

EARLY PSYCHOSIS INTERVENTION IN OREGON: BUILDING A POSITIVE FUTURE FOR THIS GENERATION

WHY EARLY INTERVENTION IN PSYCHOSIS MATTERS

Schizophrenia affects one in one hundred people; its onset usually begins in late adolescence or early adulthood. Symptoms include hallucinations, delusions, confused thinking, and a range of cognitive deficits. In its acute phase an individual afflicted with schizophrenia becomes unable to discern what is real from what is not, and may act on incorrect or inaccurate information about the environment. The young person often loses the ability to participate in school and work, or even to take care of basic needs. Families may mistakenly attribute the cause of these changes in a loved one to antisocial behavior or drug use. Friends drop away quickly as the person isolates or behaves strangely.

The fact that schizophrenia begins during teenage and young adult years makes early intervention critical. The illness interferes with key developmental tasks, including identity formation, finishing school and beginning employment, taking on adult roles and responsibilities, and forming intimate relationships. Psychosis can impede these developmental processes in ways that will affect a person for life. The stress can lead to family dissolution and even homelessness. Unable to tell what is safe from what is not, or what is real from what is not, an afflicted person is at risk of accidental death, injury, or suicide. It is common for psychosis to lead to arrest and legal charges.

Unfortunately, these experiences are common because many people don't get the right help in the early stages of psychosis.¹ Treatment programs and providers are often untrained and unprepared to provide appropriate support.

Too often, a series of traumatizing crises and inappropriate care lead to an involuntary hospital commitment and/or entry into the federal disability system.² The longer it takes for a person to get appropriate help, the more challenging recovery becomes.

WHY AND HOW EAST/EASA WAS CREATED

Mid-Valley Behavioral Care Network (MVBCN) is an organization responsible for publicly funded mental health services across five Oregon counties. In 1999, MVBCN looked for ways to improve the typical life course of people with schizophrenia. In early 2001, The Early Assessment and Support Team (EAST) was created, modeled after the work of the Early Psychosis Prevention and Intervention Center in Melbourne, Australia,³ and practice guidelines⁴ implemented in Australia. Adaptations to EAST were made over the years, such as adopting aspects of SAMHSA's recovery toolkits. In 2007, the Oregon legislature provided funding to begin disseminating EAST statewide, and this broader effort was named the Early Assessment and Support Alliance (EASA). EASA programs were created in eleven new counties, so that today sixty percent of Oregon's population has access to an early psychosis program.

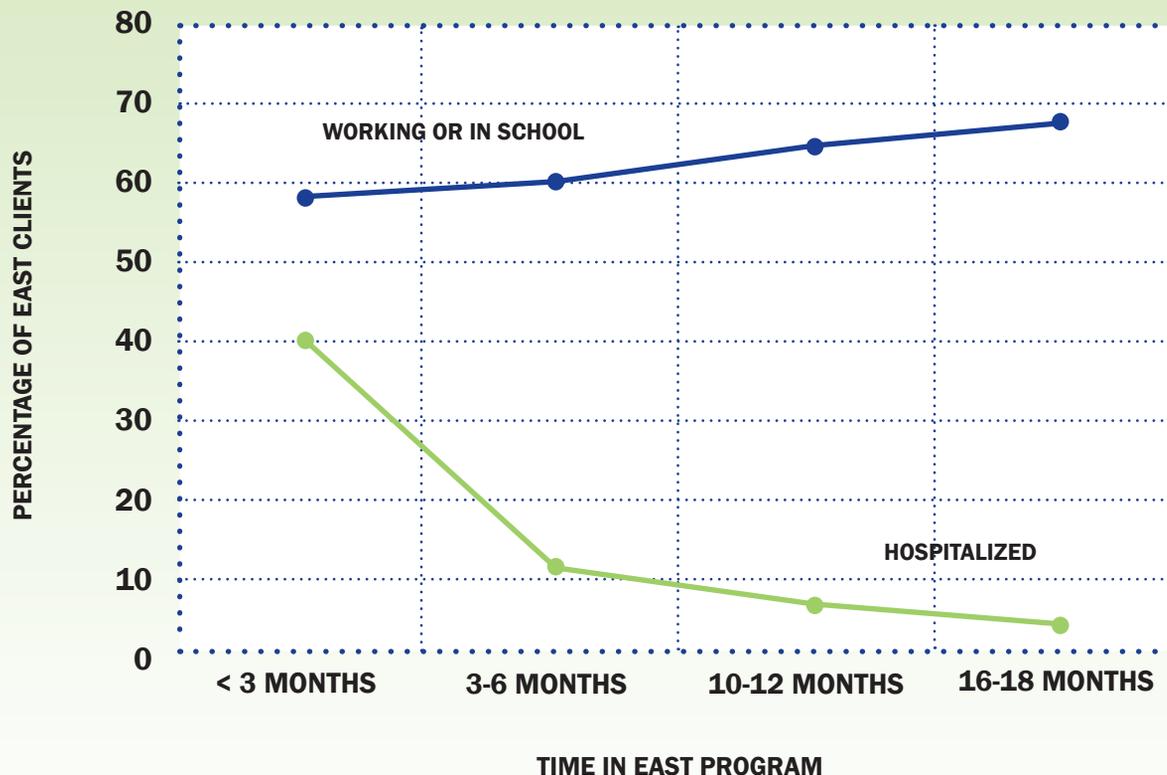
WHAT EAST AND EASA DO

The mission of EAST and EASA is to support young people and families to maintain their normal life trajectory when psychotic symptoms first occur. Most families stay with the program for two years, and then move onto a

