



CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Schizophrenia in Long-Term Care: Basics & Dual Diagnosis (Substance Use Disorder)

June 24, 2025



Host



Nikki Harris, MA, CBHC-BS

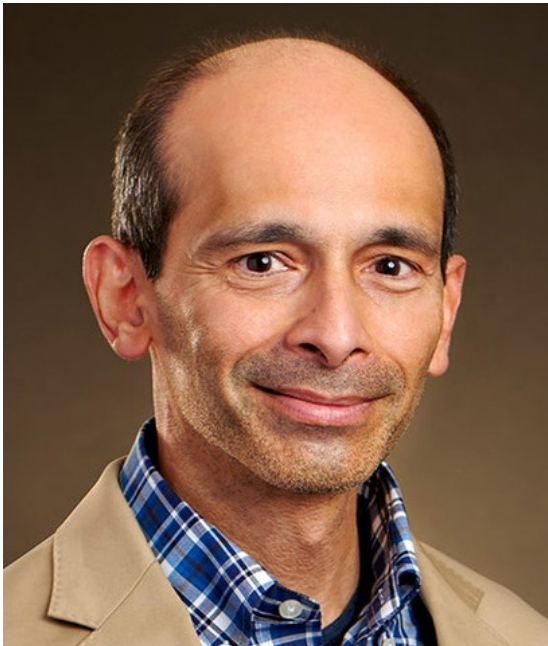
Training and Education Lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.

Presenter



Dr. Abhilash Desai

Medical Director
Idaho Memory & Aging Center

Adjunct Associate Professor
University of Washington School of Medicine

Dr. Desai is a board-certified geriatric psychiatrist, medical director of Idaho Memory & Aging Center, P.L.L.C., and an adjunct associate professor in the Department of Psychiatry at University of Washington School of Medicine.

He is the co-author (along with his mentor Dr. George Grossberg, a national and international leader in Geriatric Psychiatry) of the book *Psychiatric Consultation in Long-term Care: A guide for healthcare professionals*, 2nd Edition published by Cambridge University Press in 2017.

His practice focuses on helping individuals with serious mental illness and their family members live the best life possible in all care settings – home, long-term care, hospital and hospice. He has been in practice for 24 years.

Financial Disclosures

- I receive royalties from Cambridge University Press for my book (co-author George Grossberg MD) titled *Psychiatric Consultation in Long-Term Care: A Guide for Healthcare Professionals*. 2nd Edition. 2017.
- I have no other relevant financial relationships to disclose.
- I do not intend to discuss any off-label, investigative use of commercial products or devices.

Description & Learning Objectives

Explore the diagnostic criteria of schizophrenia and steps to make a clinical diagnosis. Learn the unique challenges posed by co-occurrence of schizophrenia and substance use disorder and simple and practical strategies to address the challenges and successfully treat both conditions.

Learning Objectives:

- Describe core DSM 5 TR criteria for schizophrenia.
- Discover four key steps to make a diagnosis of schizophrenia.
- Learn signs and symptoms that help early identification of substance use disorder in individuals with schizophrenia.
- Identify at least two best practices in management of substance use disorders in persons with schizophrenia.

Schizophrenia

- Serious mental illness (SMI)
- Peak age of onset: late teens and early twenties
- Late onset schizophrenia: onset after age 40 (20% of cases)

Cohen and Zhao. New perspectives on schizophrenia in later life: implications for treatment, policy, and research. Lancet Psychiatry 2015.

DSM 5 TR Criteria

Total duration of illness six months or more

Two or more of the following for at least one month with at least one being (1) or (2) or (3):

- (1) Delusions
- (2) Hallucinations
- (3) Disorganized speech
- (4) Grossly disorganized or catatonic behavior
- (5) Negative symptoms

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revised (DSM 5 TR). 2023.
American Psychiatric Publishing.

