comprised of two parts. The first is a support service for professionals, providing them with training to assist people who have schizophrenia to return to work or education. The second element is a skills training service for healthcare professionals in psychosocial therapies, including motivational interviewing, cognitive behavioural therapy (CBT) and psychoeducation**.

Catalyst was developed with a focus on patients' needs. Although significant advances have been made in the treatment of schizophrenia, Catalyst now provides healthcare professionals with the additional skills to make a real difference to the quality of life and futures of people living with the condition.

Getting people with schizophrenia back to work

The Catalyst programme's job support service, called Individual Placement and Support, uses the latest evidence-based research, and reverses the traditional 'train then place' strategy for work rehabilitation. Instead it adopts a 'place then train' approach, based on the principle that gaining and sustaining employment is an important part of a person's recovery.

For people with schizophrenia, unemployment rates in the UK typically range from 75-96%. This has a profound impact on other aspects of patients' health and wellbeing, and amounts to a significant cost burden to society.

Controlled trials have found that recipients of the Individual Placement and Support approach were twice as likely to gain work and worked for significantly longer than those receiving more traditional forms of job support. Furthermore, those who gained employment had lower hospitalisation rates and better outcomes. Individual Placement and Support is now internationally recognised as the best example of evidence-based practice. 6,7

Catalyst Individual Placement and Support has been specifically tailored to target young people with schizophrenia early on in their treatment, as onset of psychosis in late adolescence and early adulthood is associated with a pronounced decline in employment and educational attainment.^{8,9}

"Employment not only raises personal incomes but restores quality of life and self-worth for young people with psychosis," said Professor Jo Smith, Consultant Clinical Psychologist, Early Intervention Lead, Worcestershire Health and Care NHS Trust, UK. "Catalyst Individual Placement and Support shifts the focus from illness to wellness, providing young people with early psychosis with integrated support to fulfil their educational and employment goals and allowing them to enjoy a more fulfilling life."

Helping people with schizophrenia understand their condition

The Catalyst psychosocial skills training service, called Learn and Implement, trains healthcare professionals to use psychological therapies to help people with schizophrenia understand their disease and treatment plans, cope with day-to-day activities, set goals and shape their future.

Clinical guidelines recommend that for people with schizophrenia the optimal treatment package is a combination of medication along with psychotherapy, psycho-education and self-help. Findings from the Global Alliance of Mental Illness Advocacy Networks (GAMIAN)-Europe's recent Adherence to Treatment survey showed that less than 40% of respondents received their medication along with another form of psychosocial therapy highlighting that many people do not receive optimal care. Catalyst Learn and Implement provides healthcare professionals with the training they need to ensure patients receive the best possible care and support.

"The Catalyst programme is underpinned by the principle that research breakthroughs must produce real world improvements in patient care," said Professor Douglas Turkington, Medical Director and Professor of Psychosocial Psychiatry at the Royal Victoria Infirmary, Newcastle, UK. "By using the latest techniques in psychological therapy with their patients, healthcare professionals can better understand patients' aspirations and help them realise their potential."

"Janssen has a long heritage in meeting unmet patient needs in psychiatry," said Jane Griffiths, Company Group Chairman, Janssen. "We are delighted to launch the Catalyst programme and to be partnering with healthcare professionals to achieve positive change for people with schizophrenia."

-ENDS-

For further information please contact:

Laura Dobell

Janssen Pharmaceutica NV Phone: +44 (0)1494 658 151 Email: <u>Idobell@its.jnj.com</u>

Joanna Sullivan

Publicis Life Brands Resolute Phone: +44 (0) 207 3977 485

Email: joanna.sullivan@publicislifebrandsresolute.com

Notes to editors

Catalyst first launched in the UK in August 2013, when a CBT workshop was held as part of Catalyst Learn and Implement. This was followed by Denmark's launch of the programme in October 2013. The Individual Placement and Support element will launch in the UK in November 2013.

For more information about the Catalyst programme, please visit www.catalystprogramme.com

- *The Insight Partnership was founded by two experienced psychiatrists pioneering research in CBT: a psychosis nurse therapist and an experienced Health Care business leader. Insight was formed in 2010 to meet an ever increasing need for high quality training in CBT for psychosis.
- **Cognitive behavioural therapy (CBT) enables people to take more control of decisions about their health and treatment. It also aims to increase understanding and awareness of self-care and to promote shared decision-making between individuals and the professionals involved in their care.

