Treating First Episode Psychosis

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On Track NY
Defining Psychosis and Symptoms
What is psychosis?

- Psychosis occurs when a person loses contact with reality. The word “psychosis” scares some people, but it actually describes an experience that many people have.

- Three out of every 100 people experience psychosis at some time in their lives, and most of them recover.

- FEP: refers to the first episode of psychosis
The Basics: Psychotic Symptoms

- **Delusions**: False personal beliefs not subject to reason or contradictory evidence and not explained by culture and religion.
- **Hallucination**: Perception of visual, auditory, tactile, olfactory, or gustatory experiences without an external stimulus and with a compelling sense of their reality.
- **Disordered speech and behavior**
Schizophrenia (DSM-5)

- Symptoms: Delusions; Hallucinations; Disorganized speech; Grossly disorganized or catatonic behavior; Negative symptoms (two or more for a month)
- Level of functioning declines
- Lasts at least six months
Prevalence and Age of Onset
Schizophrenia: Big Picture

- Occurs worldwide (~0.5-1.5%): annual incidence 15.2 per 100,000; Male/female: 1.4-1.6
- Usually develops age 16 to 25; men younger than women
- Accounts for 25% of all hospital bed days
- Accounts for 40% of all long-term care days
- Accounts for 20% of all Social Security benefit days
- Costs the nation up to $65 Billion per year

Schizophrenia in youth

- Compared to adult-onset schizophrenia, childhood onset is rare (1 in 10,000 children)
- Incidence in adolescence is not well established
  - 20% of adults with a diagnosis report onset before age 18.

Natural History of Schizophrenia
Rationale for Early Detection and Intervention

Stages of Illness

Premorbid  Prodromal/Onset/Deterioration  Chronic/Residual End-Stage

Healthy

Worsening Severity of Signs and Symptoms

Gestation/Birth

10  Puberty  20  30  40  50

Years

Margin of Prevention

How to Explain Psychosis to Youth and Families
What is Psychosis?

- Psychosis involves difficulty telling the difference between what is real and what is not.
- Psychosis can affect the way a person thinks, feels, and acts.
- Symptoms of psychosis are different from person to person and may even be different over time.
- The first episode of psychosis typically occurs in a person’s late teens or early twenties. Symptoms may start suddenly or develop gradually over time.

You are not alone.

- Experienced by approximately 3 out of every 100 people at some point in their lives.
- Both men and women of every race, ethnicity, culture, and socioeconomic group have these experiences.

Now what?

- Psychosis is treatable and most people recover. Discuss the young person’s experience in greater depth here.
Hallucinations cause people to hear, see, taste, or feel things that are not there.

Hallucinations can seem very real. For that reason, people who experience hallucinations often have difficulty believing that they are not real.

Examples of hallucinations include:
- Hearing noises or voices that others don’t hear
- Seeing things that others don’t see
- Having unusual sensations in one’s body
Delusions are beliefs that a person holds despite evidence that those beliefs are not true or accurate.

Examples include:
- Believing that one is being watched or followed
- Believing that someone else is controlling one’s thoughts
- Believing that others want to harm you
- Believing that things in the environment have a special meaning just for you
Confused thinking. One’s thoughts, and the expression of those thoughts, don’t connect together in a way that makes sense.

Examples include:
- Thoughts can seem unclear
- Thoughts are jumbled together
- Thoughts are racing too fast or are coming too slow
Educating Youth/Family: Explaining Changes in Behavior

› Spending more time alone.
› Having less interest in socializing with friends and family, going to work or school, or otherwise engaging in activities one used to enjoy.
› Not taking care of oneself as well as one used to (e.g., not bathing or dressing, may appear disheveled).
› Behaving in a way that doesn’t seem to fit with the situation, such as laughing when talking about something sad or upsetting, or for no apparent reason.
Psychosis could have a number of different causes, and many researchers are working to understand why psychosis occurs. Some popular ideas are:

- **Biological:** Some people are more likely to develop psychosis because of their biology or their heredity. Many cases of psychosis have been linked to problems with neurotransmitters, or the chemical messengers that transmit impulses throughout a person’s brain and central nervous system. In addition, the relatives of people who experience psychosis are more likely to experience psychosis themselves.

