Something has Changed. Early Intervention for Psychotic Disorders in Adolescents and Young Adults in Trieste

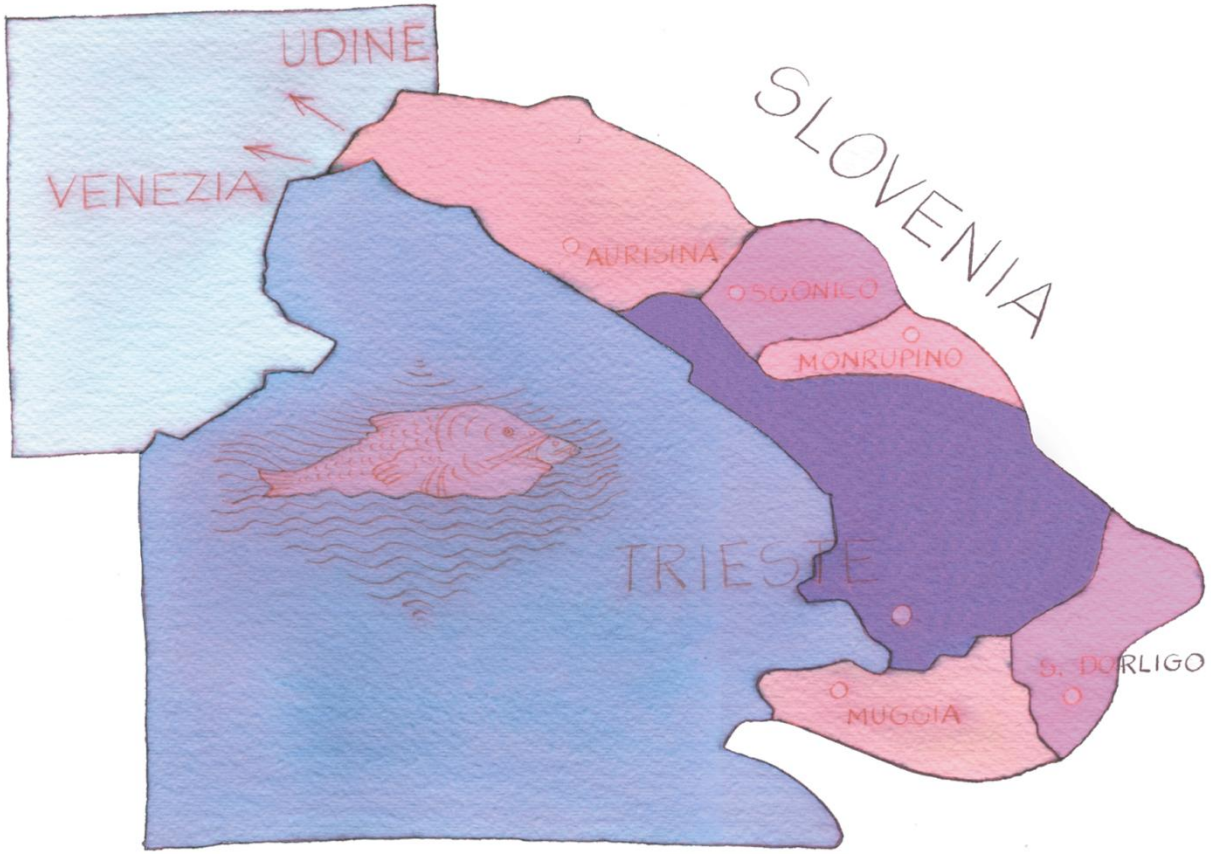
Dr. Barbara Bavdaž

3rd Medical Conference
Adolescent and Youth Health: Developments and Future Challenges
Nablus 2010

THE AREA

236,457 inhabitants

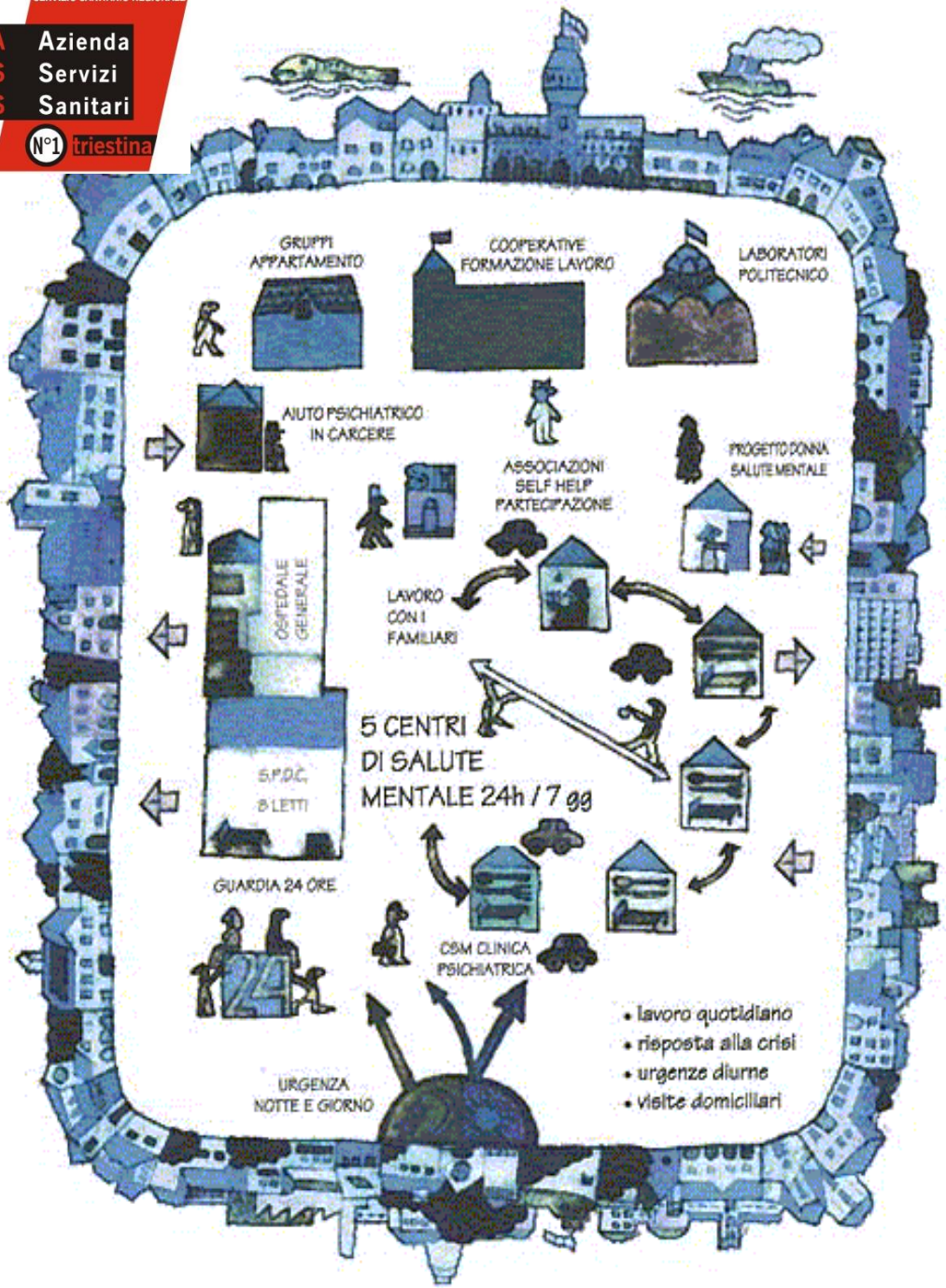
The Province of Trieste with 6 Municipalities



