Early psychosis services at Orygen Youth Health

Patrick D McGorry, Professor of Youth Mental Health, Orygen Youth Health Centre for Youth Mental Health, University of Melbourne, and Executive Director, Orygen Youth Health Research Centre, Melbourne, Australia.

Professor Alison Yung, Dr Jane Edwards, Orygen Youth Health Centre for Youth Mental Health, Locked Bag 10, Parkville, VIC 3052, Australia.

Website: www.oyh.org.au

The Early Psychosis Prevention and Intervention Centre (EPPIC) was established in 1992 in Melbourne to provide the first comprehensive, integrated, community-based treatment program for first-episode psychosis in Australia, and indeed, one of the first world-wide. Since then, the program has expanded and evolved and become an integral part of the specialist early psychosis clinical program within Orygen Youth Health Centre for Youth Mental Health in Melbourne, Australia.

The cornerstones of the early psychosis service at Orygen Youth Health are its two continuing care streams: the Personal Assessment and Crisis Evaluation (PACE) clinic, which works with young people who are at ultra-high risk of developing psychosis, and EPPIC, which accepts young people who are experiencing a first episode of a psychotic disorder. Because the onset of psychosis usually occurs during the crucial developmental period of late adolescence or early adulthood, and is usually preceded by a long period (on average 2-3 years) of increasing symptomatology and functional decline, without appropriate early intervention significant disruption to the young person’s psychosocial development becomes the norm. Maturation is put on hold, social and family relationships are strained or sometimes severed, and educational and vocational prospects are derailed. Secondary problems such as substance use, unemployment and behavioural problems may develop or intensify and the illness itself may become more deeply entrenched. Early intervention aims to either prevent the onset of psychosis, or if this occurs, to facilitate recovery and allow the young person to achieve to their full potential.

<table>
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<tr>
<th>The aims of PACE:</th>
<th>The aims of EPPIC:</th>
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<td>• To prevent the development of psychotic illness</td>
<td>• The early identification and treatment of the primary symptoms of psychotic illness</td>
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<td>• To reduce disruption to social</td>
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and vocational functioning and psychosocial development in these vulnerable young people

- To provide psychoeducation to the young person and their family and to promote their psychological well-being
- To support the young person during their recovery
- If psychotic illness does develop, then to minimise the delay between psychosis onset and effective management

- To improve access to, and reduce delays in, initial treatment
- To reduce the frequency and severity of relapses, and to increase the time to a first relapse
- To reduce secondary morbidity in the post-psychotic phase of illness
- To reduce the disruption to social and vocational functioning and psychosocial development in the critical period following the onset of illness, when most disability tends to accrue
- To promote well-being among family members and reduce the burden for carers

**Services provided by PACE and EPPIC**

- Assessment
- Monitored, specialized treatment, including psychotherapy and medication
- Comprehensive, individualized case management
- Access to specialized services (e.g. drug and alcohol services, a forensic team, educational support, etc)
- Crisis intervention
- If necessary, acute care in a specialized 16-bed inpatient unit
- Referral and liaison with other community agencies (e.g. social security, education and employment services)
- Psychoeducation for the young person and their family/carers
- Family work
- Psychosocial recovery programs that promote the young person’s re-engagement in education/work and social activities
- Integration with Orygen’s research program
Young people referred to Orygen are initially assessed by the Youth Access Team, who determine which of Orygen’s clinical streams, including PACE and EPPIC, best fits the client’s needs. The Youth Access Team also provides an out-of-hours home support and crisis intervention service for current clients who need emergency care, so that round-the-clock support is available to those who need it.

Each client accepted into EPPIC is offered continuing care on an outpatient basis for up to two years following their initial assessment, while PACE clients are eligible for a six-month episode of care within a ten-year framework. Continuing care is central to Orygen’s vision, and is provided by a team consisting of a case manager (who may be a clinical psychologist, a social worker, an occupational therapist or a psychiatric
nurse) and a psychiatrist or psychiatric registrar under the supervision of a senior psychiatrist. The continuing care team work collaboratively with the young person and their family or other carers to provide a highly individualized therapeutic intervention, within the framework of the PACE or EPPIC clinical guidelines. Occasionally, hospitalisation may be required. If so, the client is admitted to the inpatient unit, a 16-bed specialized youth-friendly site on the campus of a large Melbourne public hospital, until they no longer need acute care and are ready for discharge and ongoing treatment with their continuing care team. In addition to acute and continuing care, all Orygen clients have access to various specialist interventions, including the peer and family support programs, which play a vital role in promoting recovery. The group program provides a wide range of meaningful, challenging and fun activities, giving young people the opportunity to work on personal issues such as lack of confidence, low self-esteem, anger or anxiety within a supportive peer group environment. The groups are usually small, with four to eight people involved, and include:

