Keeping young people with the early signs of psychosis on their normal life paths
Today’s Presentation

- Prevalence of Mental Health Conditions in Youth
- Oregon’s approach
- What is psychosis?
- Importance of early identification and intervention
- A future based on early intervention & what’s next?
Mental illness and substance use disorders account for 60% of the non-fatal burden of disease amongst young people aged 15-34 (Public Health Group 2005)

75% of mental health problems occur before the age of 25 (Kessler et al 2005)

14% of young people aged 12-17, and 27% of young people aged 18-24 experience a mental health problem in any 12 month period (Sawyer et al 2000, Andrews et al 1999)
Who Oregon is serving

Figure 3. First Quarter Served, By Age

Number Served

Age, Jan 1 2006
Early Psychosis Programs

- First programs began around 1990

- Early psychosis intervention is standard of practice in Australia, Great Britain, Canada, & Scandinavia

- Early psychosis intervention came to Oregon in 2001, with Mid-Valley Behavioral Care Network’s Early Assessment and Support Team (EAST)

- 2007 Oregon legislature allocated $4.3 million to disseminate EAST; the Early Assessment and Support Alliance was created in 2008
Mission of the Early Assessment and Support Alliance (EASA)

- Keep young people with the early signs of psychosis (schizophrenia) on their *normal life paths*, by:
  - Building community awareness and
  - Offering easily accessible, effective treatment and support
    - Network of educated community members & highly skilled clinicians
    - Most current evidence-based practices
    - Within community mental health programs
EASA

- We serve Individuals who have had a first episode of schizophrenia related psychosis within the last 12 months
  - EASA also provides earlier services to "high risk" individuals with symptoms that are not yet acute

- IQ over 70

- Referrals can come from anyone; insurance is not a barrier
We try to prevent the biopsychosocial consequences of major mental illness associated with psychotic disorders

Why major psychotic disorders?
- WHO says bi-polar and schizophrenia are leading causes of disability worldwide
- Early intervention has been shown to help reduce symptoms and reduce costs
- One of the leading causes of disability
Since March 2001

- EASA:
  - 700 individuals and families served
  - 1800 referred & assisted
  - 200+ currently in service
  - 74% symptom remission or only mild disruption by 1 year
  - 91% maintain strong family support & involvement
  - 2% legal involvement
  - 64% not considering disability application
Vocational & Hospital Outcomes prior to Service Enhancements
(Intensive Staffing Standards & Universal Access to SE)

 Months in EAST Program

- **In school or working**
- **Hospitalized in last 3 months**

- **Graph**
  - Y-axis: %
  - X-axis: Months in EAST Program
  - Data points for months: < 3 mos, 3 to 6, 10 to 12, 16 to 18, 22 to 24
Components of Prevention and Detection of Mental Illness

- Community Awareness
- Engagement
- Evidenced based developmentally & culturally appropriate treatment
Symptoms of Acute Psychosis

- Hallucinations
- Delusions
- Speech & movement problems
- Cognitive & sensory problems
- Inability to tell what is real from what is not real
Describe what each of these things mean; give examples

Tamara Sale, 3/24/2008
What is Psychosis?

- 3 in 100
- Usually starts in teens or early adulthood
- Devastating without the right help
This is lifetime prevalence for psychosis
Tamara Sale, 3/24/2008
West Salem High, 1620 students

49 likely to develop psychosis

Almost 1 in every classroom!
What Can Cause Psychosis?

- Genetic vulnerability
- Thyroid
- Frontal lobe epilepsy
- LOTS of medical conditions
- Schizophrenia
- Bipolar disorder
- Depression
- Anxiety disorder
- Steroids
- Stimulants
- Methamphetamine
- Brain tumors
- Sleep deprivation
- Severe stress
- Sensory deprivation
- And others...
Goal here is to emphasize anyone can develop psychosis, many causes

Tamara Sale, 3/24/2008
Why is early intervention so important?