Duino Aurisina	**8,698**
Monrupino	**872**
Muggia	**13,417**
San Dorligo	**5,999**
Sgonico	**2,115**
Trieste	**205,356**

SERVIZIO SANITARIO REGIONALE
A Azienda
S Servizi
S Sanitari
N°1 triestina

THE DEPARTMENT OF MENTAL HEALTH



The Mental Health Services Network in Trieste

A CONTRADICTION

- DSM services based in the community
- Accessible
- Flexible
- Integrated
- Multidisciplinary approach…

But

- Most first episodes psychosis in young people still to SPDC!

SPDC DSM TRIESTE

SPDC DSM Trieste

CMHC, Trieste

An integrated socio-sanitary system based in the community

2002 Shared protocols for

- People with Learning Disabilities
- Families at risk and adolescents at risk
- Comorbidities-double diagnosis with Alcohol and Substance Misuse
- People with Dementia
- Clinic within PCD(districts)

2003 'Something has Changed' Project

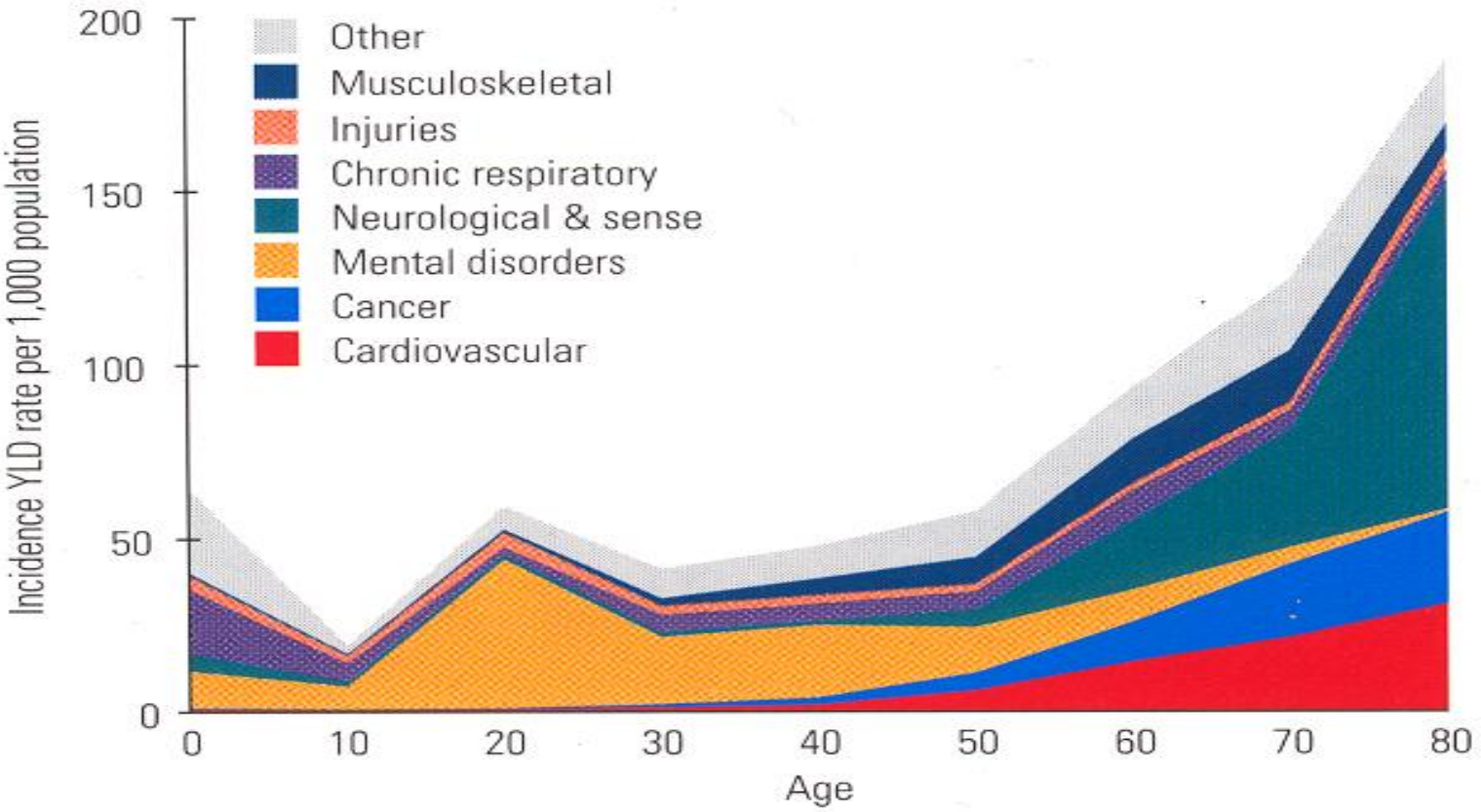
Adolescence and early adulthood

- Transitional age (post-adolescence)
- To 30y. in the last decades (in Europe from the 50s)
- Child vs. adolescent (coping skills, recovery)
- Vulnerability to risk factors, stressors, developmental life-stages issues
- High incidence of Depressive Disorders, Eating D., Suicide, Behavioural problems, Substance Misuse
- Physiological crisis vs. a mental health problem (does she/he need specialistic support?)

