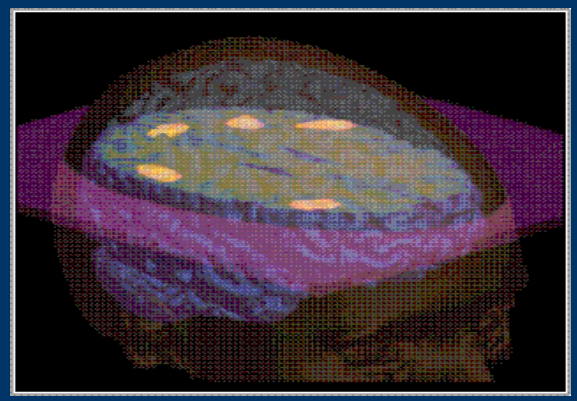
Early Intervention for Transitional Age Populations



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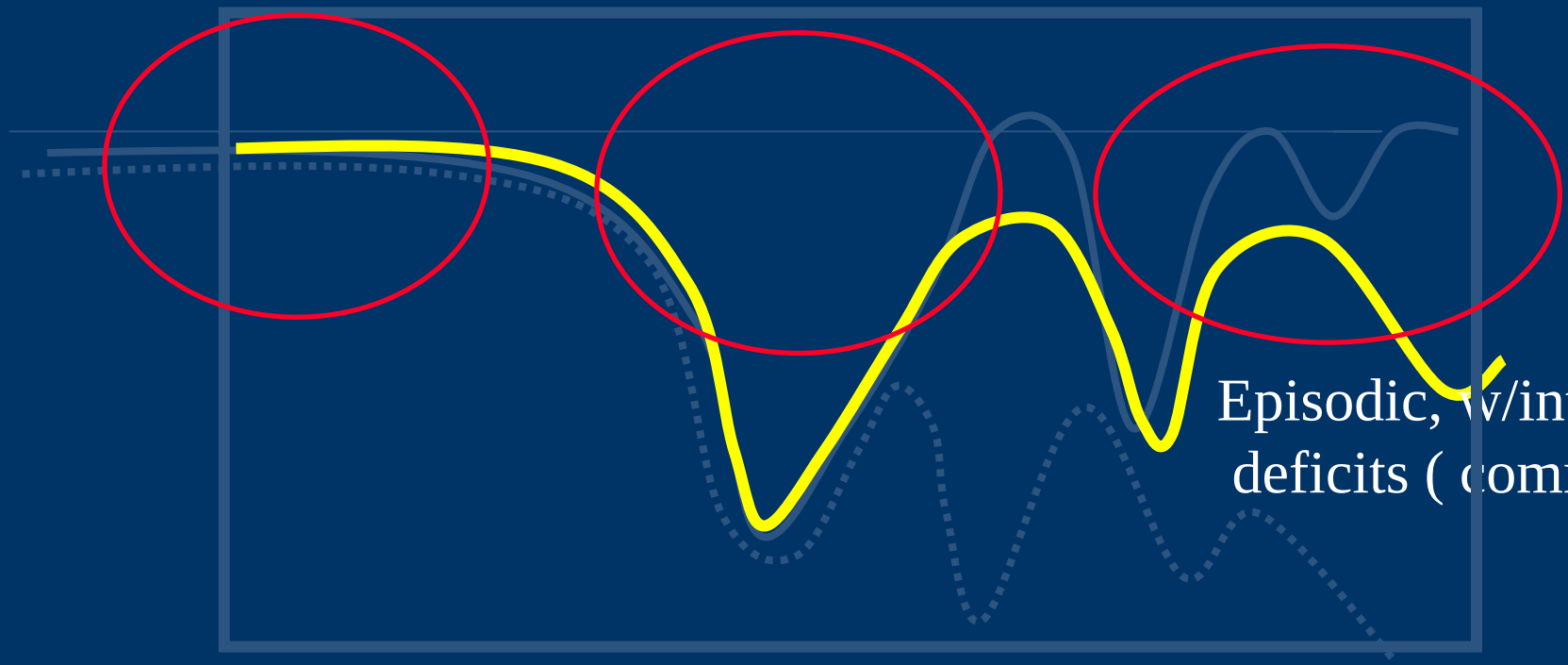
Serious mental disorders in youth

- Schizophrenia, bipolar disorder and serious depressive disorders affect up to 3% of the population
- Typical onset 12-25 years (TAY)
- Hospitalization, suicide attempt, school failure, substance abuse, disability and unemployment, criminalization and incarceration frequent complications
- We can significantly improve outcome and prevent these complications with an early intervention approach

The course of schizophrenia



Broad therapeutic window for Prevention/Early intervention

What is Prevention?

