

Early intervention in Ireland: the DETECT experience

Ms. Laoise Renwick & Mr Shane Hill
DETECT services

- Background to Early Intervention –Irish context
- Lead in
- DETECT service
- Results
- Discussion

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Psychosis in Perspective

- **800- 1,200 new cases annually**
- **X 2 as common as insulin dependent diabetes**
- **X 20 as common as MS**

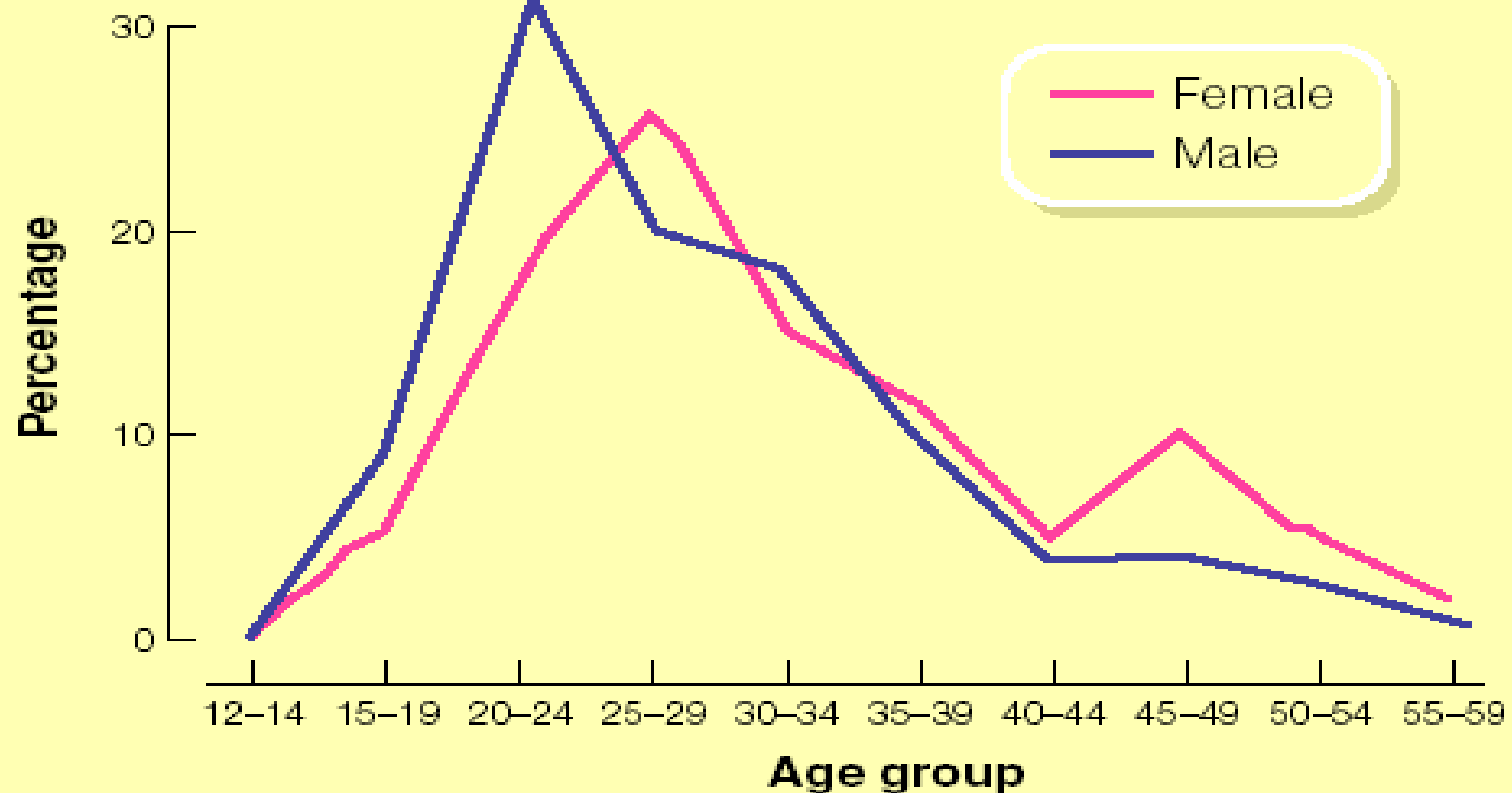
Psychosis : 75,000 in Ireland



Schizophrenia: 34,000 people



Distribution of age at first admission for schizophrenia in males and females



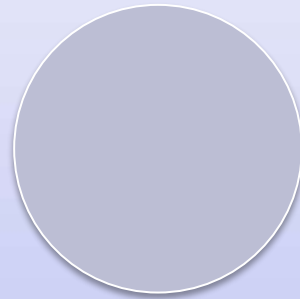
Note the bimodal age at onset pattern for females.

(Adapted from Häfner *et al. Br J Psychiatry* 1993; **162**: 316-22)

The Economic Cost of schizophrenia in Ireland:cost of illness

- The cost of Schizophrenia in Ireland was 461 million euro in 2006.
- Direct care was 118 million euro
- Indirect costs was 343 million euro
- Lost productivity and premature mortality was 277 million euro
- Informal care borne by families was 44 million euro.

Carah Behan, Dr Brendan Kennelly and Prof. O Callaghan



First episode
studies



Dublin First Episode Psychosis Study 1995-1999



- Urban catchment area (165,000)
- All first onset psychosis
- Age 12yrs+
- Comprehensive assessments, SCID etc
- N = 171

Dublin First Episode Psychosis Study 1995-1999

- Causes – O/C, infections
- Childhood development
- Pattern of referral
- Course of the illness - 6m, 4yr, 8 yr, 12yr, 18yr
- Hospitalisation
- Predictors of outcome
- Ascertainment rate 32.3/100,000 for all psychosis and 19.5/100,000 schizophrenia

