Early Intervention in Psychosis

Position Paper of the Schizophrenia Society of Ontario

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EXECUTIVE SUMMARY

Early intervention in psychosis is an innovative approach to mental health care that is currently attracting worldwide interest. It addresses both the preventive and the treatment aspects of mental health care and strives to help patients and their families as soon as possible after the first appearance of psychotic symptoms.

A growing amount of research in recent years offers strong support for the need for early intervention. The few years immediately following a first psychotic episode have been termed the "critical period" during which the risk of serious physical, social and legal harm is the highest for people experiencing psychosis. Early identification and treatment of psychosis have been shown to effectively reduce these risks and to increase the likelihood of patients' recovery. Evidence also suggests early intervention programs are cost-effective as they decrease expenditures associated with in-patient care for patients with more severe psychotic illnesses such as schizophrenia.

Falloon, Coverdale & Brooker (1996) suggested a combination of case management, sustained medication, family support and education, psychosocial therapy, and vocational and social skill training can significantly reduce the incidence of poor long-term outcomes in people with schizophrenia. Similarly, effective early psychosis intervention programs should entail a range of interventions which include thorough assessment, newest antipsychotic medications, psychological therapy, rehabilitative programs, family psycho-education, case management for both the individuals and families, and public education. As well, clinicians need to adjust their practices to make them more youth-oriented.

Current early intervention initiatives in Ontario do not receive adequate funding to serve all people in need and to provide comprehensive treatment. The Schizophrenia Society of Ontario (SSO) urges the Ontario Ministry of Health and Long-Term Care to provide early intervention programs with sufficient resources to improve access to and quality of services. The SSO also advocates for practitioners to actively involve families in all aspects of early psychosis intervention.

BACKGROUND

Psychosis is a medical condition that affects the brain and manifests as a loss of contact with reality. Primary symptoms of psychosis include hallucinations, delusions, and/or disorganized thinking. First episode refers to the first onset of a psychotic illness. The first onset of psychosis usually occurs in the late teen or early adult years, with onset usually occurring earlier in males than in females. The incidence rate of first episode psychosis is estimated to be 15 to 20 cases per 100,000 (The Ontario Working Group on Early Intervention in Psychosis [Ontario Working Group], 2002).

In recent years, increasing evidence points to the importance of early psychosis intervention. In one of the earliest and most influential studies on this subject, Wyatt (1991) concluded that interventions during a person's first psychotic episode could increase the likelihood of improved long-term life course in people with schizophrenia. Other scientific evidence has also suggested that disabilities associated with mental illness and patterns of relapse are generally developed during the first three years following a first psychotic episode (Birchwood & MacMillan, 1993). Early intervention refers to treating a psychotic illness, such as schizophrenia, in the early stages with the following goals (Spencer, Birchwood, & McGovern, 2001):

- Reducing the time between onset of psychotic symptoms and effective treatment;
- Accelerating the recovery process through effective biological and psychosocial interventions;
- Lessening the negative impact of psychosis on individuals and maximizing social and work functioning; and
- Preventing relapse and treatment resistance.

The Ontario Ministry of Health and Long-Term Care established nine Mental Health Implementation Task Forces in 1999 with a mandate to provide recommendations for improving Ontario's mental health system. In a summary report released in December 2002, the task forces identified early intervention and treatment of psychosis to be a key component of the province's mental health system reform.

MEDICAL RATIONALE FOR EARLY INTERVENTION

In Ontario most young people who experience psychosis receive treatment too late. The average time lag between the onset of psychotic symptoms and the start of treatment lasts up to one year (Ontario Working Group, 2002). Studies have demonstrated that the longer the duration of untreated psychosis in first episode patients the poorer their prospects for recovery. Treatment delays result in:

- Greater cognitive impairment;
- More severe negative symptoms;
- Higher incidence of social and personal disabilities including unemployment, impoverished social network, loss of self-esteem, and development of post traumatic stress disorder (Scully, Coakley, Kinsella & Waddington, 1997; Birchwood, Todd & Jackson, 1998);
- Greater risk of long-term morbidity (Wyatt, 1991; Harrison, Groudace, Mason, Glazebrook, et al., 1996);
- Higher frequency of relapses (Johnstone, Crow, Johnson & MacMillan, 1986);
- Less benefit received when treated with antipsychotic medications;
- Increased possibility of involvement with the police or compulsory admittance to an inpatient unit (McGorry, 1991); and

- Increased risk of harm. Approximately 20% to 30% of people experiencing their first psychotic episode have been found to be a danger to themselves or others before receiving proper treatment (Lincoln and McGorry, 1999).

Dr. Ashok Malla's research (1998) has suggested that intervening early in the development of psychosis may lead to complete or almost complete recovery in a much larger proportion of patients than is currently the case. This research has found that first-episode patients are more responsive to medications than patients in later stages of psychotic illness and may only require lower doses of anti-psychotics for effective treatment.

In summary, identification and intervention at the earliest possible stage of psychosis contributes to earlier remission of negative symptoms, delay and reduction in relapses, and prevention of psychosocial deterioration.