SOME DATA

- Mental health issues are responsible for 55% of the overall burden of disease for young people between 15-24 (Mathis et al, 1999)
- 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)
- 75% of mental health problems occur before the age of 25 (Kessler et al 2005)
- 80% of first episode psychosis 15-30 (2%!)
- The World Bank Data: high social costs and global burden

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996



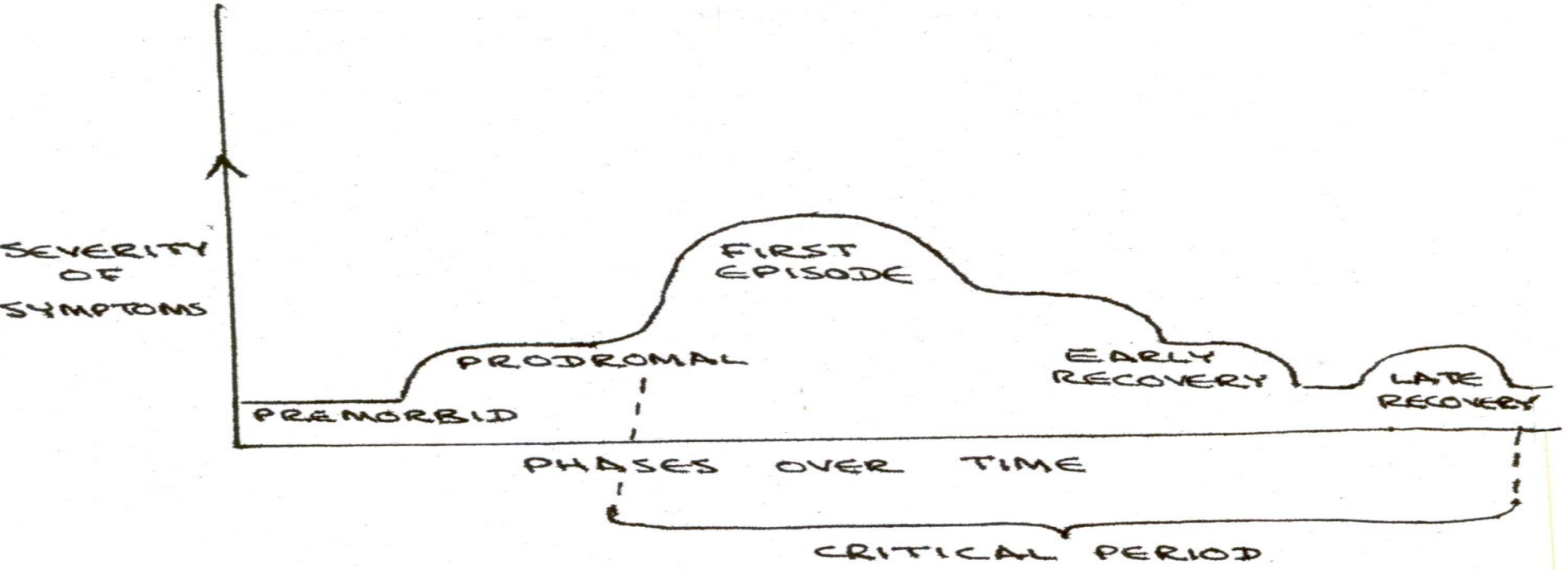
PREVENTION OF SCHIZOPHRENIA VS ON YOUTH MALAISE/DISTRESS/PROBLEMS

The Three phases and The critical period :

- *Prodromic phase* (five years);

  with subclinic positive symptoms (risk of delay in treatment); (one year)
- *Crisis- first episode*
- *Critical period*=2 to 5 years following the onset of psychotic illness
- No 'natural evolution', but 'maximum potential of deterioration and therefore the greatest opportunity to intervene to prevent the development of psychosocial disability' Birchwood et al (1993)

CRITICAL PERIOD



EARLY DETECTION AND THE STAGING MODEL

(P. MC GORRY)

- Stage 1 -The prodromes

- subjective awareness of a transformation
- objective awareness (family members) of a change
- aknowledgement/recognition of the change as a problem
- identification of its mental health nature/feature

- Stage 2 – The first episode

- seek for help
- assessment provided by social and/or health staff
- referral to mental health services

- Stage 3 - The long-term chronic phase

- access
- approach

DUP

- Has a major, strong impact on the course, but is not the only influence on treatment outcome (premorbid adjustment)
- DUP can be caused by (or added to) pre-treatment disruption of education or vocation
- Relationship between DUP and outcome of treatment (e.g.remission of positive symptoms, neurotoxic effects)
- Relationship between DUP and longer-term quality of life after treatment
- Can lead to disruption in social support, reduced self-confidence (Why Try? effect), increased hopelessness or engulfment

PROLONGED DUP

- Longer duration of acute episode
- Prolonged morbidity (Stahl, Wyatt)

- *A persistent psychotic state has a intrinsecly toxic impact on social role and personal development*

- Psychosocial decline (Jones, Warner)
- Poor outcome

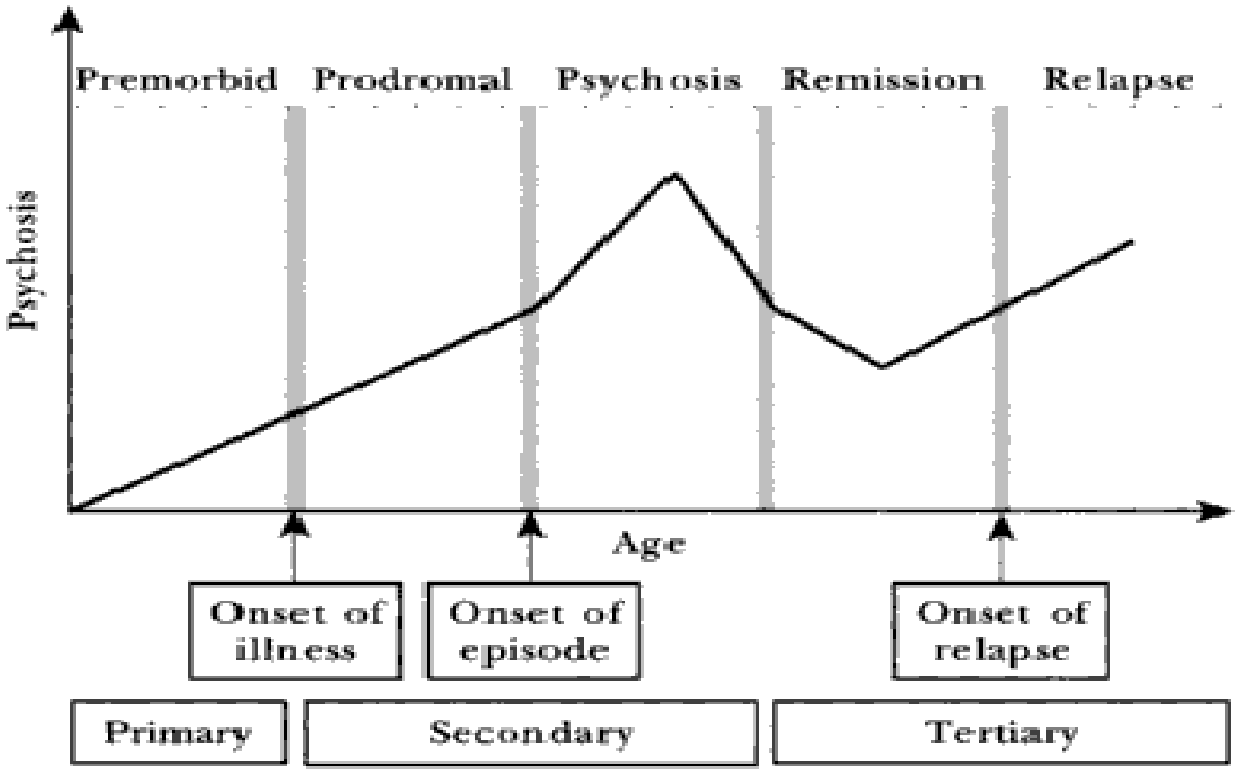
- *Rehabilitation and recovery progress slowly and partially*