- From the PEI Guidelines:
  - “Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances.”
  - “Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills and increasing support.”

What is Prevention? (continued)

- "The Prevention element of the MHSA PEI component includes programs and services defined by the Institute of Medicine (IOM) as Universal and Selective, both occurring prior to a diagnosis for a mental illness."
  - Universal: target the general public or a whole population group that has not been identified on the basis of individual risk.
  - Selective: target individuals or a subgroup whose risk of developing mental illness is significantly higher than average.

What is Early Intervention?

- "For individuals participating in PEI programs, the Early Intervention element:
  - Addresses a condition early in its manifestation
  - Is of relatively low intensity
  - Is of relatively short duration (usually less than one year)
  - Has the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services
  - May include individual screening for confirmation of potential mental health needs"

Exception to Limit on Funding for Early Intervention

- There is an exception to this limit on the use of PEI funds for Early Intervention:
  - "The standards of low intensity and short duration do not apply to services for individuals experiencing ARMS [at risk mental state] or first onset of a serious psychiatric illness with psychotic features"
  - "At risk mental state (ARMS), usually a period of one to two years, describes the condition of individuals who are at risk for developing a psychotic illness and are experiencing signs or symptoms that are indicative of a high risk for psychotic illness."
  - "First Onset is defined as the first time an individual meets full DSM-IV [diagnostic] criteria for a psychotic illness."

Prevention and Early Intervention in Mental Health

- Prevention a fundamental approach in many areas of medicine e.g. cardiovascular health, cancer
- More recent idea in psychiatry, history of poor outcomes, stigma working against us
- Idea that's time has come

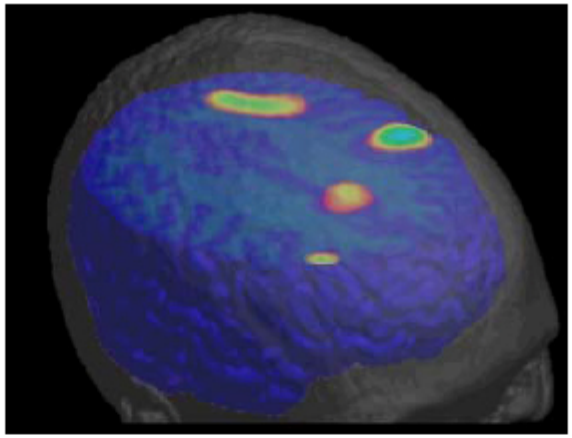
Risk Factors in Early Psychosis

- Impaired cognition: threatens academic performance, decision making
- Anxiety, suspiciousness: impairs social function, increased risk for substance abuse, hostility and aggression
- Loss of interest, motivation: negative impact on social functioning

Protective factors

- Relatively low symptom levels, ready response to treatment
- Intact Family support
- Relatively intact developmental trajectory (school, work, social)
- Preserved insight

Questions?