ECONOMIC RATIONALE FOR EARLY INTERVENTION

The goal of early intervention is to improve outcomes by promoting as full a recovery as possible thereby reducing long-term disability and costs to society associated with severe mental illnesses such as schizophrenia. The cost of schizophrenia is high and long lasting. Developed countries generally spend between 1.5% and 3% of their total health care budget on schizophrenia-related expenditures (Knapp, 1997). In Canada, the direct and indirect costs of schizophrenia including health care and administration costs, income assistance, lost productivity, and incarceration are approximately $4.25 billion per year (Health Canada, 2002). Less than 20% of people with schizophrenia are employed in the competitive market place.

Delays in the treatment of first psychotic episode not only lead to poorer medical outcomes but also are associated with longer first and second admissions to hospital, giving rise to higher health care costs. Early psychosis programs have demonstrated the capacity to be cost effective by substantially reducing the need for inpatient care. Data gathered from the Early Psychosis Prevention and Intervention Center (EPPIC) in Australia has shown preliminary evidence of such cost-effectiveness (Mihalopoulos, McGorry & Carter, 1999). Although early intervention requires greater expenditures in community care, this cost is outweighed by the significant savings from spending on in-patient care (Turner, 2002). Moscarelli and colleagues (1991) found that if the duration of untreated psychosis was less than six months, total health care costs required for the next three years were US$5,606. However, if psychosis remained untreated for more than six months, average health care costs more than doubled to US$12,283.

A MODEL OF EARLY INTERVENTION

For early psychosis intervention to be effective, Malla & Norman (2001) contend that the approach should entail more than just intervening early. In fact, early intervention programs need to be tailored to people who are generally much younger, living with their families, and who are not familiar with the mental health system. Traditional practices for treating psychosis therefore require modifications to address the specific needs of these relatively younger patients and their families (Mental Health Implementation Task Force, 2002).

Comprehensive early intervention programs should include the following components:

- Early and comprehensive assessment by trained clinicians

  Assessment needs to involve psychiatric history and mental status evaluation, relevant physical examination, appraisal of the individual's sense of stigma and view of the future, and identification of appropriate social networks and support available. Family members should be engaged in the assessment as they often possess invaluable information about their relative's condition. In essence, the assessment is to determine the strengths and needs of both the patient and the family (Spencer, Birchwood & McGovern, 2001).

- Optimal doses of newest antipsychotic medications

  Anti-psychotic medications are well-established as an integral part of the treatment of psychosis. Medications are used to both control active symptoms and prevent relapse (Sheitman et al., 1997). While optimal dosage varies depending on the medication and on an individual's response, studies have found that most first-episode patients respond to much lower doses of anti-psychotics than those conventionally used. Atypical anti-psychotic medications should also be considered the first-line drug treatment as they have fewer extrapyramidal side effects than older anti-psychotics, such as muscle rigidity, tremor, and jittery and restless movements (CMHA, 2000; National Institute for Mental health in England [NIMHE], 2003; Spencer, Birchwood & McGovern, 2001).

- Proper psychological treatment

  The experience of psychosis and its treatment often cause the individual to develop concurrent issues such as depression, substance misuse, post traumatic stress disorder, and suicide (IRIS and NSF Team, 2003; Spencer, Birchwood & McGovern, 2001). Hence, treatment of psychosis should take place in a youth-friendly and less stigmatizing setting to minimize negative impact on individuals. Moreover, patients should be provided with

educational materials about psychosis and adequate psychosocial intervention, such as cognitive behavioral therapy (NIMHE, 2003).

- Appropriate rehabilitation and training to support reintegration into work, school and community

  Social roles and goals, such as work and education, are highly prized by young people. They provide a source of self-esteem that can affect the psychosis itself and their loss has been linked to depression and suicidal thinking (Warner 1994; Birchwood et al., 2000). Programs that provide life skills and vocational training are vital in early psychosis intervention as they help young people regain social and occupational participation and improve quality of life in general. It has been shown that the longer an individual remains out of work the more difficult it becomes to regain employment later on (IRIS & NSF Team, 2003). Rehabilitation should thus be provided at the earliest stage possible to facilitate re-integration into the workforce or into education.

- Education and support to family

  Since most people experience the first psychotic episode at a relatively young age, many will be living with their families. Research provides strong evidence for the positive contribution families can make to the wellbeing of people with psychosis, especially when family members are themselves actively supported by psycho-education. Support groups have been found to be an effective way of providing social and emotional assistance to families (Spencer, Birchwood & McGovern, 2001). It is important for clinicians to think of the family as part of a client's natural support network and at the same time to recognize the impact of psychosis on families and thus families' legitimate needs for help and support (IRIS & NSF Team, 2003).

- Active public education to raise awareness and reduce stigma

  Mental illness and psychosis remain highly stigmatized, often preventing people from seeking proper treatment in a timely manner. Public education to reduce stigma is an important part of early psychosis intervention. Both the general public and primary health care providers need to be accurately informed about the early signs and symptoms of psychosis so they can be actively engaged in early identification.