Negative Symptoms of Schizophrenia

- Affect – flat (diminished expressiveness)
- Alogia – spontaneous talk is minimal, one-word or short answers
- Apathy – decreased motivation
- Avolition – minimal or low physical activity

Marder and Cannon. Schizophrenia. NEJM 2019.

Schizophrenia Spectrum Disorders

- Schizophrenia (chronic, more than six months)
- Schizoaffective disorder (chronic, more than six months)
- Schizophreniform disorder (subacute, one to six months)
- Brief psychotic disorder (acute, less than one month)
- Delusional disorder (chronic)
- Other specified schizophrenia spectrum and other psychotic disorder
- Unspecified schizophrenia spectrum and other psychotic disorder

Four Key Steps in Diagnosis

- Detailed history including from knowledgeable family / informants
- Comprehensive physical and mental status exam, and rating scales
- Review of previous records of psychiatric assessment and treatment
- Workup

Rating Scales

- PANSS – 6 for schizophrenia symptoms (Positive and Negative Symptom Scale – 6)
- PHQ-9 for depression (Patient Health Questionnaire – 9)
- PMQ-9 for mania (Patient Mania Questionnaire – 9)

Psychotic symptoms: schizophrenia vs. dementia-related

Schizophrenia

- Systematic, well-formed, well organized, consistent, complex, long-term
- Paranoid, bizarre, grandiose themes
- Auditory hallucinations - complex, persistent, paranoid themes, commanding
- Throughout the day

Dementia

- Misidentification
- Simple, short-term and often transient
- More likely in the afternoon, evening or night
- Visual hallucinations – transient, often pleasant

Schizophrenia Diagnosis on Minimum Data Set

- Potential risk for CMS audit
- If documentation is not supported, the facility rating can be dropped from 5-Star to 1-Star

Documentation requirements

- A note from a primary care or psychiatric provider indicating details of symptoms, severity, duration, onset, mental status exam, observations by staff and family, review of past records, diagnostic workup as necessary, etc. that support a DSM 5 TR diagnosis of schizophrenia.
- Previous records from a psychiatric provider that gives details that support diagnosis of schizophrenia.

Prevalence of Schizophrenia Co-occurring with Substance Use Disorder (SUD)

- High in the community (80% if tobacco use is included)
- SUD has higher prevalence in individuals with schizophrenia compared to general population.

Hunt GE, et al: Prevalence of comorbid substance use in schizophrenia spectrum disorders in community and clinical settings, 1990-2017: Systematic review and meta-analysis. Drug Alcohol Depend 2018; 191:234–258

Common Substance Use Disorders in Individuals with Schizophrenia

- Nicotine / tobacco use disorder
- Cannabis use disorder
- Alcohol use disorder
- Cocaine use disorder

Manseau and Bogenschutz. Substance use disorders and schizophrenia. Focus 2016.

Less Common SUDs in Individuals with Schizophrenia

- Methamphetamine use disorder
- Opioid use disorder
- Anti-Parkinson/anti-cholinergic medication misuse

Tips for Early Identification of SUD

- Non-judgmental approach
- Withdrawal symptoms
- Psychotic symptoms not improving with antipsychotics
- Worsening of apathy
- High index of suspicion
- Routine use of screening tests (NIDA quick screen, urine drug screen)

Differentiating Between Two Psychotic Disorders

- If psychotic symptoms persist beyond one month after last exposure to implicated substance (per DSM 5 TR), then they are not due to the implicated substance.
- One month is somewhat arbitrary.

Tandon and Shariff. Substance-Induced Psychotic Disorders and Schizophrenia: Pathophysiological Insights and Clinical Implications. Am J Psychiatry 2019.

Progression from Substance Induced Psychosis to Schizophrenia

- 11% of individuals with substance-induced psychosis progress to schizophrenia over seven (7) years.
- Cannabis and stimulant induced psychosis is more likely to progress to schizophrenia than alcohol induced psychosis.

Tandon and Shariff. Substance-Induced Psychotic Disorders and Schizophrenia: Pathophysiological Insights and Clinical Implications. Am J Psychiatry 2019.