- It's effective!!
- School success vs. failure & drop-out
- Self advocacy vs. inability to care for self
- Empowerment vs. trauma
- Family understanding vs. conflict
- Avoids self medication through drugs
- Reduces suicide risk!
- Reduces risk of accidental death or harm
- Keep identity in life versus forming around psychosis
- Insight still preserved
- Can use lower doses over shorter periods
- Better, faster recovery
- Cut symptom progression short
- Avoid homelessness
- Avoid legal involvement
- Avoid hospitalization
- Increased likelihood of keeping job & being successful adult
Cognitive Deficits
Affective Sx: Depression
Social Isolation
School Failure

Vulnerability: CASIS

Brain Abnormalities
- Structural
- Biochemical
- Functional

Early Insults
Social and Environmental Triggers

Increasing Positive symptoms

Disability

e.g. Disease Genes, Possibly Viral Infections, Environmental Toxins

After Cornblatt, et al., 2005
New trouble with:

- Reading or understanding complex sentences
- Speaking or understanding what others are saying
- Coordination in sports (passing ball, etc.)
- Attendance or grades
Behavior Changes

- Extreme fear for no apparent reason
- Uncharacteristic, bizarre actions, statements or beliefs
- Incoherent or bizarre writing
- Extreme social withdrawal
- Decline in appearance and hygiene
- Sleep (sleep reversal, sleeping all the time, not sleeping)
- Dramatic changes in eating
Perceptual Changes

- Fear others are trying to hurt them
- Heightened sensitivity to sights, sounds, smells or touch
- Statements like, "I think I’m going crazy" or "My brain is playing tricks on me"
- Hearing voices or sounds others don’t hear
- Visual changes (wavy lines, distorted faces, colors more intense)
- Feeling like someone else is putting thoughts in your brain or taking them out
Core Values of Engagement

- Hope & relationship are essential!
- The person is the expert in his or her own experience of symptoms
- Personal choice for the person and family is paramount.
- Practitioners are not experts but collaborators.
- Respect
Typical Mental Health Assumptions

- You must be 100% compliant and 100% abstinent from illicit drugs.
- You must accept your illness and make the effort to attend your appointments.
- You must never work harder than your client.
- Close clients that do not show for appointments.
- A clear exit from the system is never a goal.
- Stability is the goal.
- Therapists should not do service coordination.
- Maintain strict boundaries with your client.
- Some people just cannot be helped.
- Adults and Children should be in different systems.
- Families are a barrier to treatment.
I'M Sorry but you need to go back through intake!
Instead Engage!

- Put person at ease.
- Meet in a location that is comfortable for the client.
- Try side-by-side.
- Non-threatening body posture despite what is said
- Acknowledge viewpoint/collaborative language
- Be flexible, active and helpful.
- Spend time socializing, focus on interests, especially those you have in common. Identify common ground or create it.
- Explain procedures & write things down with clear instructions.
- Worry about assessment at later time, it is recommended to gather information gradually and in the form of story telling (aids in memory and identifying negative cognitions and stigma.)
- Try to stay up on the times.
Do you knowé

- The relevance of Angry Birds
- When you have been ŦëDe-Facedò?
- Team Edward vs. Team Jacob
- How to interpreté
  - BFF
  - BRB
  - PAW
  - BCNUL8R
  - ADIEM
Why Focus on Engagement?

- Anosognosia
- Stigma
- Side effects
Stigma in Media and Culture
Can you name any well-known people who have a mental illness?

- Artist
- President
- Author
- Actor
- Nobel Prize Winner
- Musician
Stigma and Discrimination

- Less access to health care & education. More likely to be singled out based on stigma that under estimate their abilities.
- Cannot ask for help without others assuming they will need help with everything.
- Can expect to pay more for cars, homes and furniture due to increased risk of being exploited or mislead.
- Less likely to be taken seriously and more likely to be treated like children or considered violent.
- More likely to segregated into living, education, work and sport programs, less likely to have access to accommodations necessary.
Family-aided Assertive Community Treatment (FACT):

- Clinical and functional intervention:
  - Rapid, crisis-oriented initiation of treatment
  - Psycho-educational multifamily groups
  - Key Assertive Community Treatment methods
    - Integrated, Trans-disciplinary team; community outreach; rapid response; continuous review, and accountability
  - Supported employment and education
  - Collaboration with schools, colleges and employers
  - Cognitive assessments, completed by OT used in school or job
  - Substance abuse treatment, as indicated
  - Counseling (CBT, Strengths based/solution focused)
  - Individual involvement in decision making
Where From Here

- Sustainable business model
  - Reduce % uninsured
  - Increase % services covered
- Continue statewide expansion
- Collaborate with national efforts
- Follow-up (after 2 years) data and service development
- Integration of new knowledge about at-risk and evidence-based services
The devastation caused by untreated psychosis will become less and less common.

These young people will have a future as contributing, healthy members of society.

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