Mobilizing to Meet the Needs of Individuals Experiencing Early Psychosis

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Outline

- Rationale
  - The promise
- The Challenge
- The Roadmap
  - Communication: Winning hearts
  - Outreach and referral
  - Treatment
  - Financing
Rationale: Why Early Treatment?

• *Optimal* early treatment provides hope for enhanced recovery
  – *Psychosocial approaches* may minimize disability and impact biological changes
  – *Pharmacological approaches* may prevent illness progression or reduce side effects
  – *Family and peer support* may reduce the trauma of psychosis and promote empowerment
A Key Concept: The Duration of Untreated Psychosis (DUP)

- Period of time between onset of psychotic symptoms and initiation of appropriate treatment
- Two independent meta-analyses provide convincing evidence for an influence of DUP on early-course outcomes

Two potential mechanisms:
- “active morbid process” or neurotoxicity hypothesis
- psychosocial “toxicity” of untreated psychosis

Time to Remission by Prior Duration of Psychosis

Early Treatment: Improved Treatment Outcomes

- Better response to antipsychotic medications
- Better outcomes for social and vocational rehabilitation
- Greater impact for psychological therapies that target residual symptoms, behavioral adaptation, and quality of life
Summary of Studies of Supported Employment for Individuals with First Episode Psychosis

Rinaldi et al. First episode psychosis and employment: A review. Int Rev of Psych 2010
The Mind Affects the Brain: Cognitive Enhancement Therapy

CET → significant gray matter preservation and increase

Specific gray matter improvements linked to specific improvements from CET!

Eack et al. Archives of General Psychiatry 2010
The Promise of Prevention: Treatment with Omega-3 Fatty Acids

% Who Do Not Have Psychosis

Conversion to psychosis with omega-3

Conversion to psychosis with placebo

Time From Entry, mo

The Challenge

- Reducing DUP
- Providing the Right Treatment at the Right Time
Retrospective Reports of Duration of Untreated Psychosis

[Courtesy of Diana O. Perkins, MD, MPH. University of North Carolina at Chapel Hill.]
The Challenge: **First Contact** on the Pathway to Care for Individuals with FEP

The Challenge: **Sources of Referral on the Pathway to Care for Individuals with FEP**

Overall Findings

- Healthcare system doesn’t predict speed of first treatment nor route to treatment
- Nor does gender, ethnicity, SES
- Need to improve link from physician first contact and referral to MH treatment
- Dramatic absence of non-physician contact
- Far too great a role for emergency services
The Vision

Communication: Winning Hearts

Outreach and Referral

Treatment and Financing
Video Clip: Fulfilling My Dream
Communication: Winning hearts

- Eliminate stigmatizing language: FEP
- Review national and worldwide experience
- Convene stakeholders, not restricted to OMH
- Develop communication plan
# Communication and Outreach to Reduce DUP: General Practitioner Target

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Primary Media</th>
<th>Description</th>
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<tbody>
<tr>
<td>LEOCAT, London, 27 mo</td>
<td>Direct Contact</td>
<td>10 min video and 15 min presentation. Informal follow-up offered.</td>
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<tr>
<td>REDIRECT, Birmingham, 30 mo</td>
<td>Direct Contact</td>
<td>17 min video and 15 min Q&amp;A session. Refresher in 6 mo with video.</td>
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<tr>
<td>DETECT, Dublin, 20 mo</td>
<td>Information, Direct Contact</td>
<td>Information pack about early intervention service and signs and symptoms. 45 min workshop involving presenting information, Q&amp;A and case vignettes delivered to groups.</td>
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**Br J Psychiatry.** 2011 Apr;198(4):256-63.

**Initiatives to shorten duration of untreated psychosis: systematic review.** Lloyd-Evans B, Crosby M, Stockton S, Pilling S, Hobbs L, Hinton M, Johnson S.
# Communication and Outreach to Reduce DUP: Multifocused Approach

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Primary Media</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>TIPS, Norway, 4 years</td>
<td>Written or AV Info, Direct contact</td>
<td>Early intervention teams; Brochures</td>
</tr>
<tr>
<td>EPPIC, Australia, 1 year</td>
<td>Written or AV info, Direct contact</td>
<td>Mobile Team; Education of GP’s; School program; Help seeking focus</td>
</tr>
<tr>
<td>PEPP, Canada, 2 years</td>
<td>Written or AV info, Direct contact</td>
<td>Public education, Schools, GP’s</td>
</tr>
<tr>
<td>EPIP, Singapore, 2 years</td>
<td>Written or AV Info, Direct contact, Service Config</td>
<td>Advertising; Mass postcard distribution; Media shows, Public forums; Hotline, GP and school education.</td>
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</tbody>
</table>
Figure 4. A newspaper ad from the spring of 2008. The text states, “Why are you so sad? When people change their behavior and we don’t understand why, we get worried.”

Figure 5. The text on this city bus says, “Quick response for adolescents with severe mental disorders,” and a telephone number is given.
Effects on referral patterns of reducing intensive informational campaigns about first-episode psychosis (TIPS)

Before Information Campaign

![Chart showing referral patterns before the information campaign](chart_image)
Effects on referral patterns of reducing intensive informational campaigns about first-episode psychosis (TIPS)

During Information Campaign
Effects on referral patterns of reducing intensive informational campaigns about first-episode psychosis (TIPS)

Information Campaign Ends

Early Intervention in Psychiatry
International Solutions: Australia

Principles

• Immediate Help
• Social Network Perspective
• Flexibility and Mobility
• Responsibility
• Psychological Continuity
• Tolerance of Uncertainty
• Dialogism
Common Treatment Components of RAISE FEP Programs

- Supported Employment/Education
- Psychopharmacology
- Psychoeducation (Resilience/Skills/Relapse Prevention)
- Family Support
Similarities Across Programs

- Multi-modal, evidenced-based treatment
- Integrated treatment teams
  - Pharmacology, Family Services, Supported Employment, Psychoeducation
- Personalized care
- Emphasis on engagement and recovery
- Client/family members involved in decisions regarding treatment choices
Connection Team Interventions

Shared Decision Making

Outreach/Engagement

Evidence-based Pharmacological Treatment

Supported Employment/Education

Recovery Skills (SUD, Social Skills, FPE)

Family Support/Education

Suicide Prevention

Peer Support

Recovery
Video Clip: Making Yourself Heard
Conclusions

- Providing effective early treatment is an imperative, not just an option
- Need to consider communication, outreach, and pathways to referral
- Treatment is probably the least challenging problem
- Widespread implementation in complex environments like New York State requires multi-stakeholder input and dialogue