The EDAPT Clinic

Early Diagnosis And Preventative Treatment
of
Psychotic Illness

University of California, Davis Medical Center

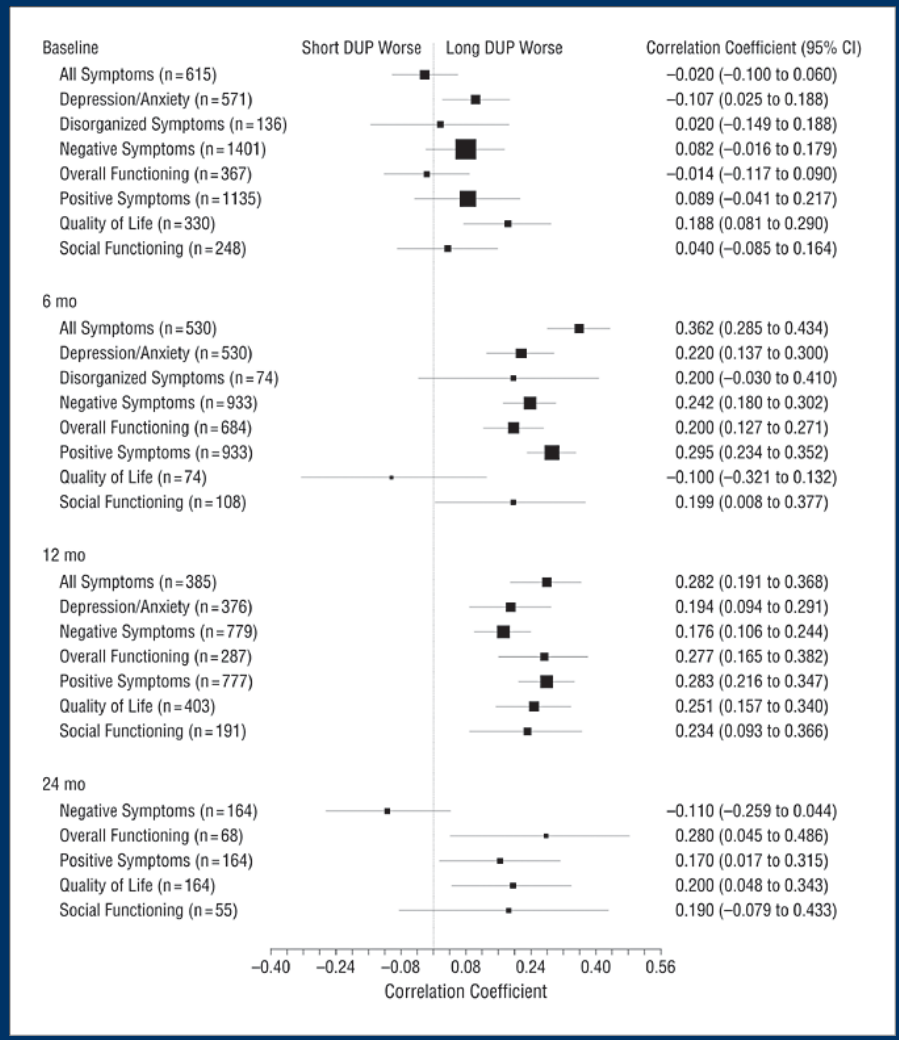
http://earlypsychosis.ucdavis.edu

EDAPT Clinic: Rationale

- Duration of untreated psychosis is associated with poor outcome
