

Tools for States Applying for SAMHSA Funding for Prevention and Wellness

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HOUSEKEEPING

The Early Detection and Intervention for the Prevention of Psychosis Model

A Public Health Initiative

EDIPPP Desired Outcomes

- Early identification and treatment of adolescents and young adults at risk for a psychotic episode in order to prevent the development of severe mental illness, specifically schizophrenia, bipolar disorder or severe depression
- Reducing the incidence of major psychotic disorders in a defined population by early detection and treatment

Model Components

- outreach
 - assessment
 - family involvement
- psychosocial interventions
 - medication as needed

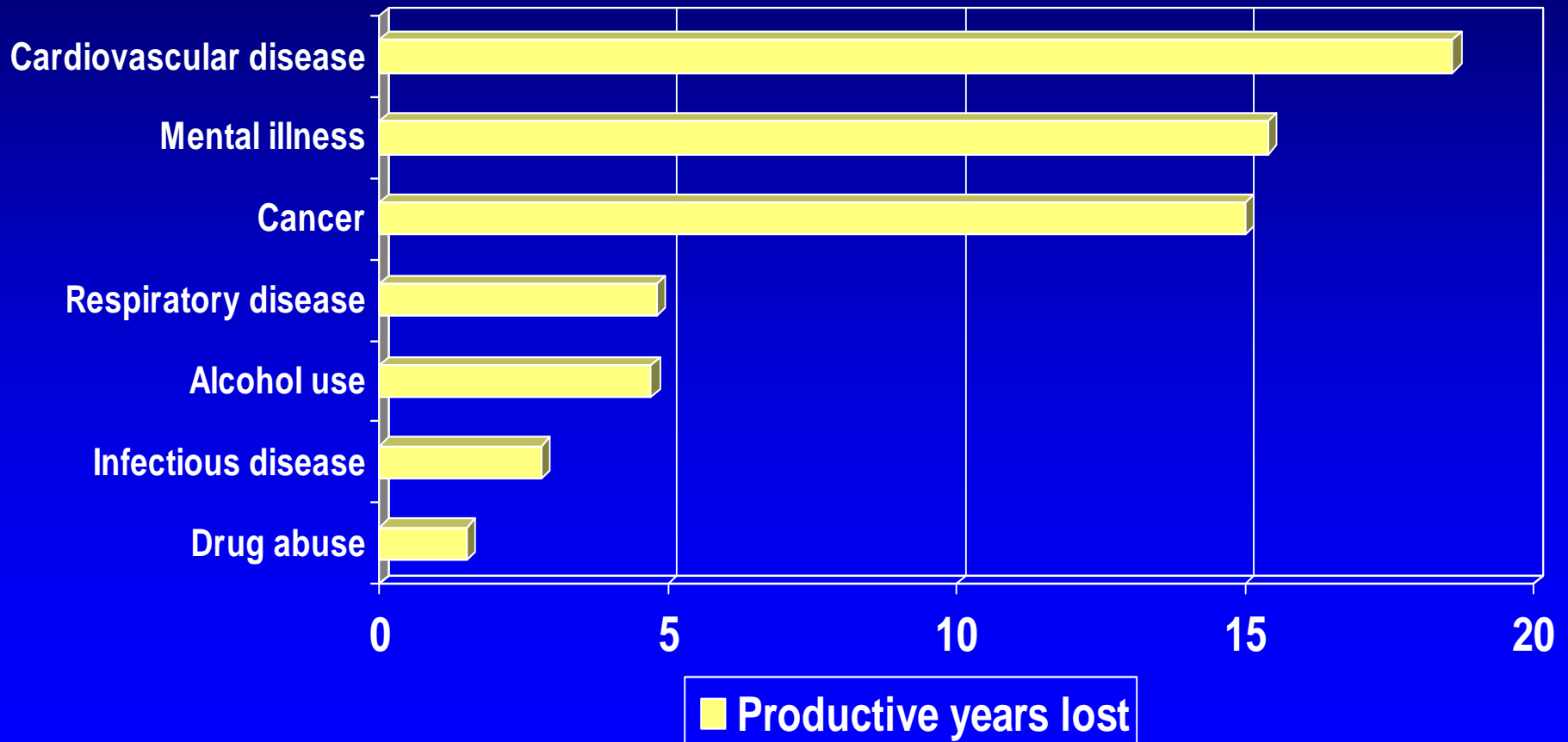
Early detection and prevention in another illness

“If you catch cancer at Stage 1 or 2, almost everybody lives. If you catch it at Stage 3 or 4, almost everybody dies.