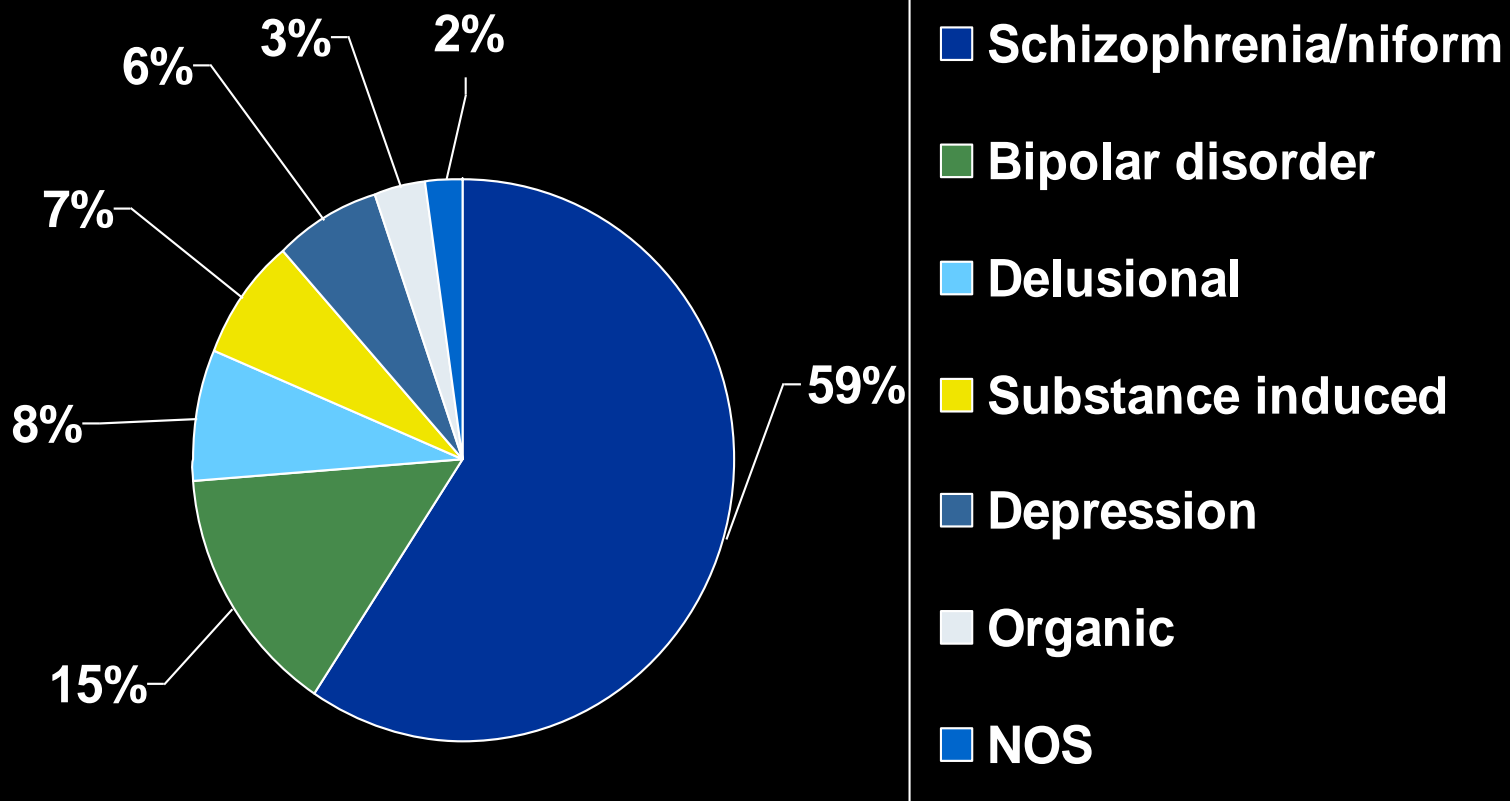
Baseline Assessments

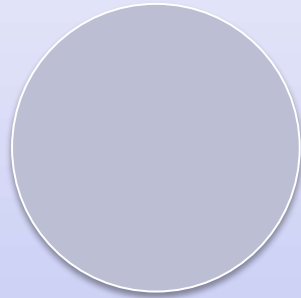
- Demographics
- Diagnosis - SCID-I
- Functioning - GAF
- Symptomatology - PANSS
- Depression – CDSS
- Quality of Life - QLS
- Neurology CNE + NES
- Movement disorders & side effects- AIMS, SAS, Barnes

Baseline Assessments

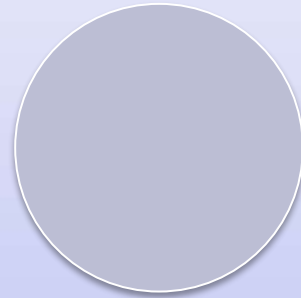
- Insight – SUMD, Birchwood
- Attitude to medication – DAI
- Adherence to medication – Compliance
- Axis II - SCID-II
- Family interview - DUP - Beiser
- Premorbid adjustment - PSA
- Obstetric complications & maternal infections

Diagnoses (N=171)





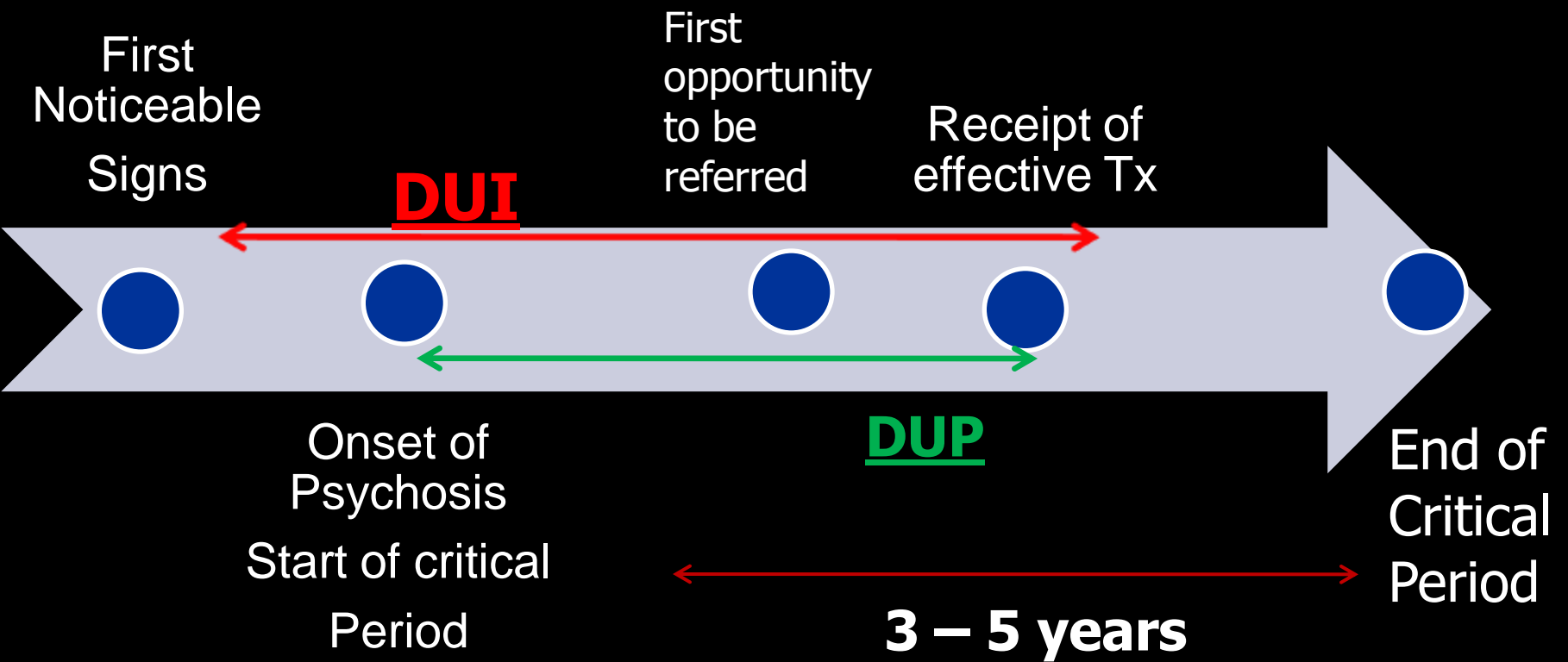
Duration of
untreated
psychosis



First
episode
studies



Timeline – Early Psychosis



Duration of Untreated Psychosis

- Mean DUP 17.9 months, median 5

Clarke et al, 2006, Br. J Psych

- Longer DUP, poorer QOL at first presentation

Browne et al, 2000, Br. J Psych

- Longer DUP, associated with SI and SA
 - 22% had considered suicide
 - 10% serious attempt