- vocational groups focusing on school, study and work
- groups which focus on better health such as physical fitness, reducing drug use and stress management
- social and leisure groups which help young people to connect with other people
- groups which focus on self exploration and expression such as outdoor adventure, art and music
- groups which help a person to gain independence
- groups which help with management of anxiety about recovery from illness

All Orygen clients and their families are encouraged to use the Peer Support program via the Drop-in Room or the Families Room. Our peer support workers are all past Orygen clients who provide support to current clients at the outpatient clinic as well as within the inpatient unit. Family support services include regular group information sessions for the families and friends of clients that are designed to help them understand mental illness, our Families helping Families program, which is run by peer family support workers whose children have been EPPIC clients, and our family support groups. Our family support workers and case managers also offer individual family sessions to discuss any issues of concern. The Drop-in Room is available for clients to talk to peer support workers, access resources and information, while the Families Room has a large collection of resources and information available for the families and friends of our clients.

**Research and Outcome Studies**

EPPIC has made a substantial contribution to the evidence base in treating young people with early psychosis through developing new psychosocial
interventions and testing them in clinical trials, and establishing the correct dosing and sequence of drug therapies. Extensive research long-term follow up studies have shown that EPPIC patients have improved psychosocial outcomes and that intervening well in the first two years after diagnosis means that substantial cost savings in care are possible over the longer term. EPPIC patients end up costing about one third as much per annum as patients with the same diagnoses over the long term. For some patients the EPPIC model needs to be continued beyond two years and perhaps up to 5 years to maintain the initial gains. Researchers at EPPIC and PACE have also led and collaborated in research exploring the neurobiological basis of the onset and early course of psychotic disorders.
The Early Psychosis Intervention Programme (EPIP)

Dr Swapna Verma, Chief and Consultant Psychiatrist
Lye Yin Poon, Assistant Manager
Helen Lee, Senior Case Manager and Team Leader,
Associate Professor Chong Siow-Ann, Senior Consultant Psychiatrist
Early Psychosis Intervention Programme, Institute of Mental Health,
Woodbridge Hospital, Singapore.

Website: www.epip.org.sg

The Early Psychosis Intervention Programme (EPIP) was initiated in April 2001 under the auspices of the Ministry of Health, Singapore. The aims of EPIP are to:

- raise awareness of and reduce stigma associated with psychosis
- establish links with primary health care providers and collaborate in the detection, referral, and management of those with psychosis
- improve the outcome of our patients and reduce the burden of care for their families

Our Strategies

Public education
To reach out to the public, we have engaged a multiplicity of approaches: media (radio shows, TV documentary dramas, newspapers, magazines), published an easy-to-read book on psychosis, posters in train stations, public forums, art exhibitions and a website (www.epip.org.sg).

One of our partners in our outreach is Silver Ribbon Singapore (SRS). SRS is a not-for-profit organization aiming to promote positive attitudes towards mental health within the community. In conjunction with SRS, we launched “A View From The Other Side”, a video on psychosis co-written and produced by students from Singapore Polytechnic during an outreach event. Other collaborations included a rock concert, a film screening, public talks and a walkathon.

EPIP is also involved in other youth projects; we have been approached by the National University of Singapore’s Business School to be advisors and judges on a contest where young people submit entries on the stigma surrounding mental illness.

We also collaborate closely with the Singapore Health Promotion Board in various health promotion events for young people. In particular, we have
close working relationships with the team from Audible Hearts, which is a youth-led online peer support service.

**Working with primary health care providers**

- Singapore Armed Forces (SAF)
  Singapore has a conscript army for males aged between 18 to 23 years old. EPIP has established a system to facilitate referrals and co-manage EPIP patients from the SAF. We also hold regular sessions with the SAF psychiatrists to discuss the management of these patients.

- General Practitioners (GPs)
  The EPIP-GP Partnership Programme has been initiated to involve GPs in the care and management of stable patients and right-site the care within the community.

- School counsellors
  The counsellors from the post-secondary educational institutes function as our “eyes” and refer cases to EPIP. If the student is accepted into the programme, the counsellors then subsequently work collaboratively with us to manage the student. Ongoing networking and booster training sessions with these counsellors are being conducted to ensure ongoing education and collaboration.

**Clinical service**

- Case management
  EPIP was the first to implement the case management model (a combination of brokerage and therapeutic roles) and the provision of a phase-specific treatment approach in mental health in Singapore. Following its demonstrated success, this model has been implemented for other psychiatric departments. The programme is now recognized as a leader in psychiatric case management and carries out training and official attachments for other mental health professionals.

- Patients and families
  EPIP has a drop-in centre, Club EPIP, to facilitate patients’ recovery. Club EPIP provides a recreational, club-like environment where patients are able to participate in programmes that encourage them to re-engage in pre-illness activities and return them to the community and workforce. Patients and their families are actively involved in and facilitate support groups and contribute to a bi-monthly newsletter.