- Early in illness treatment response is robust
- Loss of function and treatment resistance follow repeated relapses
- Early intervention can improve functional outcome
- Tailored treatment pathways and therapies for early treatment and rehabilitation

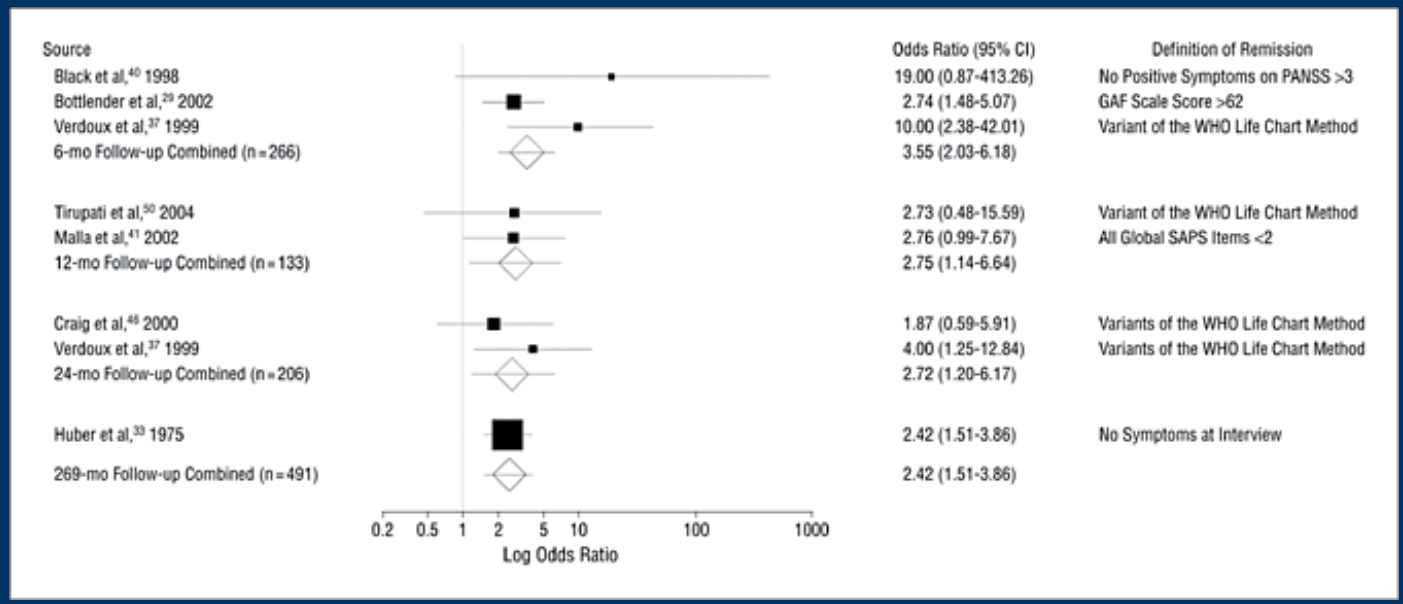
What's the evidence?