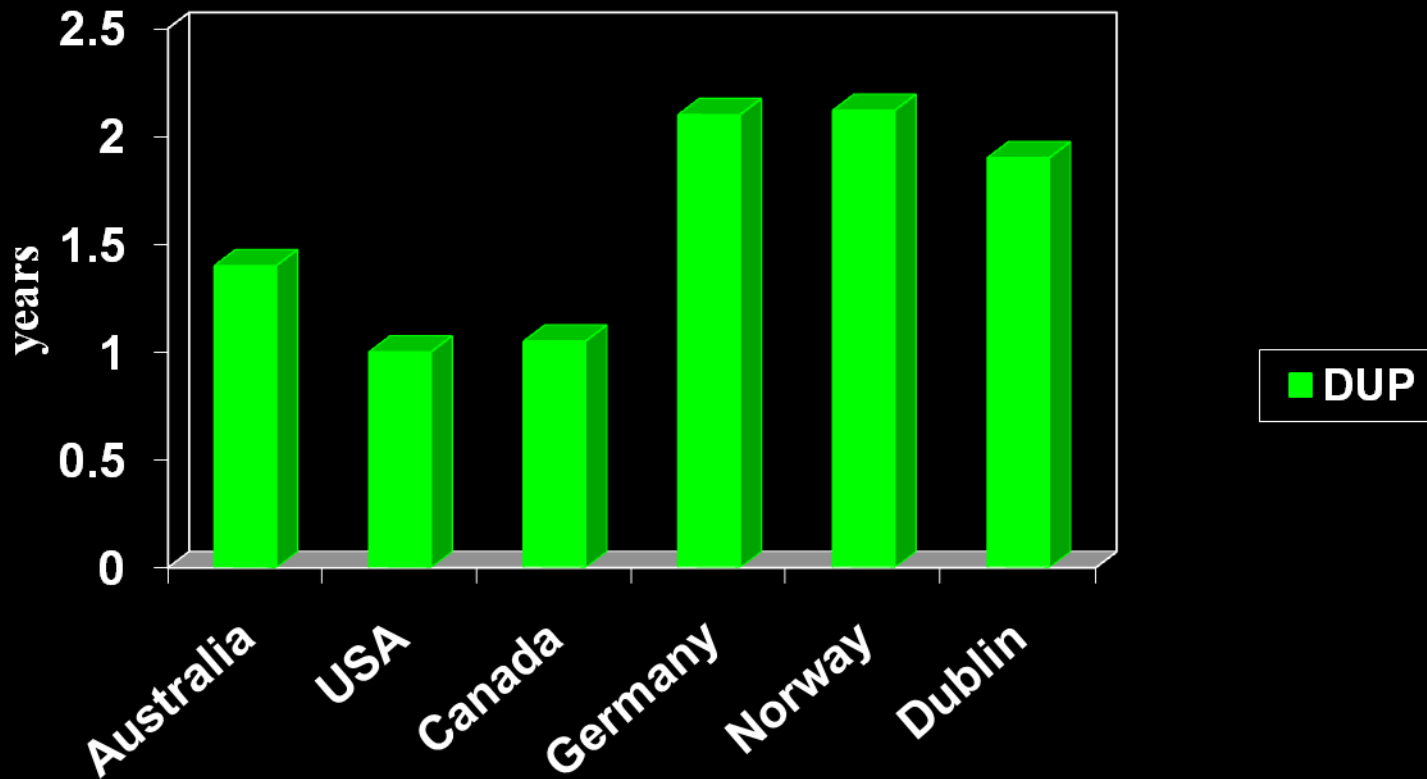
Clarke et al, 2006, Scz Res

Impact: correlation with length of time untreated

- Never suicidal: 13 months
- Contemplated: 22.5 months
- Serious attempt: 39.9 months

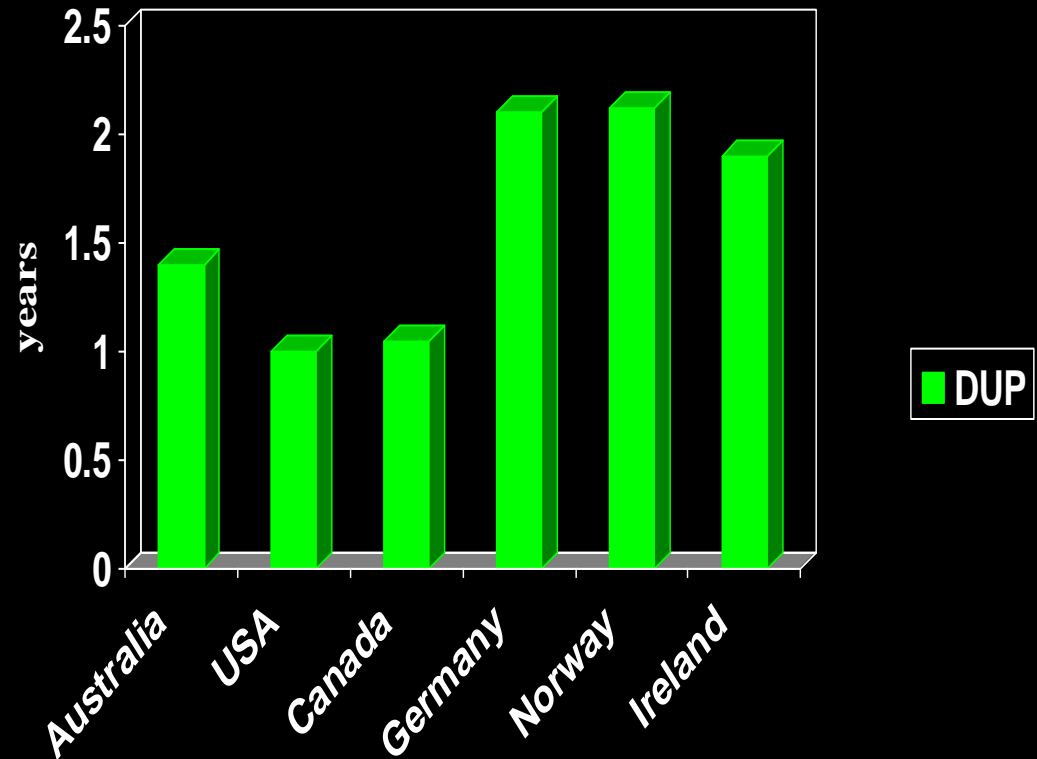
$P < 0.004$ (Clarke *et al*, 2006)

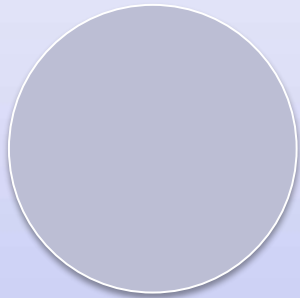
How did Dublin compare ?



