

Early intervention in psychosis in low- and middle-income countries: a WPA initiative

Specialist early intervention in psychosis (EIP) services have been considered the “most positive development in mental health services since the beginning of community care”¹. The development and implementation of specialist EIP services in high-income countries was predicated on the “critical period hypothesis”, which argued that poor outcomes in psychosis accumulated in the first 2-5 years since onset of the disorder², and that longer duration of untreated psychosis (DUP) was associated with poorer outcomes³.

Early intervention incorporates three different paradigms: assertive and high-quality evidence-based care by specialist teams in first-episode psychosis; early detection of untreated cases in the community (i.e., shortening of DUP); and interventions for young people at clinical high risk (CHR) – also known as ultra high risk (UHR) – for developing a psychotic disorder^{4,5}.

The most consistent evidence is from trials of specialist EIP care versus treatment as usual, which shows better short-to-medium clinical and functional outcomes for those receiving EIP care⁶, as well as cost-effectiveness of EIP⁷, while the evidence of specific effective CHR/UHR interventions to prevent the emergence of psychosis remains unclear^{8,9}.

Almost 80% of all patients with first-episode psychosis live in low- and middle-income countries (LMICs), where mental health services are scarce and most people do not get any form of mental health care¹⁰. Mental health treatment gap – the difference between those needing mental health care and those receiving it – is extraordinarily high in LMICs¹¹. In the absence of adequate care, many people with psychotic disorders in LMICs end up restrained, neglected or simply abandoned.

Despite the burden of untreated or inadequately treated psychotic disorders, the resource scarcity in LMICs – inadequate funding, lack of basic services and shortage of trained professionals – means that it is not feasible to set up specialized EIP services when even basic care for mental disorders is lacking.

However, while “Western” models of care cannot be just translocated to LMICs, it should be possible to incorporate the principles and “therapeutic ingredients” of early intervention into routine mental health settings in LMICs, at all levels of care – primary (community), secondary and specialist tertiary (where these exist)^{12,13}.

To meet this challenge, the WPA has set up an Expert International Advisory Panel to develop a set of priorities, guidelines and recommendations for early intervention in LMIC settings. An initial meeting was held in May 2019 in Coventry, UK.

At this meeting, a small group of experts agreed on the needs and priorities that could guide the development of early intervention strategies in LMICs within the existing constraints of scarce resources.

The group reached consensus on several important points, as follows:

- Early intervention in LMICs needs a coordinated public health approach, with a comprehensive package of care provided free at the point of delivery.
- Early intervention principles can be meaningfully integrated into existing service structures in LMICs.
- LMIC communities are dynamic entities with strengths, assets and untapped potential, especially in the form of social capital stemming from interconnectedness, reciprocity and networks of care, which may offer innovative opportunities for integrating mental health care into existing help-seeking pathways.
- Such integration should occur in parallel with mental health awareness and anti-stigma campaigns.
- Pathways to mental health care in LMICs need to be carefully studied to identify “malleable” points where strategic public health interventions can help facilitate early access to care, thus reducing DUP.
- Services should cater for broadly identified psychosis (including mood disorders with psychotic symptoms) rather than narrowly defined schizophrenia.
- Interventions should be culturally adapted, appropriate, accessible and accept-

able. The guiding principle should be that of effective interventions used whilst maintaining the dignity and the least restrictive way of working with service users.

- Some groups are particularly vulnerable, such as the homeless, young people without family support and migrant groups fleeing conflict, which deserve special focus.
- The WPA should leverage its reach and strengths to argue for greater funding into mental health care in LMICs with targeted campaigns for evidence-informed reform of care.

The group is planning a larger meeting in early 2020, where formal guidelines and recommendations will be agreed upon and adopted as part of the WPA initiative.

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