- Increased costs of care

- *Delay in treatment can double the costs*

… CAN LEAD TO:

- Substance misuse
- Relationship problems with family and peers
- Increased risk of suicide
- Legal problems, criminal acts/ antisocial behaviour
- Higher chance of delaying school graduation and of dropping out, less chances of getting a job, longer periods of unemployment
- More frequent admissions and longer periods of hospitalization



PREVENTION

Johannessen et al

Something has Changed

- Annual plan 2003-2005
- 16-30 showing behaviour or symptoms at risk of psychosis, frankly psychotic, w. severe personality disorder
- Family involved (information, support, practical matters) within 48 hours
- Separated specific support and peer-groups for family and user
- Focus on appropriate medication
- Long-term support for both

A DEDICATED TRANSDISCIPLINARY TEAM

- DSM -15 team members: 4 psychiatrists, 4 psychologists, 4 nurses, 2 social workers, 1 occupational therapist
- PCDistricts/CAMHT- 8 team members: psychologists, social workers, nurses
- Dpt. of Drug and Alcohol Misuse - 4 team members: medic, psychologist, social worker, nurse
- Social Services - 4 social workers (1 per each geographical area)

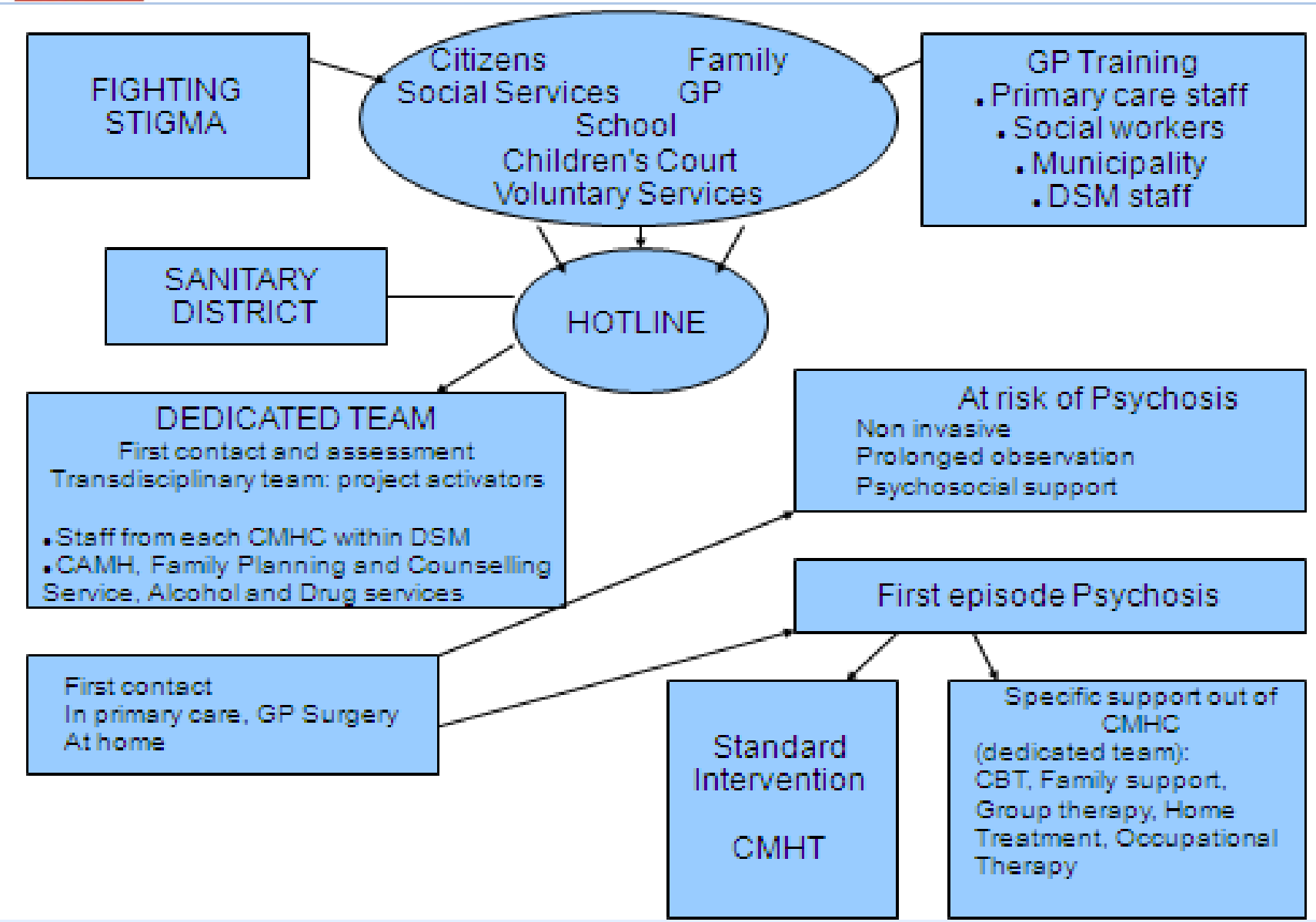
ACTIONS

- To allert social and health services in the community: training, conferences, pubblic meetings
- To involve families, teachers and students (incl. High schools, University, SISSA), GPs, sport clubs, associations, social and leisure groups, users and team workers, judges, police etc.
- To involve media: interviews, radio and tv programmes, leflets-booklets
- To implement recognition of difficulties at school (30 teachers)
- To implement diagnostic skills of GPs: training (150 GPs)
- To facilitate the access of 16-30y: emergency-tel help line, walk-in access
- To improve communication and collaboration between services and teams