Schizophrenia, SUD Interaction and Violence

- In a paranoid individual, use of alcohol or drugs increases the risk of violence
- Inquire about owning a gun, history of threatening someone using a weapon, etc.

Antipsychotic – Substance Use Interactions

- Chronic cigarette smoking lowers the blood levels of clozapine and olanzapine
- Alcohol-induced liver disease and antipsychotic drug levels
- Cannabis (THC) and antipsychotics and other psychiatric meds drug interactions
- Opioids + sedating antipsychotics resulting in increased risk of overdose events, overdose complications and overdose deaths

Strategies for Success

- Treat schizophrenia and SUD simultaneously and in an integrated way
- Use of FDA approved medications for SUD
- Modification of motivational enhancement techniques

Manseau and Bogenschutz. Substance use disorders and schizophrenia. Focus 2016.

Strategies for Success

- Specialized mutual support groups (Double Trouble in Recovery, Dual Recovery Anonymous)
- Residential treatment
- Avoid benzodiazepines if the individual is actively misusing alcohol or opioids

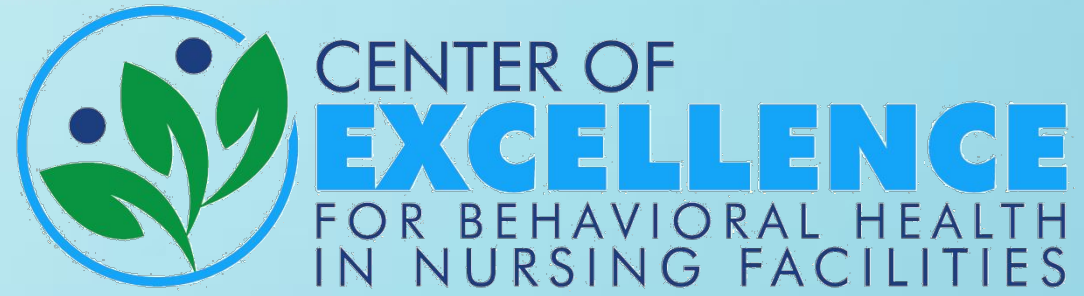
Manseau and Bogenschutz. Substance use disorders and schizophrenia. Focus 2016.

Modification of motivational enhancement techniques

- More prompts
- Frequent review and reminders
- Active reflection
- Periodic summarization