- **Other factors:** A person’s first episode of psychosis can be triggered by stressful events or by drug use (especially use of marijuana, speed, or LSD).
Setting the Stage: Challenges and Context for Services
Barriers in Current System

- Stigma
- Lack of Knowledge
- Distrust
- Insidious Onset

Help seeking

Referral from GP
- Lack of Access
- Unaffordability
- Inefficiency of health care

Long-term dependence on mental health system

Mental Health Clinic

Police

ER/IP

*GP- General Practitioner

Compton M, Broussard B: Current Psych Reviews 2011, 7, 1-11
Two Key Scientific Findings

▷ Longer **duration of untreated psychosis (DUP)** is associated with *poorer* short term and long term outcome
  - DUP is the time between onset of psychosis and specified treatment (e.g., antipsychotics or CSC)

▷ Treatment with **coordinated specialty care (CSC)** is associated with better outcomes
The Benefits of Early Intervention Services

- Improvements in hospital re-admission rates, symptom severity, and relapse rates
- Specific treatment components and approaches
  - Low-dose antipsychotic medications
  - Cognitive and behavioral psychotherapy
  - Family education and support
  - Educational and vocational rehabilitation
- Meta-analyses of 4 RCTs (N~800 FEP Ss) support the early treatment model (Bird, 2010)
Treatment Strategies and Evidence Based Interventions
The “Recovery After an Initial Schizophrenia Episode” initiative seeks to fundamentally alter the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness.
NIMH RAISE Projects

› RCT to compare the effectiveness of a phase-specific intervention vs. usual community care for FEP
  ▪ Symptomatic recovery and relapse
  ▪ Social, academic, and vocational functioning
  ▪ Cost effectiveness of treatment

› Implementation study to identify and surmount barriers to rapid adoption of early psychosis interventions
  ▪ Referral and case finding strategies
  ▪ Training and supervision of existing clinical staff
  ▪ Financing models to support FEP treatment programs
RAISE Results

RAISE ETP Study
- Participants stayed in specialized treatment longer
- Fewer psychotic symptoms
- Experienced significantly greater improvement in quality of life (QOL)
  » Only participants with shorter DUP demonstrated a significant improvement in QOL when receiving specialized services.
- More likely to be in work or school

RAISE Connection
- High engagement and retention rates
- Significant reduction of psychotic symptoms
- Significant improvement of social and occupational functioning
- Rates of engagement in competitive work or school doubled
The Big Picture: Rationale

Goal is to reduce DUP and provide early intervention services to promote long term recovery and reduce disability
Roadmap for Pathway to Care

Onset of Symptoms → Help Seeking → Referral to Mental Health Services (Could receive criterion treatment in MHS) → Referral to Early Intervention Services
Vision for Treatment: Rapid Connection

Help seeking → Special Early Intervention Services
Coordinated Specialty Care

Clinical Services

- Case management, Supported Employment/Education, Psychotherapy, Family Education and Support, Pharmacotherapy and Primary Care Coordination

Core Functions/Processes

- Team based approach, Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services, shared decision making

Coordinated Specialty Care in NYS is OnTrackNY

OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don’t. OnTrackNY helps people achieve their goals for school, work, and relationships.
The goal of OnTrackNY is to provide hope and effective treatment so that young adults with psychosis can achieve their goals in life.

Rather than working with just one mental health professional, we offer a collaborative team approach that relies on everyone’s strengths and energy.

The young adult with psychosis is a member of the team, along with the family and other mental health professionals.

A team leader helps to keep everyone on the team working together toward the young adult’s recovery.

We use a “shared decision making” approach. That means that the young adult and the team work together to decide on the best treatment options.
Treatment offered by OnTrackNY

- A comprehensive assessment of the young adult’s personal recovery goals to inform and guide treatment.
- Treatment and support from team members including a doctor, mental health professionals, and vocational specialists who have worked with people recovering from psychosis.
- Counseling for family members focused on providing information about psychosis and teaching family members how to assist young people in their recovery.
- Coaching from a vocational specialist with expertise in helping young people identify and reach their school and work goals.
- Assistance with strategies for building healthy relationships and coping with problems in positive ways.
- Treatment and support for drug or alcohol problems.
NYC START

Supportive Transition and Recovery Team

- Goal: improve the connection to community based care among New Yorkers experiencing a first episode of psychotic illness; works with all hospitals that provide in-patient psychiatric services in NYC

- Serves: young adults (ages 18-30) who have been hospitalized for the first time due to psychosis

- Offers: care coordination, psycho-education and support services to ensure linkage to care, services, and support their transition back to the community.
How It Works

› Hospital alerts DOHMH when an individual is admitted with first-episode psychosis
› A specialized DOHMH team makes contact and provides information
› If individual agrees, the DOHMH team engages him/her and family to link to treatment and follows up to assure continuous care
› All identifiable information deleted from reporting system after 30 days
Medication

› Medications used to treat psychosis symptoms are referred to as antipsychotics, also known as neuroleptics.

› These medications are generally divided into two categories:
  ▪ Typical antipsychotics
  ▪ Atypical antipsychotics

› Current evidence suggests that all these medications are equally effective in treating a first episode of psychosis. They will differ in terms of their side-effect profile.

