

Early Intervention Programs for Schizophrenia: *Success in Increasing Recovery and Reducing Disability*

What is Early Intervention?

In recent years, attitudes about the prevention of severe mental illness, particularly schizophrenia, are changing as researchers provide evidence that early intervention strategies reduce disability. Pilot studies in communities located in Australia, Norway, and Canada have designed early intervention programs that aim to detect psychosis that is present during the onset of schizophrenia or related disorders as the earliest point possible and begin appropriate treatment. Shortening the duration of untreated psychosis (DUP) to less than six months and decreasing the severity of an initial psychotic episode has resulted in one-year remission rates roughly around 80%. This means that the majority of individuals are back in full time work or education within one year of treatment.

What Prompted Researchers to Conduct Early Intervention Programs?

When new atypical anti-psychotic medication was made available for treatment use and researchers and clinicians observed a reduction in undesirable side effects, the concept of medicating individuals early in order to prevent further deterioration was introduced. Physicians realized that young patients would be more willing to take their medication because the side effects were not so disruptive to their lives. What researchers found in trial studies was that early medication had a “neuro-protective” effect for those patients who only had been experiencing symptoms for a short length of time. This meant that approximately 80% of young patients with active psychosis experienced remission and MRIs demonstrated a halt in changes in the brain that are associated with schizophrenia.

Once in treatment, researchers found that early intervention programs that were able get symptomatic individuals into treatment in six months or less were very successful in areas where early programs had failed. This new treatment population had high compliancy rates, few negative symptoms, fewer cases of co-occurring substance abuse, and fewer cases of secondary illness such as depression and anxiety.

What are the Elements of a Successful Early Intervention Program?

Outreach

Successful early intervention programs rely on two main strategies for effective outreach:

- Community-based educational programs that target the general population, youths and the people who work closely with youths, and healthcare professionals
- Easy access to treatment through a mobile outreach team

Educational programs raise awareness about identifying the early signs of psychosis in particular as well as mental illness in general. Because stigma impedes on individuals seeking treatment promptly, educational efforts also uses tactics that focus on how mental illness can be treated effectively and promptly. Easy access to service does not require a new treatment center. Instead, a mobile treatment team that consists of psychiatrists, psychologists, nurses, and social workers is assembled from existing outpatient facilities. The mobile team is responsible for assessments, some educational efforts, and outreaching to hard to reach populations. A successful outreach effort to youths requires early intervention programs to establish strong collaborative relationships with other social service agencies, such as the education system as well as the juvenile justice system.

Treatment

Proper treatment in early intervention programs consists of atypical antipsychotics, individual and family psychoeducation, and individual psychosocial therapy. Because the treatment population consists of young adults, family involvement is seen as critical to successfully deterring relapse. Relapse rates among individuals with high stress family environments can be 50% higher, so it is imperative that family education is central to treatment. Inpatient hospitalization is only necessary during acute phases of illness and may not even be required. Preliminary research illustrates that if treated early, the use of hospitalization is reduced by at least by one-half. Lastly, treatment takes advantage of the cost-savings provided by using integrated services.

Conclusion and Recommendations

Currently it is too early to assess the long-term impact of early intervention programs but short-term results demonstrate effectiveness that deserves replication. In California we have the opportunity to incorporate early intervention strategies because programs use the same tactics as AB34 programs – outreach and integrated services. The difference is that now we can go one step further and outreach to young adults who are often still living with their families. Similar to other programs, educational efforts can advocate for the early and effective treatment of a range of mental health problems, not just schizophrenia.

It is therefore logical to conclude that early intervention strategies should be added onto AB34 programs that can reach young adults before untreated symptoms may lead to homelessness, incarceration, substance abuse, or victimization. Even though this may mean that treatment levels might be higher, costs remain likely to be significantly lower because the duration and severity of illness is diminished among a substantial proportion of the treatment population.

Recommendation:

Create a new program that is based on the AB34 strategies of mobile outreach and integrated services but also include an educational component that will actively raise awareness in the pilot community among target populations such as the general public, youths and individuals who work with youths, and health professionals.

****Note- This is an outline of a 60 page report written by Stephanie Welch, Research Associate for CCCMHA and available for further inquiries at (916) 557-1166 or swelch@cccmha.org. Both the 60 page document, reference sources, and a ten page executive summary are available at www.cccmha.org*