Summary correlations between duration of untreated psychosis (DUP) and outcomes by follow-up point



Marshall, M. et al. Arch Gen Psychiatry 2005;62:975-983.

Odds of no remission in the long vs short duration of untreated psychosis (DUP) groups



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EDAPT Clinic: 2 "Target" Populations

- Early psychosis "first episode" patients
- Ultra high risk

EDAPT Clinic First Episode Cohort

- 12-45 years of age
- Onset within the previous 12 months
- Goal is to engage patient (and family/support system) in sustained treatment
- Stabilize, and support recovery of function and developmental trajectory

Key elements of EDAPT treatment model

- Family focused
- Multidisciplinary treatment team
- Rapid response, extensive medical and psychiatric assessment
- Setting, may be better outside of CMH setting
- Medication management
- Individual and group therapy (psychoed, motivational, supportive)
- Advocacy (school, vocational, insurance and disability etc)
- Multifamily support group

Some key first episode treatment issues

- Diagnostic uncertainty, symptom based treatment, side effects
- Denial of illness, non compliance
- Depression, suicidality
- Family support
- “re-entry”, socialization, stress, advocacy
- Individualized pathways to recovery, value of peer groups

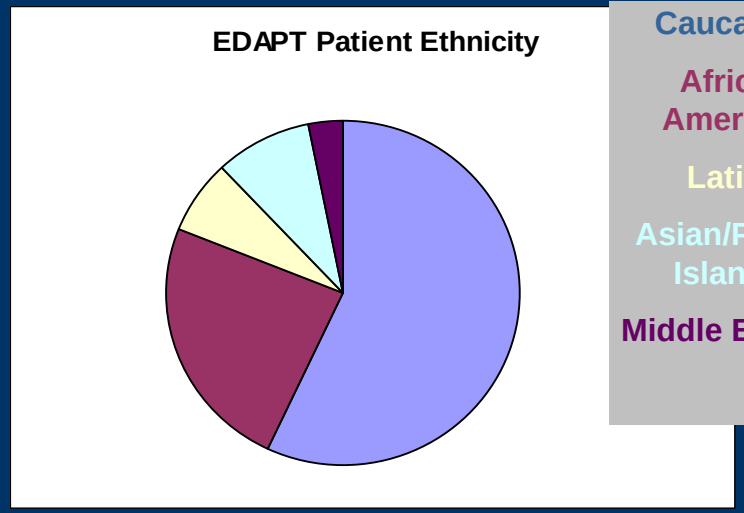
The EDAPT Clinic

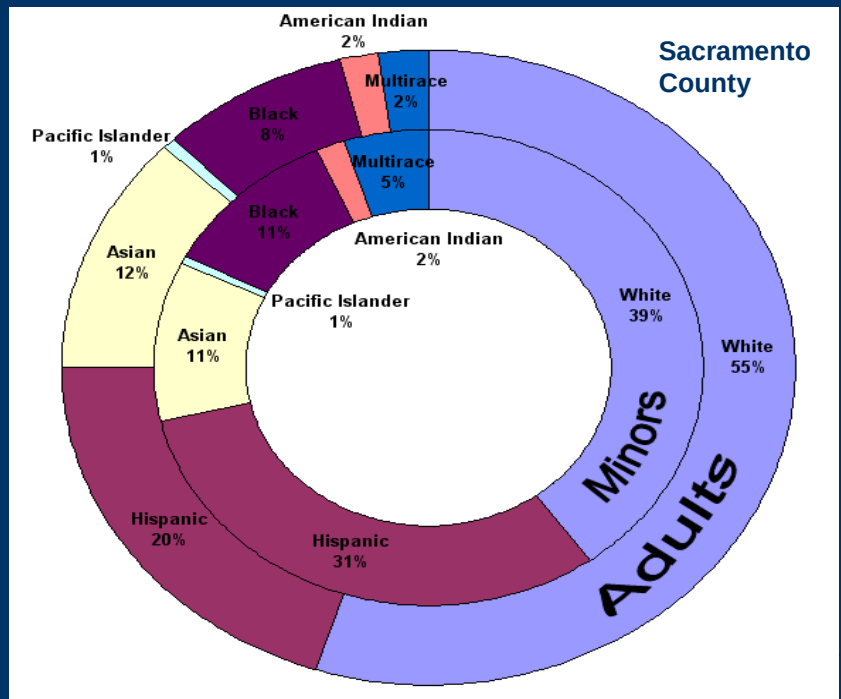
Clinic Demographics

Screened (07/05 - 08/07)	**493**
Accepted into Clinic	**104**
Total Number Enrolled	**70**
First Episode Patients	**49**
'Ultra High Risk' Patients	**21**
Age Range of Patients	**11-34**
Average Age	**19**
Under 18	**46%**
Working or in School	**91%**
Number hospitalized	**10**

Ethnic Makeup of Clinic

Caucasian	57%
African American	24
Latino	7
Asian/Pacific Islander	9
Middle Eastern	3





Questions

Very Early Intervention: Ultra High Risk Cohort

- Can we delay the onset of psychosis and prevent functional decline?
- “Ultra High Risk” strategy: genetic risk factors, subthreshold psychosis and functional decline predict 20-40% conversion rate