We know from cervical cancer that by screening you can reduce cancer up to 70 percent. We're just not spending enough of our resources working to find markers for early detection.”

*-Lee Hartwell, MD
Nobel Laureate, Medicine
President and Director,
Hutchinson Center
New York Times Magazine
December 4, 2005, p. 56*

Shortened productive lives



Source: Mental Health Report of the Surgeon General

In 1991, schizophrenia
cost the US
\$46 billion
in
lost productivity.

75%

Proportion of people who have **one psychotic episode** leading to schizophrenia, and then **develop disability.**

Why Early Detection and Intervention?

- The *duration of untreated psychosis* (DUP) in the US and Europe is from 1-2 years.
- Preservation of hope.

Effects of untreated initial psychosis

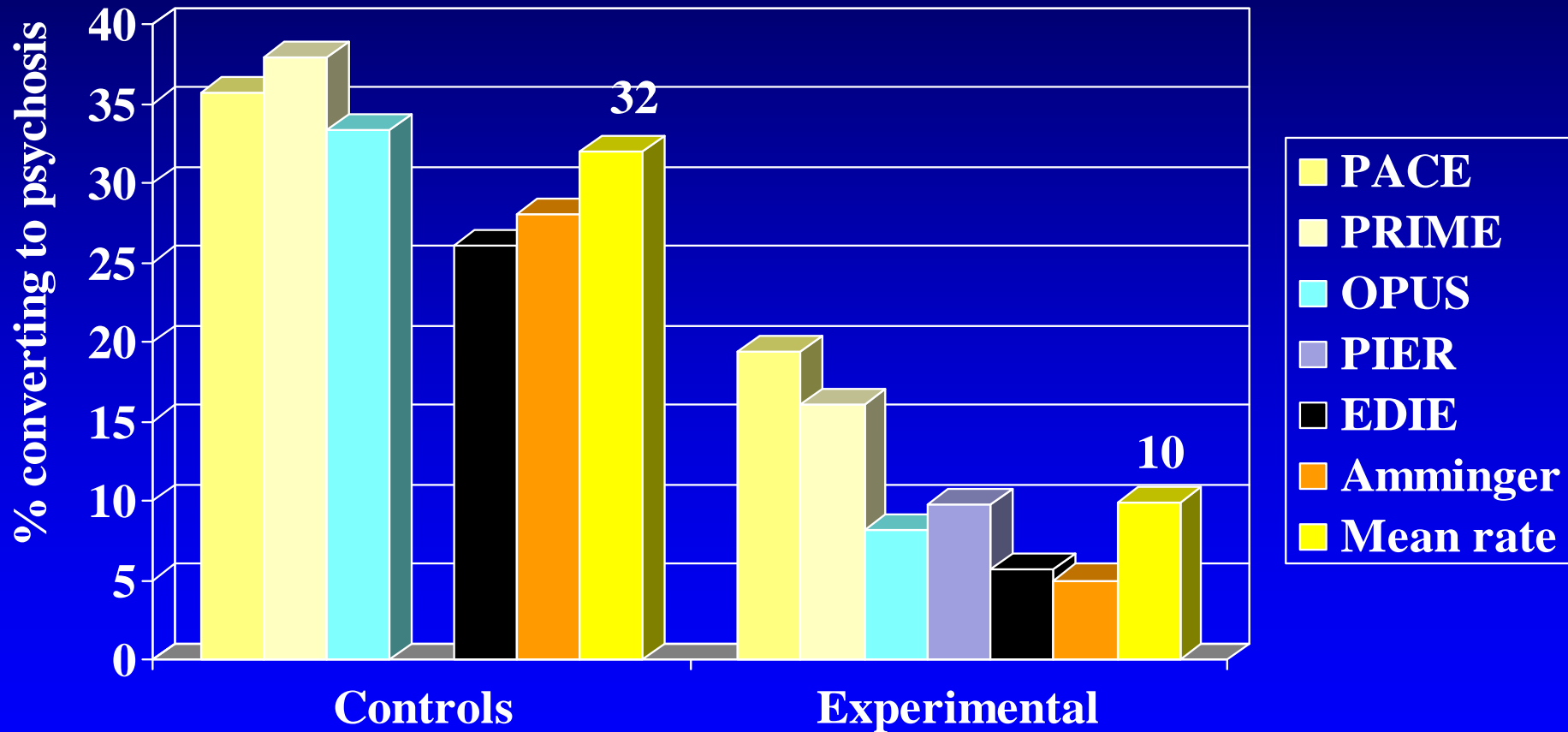
1. Being psychotic is a **personal disaster** and the longer it lasts, the more it can become **traumatic** and **stigmatizing**.