FDA Approved Medications for SUD

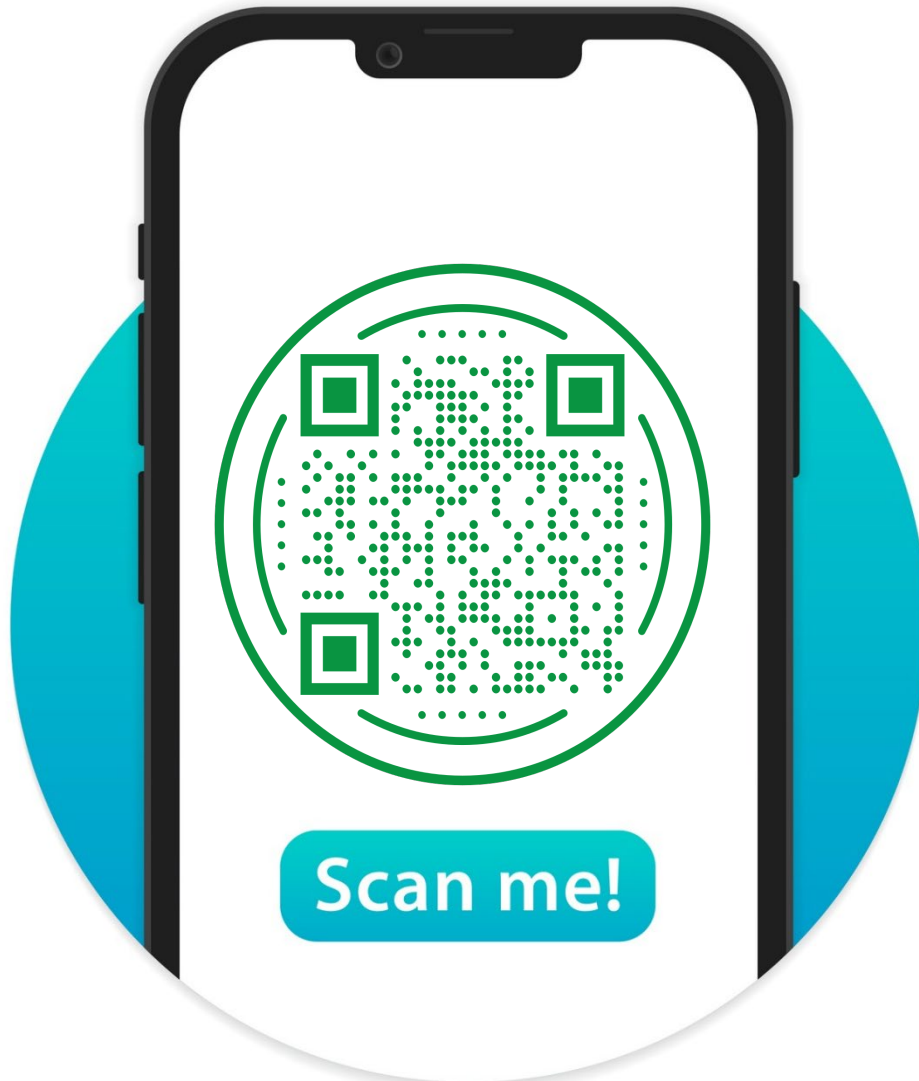
- Nicotine use disorder: nicotine patch, gum, lozenges, bupropion, varenicline
- Alcohol use disorder: naltrexone, acamprosate, disulfiram
- Opioid use disorder: buprenorphine, naltrexone, methadone, lofexidine



Questions?



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Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

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- Shares behavioral health resources
- Provides nursing facility behavioral health regulatory updates
- Announces upcoming training opportunities

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- Facebook: www.facebook.com/NursingHomeBH
- YouTube: www.youtube.com/channel/UCgnRi9EFB9rXApnIUwS09sw

Text Messaging Platform

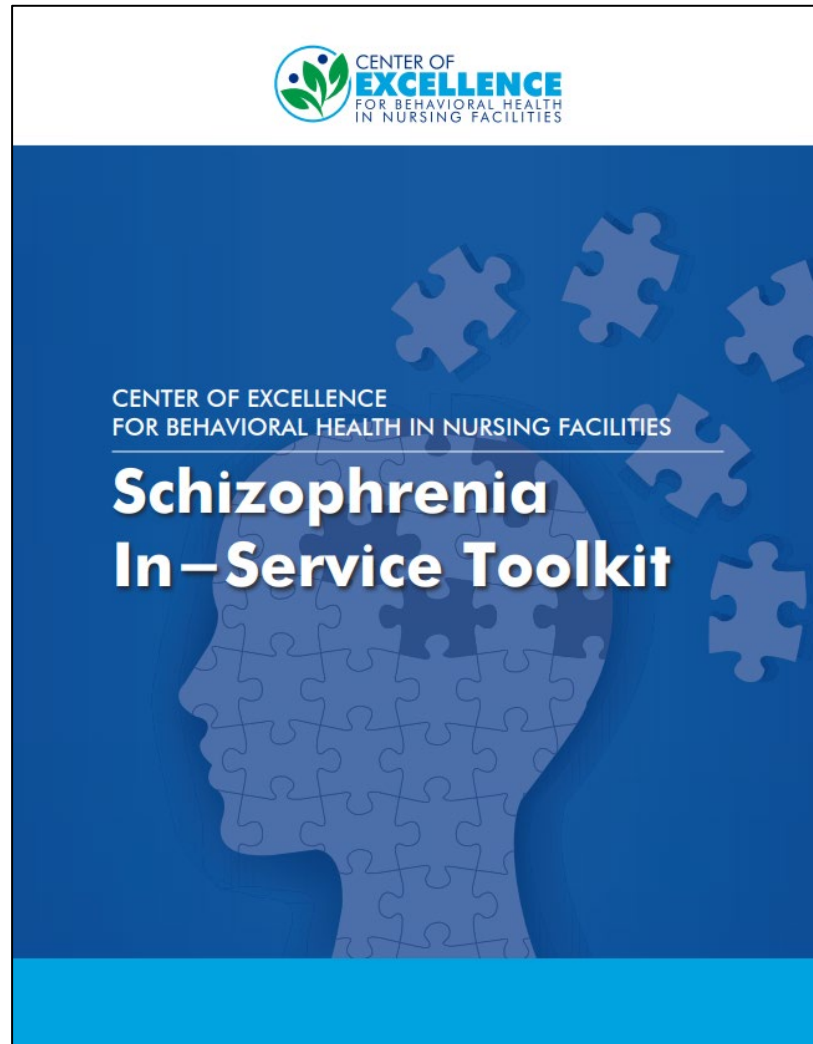
- Enables nursing facility staff to receive COE-NF updates on their smartphone