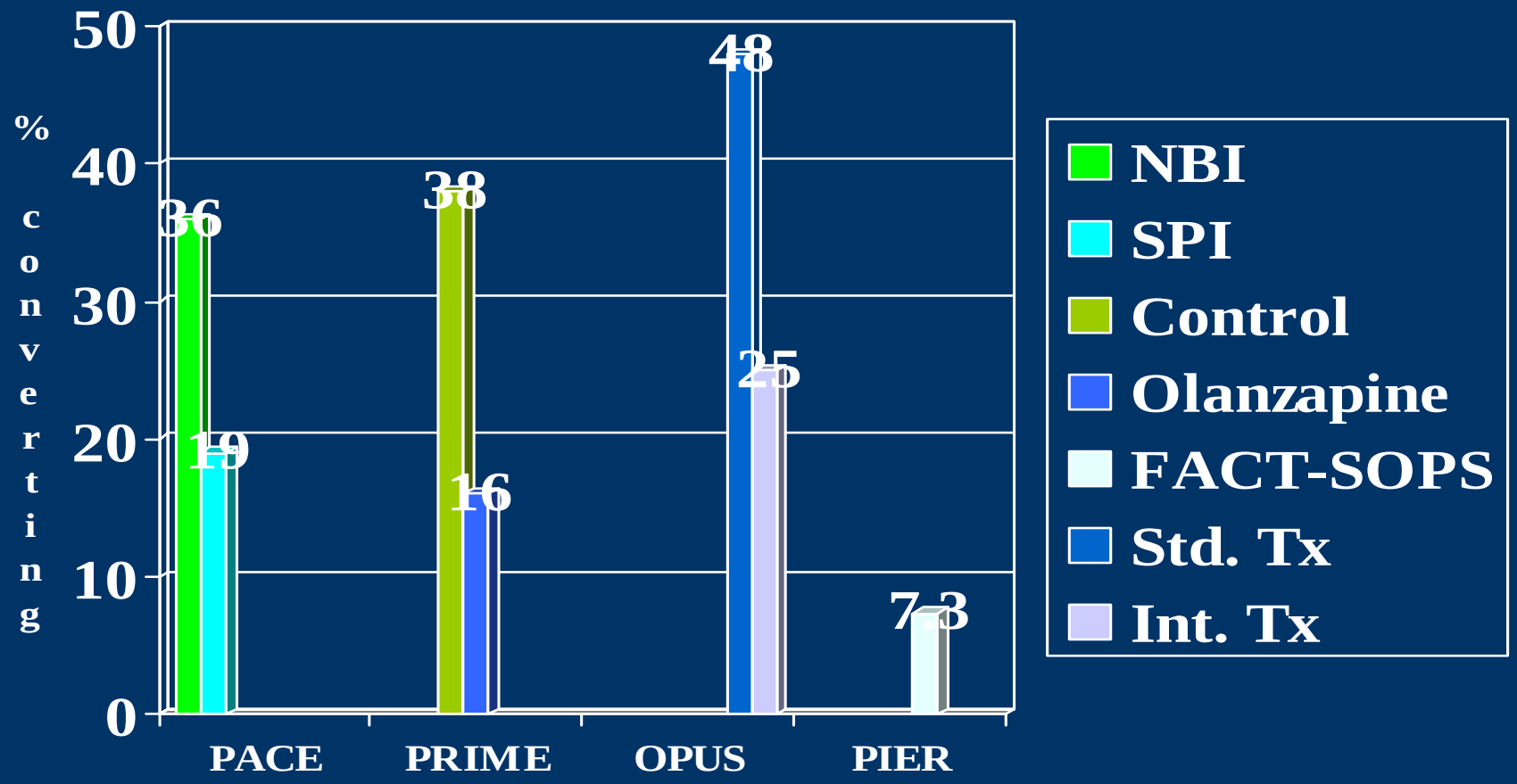
Three Prodromal Risk State Categories

- Attenuated Positive Symptom State
  - Onset or worsening in the past year of (a) paranoid, grandiose, or referential ideas but without full conviction, (b) perceptual disturbances but without certainty of an external source, or (c) vague, circumstantial or tangential communication that is coherent and structured under redirection
- Brief Intermittent Psychotic Symptom State
  - Onset in the last month of transient hallucinations, delusions, and/or thought disorder, lasting less than one hour per day
- Genetic Risk and Deterioration State
  - A decline of 30% or more on the Global Assessment of Functioning in the past 12 months, AND patient either (a) has a first-degree relative with schizophrenia or (b) meets criteria for schizotypal PD