THE IMPORTANCE OF FAMILIES IN EARLY INTERVENTION

Education for families, the general public, teachers and health care professionals is an essential component of comprehensive early intervention. With proper training and

institutional support, family members can and should be active partners in public education as they possess first hand experience and knowledge in living with mental illness as well as in recognizing early symptoms.

The effectiveness of family intervention in improving outcomes of people with schizophrenia is well documented (Barrbata & D'Avanzo, 2000). At the same time, many families experience great difficulties in coping with their relatives' psychosis. Moreover, access to services is not always straightforward leaving family members frustrated and confused about how best to help their ill family member. To assist families to understand and cope with mental illness, family education and support, including family therapy, should be made available routinely to families through early intervention programs. Mental health practitioners need to be understanding of families' feelings and provide family members with information about services and about their role in an individual's recovery.

Families need to be regarded as an integral part of treatment for psychosis. Clinicians need to make better use of the wealth of knowledge possessed by family members and actively engage families in all aspects of treatment. The SSO supports the Canadian Clinical Practice Guidelines for the Treatment of Schizophrenia which state: "most often, patients at this stage of the illness are closely connected with their families; the onset of schizophrenia is a major family crisis. The family should be involved from the time of the physician's first contact with the patient. Support and helpful interventions (carried out either in the clinic or at home) will help to create a working alliance between the family and the treatment team…families may be encouraged to join or form an appropriate support group such as the Schizophrenia Society of Ontario and Canada."

EARLY PSYCHOSIS INTERVENTION IN ONTARIO

Current early psychosis initiatives in Ontario include clinical programs as well as advocacy and public education. Presently, there are five early intervention treatment and resource centres across the province in Hamilton, Kingston, London, Ottawa, and Toronto. Three regions of Ontario are awaiting funding to establish programs in their respective areas: Central East, Northeast, and Northwest. However, funding for these existing programs and services is insufficient to serve all patients in need and to provide comprehensive services. Some of these sites have a limited geographic service area and/or a long waiting list as a result.

The Schizophrenia Society of Ontario offers support and education to families and works to ensure that families' voices are well represented in early intervention strategies. SSO is also involved in public education to increase early psychosis identification and referral. Additional resources are needed to expand existing projects across Ontario.

Ontario is poised to take immediate steps to expand early intervention programs in the province. A province-wide multi-stakeholder group, known as the Ontario Working

Group on Early Intervention in Psychosis, has been working closely with the Ministry of Health and Long-Term Care, to expand early intervention programs in this province. This Group, which includes representatives from existing and emerging hospital programs, family, consumer and community organizations, has developed a detailed strategy and proposal to enhance or develop early intervention programs in each of the nine Ministry of Health Implementation Task Force regions. This would ensure that people in all parts of Ontario have better access to early intervention services.

In addition, the Mental Health Policy Unit of the Ontario Ministry of Health and Long-Term Care is currently completing a policy framework that could guide expansion of early psychosis intervention programs in Ontario.

RECOMMENDATIONS

As demonstrated in this paper, the importance of early intervention is widely recognized. Around the world, governments are investing in programs built on the recognition that early and comprehensive care means the difference between a long-term debilitating illness, and a manageable condition that has social integration as a reasonable outcome.

The Schizophrenia Society of Ontario (SSO) strongly believes that the Ontario Government must take a leadership role in ensuring that all people experiencing psychosis have access to the best possible treatment in their communities. The SSO recommends that the Ontario Ministry of Health and Long-Term Care:

1.0 Adopt a provincial strategy to expand comprehensive early identification and intervention programs across the province. Specifically the Ministry should:
    - 1.1 Increase financial support to expand existing early intervention programs and services located in Hamilton, Kingston, London, Ottawa, and Toronto; and
    - 1.2 Establish full funding for new early intervention programs in Central East, Northwest, and Northeast regions.

2.0 Provide funding for the full inclusion of families and family organizations in early intervention initiatives to ensure that families receive the support and education they require and that they are well represented in all aspects of decision making related to early intervention including local planning and implementation.

3.0 Support public and professional education across Ontario to raise awareness about psychosis to reduce stigma and misunderstanding associated with mental illnesses, and to assist people in recognizing the early warning signs of psychosis.

4.0 Implement recommendations made by the Mental Health Implementation Task Forces which identify early psychosis intervention both as a priority and a ‘quick win’. Indeed, a properly funded comprehensive early intervention

program will be a victory for young people, their families, and the society as a whole.

5.0 Continue to support programs and services for people affected by chronic serious mental illness. Resources to early intervention programs must not be diverted from services for people with chronic and serious forms of mental illness.

CONCLUSION

The Schizophrenia Society of Ontario is confident that if every young person in the province who experiences psychosis receives immediate comprehensive early intervention treatment on an ongoing basis for 3 to 5 years, many more of them will recover from psychosis to complete their education, enter the working world, and become self-supporting. The medical and economic benefits of early psychosis intervention need to be acknowledged by the Ontario Government. The SSO urges the Ontario Ministry of Health and Long-Term Care to adopt the aforementioned recommendations in a timely manner as we envision a better quality of life for people and families affected by psychosis in Ontario.

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