Motivational interviewing (MI) provides healthcare professionals with tools to facilitate and optimise the process of treatment planning. MI is centred around the patient and through an interactive communication between healthcare professional and patient. MI encourages patients to

think about where they are now and where they would like to be in the future, and emphasises the individual's own reasons for changing the current situation and what the benefits would be to them.

Psychoeducation helps healthcare professionals to educate their patients and those who care for them about schizophrenia as an illness and covers such topics as symptoms, diagnosis, causes, medication, relapse, planning and recovery. Psycho-education is a combination of information ("education") with elements of psychotherapy ("psycho"). There is evidence to show that psychoeducation can reduce the number of admissions to hospital by patients having a greater understanding of their illness and the need to comply with treatment. It can be delivered in single-person or group settings. Studies have shown that combining medical treatment with psychoeducation can lead to optimal outcomes for patients and carers.

About schizophrenia

Schizophrenia is relatively common and affects people from all countries, socio-economic groups and cultures. Its prevalence is similar around the world – almost one person in every 100 will develop schizophrenia before they reach the age of 60, with men and women equally at risk.¹²

There is no single cause of schizophrenia. Different factors acting together are thought to contribute to the development of the illness. Both genetic and environmental factors seem to be important.¹³

Scientists believe that the symptoms of schizophrenia, such as hallucinations, delusions, lack of emotional response, social withdrawal/depression, apathy and a lack of drive or initiative are mainly caused by abnormalities in the brain.

Schizophrenia treatment will generally include the use of medication, combined with psychosocial treatment to help a person manage the condition in their day-to-day life.

For more information about schizophrenia, as well as helpful resources and interactive tools for those affected by the condition, visit www.schizophrenia24x7.com. This site is sponsored by Janssen Pharmaceutica NV.

About Janssen

Janssen Pharmaceutical Companies are dedicated to addressing and solving the most important unmet medical needs of our time, including oncology (e.g. multiple myeloma and prostate cancer), immunology (e.g. psoriasis), neuroscience (e.g. schizophrenia, dementia and pain), infectious disease (e.g. HIV/AIDS, Hepatitis C and tuberculosis), and cardiovascular and metabolic diseases (e.g. diabetes). Driven by our commitment to patients, we develop sustainable, integrated healthcare solutions by working side-by-side with healthcare stakeholders, based on partnerships of trust and transparency. More information can be found at www.janssen-emea.com

References

- 1. Killackey E *et al*. Exciting career opportunity beckons! Early intervention and vocational rehabilitation in first-episode psychosis: employing cautious optimism. *Australian and New Zealand Journal of Psychiatry*. 2006; 40: 951–962
- **2.** Marwaha S, Johnson S. Schizophrenia and employment: A review. *Social Psychiatry and Psychiatric Epidemiology*. 2004; 39, 337–349
- **3.** Perkins R, Rinaldi M. Unemployment rates among patients with long-term mental health problems: A decade of rising unemployment. *Psychiatric Bulletin*. 2002;26(8): 295–298
- **4.** Wu EQ *et al*. The economic burden of schizophrenia in the United States in 2002. *J Clin Psychiatry*. 2005; 66(9): 1122-1129
- **5.** Burns T *et al.* The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial in six European countries. *Lancet*. 2007; 370: 1146–1152

- **6.** Bond G. Supported employment: evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal*. 2004; 27: 345–359
- **7.** Bond G *et al*. An update on randomised controlled trials of evidence based supported employment. *Psychiatric Rehabilitation Journal*. 2008; 31(4): 280–290
- **8.** Mueser KT *et al.* A prospective analysis of work in schizophrenia. Schizophrenia Bulletin. 2001; 27: 281–296
- **9.** Kessler RC *et al.* Social consequences of psychiatric disorders. I. Educational attainment. *American Journal of Psychiatry.* 1995; 152:1026–1031
- 10. National Institute for Clinical Excellence: Schizophrenia: The NICE guideline on core interventions in the treatment and management of schizophrenia in primary and secondary care; National Clinical Practice Guidelines Number CG82, available at www.nice.org.uk/nicemedia/live/11786/43607/43607.pdf. Last accessed September 2012
- **11.** Gauci *et al.* The Global Alliance of Mental Illness Advocacy Networks-Europe (GAMIAN-Europe) pan-European adherence to treatment survey. Poster presented at the 25th European Congress of Neuropsychopharmacology (ECNP) in Vienna, Austria 2012
- **12.** American Psychiatric Association (APA). Practice guideline for the treatment of patients with schizophrenia. Second edition 2004;42
- **13.** Lang *et al.* Molecular mechanisms of schizophrenia. *Cellular Physiology and Biochemistry* 2007;20:687