2. Being psychotic **reduces cognitive and social functioning**. The longer patients are manifestly psychotic, the greater the risk that they may lose contact with family and friends, fail school, or drop out of work. *And they may not regain skills.*

3. The longer the psychosis lasts, the more difficult it may be for the therapist to establish a good therapeutic relationship with the patient.

4. Neurobiological deficit processes linked to symptom formation may possibly **continue unlimited** as long as the patient is untreated.

Psychosis Prevention Studies: One Year Rates for Conversion to Psychosis



Portland Identification and Early Referral (PIER) Program

Reducing the incidence of major psychotic disorders in a defined population, by early detection and treatment:

Indicated prevention

GREATER PORTLAND AREA
POPULATION 260,000

MAINE



Model Components

- Outreach

Outreach & Community Education Overview

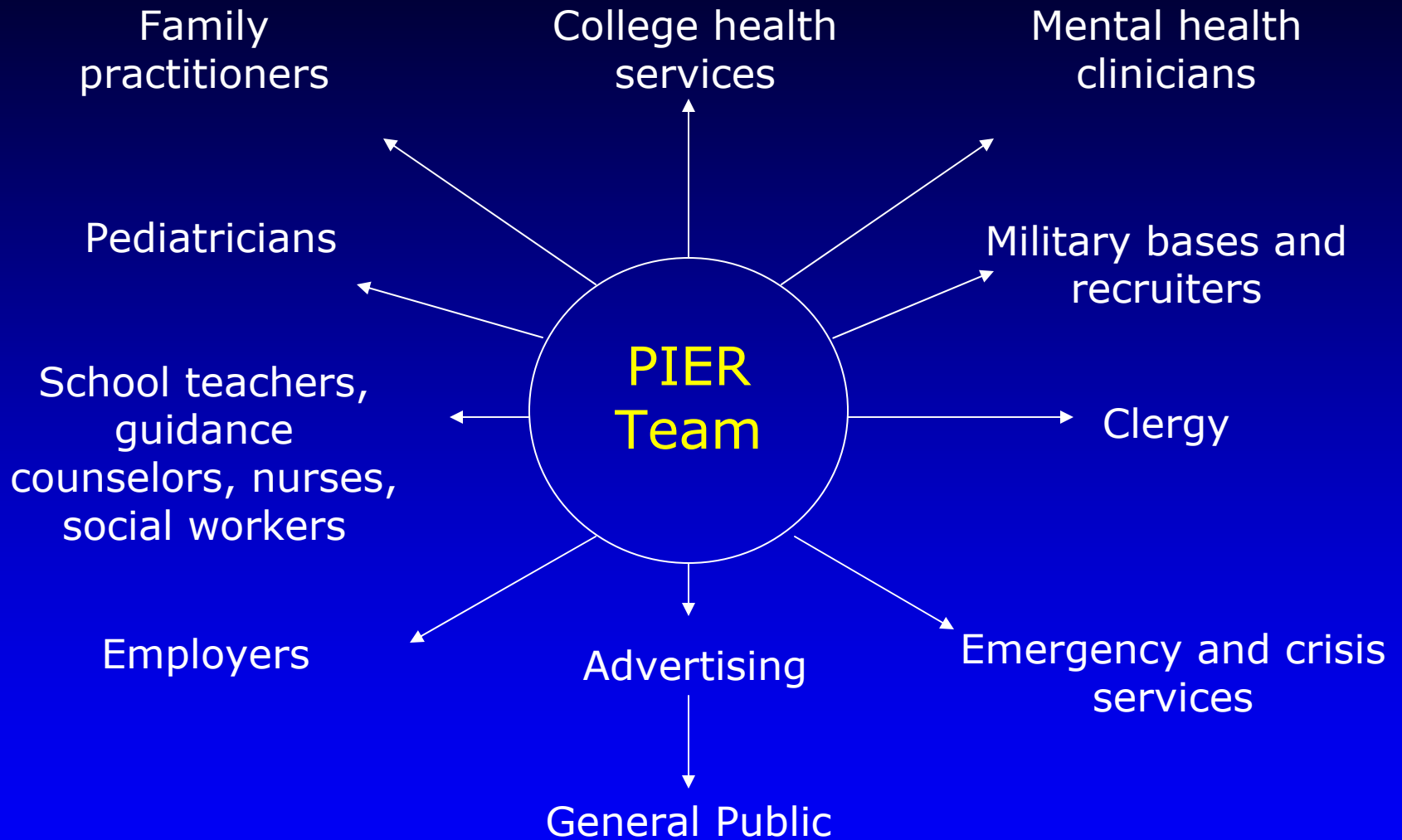
- Outreach plays a critical role
- Objectives:
 - To increase knowledge of early warning signs
 - To increase appropriate referrals