GOALS TO ACHIEVE

- Reduction of DUP
- Reduction of (traumatic) admissions to hospital (-50% to SPDC)
- Increase of n° of referrals to CMHC etc (+15% after first semester, +20% after second semester)
- Coming out! A cultural change!
- Follow up at 6 and 12 months

SOMETHING HAS CHANGED



RESULTS

2003

- 20 people, m≥f

2004

- 18 people

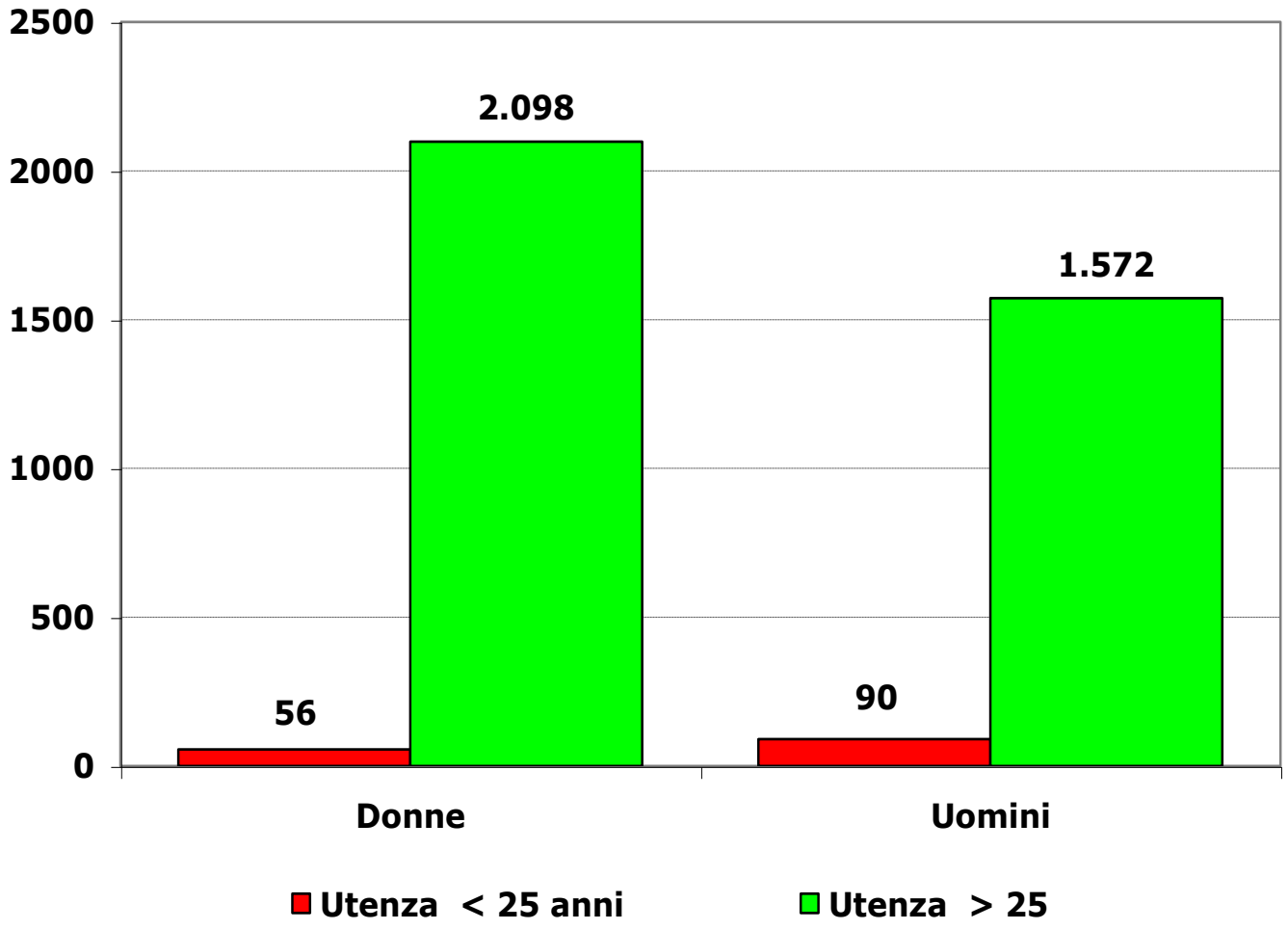
2005

- 10 people
- 12 months: 4 dropouts (out of area students)
- 1-2 needed admission to CMHC

2008

- 29 people, 16m-13f

Distribuzione di genere delle persone in contatto con i CSM nel 2008 (N=3.816)