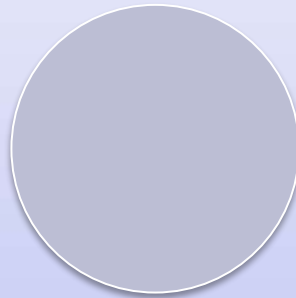
Duration of untreated psychosis (DUP)

"In hindsight, the illness was with me on a minor level for a long time, hearing people passing on the street, in the next room or walking by the house, all talking maliciously about me. I was convinced that random people and half acquaintances were running me down. This went on for almost 5 years before what I'll call "the big one" "

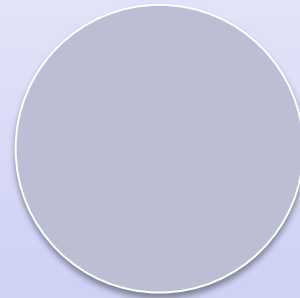




Duration
of
untreated
psychosis



First
episode
studies



Follow up
studies



4 year follow up

- 129 of 166 (78%) consented to face to face interview
- Most improved, 43% remission
- DUP predicted symptomatology, remission and outcome

Beyond the critical period: longitudinal study of 8-year outcome in first-episode non-affective psychosis

Niall Crumlish, Peter Whitty, Mary Clarke, Stephen Browne, Moayyad Kamali, Maurice Gervin, Orflaith McTigue, Anthony Kinsella, John L. Waddington, Conall Larkin and Eadbhard O'Callaghan

Background

The critical period hypothesis proposes that deterioration occurs aggressively during the early years of psychosis, with relative stability subsequently. Thus, interventions that shorten the duration of untreated psychosis (DUP) and arrest early deterioration may have long-term benefits.

Aims

To test the critical period hypothesis by determining whether outcome in non-affective psychosis stabilises beyond the critical period and whether DUP correlates with 8-year outcome; to determine whether duration of untreated illness (DUI) has any independent effect on outcome.

Method

We recruited 118 people consecutively referred with

first-episode psychosis to a prospective, naturalistic cohort study.

Results

Negative and disorganised symptoms improved between 4 and 8 years. Duration of untreated psychosis predicted remission, positive symptoms and social functioning at 8 years. Continuing functional recovery between 4 and 8 years was predicted by DUI.

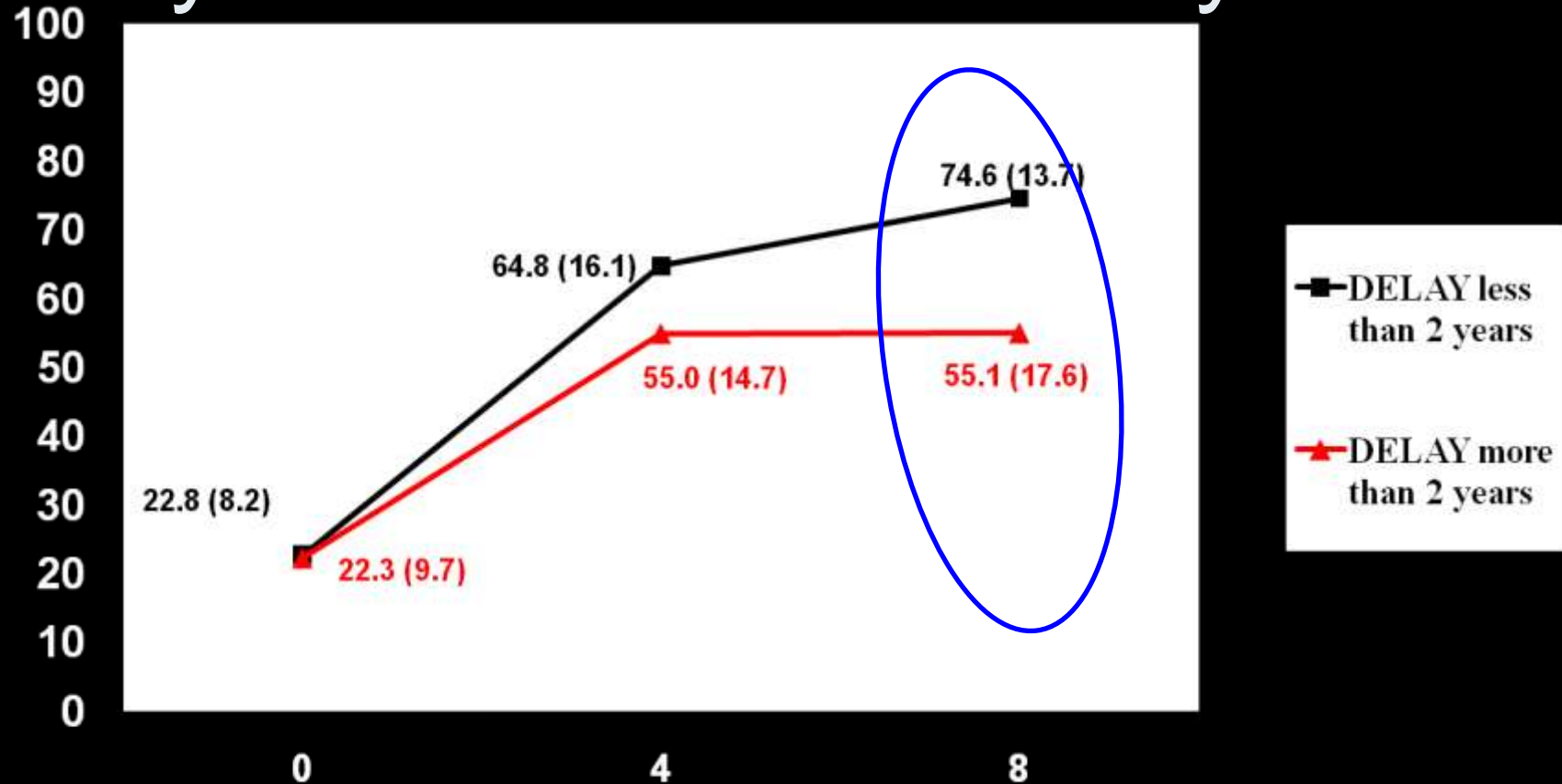
Conclusions

These results provide qualified support for the critical period hypothesis. The critical period could be extended to include the prodrome as well as early psychosis.

Declaration of interest

None. Funded by the Stanley Medical Research Institute.