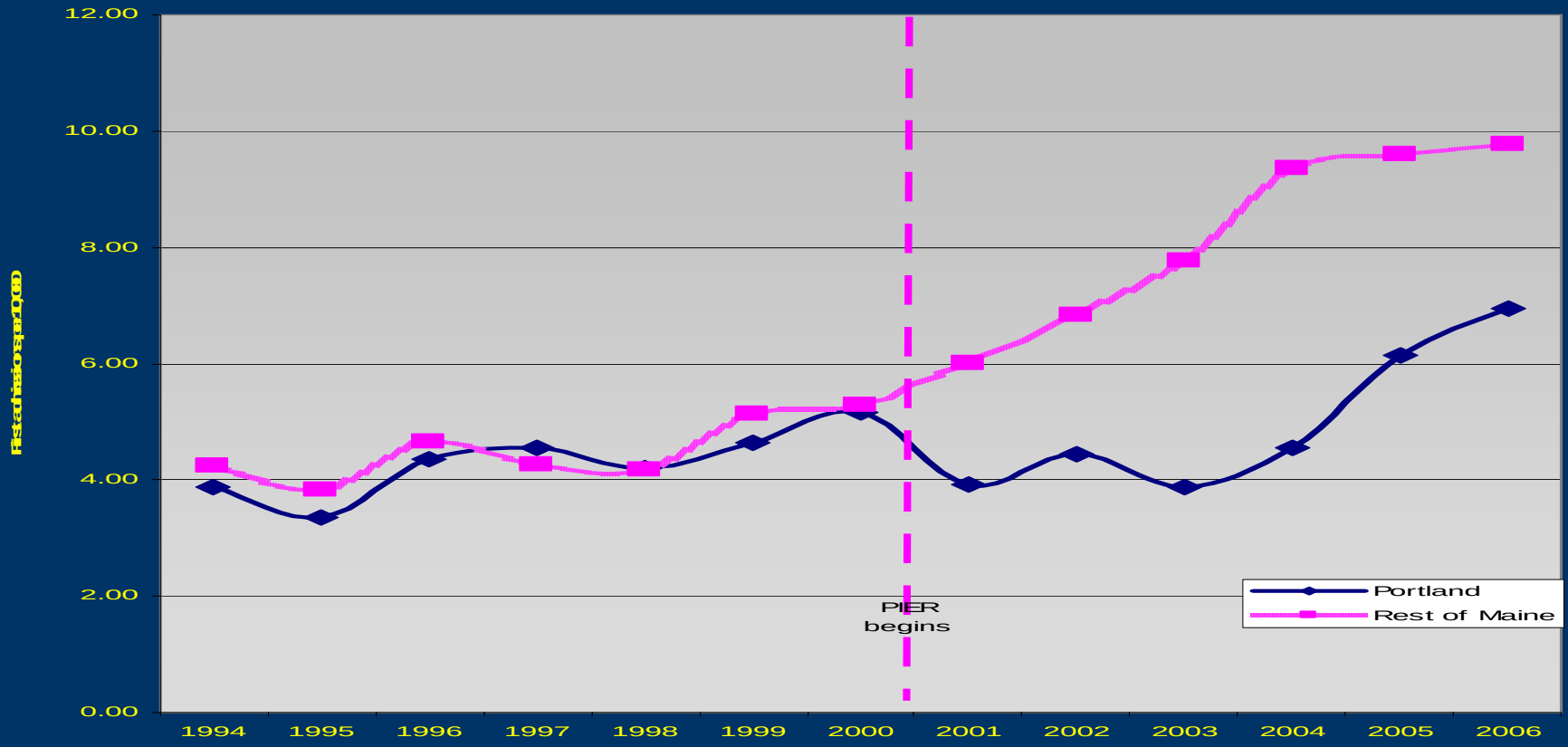
Very Early Intervention

What is the evidence?

PACE, PRIME, OPUS and PIER
12 month outcome



First hospitalizations for psychosis
Greater Portland vs. rest of Maine



PREVENT MENTAL ILLNESS WITH EARLY DETECTION

The PIER Program
"an ounce of prevention"

Improved Outcomes from Very Early Intervention

- Results suggestive from Australian, Danish and U.S. studies BUT
- Definitive results will be needed to change public policy in the U.S.

Earlier Intervention: EDIPP

- Funded by a $2 million grant from the Robert Wood Johnson Foundation
- 5 sites across the nation
- Sacramento City, favored due to diversity, UCDMC favored for its strong community partnerships
- Seeks to make history, change public policy
- Enriched early intervention approach

Earlier Intervention: EDIPP

- Careful diagnostic assessment, SIPS (Structured Interview for Prodromal States) interview, plus active diagnoses and co-morbidities
- TARGETED pharmacological therapies
- PIER model multifamily Psycho education and support groups
- supportive therapy, family support and therapy, supported education and employment and advocacy
- Epidemiological catchment area control plus needs based treatment assignment and regression discontinuity analysis to evaluate effectiveness of early intervention
- Research for enhanced risk prediction

Role of Communities in Early Detection & Intervention

- Communities set the context for development of early detection outreach and education programs
- Communities identify belief systems for stigma reduction
- Community involvement is crucial to recruitment and retention of diverse groups' participation in research
- The community is where the full impact of culturally competent intervention will be realized
- Successful community engagement builds skills and capacity within the community, which are fundamental factors for optimal health

Addressing diversity in EDIPP

- **Role of community partners in outreach, education, development of materials and MFG design**
- **UCDMC medical interpreting services, for outreach, SIPS and individual patient evaluations and care**
- **Development of culturally tailored Multifamily Group, partnering with therapists from African American, Latino and Hmong communities**
- **Success would provide strong evidence for the value of the early intervention approach in an increasingly diverse American population**

Key Elements

- Outreach and Stigma Reduction: culturally competent, to schools, primary medicine, and mental health community
- Family focused intervention
- Rapid response (FACT)
- Increased intensity
- Psycho education and support (individual and family) and case management
- Substance abuse and symptom management interventions
- Targeted medication management
- Supported education and employment
- Family based intervention (various models), other specialized treatments as needed (e.g. CBT)

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Questions