Inaugurated in 2007, EPIP Day is an annual event honouring Exceptional, Promising and Inspirational People. Through this event, we also acknowledge and award our EPIP clients for their efforts toward recovery as well as their caregivers for their tireless contributions. In addition, it is
an occasion for us to thank our volunteers, various organizations and the hospital management for their continuous support. One of the highlights of the programme is having our clients share their personal journeys of their struggles and recovery. We have plans to hold this event in the community with the support of our sponsors and volunteers; such a move will not only destigmatise mental illness but also bring the message of recovery to the public.

**New Initiatives**

In 2007, EPIP became a part of the Ministry of Health’s National Mental Health Programme. This is a 5-year blueprint looking at mental health promotion, integrated mental health care, developing mental health manpower and research on a national level. With this additional support and funding from the Ministry, EPIP launched 2 new initiatives:

- **Support for the Wellness Achievement Programme (SWAP)**
  In March 2008, SWAP was established for individuals between the ages of 16 to 30 who were in at-risk mental states. SWAP has been in operation since March 2008 at the Community Wellness Centre (CWC), which is located in a polyclinic setting to not only destigmatise mental illness but to provide an accessible service.

- **Community Health Assessment Team (CHAT)**
  Initiated in April 2009, CHAT has been awarded funding from the Ministry of Health to raise awareness of mental health issues in young people as well as provide an assessment service for distressed youth. We aim to do so by having training and networking sessions with students, teachers and counsellors from post-secondary institutions, and a vibrant and interactive website to reach out to young people. In the pipeline are plans to set up an info-tainment hub in a youth-friendly and accessible venue to further destigmatise mental health amongst youths.

As of April 2009, EPIP has screened 2191 individuals and accepted 1633 patients. Our efforts at providing comprehensive, holistic and evidence-based care for individuals with first-episode psychosis, as well
as our initiatives at outreach and training have not gone unrecognized. The year 2005 saw EPIP winning the inaugural State of Kuwait prize for Research in Health Promotion, awarded by the World Health Organization.

**Early Psychosis Intervention in Oregon, U.S.A.**

**Tamara Sale**, Early Assessment and Support Team Coordinator  
**Ryan Melton**, LPC, Clinical Coordinator  
**Roderick Calkins**, PhD., Principal Investigator  
**Robert Wolf**, MD, Lead Psychiatrist

Mid-Valley Behavioral Care Network, Salem, Oregon, U.S.A.

Website: www.mvbcn.org

The Early Assessment and Support Team (EAST) was created in 2001 by Mid-Valley Behavioral Care Network (MVBCN) with the goal of reducing the disability caused by psychotic illness through effective early intervention. EAST built off the work of the Early Psychosis Prevention and Intervention Center in Melbourne, Australia, and has continued to develop its model based on additional treatment information from the U.S. Substance Abuse and Mental Health Services Administration. In 2007, Oregon’s state legislature funded replications of EAST’s program model in other parts of the state through the Early Assessment and Support Alliance (EASA), resulting in early psychosis teams covering more than sixty percent of the population of the state.

Core components of EAST/EASA include:
1. Building leadership commitment at local, state and national levels to create the will for systemic reform in support of the new service model. (Examples of system changes are integrating youth and adult services into the same clinical team and establishing funding streams to ensure appropriate services regardless of insurance status).
2. Systematically educating potential referents and community members about the commonality of psychotic illness, its early signs and symptoms, and realistic positive outcomes.
3. Rapid access and outreach for individuals experiencing early symptoms of psychosis.
4. Providing services through specialist teams consisting of psychiatrists, nurses, social workers/psychologists, vocational specialists and occupational therapists.
5. Providing multi-family groups using evidence-based protocols and trained facilitators.
6. Using strengths-based methods which emphasize client and family partnership, a shared explanatory model and a positive orientation toward the person’s likely future.
7. Offering rapid search and placement support for those who wish to work, and school support as appropriate for those who are in school.
8. Providing services for two years, with a focus on preparing the individual and family for transitioning into appropriate ongoing care and self-advocacy.

During its first eight years, EAST served approximately 400 individuals and families. The results of EAST, as well as the early results of the EASA programs, have been encouraging:
- Hospitalization rates starting around fifty percent in the three months before treatment, dropping to ten percent within three months, and steadily declining from there.
- Sixty percent or more of individuals remaining in school and work from the point of referral, with rates of school and work involvement growing over time.
- Active family involvement in treatment in more than ninety percent of cases.

There is active discussion about how to continue to build the model based on available research. To help lay the groundwork for effective earlier intervention, EAST is participating in a six-site national research study called the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP), sponsored by The Robert Wood Johnson Foundation. Portland Identification and Early Referral (PIER) at Maine Medical Center is the program lead for the study. EDIPPP is focused on high-risk and very-early first episode individuals. As a result of this study and other international research, EAST/EASA will continue to refine the Oregon approach. By developing a research component to its treatment system, EAST/EASA also has the opportunity to build on its experience and help shape further treatment improvements in the field.
Research conducted in the St. John of God mental health services over the last 15 years established that like elsewhere, the average delay to effective care for people with schizophrenia was about 1 year and that these delays are critical to future clinical outcomes.