Delays and Outcome at 8 years



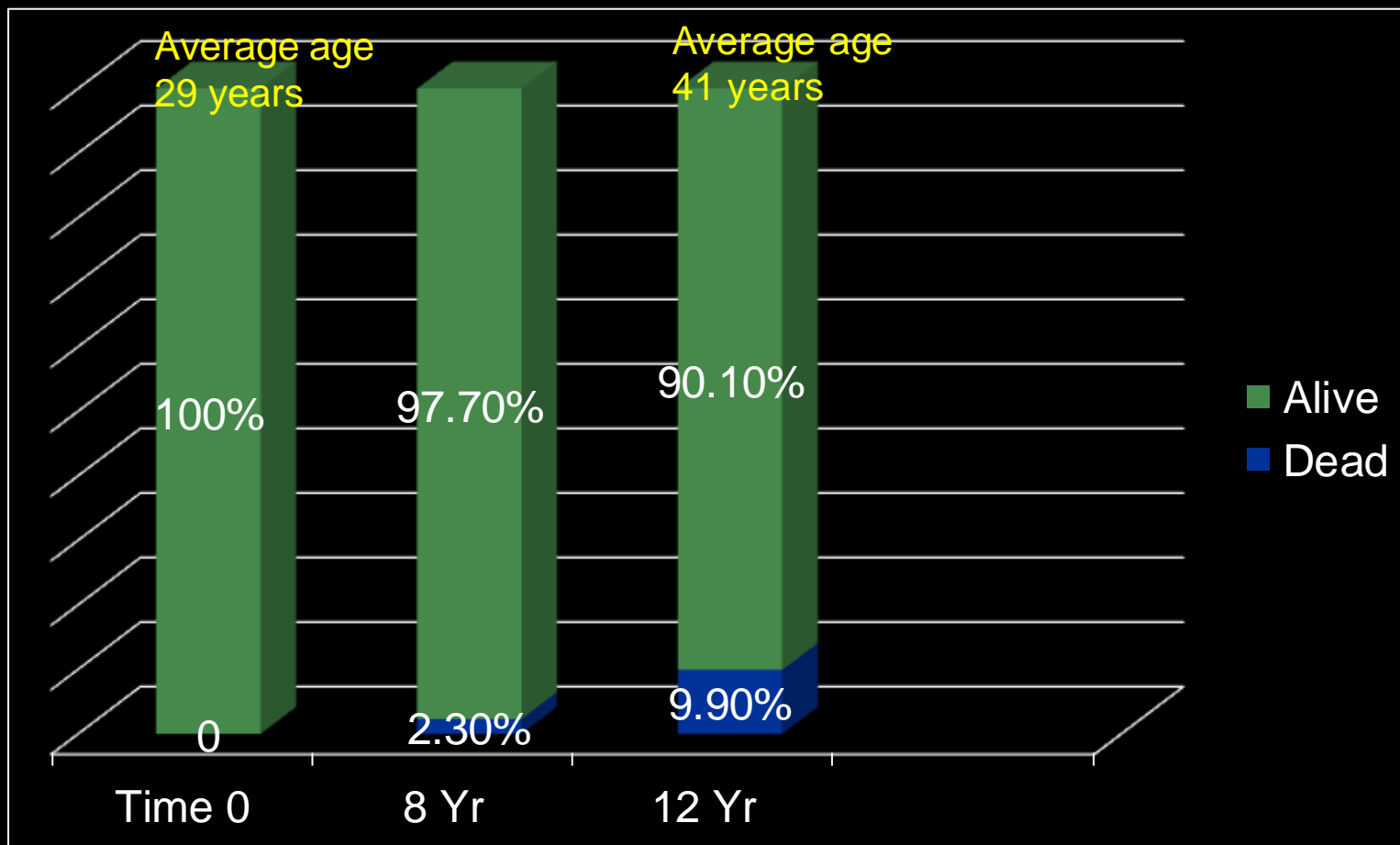
8 Years

- 49.3% in remission
- DUP predicted remission, positive symptoms and social functioning
 - DUP < 1 month: 82% remission
 - DUP > 1 year: 42.9% remission
- DUI predicted negative symptoms and social functioning

