Changing the Course of Psychosis through Early Intervention

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NASMHPD

Early Psychosis Intervention: Changing the Trajectory of a New Generation

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Objectives

- Understand early psychosis core goals and elements
- Describe role of state behavioral health directors in implementation
- Orient to current progress and resources
- Identify a path to universal access

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Schizophrenia

- Most acute period is in beginning
- High rates involuntary hospitalization, legal involvement
- Early mortality
- Persistent unemployment and reliance on public funding
- Impact on development from a young age
  - Identity
  - Independence
  - Contribution to society

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Psychosis

- Approx. 100,000 new individuals each year (McGrath et al., 2008; Heinssen et al., 2014)

- Economic cost of schizophrenia more than $156 billion per year in U.S. (Cloutier et al., 2016)

- Once diagnosed with first psychosis more than **8 times more likely to die within 12 months than the general population**, 2.7 times more likely then those diagnosed with depression (commercially insured ages 16-30; Simons et al 2018)

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Schizophrenia

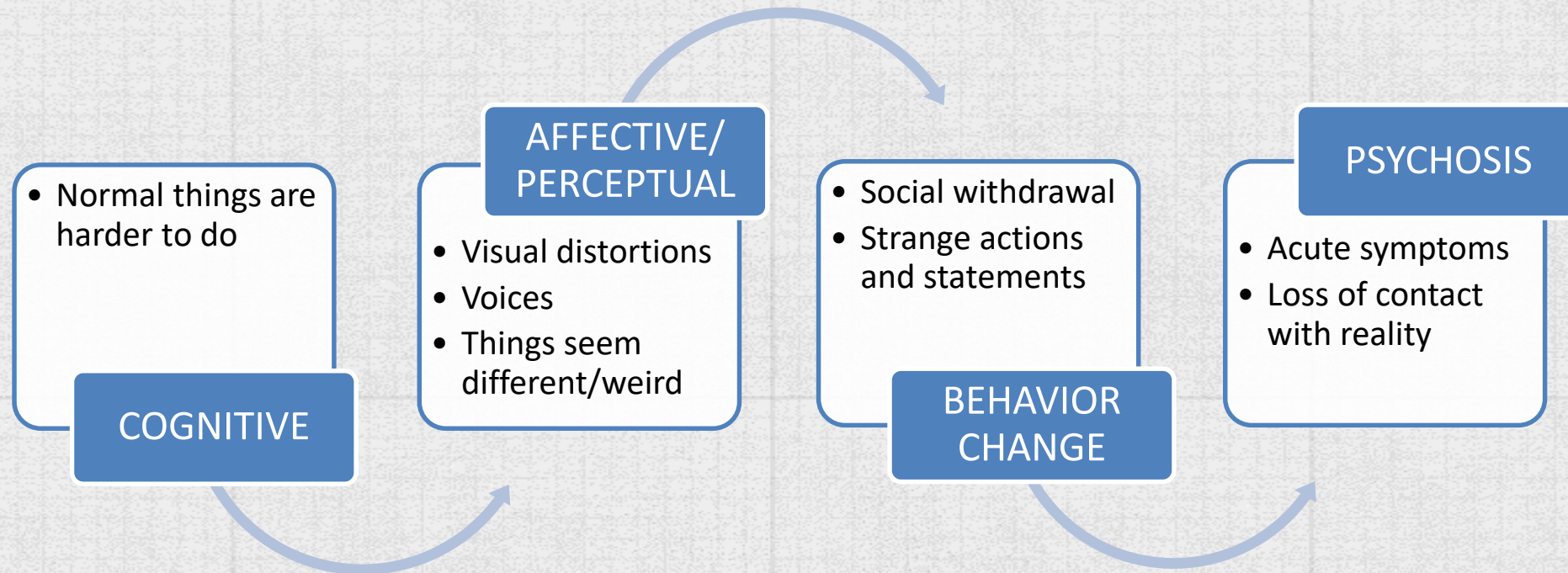- High rates unemployment
- Early mortality

I'd like to say actually that an episode of schizophrenia is like a waking nightmare where you have all the bizarre images, frightening things happening. That's what it feels like, the terror, the confusion, impossible bizarre happenings that don't happen in real life but seem to be happening — happening right now. Only with a nightmare you sit up in bed and open up your eyes and it goes away. And you can't just open your eyes and make a psychotic episode go away.

(From Elyn Sachs, interview with Guy Raz, TED Radio Hour, retrieved 5/28/18 from https://www.npr.org/templates/transcript/transcript.php?storyId=171270996)

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Schizophrenia Prodrome

COGNITIVE
- Normal things are harder to do

AFFECTIVE/ PERCEPTUAL
- Visual distortions
- Voices
- Things seem different/weird

BEHAVIOR CHANGE
- Social withdrawal
- Strange actions and statements

PSYCHOSIS
- Acute symptoms
- Loss of contact with reality

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Early Psychosis Intervention Goals

- Rapid identification and engagement to reduce duration of untreated psychosis (DUP)
- Proactive, strengths-based engagement
- Provide care based on evidence
- Empower and partner with the individual and family
- Developmental progress: independence, school, career
- Long-term continuity

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Coordinated Specialty Care

Counseling/ illness education

Family & individual partnership and education

Medical and wellness; Low-dose prescribing

Team focused on person-centered strengths, goals & outcomes (teens & adults)

Community education, outreach & engagement

Supported employment & education

Occupational therapy

Peer support

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Core Elements of Early Psychosis Teams

- Serve above and below 18 on one team
- Integrated transdisciplinary care model including substance abuse
- Intensive level of care similar to ACT
- One team that meets weekly to review each individual
- Specialized training and practices

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Early Psychosis Coordinated Specialty Care

- Based on international research into schizophrenia prodrome and impact of early intervention
- Intensive, evidence-based care provided continuously in the early period
- Address medical and developmental concerns

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CSC in the U.S.