The DETECT (Dublin and East Treatment and Early Care Team) service was launched in 2006 through a consortium approach: the members of the consortium are the St. John of God Order (a NGO), the HSE (Health Service Executive, Schizophrenia Ireland (a NGO of people with mental illness and their families)) and the community mental health services in the region. The aim of DETECT is firstly, to determine if delays to effective treatment can be reduced in an Irish healthcare environment. Secondly, DETECT is evaluating the uptake and efficacy of a specialized intervention package for people with psychosis and their families. Finally, in the future, the impact of the EI efforts on outcomes will be determined. The DETECT service covers a catchment area of 400,000 people.

Reducing Delays

After reviewing successful strategies to reduce delays elsewhere, the DETECT consortium adopted the proven two-pronged approach to reducing delays: (1) increasing awareness and skills in primary care, especially among general practitioners (GPs) and emergency department staff and (2) provide information about psychosis to key professionals and the general public. This strategy is consistent with other fields of healthcare that traditionally divide delays to effective treatment into: help-seeking delay and system delay.

System Delays: Before launching the campaign for GPs we conducted two surveys of their views. Using this information DETECT
developed a DVD and distributed a laminate sheet of questions GPs could use to elicit symptoms of psychosis. We also arranged to train GPs through local continuing medical education groups.

Help-Seeking Delays: Although not resourced to undertake a large scale public education campaign, DETECT is making efforts to reduce help-seeking delays in a number of ways. We write regularly in public media including newspapers and magazines. We also have worked with the script writers of Ireland’s leading soap opera, Fair City, to ‘place’ a person with schizophrenia who develops the illness and recovers. In our discussions with service users we learnt that many people seek information on the internet so we launched www.detect.ie. We have a large social networking campaign with organisations who come in regular contact with young people and can encourage them to seek help early if they are having difficulties.

Phase Specific Interventions

Currently, mental health services have to deliver a “one size fits all” approach for people with psychosis. We are tailoring a service to the unique problems faced by people with first episode psychosis which includes cognitive behaviour therapy programme, a family/carer education programme and occupational therapy – all centred on people at this specific phase of illness and designed to maximise the likelihood of recovery.

Impact of the DETECT service to date

After 2 years, DETECT was integrated within the regional mental health services. DETECT currently assesses 3 suspected cases of psychosis per week, all within 72 hours of referral. Many of these assessments are conducted in the community.

DETECT has provided education material to 475 GPs. In addition over 100 of these GPs have attended a workshop. DETECT has established that a 72 hour response to new referrals is feasible and that 40% of these assessments can be conducted in the community. As a result “system delay” has being shortened substantially.
Having analysed pathways to care we have learnt that delays to effective treatment are evenly split between system delay and help-seeking delay. This confirms that including education with GPs, A & E staff, other professionals and the public in general is the correct approach for reducing delays in Ireland.

DETECT has also provided education to over 900 staff in community organisations. Our websites have received over 29,000 unique visitors and our hit rate continues to grow.

DETECT’s use of a soap opera was a particularly cost effective and efficient way to educate the general population about psychosis due to the large viewership (700,000 people per episode in a country of 4 million) of the programme.

Delays have been shortened by 47% from 15 months to 8 months. As a result service user suffering has been lessened and disruption to their life minimised. Recovery is made more achievable with early treatment. The rate of hospital admission has fallen 30% in the region since DETECT commenced; before DETECT the national hospital admission rate for schizophrenia was 18/100,000/annum (Activities of Irish Psychiatric Services, 2005). Since becoming fully operational, the DETECT hospital admission rate is 6/100,000/annum.

When psychosocial interventions are offered to people with psychosis and their families, they do avail of them. Our CBT programme has had 90 people through it; during the 14 months it was available, 46 people availed of the OT service and 150 relatives of people with psychosis have attended our carer education programme.

DETECT was awarded ‘Best Public Health Initiative’ in Ireland across all health care at the Irish health Care Awards in 2008.

- We are most grateful to our colleagues in Early Intervention Services in Australia, Canada, Norway and the UK for their support and advice
References


YOUTHspace - Birmingham and Young Peoples’ Mental Health

Max Birchwood, Professor of Clinical Psychology, University of Birmingham, and Director of Birmingham Early Intervention Services and Director of Research and Development, Birmingham and Solihull Mental Health Trust, UK.
Amanda Skeate, ClinPsyD.,
Paul Patterson, PhD.,
Birmingham Early Intervention Service, YouthSpace Mental Health Programme

Websites:
www.bsmht.nhs.uk/our-services/ytascc/youth/early-intervention-service
www.wheres-your-head-at.com

As well as having the youngest and one of the most ethnically diverse population of any major city in Europe, Birmingham contains some of the most socially deprived wards in the UK, with high levels of unemployment. The Royal College of Psychiatry (2008) found that children in workless households suffer higher rates of psychiatric disorders and that mental ill-health is linked to social deprivation, emphasising our findings that mental ill-health in young people is proportionally higher in Birmingham when compared to the UK’s national picture.