Outreach Presentation Key Messages

- Reducing stigma
- Information about modern concepts of psychotic disorders
- Increasing understanding of early stages and symptoms of mental illness

Outreach Presentation Key Messages

- Early warning signs of psychosis
- How to make a referral
- How to get consultation and specialized assessments and treatment quickly
- Ongoing inter-professional collaboration



Model Components

- Assessment

Assessment

- Clients are assessed at baseline, 12 months and exit of the program
- Structured Interview for Prodromal Symptoms (SIPS)
- Social and role functioning

Early Signs of Psychosis

Signs of Prodromal Psychosis

Schedule of Prodromal Syndrome (SOPS), McGlashan, *et al*

A clustering of the following:

- Heightened perceptual sensitivity
- Magical thinking
- Unusual perceptual experiences

A clustering of the following: *continued*

- Unusual fears
- Disorganized or digressive speech
- Uncharacteristic, peculiar behavior
- Reduced emotional or social responsiveness

Signs of Prodromal Psychosis *(continued)*

- Significant deterioration in functioning
- Social withdrawal

Model Components

- Family Psychoeducation
- Psychosocial Interventions
 - Medication

Family-aided Assertive Community Treatment (FACT)

Clinical and Functional Intervention

Components of FACT

FAMILY

- Rapid, crisis-oriented initiation of treatment, with
- Family engagement
- Psychoeducational multifamily groups

Components of FACT

PSYCHOSOCIAL INTERVENTIONS

- Case management using key Assertive Community Treatment (ACT) methods
- Supported employment and education
- Collaboration with schools, colleges and employers
- Cognitive assessments used in school or job

Components of FACT MEDICATION

- Low-dose atypical antipsychotic medication
- Mood stabilizers and antidepressants, as indicated by symptoms
- Omega-3 fatty acids and Vitamin D?

Staffing

To serve a population of 300,000 – 400,000:

- Master's level social worker (1.0 FTE)
- Nurse (1.0 FTE) or additional MSW(1.0 FTE)
- Psychiatrist or NP (0.4-0.5 FTE)
- Occupational therapist (0.5 FTE)
- Education/employment specialist (0.5 FTE)

Distribution of Referral Sources

Non-mental health sources	52.3%
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Tertiary sources	21.5%
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Mental health sources	26.2%
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Demographics of the Treated Sample