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Schizophrenia In-Service Toolkit



<https://bit.ly/SchizophreniaToolkit>

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Schizophrenia Facts

What is Schizophrenia?

Schizophrenia is a complex mental health condition with a range of symptoms that affect a person's thoughts, emotions, and behavior. It is a lifelong brain disorder that interferes with a person's ability to live independently.

With treatment, the positive symptoms of schizophrenia may reduce substantially and stay reduced for long periods. The risk of self-harm and of violence to others is greatest when the mental health condition is untreated.

Most people with schizophrenia are not violent. Overall, people with schizophrenia are more likely than those without the mental health condition to be harmed by others.

Common Symptoms of Schizophrenia

Schizophrenia symptoms can differ from person to person. Many of these symptoms are shared with other mental and physical disorders. Symptoms of schizophrenia are categorized in three ways: positive, negative, and cognitive


- **Positive symptoms, also known as psychosis:** include delusions, hallucinations, and disorganized thinking.
- **Negative symptoms:** include detachment, withdrawal, inability to express emotions, apathy (lack of motivation).
- **Cognitive symptoms:** include problems with attention, concentration, and memory.

Diagnosis

Diagnosis should be made by a qualified health professional.

People with schizophrenia are usually first diagnosed between the ages of 16 and 30. The steps to determine a diagnosis of schizophrenia include:

- **A physical exam:** to rule out medical problems or other mental health conditions.
- **Tests and screenings:** These may include screening for substance use and bloodwork. The doctor may also order MRI or CT scans.
- **Psychiatric evaluation:** A doctor conducts a thorough review of the person's medical, psychiatric, and family history as well as observation of the resident.




Older adults rarely have a new diagnosis of schizophrenia. To learn more about the risks of antipsychotic drugs for older adults with dementia-related psychosis, review the [FDA black box warning](#).

Sources: Substance Abuse and Mental Health Services Administration (SAMHSA), World Health Organization (WHO), and the American Psychiatric Association.

For Help and More Information

- For comprehensive on-demand training on schizophrenia and additional resources visit www.nursinghomebehavioralhealth.org.
- Information is also available in [Appendix PP of the State Operations Manual](#) (F-tags 658, 740, and 758) and the [Minimum Data Set 3.0 Resident Assessment Instrument Manual](#).

This material was prepared by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H79SM087155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.