YOUTHspace is an ambitious re-defining of traditional approaches to mental health service provision for young people that is consistent with their recognised needs and works across the traditional divide between child and adult services. Building on many years of experience providing effective Early Intervention (EIS) and Early Detection (ED:IT) approaches to the identification and treatment of psychosis and related mental health difficulties, YOUTHspace is consolidating a number of partnerships with young peoples’ services in Birmingham to provide reliable support for those in need throughout the vulnerable transition period (14 - 25 years) and introducing a dynamic public health strategy to reduce stigma and
increase awareness and understanding of mental health for young people in community and educational settings. This preventative strategy involves a dual approach – an enhanced clinical service led by ED:IT and a public health strategy led by the ‘Where’s Your Head At?’ media and educational initiatives.

**ED:IT**
The Early Detection & Intervention Team (ED:IT) provides a youth-focused mental health service to people identified as being at ultra-high risk of developing a first episode of psychosis. Operating since 2002, the psychology-led, multi-disciplinary team comprises clinical and research psychologists, nurse therapists, support and vocational workers.

ED:IT aims to prevent at-risk young people from making the transition to an acute psychotic episode while providing interventions to reduce the distress and dysfunction associated with sub-threshold positive psychotic symptoms and co-morbid mental health problems. A holistic package of care is provided, supporting service users to attain social, educational and vocational goals, increased self-efficacy and avoidance of long-term dependency on traditional mental health services. ED:IT also strives to reduce the duration of untreated psychosis by utilising specialist assessment tools and procedures to identify young people with undiagnosed psychosis (21.8% of all referrals meet criteria for a first episode of psychosis at initial assessment) and ensure rapid treatment if an ED:IT clients develops psychosis.

ED:IT accept referrals from any source to avoid creating barriers for young people in need. Of the 578 referrals to date, the majority were made by mental health teams (61.2%); with primary care health professionals (10.2%), child mental health services (10.0%), education (6.6%), housing/hostel staff (5.4%), family or friends (2.3%), drug agency (1.0%) and others (3.1%) accounting for the remainder.

ED:IT identify young people aged between 16-35 years who meet one or more categories according to the ‘PACE’ criteria (Yung et al., 1996) as being at ultra-high risk of developing psychosis. Importantly, to receive an ED:IT service individuals or their families must be help-seeking and there has to be evidence of distress and dysfunction. Whilst sometimes perceived as ‘not ill enough’ to warrant psychiatric treatment, at baseline ED:IT clients typically meet criteria for one or more co-morbid diagnoses (68%); have a moderate to substantial degree of functional impairment (GAF) and demonstrate a high level of distress (66.1% report suicidal ideation).

In order to make the service acceptable and accessible to all young people who meet the inclusion criteria, we operate a moderated assertive outreach approach. Clients are not expected to attend a mental health
clinic, but are seen in a range of non-stigmatising venues including their own home, GP surgeries, and other community settings wherever possible. Flexible and holistic care packages are created collaboratively with each client, with most (> 85%) opting for individual psychological therapy (modified cognitive-behavioural therapy) tailored by the therapist to ensure that a young person’s cultural/ethnic background, life experiences and cognitive/developmental levels are taken into account.

Of the first 117 ED:IT clients followed up for one year 11 (10.6%) made the transition to a first episode of psychosis - less than would be expected without the provision of intervention. That almost 50% of service users do not require mental health services at discharge, in addition to significant improvements in GAF scores and positive client satisfaction surveys, suggests that our clients find ED:IT a positive and effective service.

Where’s Your Head At?

The public health strategy of YOUTHspace is a vehicle for youth participation and leadership across Birmingham that delivers targeted mental health promotion in appropriate settings to reduce stigma and discrimination, with interventions that increase resilience and protective factors and employ social networking techniques acting as a basis for engagement, ownership and education. A Youth Forum comprising service users, students, and young professionals from across the diversity of Birmingham’s population will be at the core of YOUTHspace’s decision making, planning and driving of initiatives, based on the actual needs and regional requirements of the city’s young population.