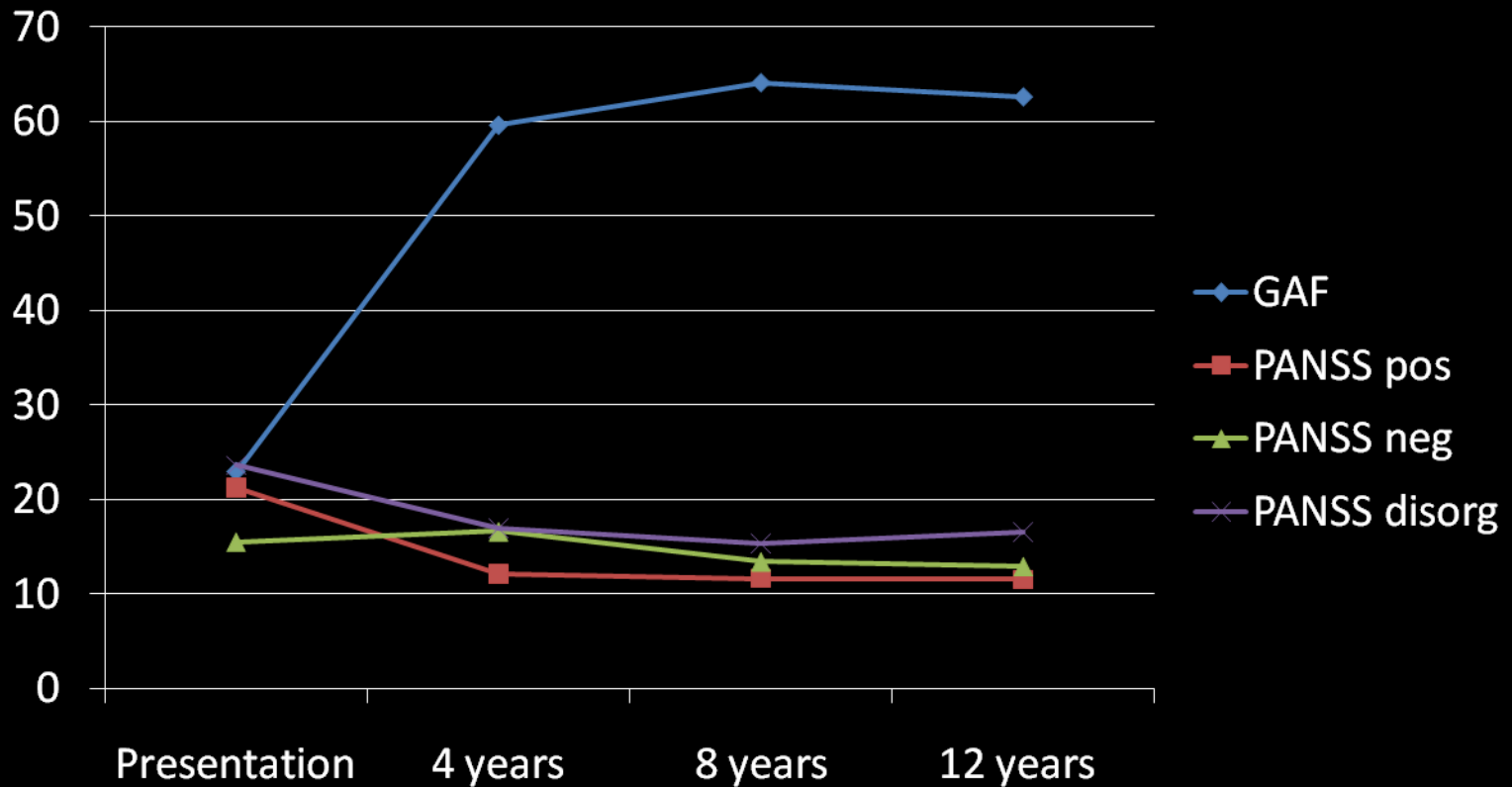
12 year follow up

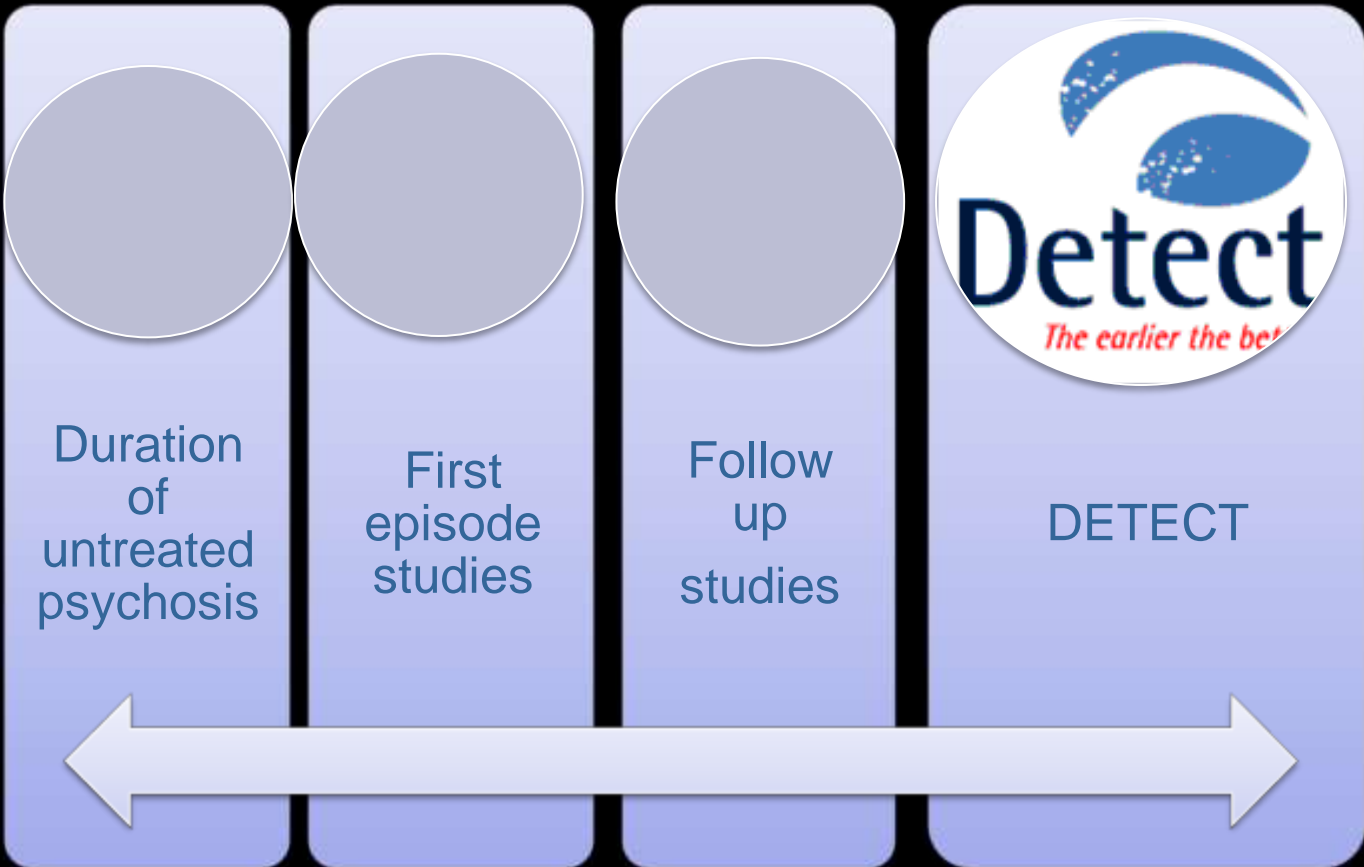
- DUP predicted remission, pos sx, neg sx, poor function
- 40 % independent accommodation
- 38 % employed

All Cause Mortality in First Episode Psychosis 12 Years After Presentation— South Dublin



Functioning & Symptomatology





Duration
of
untreated
psychosis

First
episode
studies

Follow
up
studies



DETECT

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- DETECT service
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What is the impact of delays?

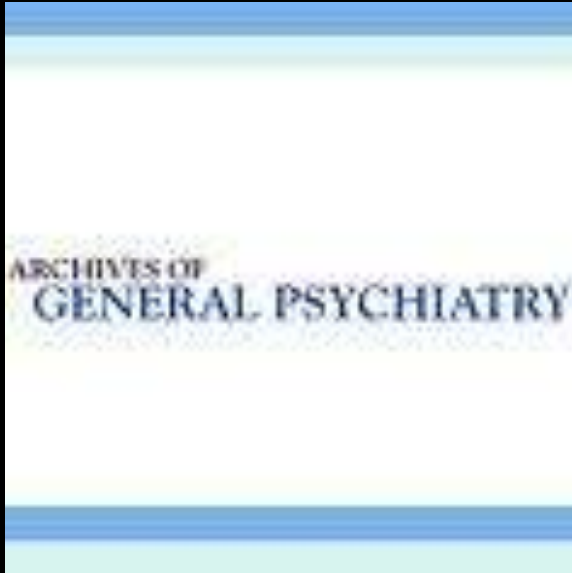
Longer DUP associated

- ↑ severity of symptoms
- ↑ likelihood of hospitalisation
- ↑ self harm, suicide attempt
- Greater loss of functioning
- Slower recovery
- Significant losses in quality of life
- More likely to have lost occupational roles

- Is longer DUP a characteristic of presentations that commonly lead to a poorer prognosis?

– OR

- Is DUP a potentially modifiable factor that is independently associated with outcome?



Association Between Duration of Untreated Psychosis and Outcome in Cohorts of First-Episode Patients

A Systematic Review

Max Marshall, MD; Shon Lewis, MD; Austin Lockwood, RMN; Richard Drake, PhD; Peter Jones, PhD; Tim Croudace, PhD