Males (age range 12 - 27) 54%

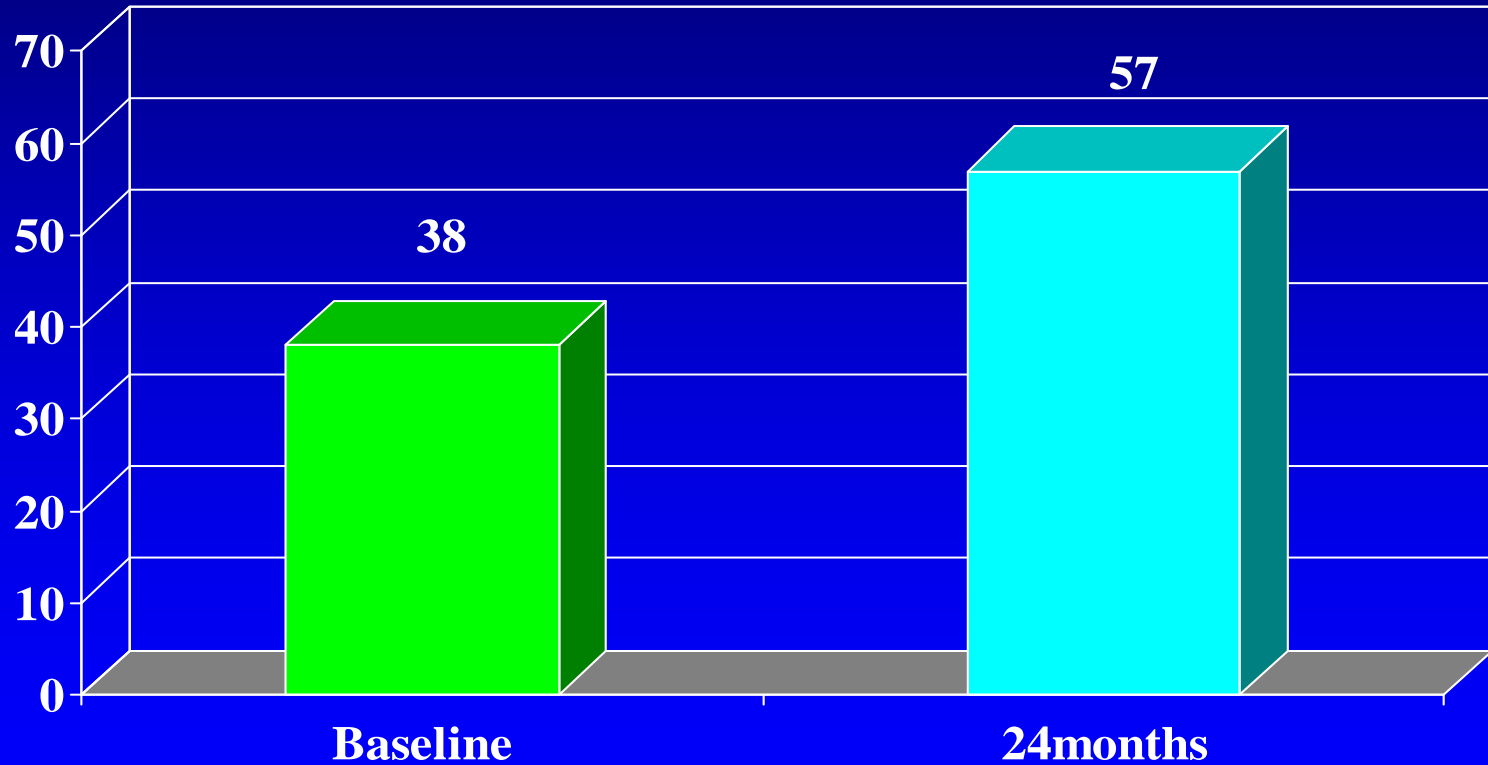
Females (age range 12 - 24) 46%

DSM-IV Substance abuse disorder 15%

Treated Cases Converting to Psychosis *Within 12 Months (n = 93)*

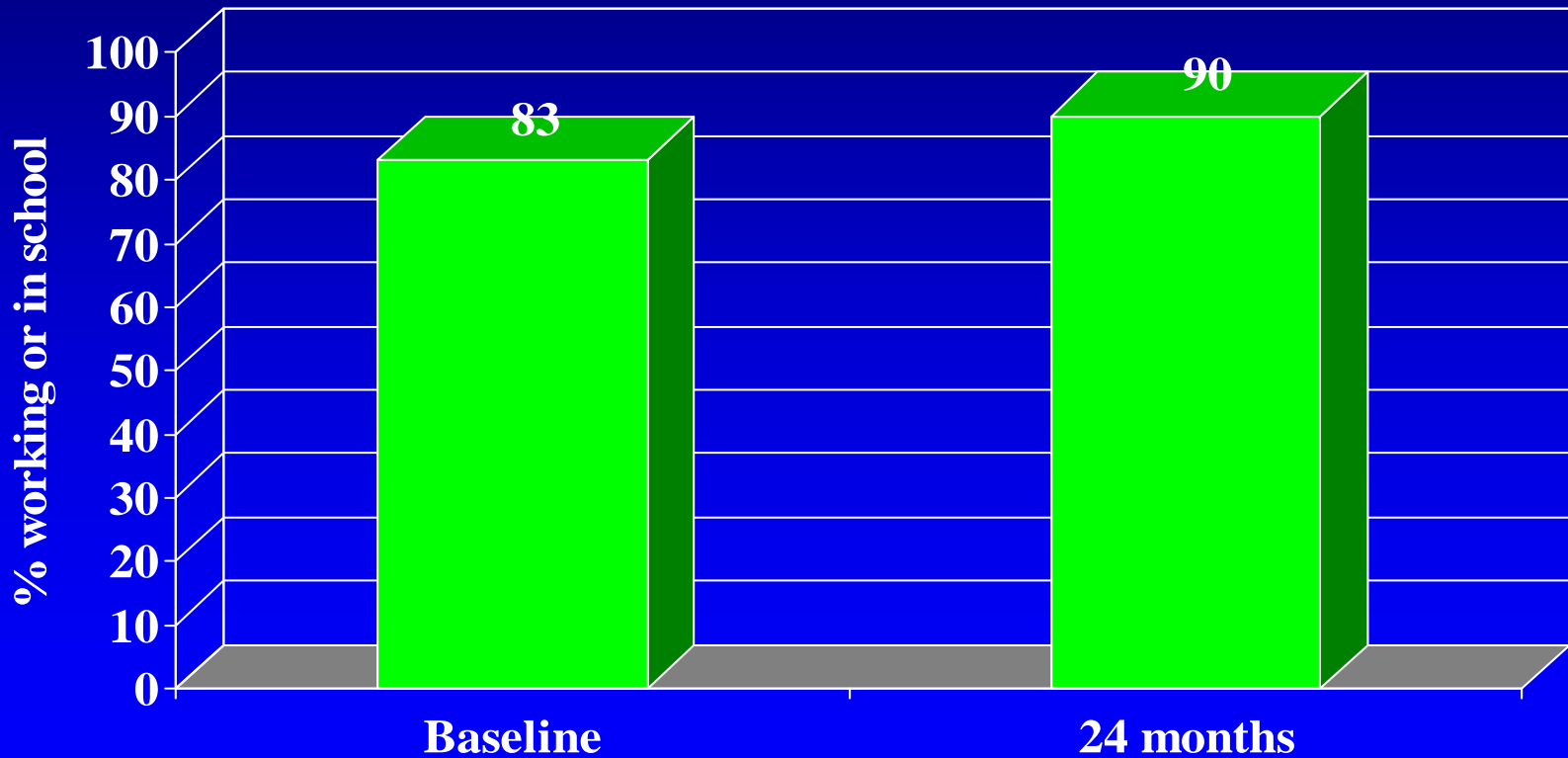
■ Cases not converted	72	77.4%
■ Cases converted, 1-6 days	5	5.4%
■ Cases converted, 7-30 days	7	7.5%
■ Total full conversions	9	9.7%

Overall Functioning (GAF): Baseline and 24 months



Role Functioning in FACT

% working or in school, baseline vs. 24 months



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Questions?

**Thank you for your
participation!**

Contact information:

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Today's PowerPoint presentation will be available at

www.ChangeMyMind.org