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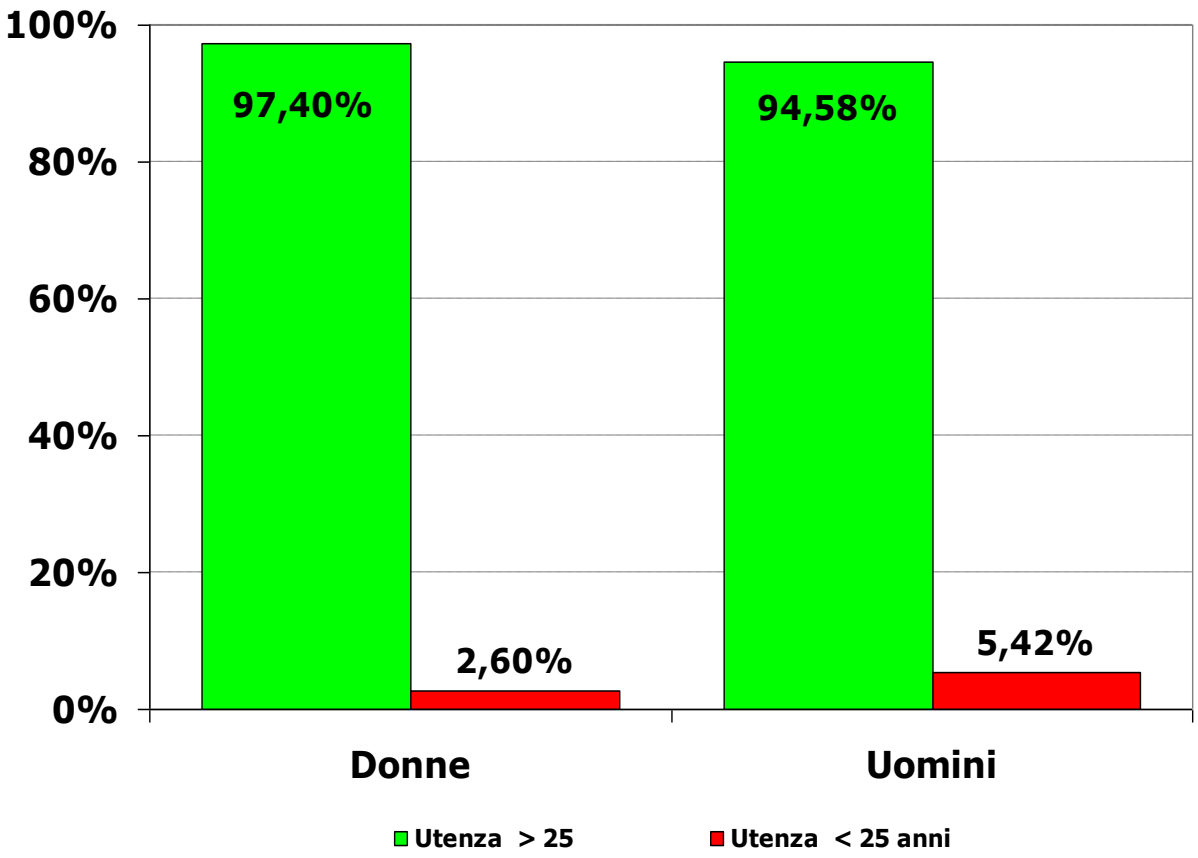
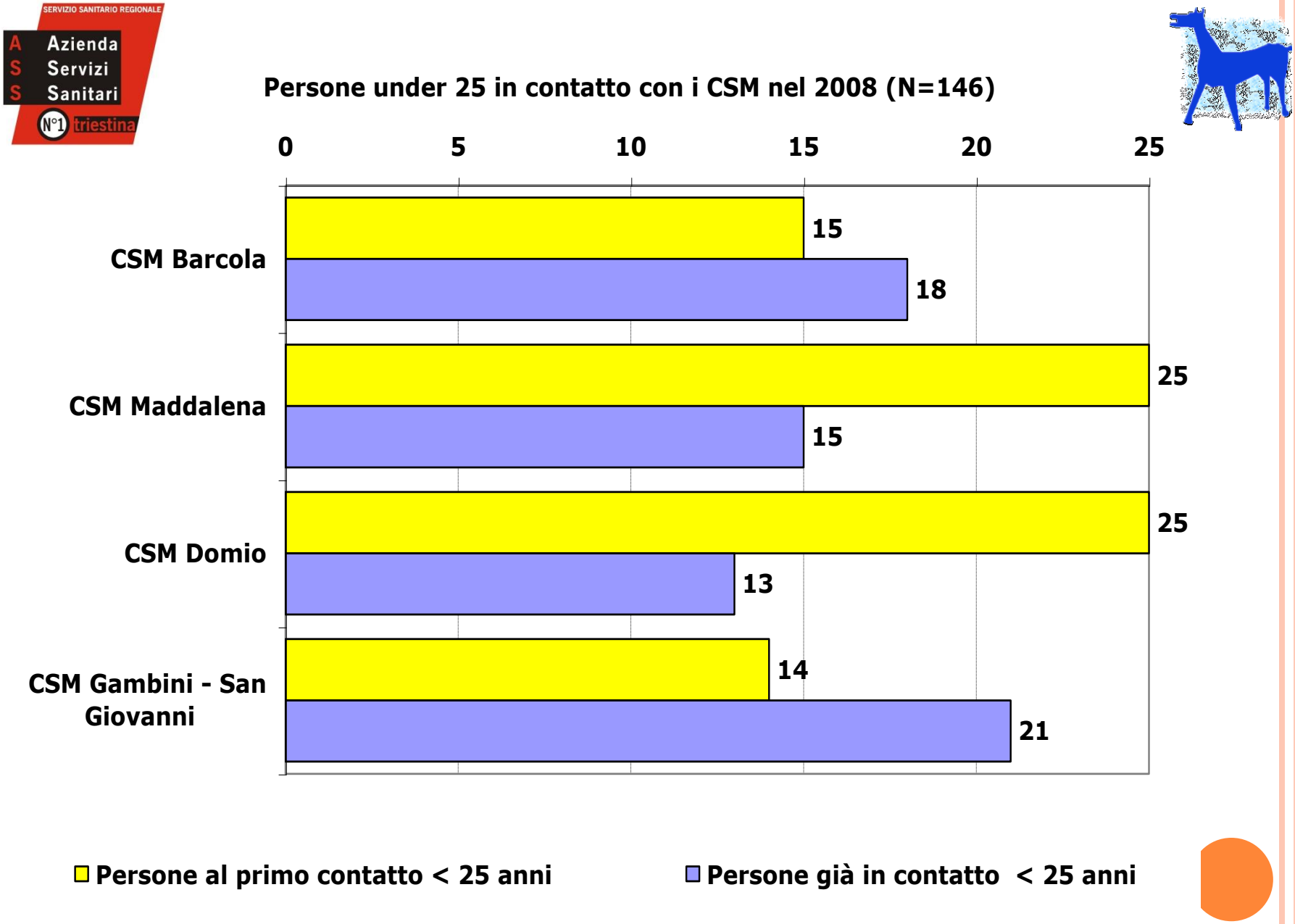
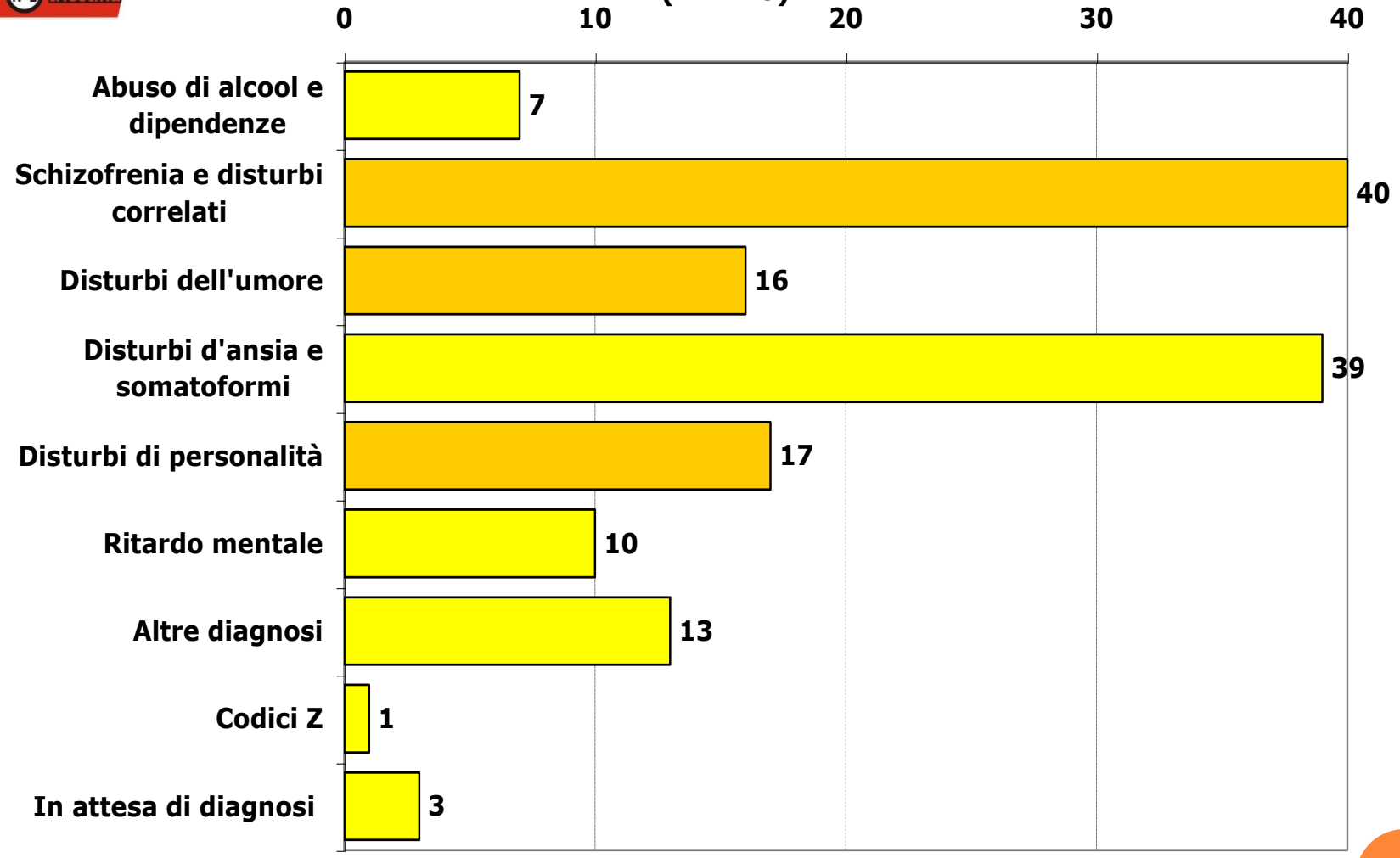