YOUTHspace has been carefully planned to adhere to and support many national and local policies in relation to the provision of mental health education. It builds on both the vast pool of relevant experience within the partnership and the success of recent youth-led educational initiatives provided by the lead and partner organisations. Supported by the National Institute of Health Research CLAHRC programme, a focus on real reduction of treatment delay and earlier access to services for those needing support will be systematically evaluated and implemented in a consistent approach.
The potential benefits for young people in terms of reduced distress, increased self-esteem and more positive developmental trajectories is vast and is likely to be reflected in better long-term health and vocational outcomes for individuals, healthier educational and social environments, and a greater awareness of and sense of empowerment in recognising and taking seriously their own mental health needs. YOUTHspace aims to meet the real needs of an increasingly sophisticated young population with services and educational approaches that young people themselves take an active leadership role in planning, designing and enacting. We expect a substantial longer-term reduction in burden on individuals and their families, as well as on the health and social services, and an increase in quality of life as a direct result of the YOUTHspace programme.
Early intervention services for young people at risk of psychosis in Cologne, Germany

Stephan Rurhmann, MD. Head of the Cologne Early Detection and Intervention Centre for Mental Crisis
Julia Paruch, Senior Psychologist

The Cologne Early Detection and Intervention Centre for Mental Crisis (FETZ), Department of Psychiatry and Psychotherapy, The University Hospital of Cologne, Germany.

Website: http://www.fetz.org/

Despite remarkable progress in the treatment of psychiatric syndromes in the past decades, mental disorders in general, and psychoses in particular, are still causing major personal and social burden, frequently resulting in deconstructed life plans and loss of social and role functions. As research findings concerning the duration of untreated illness and untreated psychosis or chronification in general suggest, early recognition and early intervention are crucial in modulating the negative impact of mental disorders on individuals and society.

Since today there are internationally evaluated and accepted clinical indicators of an increased risk of developing psychosis, increasing numbers of specialized early recognition and intervention services are being implemented. One of these is the Cologne Early Detection and Intervention Centre for Mental Crisis (FETZ), which was established in 1997 as the first early detection service in Europe and one of the first worldwide, at the Department of Psychiatry and Psychotherapy at the University Hospital of Cologne, Germany\textsuperscript{1,2}. Including clinical psychologists and psychiatrists, the FETZ provides a low-threshold and non-stigmatizing setting.
The main areas of activity of the FETZ are research, clinical care and education/awareness. Research interests focus on the prediction and prevention of psychosis, the development of treatments for the clinical syndromes already present in patients fulfilling at-risk criteria, and the prevention or reduction of cannabis-associated health problems. Regarding early detection, the FETZ follows a unique approach as it employs not only the wide-spread ultra-high risk (UHR) criteria (Table 1), but also the other most important approach to early detection, the basic symptom concept (Table 1)\(^3\). The criteria based on this concept are thought to allow detection of persons at risk of psychosis or already in a prodromal state earlier than the UHR criteria\(^4\). Moreover, their co-occurrence with the UHR criteria seems to improve the sensitivity of early detection considerably.

Amongst the major projects coordinated by the FETZ have been multicentre studies like the psychological and pharmacological intervention projects within the German Research Network on Schizophrenia, which provided the first evaluation of a clinical staging of the at-risk state\(^5\), the European Prediction of Psychosis Study (EPOS)\(^6,\)\(^7\) and an ongoing national multicentre study comparing the effects of cognitive-behavioural therapy and antipsychotics (PREVENT). In order to fight the mental deterioration associated with the use of cannabis, the FETZ is currently evaluating an integrative program consisting of school-based education, low-threshold counselling for cannabis users and their relatives and a short-term treatment program.

Clinically, the FETZ offers highly elaborated diagnostic routines in order to provide valid detection of persons with an increased risk of psychosis and an early identification of patients who have already crossed the diagnostic threshold for psychosis. The FETZ targets mainly people between the age of 18 and 40; care for younger persons is provided by cooperation with the Department of Childhood and Adolescent Psychiatry of the University Hospital of Cologne. Regarding prevention and treatment, the FETZ offers early intervention programs, including cognitive behavioural psychotherapy as well as antipsychotic medication. The treatment part of the above mentioned cannabis-related program targets cannabis users already experiencing symptoms of an increased risk for psychosis or persons who are looking for support in becoming abstinent in order to prevent health problems related to the drug.

In order to promote the concept of early detection and its benefits for mental health, the FETZ is engaged in talks and workshops aimed at relevant professionals such as general practitioners and other physicians, psychotherapists, employees of counselling services, teachers and policemen. Public health education campaigns are aimed at informing concerned people, their dependants and the broader public about signs of
an increased risk of developing a psychotic disorder and about the services of the FETZ.

Future prospects include an expansion of the services we offer, i.e. an ongoing differentiation of specialized sub-services for the different syndromes and needs of our clients, in order to be able to provide preventive diagnosis and treatment or counselling standards also for people with non-psychotic early signs of mental health problems.