CASE EXAMPLE: JAN

Jan is a talented singer who hopes to become an architect. During her junior year in high school she began having trouble taking notes in class and reading her textbooks. She began seeing bizarre images and hearing the sounds of someone conversing when no one was there. Distressed, she talked to her favorite teacher, who referred her to the high school guidance counselor. An EAST counselor came and met with Jan and learned about her goals, strengths, and struggles. It appeared that Jan was experiencing increased sensory sensitivity and depressed processing speed and memory. The EAST counselor also talked with Jan's parents and her primary care doctor. Jan received a comprehensive physical evaluation and started a regimen of Omega 3 fatty acids. With the help of her EAST counselor, doctor, nurse, and occupational therapist, Jan worked with her teachers to identify accommodations so she could complete the school year successfully. The family joined a multi-family group which helped prevent conflict, reduced stress and improved the family's ability to identify and resolve issues as they emerged. At one point Jan's symptoms became severe, so she chose to use an antipsychotic medication temporarily. The team continued to provide symptom monitoring, education, support and advocacy as needed. As she neared graduation, Jan applied to college, was accepted, and was able to explain what accommodations she needed to the university disability office. EAST helped her connect with on-campus supports and with a local counselor and doctor. After she left town for college, EAST continued to be a resource for Jan and her family.

TABLE I. HOSPITALIZATION, SCHOOL, AND WORK TIME IN THE EAST PROGRAM (2002-08)



planned transition into additional supports. To accomplish this, the programs consist of the following elements:

Community education and outreach: EAST/EASA representatives go out into the community to increase awareness about psychosis and encourage early referrals. These education efforts are offered to a wide range of audiences—school counselors and teachers, medical professionals, law enforcement, parents, clergy, and adolescents.

Targeted outreach to those in need: Psychosis is often frightening, and even the thought of being diagnosed with such a serious mental health condition may cause a young person to refuse to seek help. EAST/EASA team members meet the person and family at their level of readiness in order to form a relationship built on trust. Services are strengths-focused and oriented toward issues the young person finds relevant, such as getting through school, resolving conflicts, paying off debts, or regaining their proficiency in areas they have previously done well in but in which they are now struggling.

Consistent services in the transition from adolescence to adulthood: Services are provided to teens and young adults by the same team. EAST serves ages 12 to 25 and the other EASA programs serve ages 15 to 25. There is no discontinuity of care or caregiver teams just because a person “ages out” of childhood services. Teams meet twice weekly or more often to coordinate care closely.

A supported employment/education specialist: This specialist works closely with each program participant. The success of this program aspect is highlighted by the fact that the majority of young people involved with EAST/EASA do not pursue federal disability funding.

Treatment options: When it comes to treatment, the emphasis is on education and choice. Medications are used cautiously, and close attention is paid to the side effects experienced by the client. Medical staff, which includes psychiatrists and nurses, are members of the care team and collaborate in decision making.

Occupational therapists: These specialists are available to help assess and provide treatment for underlying sensory, cognitive, and functional issues.

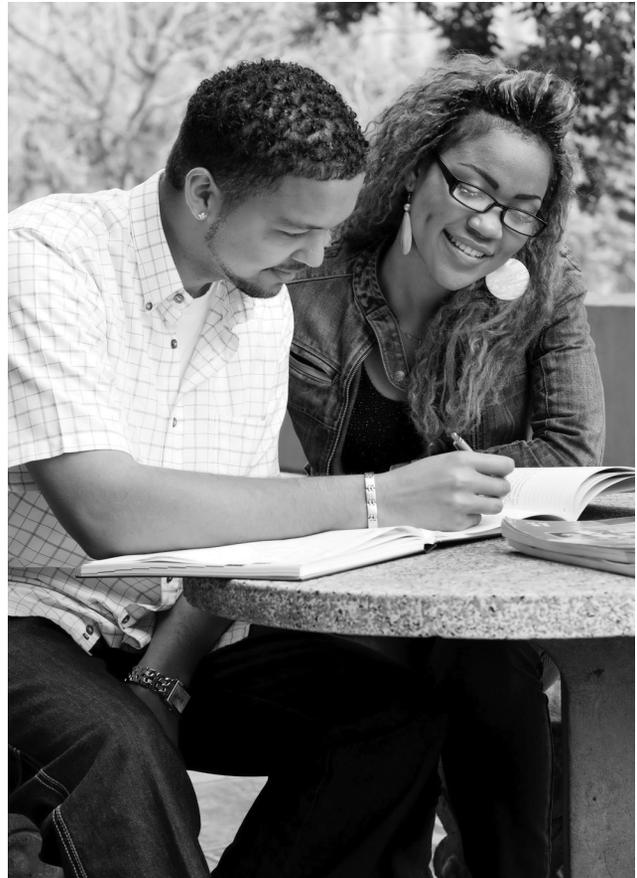
Family inclusion: Families are viewed as essential partners in the decision making process. Most families participate in evidence-based Multi-Family Psychoeducation⁵ focused on increasing knowledge and problem solving.