Persone under 25 in contatto con i CSM nel 2008 (N=146)
0
5
10
15
20
25
CSM Barcola
15
18
CSM Maddalena
25
15
CSM Domio
25
13
CSM Gambini - San Giovanni
14
21
Persone al primo contatto < 25 anni
Persone già in contatto < 25 anni

Valutazione diagnostica delle persone under 25 in contatto con i CSM nel 2008 (N=146)



RICOVERI- ALCUNI DATI.

Range episodi accoglienza	Persone accolte	Episodi di accoglienza in TSV	Giornate di accoglienza in TSV
1 episodio	5	5	31
2 episodi	4	8	110
più di 2 episodi	6	39	242
Totale	15	52	383

2010 To reduce burden of disease 16-20

- ‘Grey zone’, overlap and handover between services
- Integration and interaction with Sanitary Districts incl. GPs, pediatricians, psychologists etc
- From multidisciplinary teams (working in parallel) to trans-disciplinary teams (a system of collaboration, joint activity and shared responsibility)
- DSM, Eating Disorders, Alcohol and Substance misuse Dpt.
- The Children’s Hospital of Trieste

Some specific characteristics 16-20

- Personal vulnerability and social fragility
- Problems with schooling and vocational training
- Difficulties with parenting, parents with mental health problems
- No or rare contacts with GP ('low attender')
- Parents often unaware of the problem (e.g. contraception, sexuality, illicit substances)
- Mainly go to A&E (Burlo)- not yet sufficiently integrated with other services
- Low numbers of referrals to DSM and CAMHTs

PILOT PROJECT 2010

- Implement new abilities of the teams involved (UOBA, family clinic, GP, DdD, DCA; personalized care management)
- Improve programmes and projects already in place (16-30)
- Disseminate information about access points
- Find specific and exclusive, spaces (CMHC2) when admission is necessary (not Neuropsychiatry ward), implement home treatment
- 16-17 mixed groups (m + f) on identity, self-esteem, recovery
- ERDISU program (student loans, supported accommodation)
- UDMG involvement, Social Services
- Carers' support, family involved within first 48 hours
- Cultural change, keep the focus and attention at high level (media, schools, debates, meetings, sport events, cultural happenings, concerts)

WITH SPECIAL ATTENTION TO:

- Early detection: prevention and support to adolescents and young adults with mental health problems (16-25) or with parents who present with mental health problems
- Carers' Support: empowerment of all families, to help them (user and family) join the first episode (2 distinct) peer groups
- Appropriate personalized treatment (incl. pharmacotherapy and individual /family psychotherapy) for at least 6 months; to monitor for at least 12 months