The Psychosis Early Detection and Intervention Centre, Hamburg, Germany

Associate Professor Dr. Martin Lambert
Professor Dr. Psych. Thomas Bock

The Psychosis Centre
Department for Psychiatry and Psychotherapy
Centre for Psychosocial Medicine
University Medical Centre Hamburg-Eppendorf, Germany
Martinistreet 52, 20246 Hamburg, Germany
Tel.: +49-40-7410-53236
Tel.: +49-40-7410-55455
E-mail: lambert@uke.de

Website: http://www.uke.de/kliniken/psychiatrie/index_ENG_40441.php

The Psychosis Early Detection and Intervention Centre (PEDIC) is integrated within the Psychosis Centre of the University Medical Centre in Hamburg (see Figures 1 and 2). The Psychosis Centre at the Department of Psychiatry and Psychotherapy of the University Medical Centre Hamburg-Eppendorf is a service focusing on the treatment of people with beginning (prodromal), first or recurrent non-affective and affective psychosis. It translates knowledge gained from clinical practice and research activities into high-quality treatment. Its objective is the improvement of early detection and treatment in order to promote reintegration and improve the quality of life for patients and their families.

Figure 1: The Psychosis Centre of the University Medical Centre, Hamburg-Eppendorf
The Psychosis Centre includes following treatment units:

1. The Psychosis Outpatient Centre:
   - The outpatient service team offering case management, individual psychotherapy, group programs etc.
   - A day clinic for adolescents and young adults in the age range 16 to 25 years
   - The Psychosis Early Detection and Intervention Centre (PEDIC) as a collaborating service of the adult and child and youth psychiatry services
   - The bipolar disorder team, offering specialized treatment for people with bipolar I and II disorders
   - The psychosis and addiction treatment team
   - A unit for students with mental illness (HopeS), offering treatment for students in the university setting.
   - The Experienced Involvement team (ExIn)

2. The Assertive Community Treatment (ACT) team

3. A specialized psychosis inpatient ward with 23 beds and a psychotherapeutic approach

4. The Clinical Neuropsychology Working Group:
   - Assessment, treatment, research
   - Metacognitive training for patients with schizophrenia

5. Collaborating services within the catchment area:
   - Private psychiatrists (15)
   - Specialized long-term rehabilitation units within the catchment area (2)
   - A specialized cannabis addiction outpatient service

6. Awareness and education programs consisting of:
   - Psychosis seminars for patients, relatives and professionals
• Education and encounter programs for school students in psychiatry ('Psychiatry meets School') and in school ('Patients meet students')
• Experienced involvement project (ExIn)
• Education program for professionals, teachers, police etc.
• Production of education websites (German: www.psychose.de; English: www.psychosis-bipolar.com; Turkish: www.psikoz-bipolar.com; Russian: www.psihos.ru)
• Production of psycho-education material (see www.psychose.de)

Figure 2: The Department of Psychiatry and Psychotherapy of the University Medical Centre Hamburg-Eppendorf, where the Psychosis Centre is located

The Psychosis Centre was the first psychiatric institution in Germany to offer integrated care for patients with psychotic disorders, beginning in 2006. ‘Integrated Care’ stands for an intensive long-term (up to 5 years) treatment approach for first- and multiple-episode patients with non-affective and affective psychosis. Throughout their entire treatment period, each patient and his/her relatives are allocated to a treatment team consisting of a consultant psychiatrist, a psychiatric registrar, and a psychologist, which offers continuous assertive community treatment and psychotherapy at the earliest possible time point. Depending on their individual needs, each patient can use any unit or institution of the Psychosis Centre throughout their entire treatment period. Within this program, the average treatment contact rate per year is 102, which corresponds to approximately two contacts per week. Compared to the 5% of patients who had ever received psychotherapy before the establishment of the integrated care model at the Psychosis Centre, 50-60% of our patients now receive psychotherapy without any wait. This treatment model, the so-called ‘Hamburg Model’, was awarded “one of
the most innovative medical treatment models in Germany” in 2008 (RFH-Hospital-Innovation-Preis 2008).

Statistics from the Psychosis Centre:

- More than 1000 patients in ongoing treatment, 70% multiple-episode, 22% first-episode patients (FEP), 8% prodromal patients
- 60 new FEP patients per year, 70% ≥ 18 years
- 75% non-affective psychosis, 25% affective psychosis
- 23 inpatient beds, 15 day-clinic places (10 first-episode and prodromal, 5 supported employment)
- Currently 56 employees
Early intervention in first-episode psychosis in Norway: the TIPS strategies

Jan Olav Johannessen, MD, PhD; Inge Joa, MNSc; Jon Anders Rennan, RN; Tor K. Larsen, MD, PhD. Stavanger University Hospital, Division of Psychiatry, Stavanger, Norway.

