

Online Appendix:

1. Discussing a Schizophrenia Diagnosis: Sample Doctor-Patient-Family Dialogues

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Goals: Empathic communication of a diagnosis of schizophrenia to patients and families; education about the illness, prognosis, and treatment to reduce stigma and maximize engagement in care.

Strategies	Sample dialogues/Notes
1. Preparation for the family meeting	Prepare for the meeting, which should occur within two weeks of the patient's admission. The patient should meet diagnostic criteria for schizophrenia. Consider which multidisciplinary team members and which family members should attend. The meeting is led by the most appropriate senior clinician. Organize the meeting room, seating arrangements, symptom checklists and educational material in advance.
2. Negotiate agenda collaboratively Elicit patient and family's perception of agenda first before physician states agenda	<i>What is your understanding of why we are meeting today?</i> <i>... That is correct, we would like to give you an update but we would also like to discuss your diagnosis and what it means... how does that sound?</i>
3. Review patient/family understanding of psychiatric illness and discuss diagnosis Respond empathically after delivering the diagnosis. Address diagnostic scepticism. Use the symptom checklist. Correct misperceptions	<i>What is your understanding of your psychiatric illness?</i> [The patient is invited to respond first] <i>Mrs. Jones, what is your understanding of your son's psychiatric illness?</i> [The family is asked their perception of the psychiatric illness.] <i>John, we think that you have a psychiatric illness called schizophrenia...</i> [empathic silence] <i>It is difficult news to hear...</i> <i>John, what do you know about schizophrenia?</i> <i>Mrs. Jones, what is your understanding of schizophrenia?</i> [elicit patient and family understanding of the term schizophrenia] <i>I know that you must be sceptical of the diagnosis. Let's go through the symptoms of schizophrenia. You can tell me which ones you think may be applicable and which ones are not relevant to you.</i> <i>Schizophrenia is not e.g. a split personality.</i> [Misperceptions corrected]. <i>It is actually a biological illness that affects the brain. It has two main components. The first is that people's daily function becomes impaired and they withdraw from life. The second is that people suffer from hallucinations (e.g. hearing voices) and delusions, where they have worries about themselves or others that are not true (e.g., people are out to get them.)</i> <i>It is a very treatable condition and there are number of</i>

Link diagnosis to treatment approach	<p><i>ways both you and he/she can support his/her recovery. Unfortunately for most people schizophrenia is a life-long illness. People with schizophrenia usually need to have their condition monitored by doctors and other health professionals and take medication for long periods of their life. How does that sound so far?</i></p>
Discuss precipitants, e.g., substance abuse, in the context of the stress diathesis model, linking this to potential psychotherapeutic interventions that can ameliorate distressing thoughts and emotions.	<p><i>“One thing that seems to make the schizophrenia worse, from what you have told me, is your drinking. This is where you could consider making some changes that would help you stay well. It seems that when you drink, you feel more isolated, you cannot work and that stresses you more and this makes the perception of the voices worse. The voices leave you wondering, “Am I crazy?” And this, in turn leaves you feeling fed up and so you are more likely to start drinking by yourself. This makes your isolation worse and so the whole cycle of the voices seeming more frightening starts up all over again. How does this sound? Accurate?</i></p>
Use a “take stock” technique to transition to next section	<p><i>So we have discussed the name of the illness that we think you have...would it be OK if we moved on to talk about your future with schizophrenia and what that means for you?” [Taking stock statement]</i></p>
<p>4. Discuss prognosis Best, worst and most likely outcome/ prognosis</p>	<p><i>We can think of the prognosis for this illness in terms of the best case, worst case and most likely outcome.</i></p>
Address the non-curative nature of schizophrenia framed by goals of care and wishes for the future (e.g. maintaining symptom control, social and vocational aspirations)	<p><i>Unfortunately it is not curable but, with the right medications and other treatments, we hope we can help you maintain best possible recovery.</i></p>
Address emotions	<p><i>I can see that this is upsetting...</i></p>
Link prognosis to better coping with stress, avoidance of social drugs and alcohol, family functioning and work rehabilitation.	<p><i>Nevertheless, the [social] drugs that you have been taking may have made the symptoms worse. Let’s see how you do without drugs. Being drug free may well improve your prognosis.</i></p>
<p>5. Discuss meaning of schizophrenia diagnosis for the patient and family</p>	<p><i>John, what do you think about our discussion about schizophrenia, so far? Mrs. Smith, how do you see the illness? Mr. Smith, what is your opinion on the schizophrenia diagnosis?</i></p>
Address stigma and related self esteem/efficacy	<p><i>Stigma is unfortunately widespread in our society (e.g. against race, religion, young, old, cancer patients etc.) Unfortunately some people do sometimes treat people who have had a mental illness differently, especially when people are less knowledgeable about the causes of the condition and how we can help people. Have you had any experiences like that or worries about that? Who have you been able to share news of your condition with? How have</i></p>

	<i>they reacted? We [clinicians] don't feel that either you or your family are responsible for your condition. However, like with any illness, there may be things you can do to help yourself stay well. We also aim to help you cope and feel as confident as possible about yourself and getting through this time. We are aiming for a meaningful recovery with the right treatment.</i>
	<i>Provide written material on schizophrenia</i>
Education	<i>"Let's say you were to tell other family members about John's schizophrenia. How do you think that conversation might work? What problems do you foresee?"</i>
Anticipate stigma/Problem solve	
Preserve trust and resolve conflict	<i>I know that there were a few arguments in the family because John did not want to come to hospital? Shall we speak about that now we have discussed what it means to have schizophrenia? Are there any other aspects of the care so far that you feel concerned about or would like to ask?</i>
Discuss importance of medications/adherence	<i>Schizophrenia can be well controlled with the right medications and the right treatment at our outpatient resource center but it takes motivation to take medications and come to the clinic when you are feeling a lot better. Can we discuss this further?</i>
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6. Discuss the follow-up plan	
Go around the group to garner consensus	<i>So John, Mrs. Smith, Mr. Smith, shall we talk about what the next week is going to look like?</i>
Encourage questions, e.g., work, children, marriage, dating and disclosure, dangerousness, ways of dealing with or pre-empting relapse and things that the family can do to be helpful.	<i>What other questions do you have?</i>
Summarize	<i>In summary....</i>
Praise	<i>It is good to see that you are pulling together as a family...</i>
Motivate and inspire hope	<i>I know that it is hard to imagine, but I have seen patients just like John who were brought to hospital against their will, suffering from hallucinations and delusions. With the right treatment they were discharged from hospital. I think that you can do it too, John.</i>
Set follow-up	<i>Could you stop by our clinic next week so that we can check on your progress? In the meantime if there is anything you want to discuss?</i>