› Treatment generally begins with a low dose of medication that is monitored closely for any side-effects.
Common Antipsychotics

Typical
- Chlorpromazine
- Flupenthixol
- Fluphenazine
- Haloperidol
- Loxapine
- Perphenazine
- Thioridazine
- Thiothixene
- Trifluoperazine
- Zuclopenthixol

Atypical
- Clozapine
- Olanzapine
- Quetiapine
- Risperidone
While Coordinated Specialty Care is the Evidence Based Best Practice, if the youth is not eligible or interested in OnTrack, there are services that may be relevant to a broader definition of psychosis

- Mental Health Clinics
- PROS
- ACT

See resources for more details
General Tips for Working with Individuals with FEP

Examples of Appropriate Responses
Tips for Engagement

✓ Understand what they are seeking by learning what is going on for them at this time.
✓ What programs/kinds of treatment have they already (recently) tried connecting with? What were the challenges?
✓ Provide information about services based on the above
✓ Connect such exploration with detailed examples about services might be able to help (e.g., getting a job, making friends, etc.)

Common traps: Talking about the program too mechanically; asking too many detailed questions in order to begin determining eligibility.
Tips for talking to youth and family

› During these early stages of engagement, it is especially important to be mindful of the young person’s experience of what may be happening and to adopt his/her language in the conversation.
› Important to do this with family also
› Understand cultural context and incorporate as much as possible
Persons says “I am not psychotic” how should you respond?

› Ask them what they think is the problem and what might be helpful. Then try to communicate how services can help given their understanding of the problem. Do not try to convince a person that he/she is psychotic. Instead, try to find common ground.
Clinicians play a vital role in early detection of first episode psychosis, connecting people to the right care and conveying hope for recovery.

Specialized early intervention services improve clinical and functional outcomes by focusing on the individual’s goals to guide treatment decisions. Clinicians follow a shared decision making framework to make decisions about treatment, encourage family involvement, and help the individual develop skills to manage symptoms and prevent relapse.
First Episode Psychosis often affects young people who are living in the family home. Families are often the first to notice the changes associated with symptoms of psychosis and can be key players in seeking help. Family members may not understand why the changes they see in their loved ones are occurring, or how to help. Recognizing that families can be a valuable resource in getting individuals to appropriate care and supporting treatment engagement is key. Coordinated Specialty Care programs provide families with the education and support they need.
Resources

For young adults and family members

**Links to Mental Health Resources**
- Center for Practice Innovations
- National Alliance on Mental Illness National
- National Alliance on Mental Illness: NYC Chapter
- First Episode Psychosis Recovery Stories
- SBIRT & Screening App
- Employment Resource Book
- Voices of Recovery Videos
- NASMHPD Information for Providers

For providers and organizations

**OnTrackNY Team Manuals**
- Team Manual
- Medical Manual
- Primary Clinician's Manual
- Supported Employment and Supported Education Manual
- Recovery Coaching Manual
- Outreach and Recruitment Manual
- Voices of Recovery Manual
- Peer Specialist Manual
- Family Manual
- Delivering Culturally Competent Care in FEP
- Treating Cognitive Health Manual

**Links**
- Voices of Recovery Videos
- First Episode Psychosis Recovery Stories
- Center for Practice Innovations
- Learning Management System
- New York State Psychiatric Institute
- New York State Office of Mental Health
- Data Collection Forms
- Nathan Kline Institute for Psychiatric Research
- LGBT Module 1: LGBT 101
- LGBT Module 2: Identity Development
- LGBT Module 3: Affirmative Health for LGBT Individuals with Psychosis
Sebastian - Finding Harmony through Music

Just before starting college, Sebastian began having unusual auditory and visual experiences. With the support from OnTrackNY and using music to cope, Sebastian gained the confidence to share his story to help others. Sebastian’s mother also shares her perspective on recovery and being part of OnTrackNY.

'D' - Learning to Prioritize Your Mental Health

Skittles - Laying the Foundation for Recovery

In this video, Skittles speaks about hearing voices and how her passion for makeup has helped her cope and express herself. Skittles also talks about her initial apprehension to open up about her psychosis and the role OnTrackNY played in her openness to receive help.