Commitment from systems leaders: State and regional leaders work together to develop and realign funding streams, regulations, and workplace policies in order to best serve individuals in a flexible way, without barriers such as insurance restrictions and gaps between child and adult systems.

EVALUATION

Data is routinely collected on all EAST/EASA participants, including hospitalizations, legal involvement, school/work involvement, living situation, diagnosis, and referrals. For the one-year period following EASA’s inception at the beginning of 2008, EASA served 340 families and assessed 739 referrals. The results of EAST, as well as the new EASA sites, are encouraging. EAST and EASA participants show

significant declines in hospitalizations as they participate in the program, from approximately fifty percent needing hospitalization in the three months prior to intake to ten percent requiring hospitalization in the following three months; rates continue to decline every quarter thereafter (see Table 1). Approximately seventy percent of participants are actively involved in school or work, and all but a small handful maintain an active vocational goal. EAST is now beginning to follow-up with individuals who have graduated from the program. In addition, each EASA site is involved in a fidelity review process.



WHERE WE GO FROM HERE

We hope that early psychosis intervention programs become more common, and as a result psychosis will be perceived as less frightening, and more as a common medical condition needing appropriate care. Through collaboration with research programs focusing on earlier identification of psychosis, such as The Robert Wood Johnson Foundation’s Early Detection and Identification for the Prevention of Psychosis Program (EDIPPP), EAST/EASA may be able to become more effective in early identification and support. We are on the verge of a tremendous leap forward in improving the lives of people with schizophrenia, from a time when it is viewed as a permanently disabling condition to a time when this mental health condition becomes widely known as treatable.

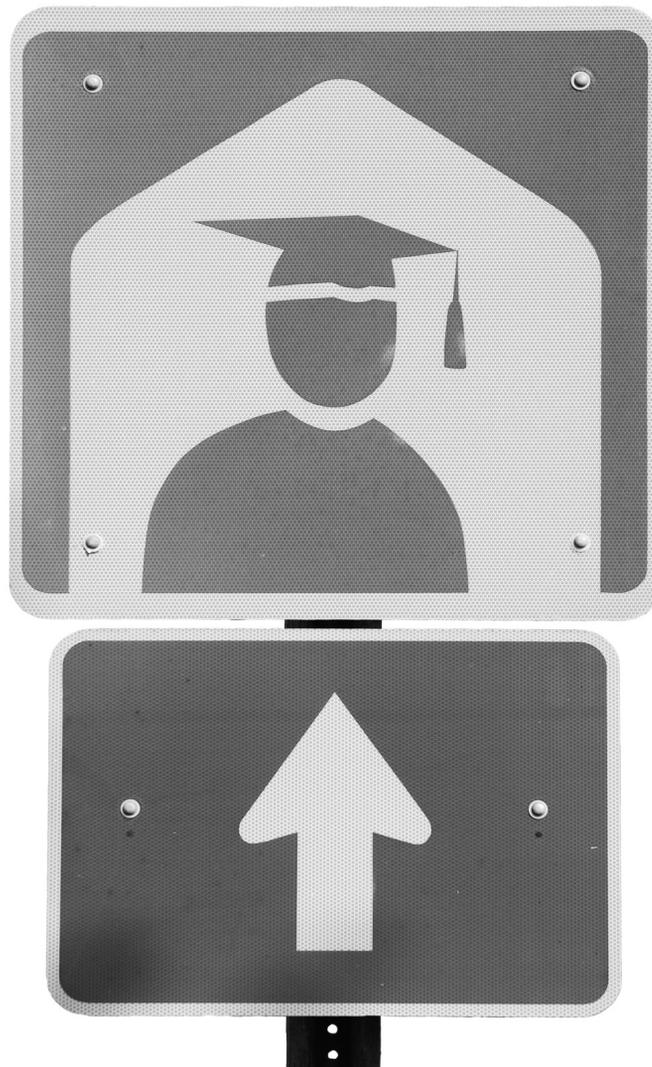
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RECOMMENDED WEBSITES

EAST's website designed for families and professionals:

www.eastcommunity.org

International Early Psychosis Association (offers free membership and journal):

www.iepa.org.au

Early Psychosis Prevention and Intervention Center at the University of Melbourne, Australia:

www.eppic.org.au

SAMHSA evidence-based practice toolkits:

www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits

HeadSpace (Australia's adolescent health integration program):

www.headspace.org.au

EDIPPP (Website for The Robert Wood Johnson Foundation's study entitled Early Detection and Intervention for the Prevention of Psychosis Program):

www.changemymind.com