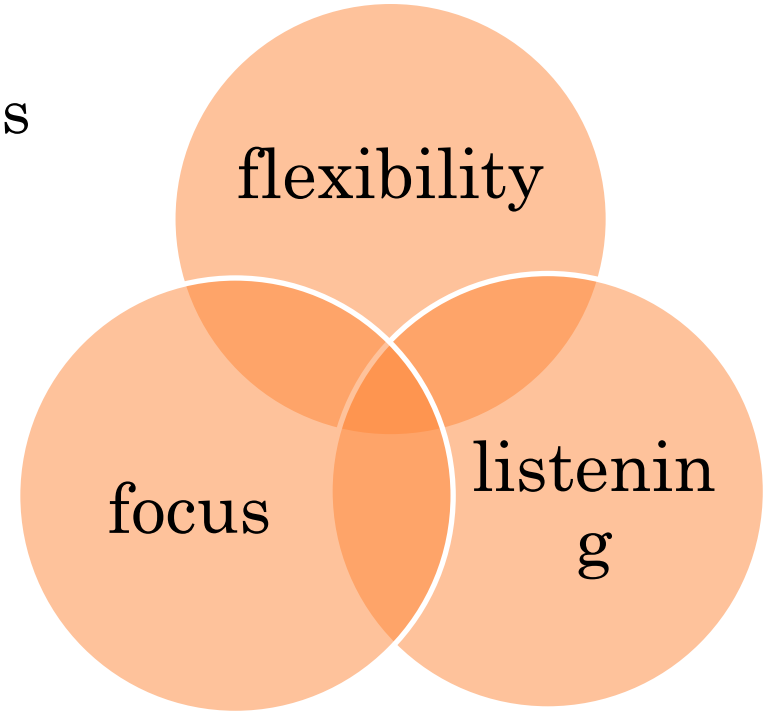
MONITOR OUTCOMES

- To improve liaison with pediatric hospital and pediatricians/GPs: increase in number of referrals
- To implement n° of contacts and joint trans - disciplinary care-plans
- To evaluate the outcomes as regards

  -clinical results(symptoms, n° days of admission)
  -social results (social disability, carers' burden)
  -the socio-economical impact (costs, users' satisfaction)

Main goals to achieve

- To optimize the communication and cooperation between services
- To implement skills
- To reduce stigma



Prof. Pat McGorry

Australian of the Year 2010

Founded EPPIC

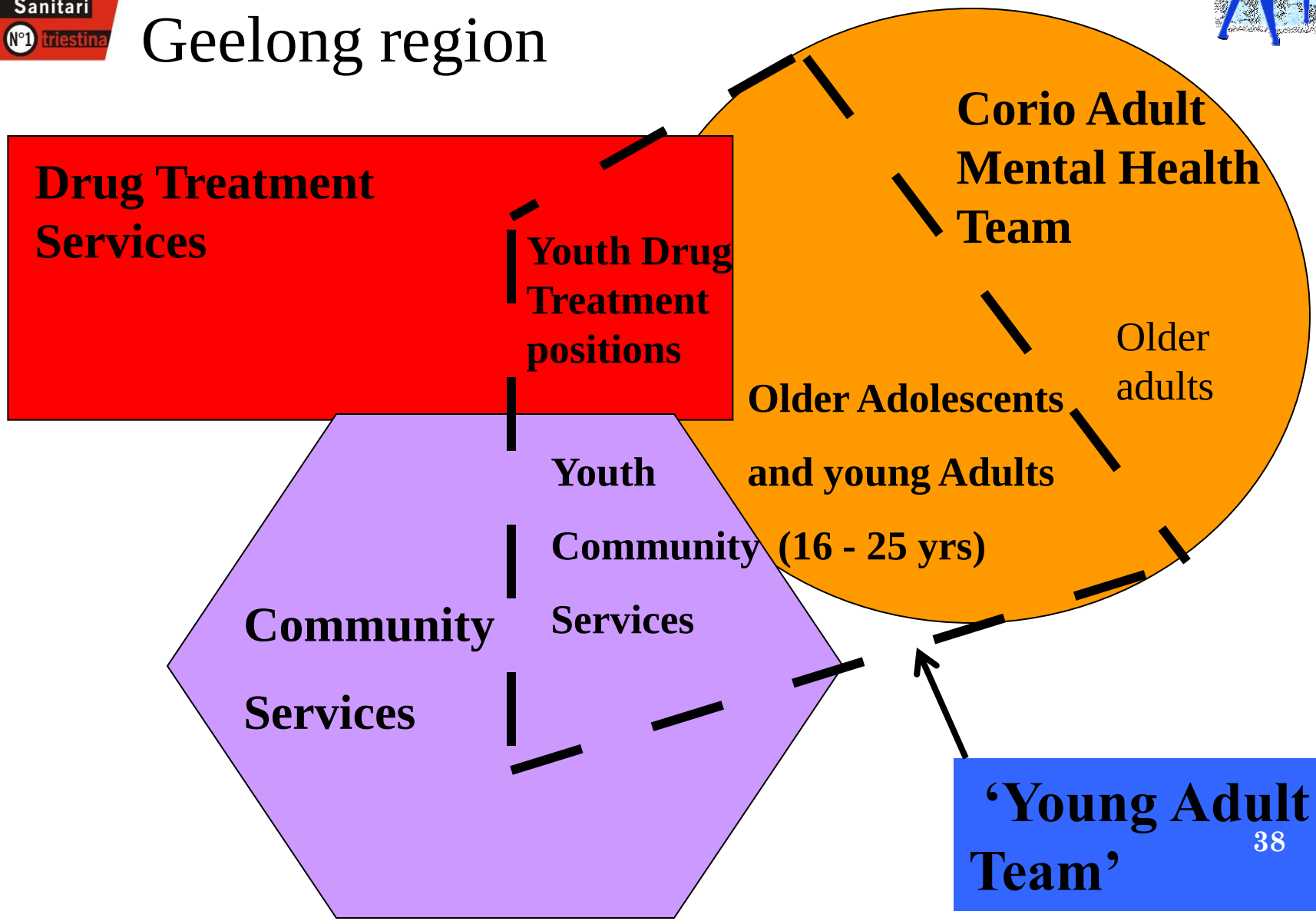
•The 2005-2006 Australian Government budget included a commitment of $69M over four years to better assist young people with mental health problems.

•Funding used to support integration of services (Mental Health, Drugs and Alcohol, private psychology and psychiatry) – not direct service provision.

•30 sites established across Australia (Geelong was one of the first) – and funding just announced by Australian Gov. for another 30 sites

Model for North

Geelong region



THE JOURNEY OF A LIFETIME

- 1in 4 will suffer from a mental health problem in the next 12 months
- N° 1 health issue for young people
- Early intervention works
- Accessible, flexible, human, ethical, youth friendly services
- Recovery oriented services and teams w. pragmatic optimism
- Bio-physical, psycho-, socio-, cultural early intervention in psychosis

Early Psychosis Declaration 2002. 10 Strategies for 5 years.

- Provide treatment in primary care
- Make psychotropic and psychosocial interventions available
- Give care in the community
- Educate the public
- Involve communities, families and consumers
- Establish national policies, programmes and legislation
- Develop human resources
- Link with other sectors (to facilitate recovery)
- Monitor community mental health
- Support more research

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Thank You All