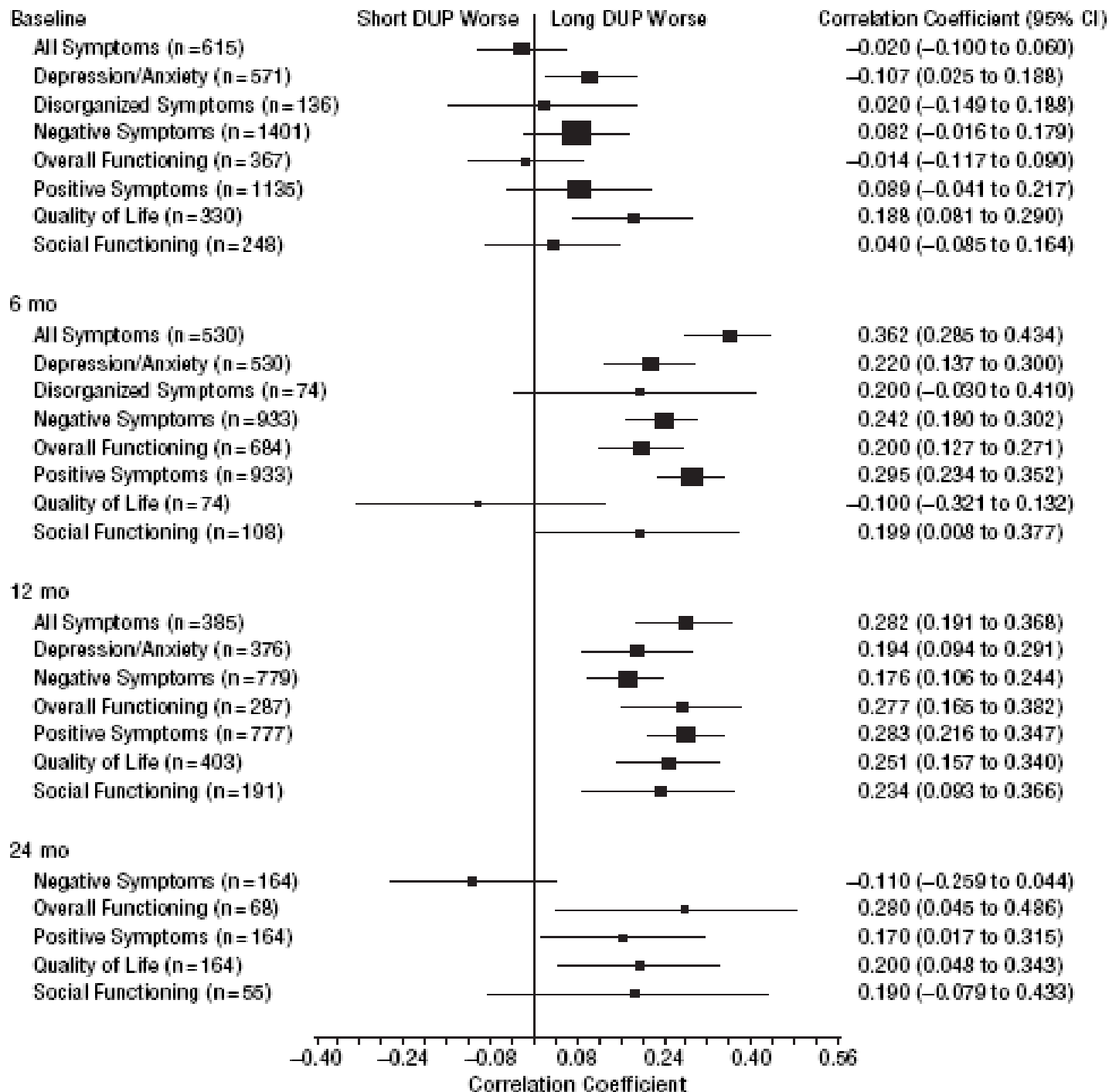
4,490 people with psychosis

The average delay from first symptom to effective treatment 27 months

Meta-Analyses...

1. Prolonged DUP assoc. with lower levels of symptomatic & functional recovery in first-episode
2. DUP assoc. with severity of *negative symptoms*

(Perkins *et al*, AmJPsych, Oct 2005)



Where can you intervene

Heart Disease		Psychosis	
Non Modifiable factors	Modifiable factors	Non Modifiable factors	Modifiable factors
Genetic Age	Smoking Exercise Diet Cholesterol Alcohol BMI	Obstetric Infections Genetic Gender Age at onset Premorbid	DUI DUP

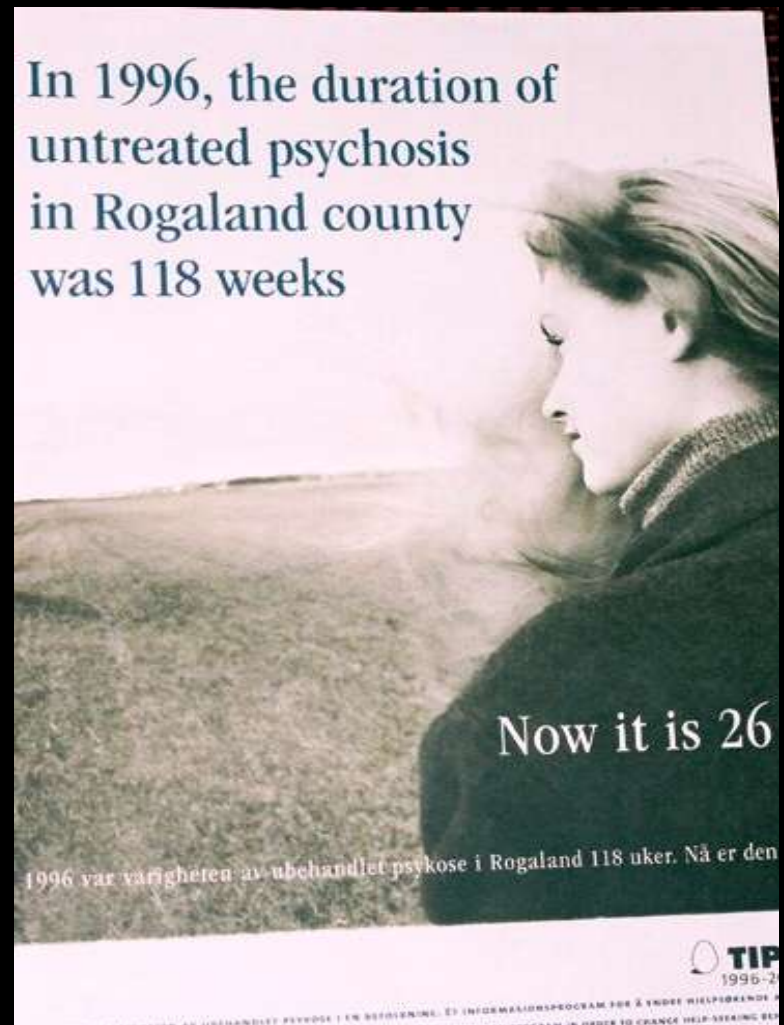
Reducing Delays

Australia 18 months to 11 months

Norway 29 months to 6 months

Canada 16 months to 8 months

Singapore 12 months to 4 months



In 1996, the duration of untreated psychosis in Rogaland county was 118 weeks

Now it is 26

1996 var varigheten av ubehandlet psykose i Rogaland 118 uker. Nå er den

TIP
1996-2

Mc Gorry et al 1996 Melle et al, Arch. Gen Psych, 2004 & 2008; Malla et al, Can. J Psych, 2006, Chong et al 2005, Power et al, 2007

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Early Intervention in Ireland

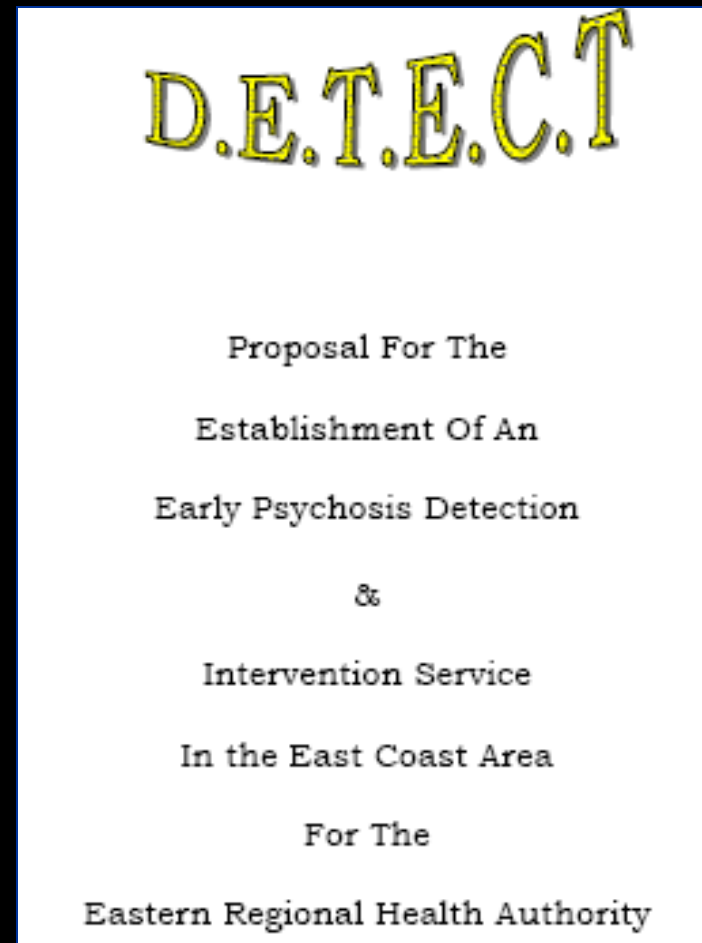
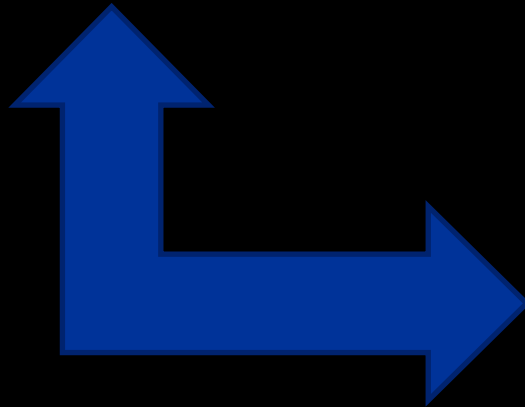
- Based on International and Irish research
- Consortium of service providers and voluntary sector parties developed proposal

