



Canadian Mental
Health Association
Thunder Bay
Mental health for all



EARLY PSYCHOSIS INTERVENTION
ONTARIO NETWORK

UC Davis/UCLA BHCOE Webinar

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Objectives

- Provide examples of Early Psychosis Intervention Standards
- Understand an example of a best practice model of community-based early psychosis intervention in the US
- Identify barriers to implementing best practices
- Highlight successful implementation strategies for best practices in community settings, including rural and remote regions.

Guideline vs Standard

- Guideline
 - a rule or instruction that shows or tells how something should be done (Merriam-Webster)
 - e.g., clinical guidelines for schizophrenia
- Standard
 - A level of quality, achievement that is considered acceptable or desirable (Merriam-Webster)
 - e.g., standards for early intervention psychosis

Examples of EPI Standards and Guidelines

- IEPA Early Intervention in Mental Health
 - International Clinical Guidelines (2005)
- Australia
 - Clinical Practice Guidelines (2004, 2010)
- Canada
 - British Columbia EPI Standards and Guidelines (2010)
 - Ontario EPI Standards (2011)
- UK
 - National Institute for Health and Care Excellence NICE (2015)

EPI Core Components

- Early identification and access (e.g., public education, outreach to primary care)
- Assertive case management
 - CBT, other non-medication based therapies
 - Appropriate trials of antipsychotics with intensive metabolic monitoring
- Crisis management
- Vocational, educational intervention/support
- Family support

EPI Core Values

- Youth-friendly
- Family-friendly
- Hope
- Recovery
- Non-stigmatized
- Community-based (if possible)

RAISE: Recovery After an Initial Schizophrenia Episode

“develop comprehensive and integrated intervention designed to promote symptomatic recovery, minimize disability, maximize social academic and vocational functioning...in real-world settings utilizing current funding mechanisms”

(Kane, et.al. 2015)

RAISE Design

- NAVIGATE model
- NIMH funded
- > 400 participants across 34 clinics, in 21 states
- Cluster randomization
- 2010-2012

(Kane, et.al. 2015)

Important Findings

- Greater improvement in quality of life, psychopathology, involvement in work and school
- Duration of untreated psychosis (DUP) was important (median was 74 weeks)
- Rate of hospitalization did not differ

What we can learn from RAISE

- The importance of Standards and Guidelines
 - Manuals available online
- Fidelity to the model
 - Central (blinded) rating team
- It is possible in “real-world” situations
- Importance of evaluation
 - How else will we know the promise of EPI is being realized?

Successful EPI Implementation...but...

- Using Ontario as case-study
- 2004-2011
 - 5 → 40 programs
 - EPI programs adapted to local context (Cheng et al 2011)
 - Every program looked different
- How do you implement best practices in the absence of provincial (state) standards?
 - Provincial EPI Network
 - Advocated for provincial EPI Standards (Ontario, 2011)
 - Province-wide survey (Durbin et al 2014, 2016)

Key Survey Findings

- Variability and heterogeneity 0.5 FTE to 15 FTE
- Survey 1 (Durbin et.al., 2014)
 - 45% \leq 2 FTE
 - Do well in individual assessment and treatment
 - Small programs had difficulty
- Survey 2 (Durbin, et.al., 2016)
 - Ongoing training needs
 - Lowest adherence to monitoring and evaluation
 - Networks were key

Barriers to Best Practices

- What to do with model heterogeneity?
- Without evaluation how do we prove that we doing what we say we are doing?
 - Passion over evidence?
- Challenges:
 - mandate drift
 - translate hospital care to community care
 - same standard in rural and remote areas
 - funding formulas
- How best to continually improve?

What are the Lessons?

- Standards (or Guidelines) are important
- Evaluation, right from the beginning
- EPI Network
- EPI community

Thank you

- For more....tune in October 11, 2016