- Large number of university-based programs at the beginning of 2000s, focused mainly on brain science
- Hillside Hospital, New York; OASIS, North Carolina
- EASA 2001- first episode implementation in public mental health system
- PIER 2001- community-based services for Clinical High Risk
- California Milllionaires' Tax- early dissemination in California
- RAISE Early Treatment Program (Navigate) 2010-2014 (also leads to BeST Center in Ohio)
- RAISE Connections (OnTrack New York)
- 2014 Beginning of new Congressional appropriation via Mental Health Block Grant; increased with time

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RAISE ETP

- Median duration of untreated psychosis (DUP) 74 weeks
- Outcomes significant but primarily determined by DUP

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Meta-analysis or Randomized Studies on Early Psychosis Intervention

- Consistently better outcomes throughout duration of treatment:
  - Treatment discontinuity
  - Hospitalizations
  - School & work involvement
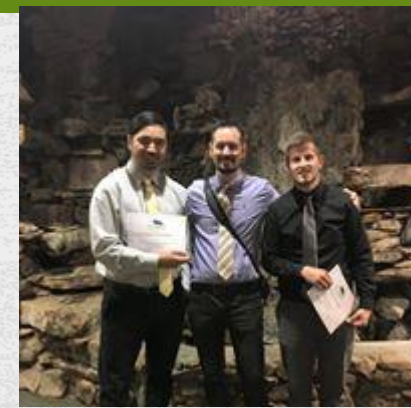 - Positive and negative symptom severity

Correll et al., 2018

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Oregon's Experience

- Resulted from health care reform- focus on evidence-based and preventive care
- Linked to health care reform goals, State Hospital Master Plan (re-building state hospitals)
- Gradual expansion; currently statewide with ongoing training/TA/problem solving
- Expansion from first episode to include "Clinical High Risk"
- Legislative additional investment in "youth hub" model
- Last year (Q2 2017 and Q1 2018): 674 individuals served; 804 referrals and 302 new intakes
- Approx. 70% choosing school/work path over disability at discharge
- 40% hospitalized in 3 months before intake; dramatic and steady decline throughout program

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RE-AIM Framework

Area	Core Question
Reach	How to reach the target population with the intervention?
Efficacy	Which interventions are most effective
Adoption	How to develop organizational support to deliver the intervention?
Implementation	How to ensure the intervention is delivered properly?
Maintenance	How is the intervention incorporated so that it is delivered over the long-term?

http://www.re-aim.org/

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Area	Important Elements
Reach	Clear diagnostic targets Use of incidence projections in planning and evaluation Effective social marketing methods Adequate social marketing capacity and effort Rural access; telemedicine
Efficacy	Inclusion of Coordinated Specialty Care components and core practices Ongoing evaluation of evidence base System informed by outcomes and feedback
Adoption	Placement in organizations and departments with well-aligned mission and leadership Alignment to existing priorities (Triple Aim, legal mandates around least restrictive environment, parity/coverage requirement, political priorities) Engagement of current and potential champions in decision-making Integration of constituent voice/lived experience

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Area	Important Elements
Implementation	Address workforce shortages Establish competence through ongoing workforce development, clinical staff training, and consultation Establish oversight and training infrastructure to address turnover and ensure consistency/service improvement Integration of iterative fidelity review processes and feedback Identification of minimum standards (i.e. intensity, access, etc.)
Maintenance	Work toward parity/coverage across funders Align efforts across systems (child/adult, acute care, school/workforce, independent living supports) Develop diversified funding Establish ongoing Learning Health System

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State Leadership Role

- Understanding and articulating goals and opportunities
- Championing and aligning efforts
- Problem solving and addressing resource, networking and regulatory issues
- Creating infrastructure: funding streams and contractual expectations, technical assistance and training, quality improvement

Critical mass of progress

- Investment has led to programs in all 50 states
  – More than 250 programs now
- Consistent prioritization at national level

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Remaining challenges we're working on

- High levels of uninsured in age group; incentives to pursue disability/public funding
  - Oregon: Currently only 6% uninsured at intake compared to over 30% before ACA
  - Private insurance (Oregon at intake- 35% private, 58% OHP) has very limited coverage of care and high deductibles- Major financial barrier
- Non-billable aspects require different funding models: community education, outreach, intensive screening, team focus, supported employment and education
- Turnover, continuity and workforce shortages
- Need for ongoing TA, training and Quality Improvement infrastructure
- Rural and frontier adaptations

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Need for multi-systemic approach

- Broad-based community education
- Acute care options
- Continuity over time and long-term transitions
- Developmentally specific needs: requires different conceptualization, bridging
  – Transitions in health care, living situation & level of independence, economic dependence
  – Career and higher ed
  – Self-advocacy
  – Ongoing family support and changing roles

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Opportunities

- NASMHPD resources and forum for coordinated action
- PEPPNET- Prodrome and Early Psychosis Network https://med.stanford.edu/peppnet.html
- First national early psychosis meeting at International Early Psychosis Association in Boston (October 7, 2018)
- System of Care and Clinical High Risk grants
- National networking (National Training and Technical Assistance Network for Children's Mental Health)
- EPINET and Learning Health Care initiatives

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Opportunity: Learning Health Care Framework

A Learning Health Network occurs when "science, informatics, incentives, and culture are aligned for continuous improvement and innovation...and new knowledge is captured as an integral by-product of the care experience"

Roundtable on Value and Science-Driven Health Care, Institute of Medicine. National Academies Press (US); 2013

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For further discussion/ information

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