Website: www.tips-info.com

Since late 1980s, our focus has been on the detection and treatment of first-episode psychosis in Rogaland county, in south-western Norway. We organised the first national conference on early intervention in 1992, and the first (unofficial) international early intervention conference in 1995. This focus on tailoring services for first-episode psychosis gradually developed into a multicentre research project: the TIPS project (TIPS being an acronym for early detection and treatment). TIPS focuses on reducing the delay in accessing effective treatment for first-episode psychosis, i.e. reducing the duration of untreated psychosis, to reach patients in an earlier stage of illness development, and to achieve better short- and long-term outcome.

Structures were developed systematically within the TIPS framework so that a system for early detection was established in Rogaland County, the experimental site, while in the comparison sites in Oslo and Roskild there were no early detection systems. The treatment package was standardised and similar between sites. The main results of the TIPS research projects can be summarised as follows:
• It is possible to reduce the duration of untreated psychosis through information campaigns and low-threshold, easily accessible services.
• Patients that are reached earlier in the development of their illness also have a shorter period of active psychosis.
• Patients whose illness is detected early are less symptomatic at first presentation.
• Patients whose illness is detected early are less suicidal at first presentation.
• Follow-up studies of up to 5 years after initial presentation show that early intervention improves the extent of negative symptoms, depression and cognitive functioning, thus demonstrating secondary prevention.

The major elements in the Norwegian early intervention services are:

• Information campaigns targeting the general public, high school teachers, and health care professionals in both primary and specialised services.

• Low-threshold, active outreach detection teams, accessible to the public by phone or email without a referral from a GP or other.

In contrast to other specialised early intervention services internationally, the detection team does not offer treatment. Treatment is offered within the ordinary services, in both inpatient and outpatient units. This secures continuity in treatment, even after the first two years, if necessary.

In Norway, the duration of untreated psychosis is also established as a national quality indicator, which all health trusts have to report three times a year. In 2009/2010 there will be a national "Breakthrough project" in Norway, to facilitate the implementation of early intervention services nationwide.

References
1. Johannessen JO. An early detection and intervention system for untreated first episode psychosis. Reduction of duration of untreated psychosis (DUP), recruitment through early detection teams (DTs),
and two-year course and outcome in first-episode psychosis patients (FEP). Doctoral thesis, University of Oslo, Faculty of Medicine, 2007


The OPUS program

Merete Nordentoft, MD, PhD, MPH, Chief Psychiatrist, Department of Psychiatry, Bispebjerg Hospital, Copenhagen, Denmark.

Website http://opusbh.dk/genveje/in-english/

OPUS is a psychiatric service for patients experiencing a first episode of psychosis in Denmark. OPUS started as a research program, which was evaluated in a randomized clinical trial, but after the research results demonstrated that OPUS was superior to standard treatment with regard to both symptoms (psychotic and negative symptoms), drug abuse, use of antipsychotic medication, use of bed days and supported housing, and gave greater user satisfaction and satisfaction among relatives (1-3), it was transformed into a permanent service and implemented in all regions of Denmark.

OPUS teams are multidisciplinary teams which are part of mental health services. OPUS team provides the following treatment modalities:

**Assertive specialized treatment**

Assertive specialized treatment is provided by multidisciplinary teams and can be defined as a rich assertive community treatment model, (4) including protocols for medication, family involvement, and social skills training. OPUS teams include the following disciplines: psychiatrists, psychologists, psychiatric nurses, occupational therapists, and social workers; and some teams also have staff involved in physical training and as exercise and job consultants. The caseload is approximately 10 and never exceeds 15 for any professional team member. Each patient is offered assertive specialized treatment for a period of two years. A primary team member is designated for each patient and is then responsible for maintaining contact and co-coordinating treatment within the team and across different treatment and support facilities. The patients are visited in their homes or other places in their community, or they are seen at the office according to their individual preferences. When hospitalized, the patient is visited weekly at the hospital. During inpatient
treatment, the treatment responsibility is transferred to the hospital. Office hours are Monday to Friday from 8 a.m. to 5 p.m., and all team workers have a cellular telephone with an answering function. Outside office hours patients can leave a message and be sure that the team will respond the next morning. A crisis plan is developed for each patient. Patients are encouraged to take responsibility for their own affairs as soon as possible during the process of recovery. If the patient is reluctant about treatment, the team tries to motivate the patient to continue treatment, and stays in contact with the patient.

**Psycho-educational family treatment**
Psycho-educational family treatment is offered to patients in contact with at least one significant other. The family treatment follows McFarlane’s manual for psycho-educational multiple-family group treatment (5, 6) and includes 18 months' treatment, in 90 minute biweekly sessions in a multiple-family group with two therapists and 4-6 families, including the patients. The multiple-family group focuses on problem solving and the development of skills to cope with the illness.

**Social skills training**
Patients who are unable to work in a group are offered individual training. Patients with an intermediate level of impaired social skills are offered social skills training focusing on medication, coping with symptoms, conversation, problem solving, and conflict-solving skills in a group of a maximum of six patients and two therapists (7). Patients who do not need social skills training receive individual psycho-education.

**References**