Anna - Drawing the Path to Recovery
Other Resources

- **NYC Start**
  - [https://www1.nyc.gov/site/doh/health/health-topics/crisis-emergency-services-nyc-start.page](https://www1.nyc.gov/site/doh/health/health-topics/crisis-emergency-services-nyc-start.page)

- **Outpatient programs/clinics**
  - Lenox Hill Early Treatment Program & Long Island Jewish Hospital Early Treatment Program
  - [https://www.northwell.edu/behavioral-health/programs-services/early-treatment-program](https://www.northwell.edu/behavioral-health/programs-services/early-treatment-program)

- **Mount Sinai clinical and research program for youths 12-30**
  - [www.icanfeelbetter.org](http://www.icanfeelbetter.org)

- **Center for Prevention and Evaluation Cope**
Appendix: Results of the RAISE Studies and Additional Information on OnTrackNY
Shorter DUP associated with:

- reduced symptoms and relapses
- higher GAF scores
- Improved social functioning indicated by employment and social contacts

Results show efficacy of early therapeutic intervention
Examined the relationship between DUP and outcomes at 6, 12 and 24 months
- At baseline there was no significant relationships between DUP and outcomes
- By 6 months longer DUP was significantly associated with positive symptoms, negative symptoms, depression, anxiety, quality of life, social functioning
- By 12 months longer DUP was significantly associated with all outcomes
- People did worse the longer the illness went untreated

Methods: Participants were 404 individuals (ages 15-40) who presented for treatment for FEP at 34 nonacademic clinics in 21 states. DUP and individual- and site-level variables were measured.

DUP was defined as the period between onset of psychotic symptoms and initial treatment with antipsychotic medications.
Results: DUP in RAISE ETP Study

- Mean DUP 196 (262) weeks
- Median 74 (1-1456)
- 268 (68%) had DUP of > 6 months
Engagement Service Utilization

- Participants remained patients of the Teams for 91.0% (SD 21.4) of the total possible time they could have received services (constrained by time of enrollment and study completion).
- The median time was 100%.
- Only 6/65 participants remained patients of the Team for less than 50% of the possible time they could be engaged.

Dixon, et al., Implementing Coordinated Specialty Care for Early Psychosis: The RAISE Connection Program, Psychiatric Services (in press)
Highlights of Outcomes: Significantly Improved

▸ MIRECC GAF Occupational Functioning Scores (neuropsych/negative symptoms negative predictor)
▸ MIRECC GAF Social Functioning Scores (greater number of family meetings and fidelity regarding recovery coach mediators)
▸ PANSS Total and Subscale Scores
▸ Participation in competitive work or degree granting school program (40% to 80%)
▸ Rates of remission (25% to 75-80%)
▸ CGI scores (Moderately Ill to Borderline Mentally Ill)

Dixon, et al., Implementing Coordinated Specialty Care for Early Psychosis: The RAISE Connection Program, Psychiatric Services (in press)
RAISE Early Treatment Program Study

Cluster Randomized Trial comparing clients (N= 223) at 17 sites randomized to Navigate vs at 17 sites randomized to usual care (N=181) for two years

Navigate clients significantly more likely to remain in treatment, experienced significantly greater improvements in quality of life, were more likely to be in work or school, and had fewer symptoms

NAVIGATE Participants Stayed in Treatment Longer
Time to Last Mental Health Visit
(Difference between treatments, $p=0.009$)
From: Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program

c Treatment by square root of time interaction, p=0.016.
Shorter vs. Longer Duration of Untreated Psychosis (DUP) on Quality of Life (p<0.03)
OnTrackNY Team Intervention

Outreach/Engagement

- Evidence-based Pharmacological Treatment and Health
  - Supported Employment/Education
  - Recovery Skills (SUD, Social Skills, CBT)
  - Psychotherapy and Support
  - Family Support/Education
  - Suicide Prevention

Shared Decision Making

Peer Support

Recovery

4.0 FTE
Eligibility Criteria

› Age: 16-30

› Diagnosis: Primary psychotic disorder. Diagnoses include: Schizophrenia, Schizoaffective disorder, Schizophreniform disorder, Other specified schizophrenia spectrum and other psychotic disorder, Unspecified schizophrenia spectrum and other psychotic disorder, or Delusional disorder

› Duration of illness: Onset of psychosis must be ≥ 1 week and ≤ 2 years

› New York State Resident
Eligibility Criteria: Exclusionary Factors

- Intellectual Disability (IQ < 70) or Autism Spectrum Disorder
- Primary diagnosis of substance-induced psychosis, mood disorder with psychotic features, or psychosis secondary to a general medical condition
- Serious or chronic medical illness significantly impairing function independent of psychosis
Eligibility Criteria

OnTrackNY teams provide services to all referred individuals meeting clinical admission criteria, without wait lists and regardless of their insurance status or ability to pay
Referral Process

Referral/Screening

Initial Call
- Self/family member
- Provider
- Other professionals

Follow-up and Evaluation

Pre-evaluation activities
- In person visits
- Multiple phone calls

Intake

- Enrollment/Intake
- Re-direct referral if individual doesn’t agree
Thank you!