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Schizophrenia Fact Sheet

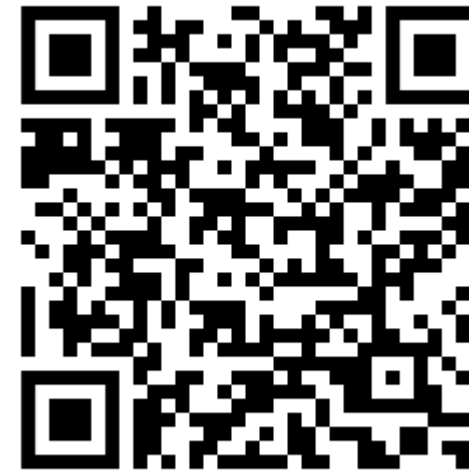


<https://bit.ly/SchizophreniaFactSheet>


COE-NF Resources

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visit the link below to view this resource.

Ten Ways You Can Support a Resident With a Schizophrenia Diagnosis



<https://bit.ly/SupportResidentSchizophreniaDiagnosis>

**Ten Ways You Can Support
a Resident With a
Schizophrenia Diagnosis**

Supporting a resident who has schizophrenia can be challenging. Try to see beyond the symptoms and connect with the resident on a personal level. Ensure that residents with a diagnosis of schizophrenia get the support, appropriate level of counseling, and psychiatric care in your facility.

Here are 10 tips for supporting a resident diagnosed with schizophrenia:

1. Foster open communication with the resident and the family.
2. Educate your entire team.
3. Support social connections for the resident.
4. Create an individualized care plan.
5. Create a structured environment.
6. Offer therapeutic activities such as art, music, cognitive exercises, or group activities based on the individual's needs, abilities, strengths, and preferences.
7. Be aware of warning signs that may signal a need for additional support.
8. Use behavioral strategies shared by the resident and family that help with symptom management.
9. Manage medications in collaboration with the individual and the interdisciplinary team to ensure the lowest effective dose. Monitor resident reactions.
10. Work toward gradual dose reduction in medications.


Nursing facilities should work with their psychiatric providers and medical directors to ensure the appropriate professional standards and processes are being implemented related to diagnosing and treating people with schizophrenia.

Sources: [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), [World Health Organization \(WHO\)](#), and the [American Psychiatry Association](#).

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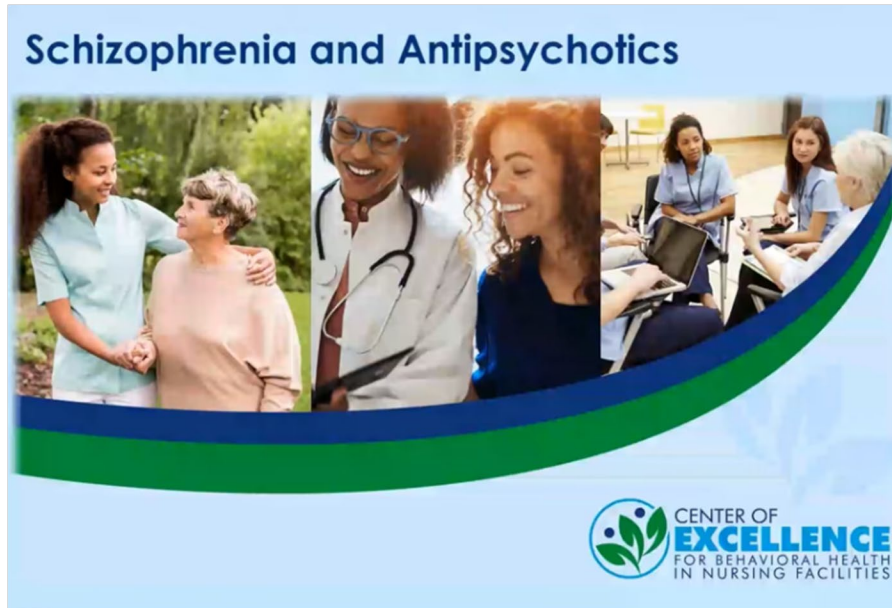


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**Bite-sized Learning: Schizophrenia and
Antipsychotics**

https://bit.ly/BSL_SchizophreniaandAntipsychotics



COE-NF Resources

Scan the QR code or
visit the link below to view this resource.

Schizophrenia Module

https://bit.ly/Module_Schizophrenia



Thank You!



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