The Consortium

- Dr. Siobhan Barry
Convenor
- Dr. Justin Brophy
Consultant – Newcastle Service
- Dr. Mary Darby
Consultant – SVUH
- Dr. Abbie Lane
Consultant SJOG Hospital
- Ms. Elizabeth Lawlor
Senior Psychologist CMS
- Prof. Fiona McNicholas
Consultant CAMHS
- Prof. E.O Callaghan
Consultant CMS/Chair MHR
- Dr. Freda O Connell
Clinical Director – Vergemont
- Mr Jim Ryan
Director Mental Health ECAHB
- Mr. John Saunders
Director Schizophrenia Ireland
- Mr. Niall Turner
Occupational Therapist

Role Models for DETECT

- EPPIC – Melbourne
- PEPP – Montreal
- TIPPS - Norway
- LEO - London



Models of Service Delivery

- Specialist Teams
- Dispersed or CMHT model
- Hub and Spoke Model

– Sainsbury Centre for Mental Health (2003)

Funding Opportunities

- ERHA and Dept of Health – 200~~X~~2, 200~~X~~3, 200~~X~~4
- Research Grants
 1. HRB
 2. SJOG research grants 2004
- Outcome
 1. Declined
 2. Awarded

The DELTA Project

Detection, Education & Local Team Assessment

MINI IRISH PILOT

FEBRUARY 2005

172,000



Autumn 2005

- HSE offer 10% of funding outlined in proposal to expand DELTA into the East Coast Area
(pop 375,0000)



Launched 14th
Feb 2006

Dublin and East Treatment and Early Care Team

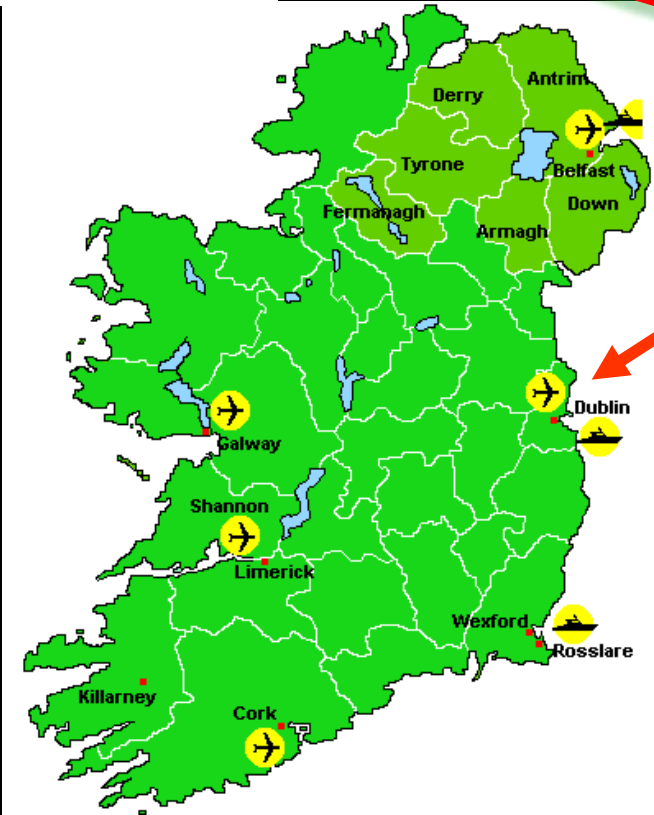


EARLY INTERVENTION IN PSYCHOSIS



DETECT : 375,000 9.5% of Population

425 GPs



Cluain Mhuire, Wicklow, Elm Mount and St. John of God's

Dublin and East Treatment and Early Care Team



Team – 8.5 WTE

1. Project Manager
2. Consultant Psychiatrist 0.5
3. 4 Clinical Fellows: 3 doctors and 1 CNS
4. Psychologist 0.5
5. Social Worker 0.5
6. Occupational Therapist
7. Clinical Nurse Specialist 0.5
8. Administrator 0.5



What is our aim?

- Provide the first early intervention service for those with psychosis in Ireland.
- Evaluate the service
- If effective, help to roll out services nationwide

Model of Early Intervention

Early Recognition
of Psychosis

Rapid Assessment
of Psychosis

Specialised Treatment
Package for early phase
of Psychosis



Treatment delays in Psychosis

=

Help Seeking Delays

+

Health System Delays

How to tackle delays

Help Seeking Delay

- Stigma reduction campaign
- Psychosis awareness campaign
- Improve access

System Delay

- GP education
- A & E education
- Professional education
- Rapid assessment

Reasons for Help Seeking Delay

- **Poor understanding**
- **Lack of awareness/insight**
- **Denial & fear**
- **Life implications**
- **Stigma**
- **First degree relative – longer delay**

Soc Psychiat Epidemiol (2010) 45:381–391
DOI 10.1007/s00127-009-0081-x

ORIGINAL PAPER

First episode psychosis and the trail to secondary care: help-seeking and health-system delays

Eadbhard O’Callaghan · Niall Turner · Laoise Renwick · Deirdre Jackson · Marie Sutton · Sharon D. Foley · Stephen McWilliams · Caragh Behan · Alastair Fetherstone · Anthony Kinsella

Received: 23 December 2008 / Accepted: 1 June 2009 / Published online: 4 July 2009
© Springer-Verlag 2009

Abstract

Background People experience delays in receiving effective treatment for many illnesses including psychosis. These delays have adverse consequences in heart disease and cancer, and their causes have been the subject of much

Beiser Scale. Pathways to mental health services were systematically detailed through interviews with patients and their families.

Results The final sample consisted of 142 (88M, 54F) cases after those with psychosis due to a general medical

Help-seeking

- Family initiated contact 33%
- Those who did **not** seek help were more likely to have a family member affected by mental illness

Public Awareness Campaign

Psychosis ?
Is the way I am feeling due to Psychosis ?
[Read More](#)



www.detect.ie
www.deltaproject.ie



I affect over 200 million people worldwide, 70,000 in this country. What medical condition am I?

 **Mental Health Ireland**
Supporting Positive Mental Health

Menzana House, 6, Adelaide Street, Dun Laoghaire, Co. Dublin
Tel: 01-2841166 | Fax: 01-2841736
Email: info@mentalhealthireland.ie | Website: www.mentalhealthireland.ie

Help seeking delays



Educational Programme

• Leaflet delivered households within the 3 catchment areas - Oct 2010

• The early warning signs of psychosis and how to seek help

What do Mental Health Services provide?

Treatment for psychosis can be provided as an inpatient or an outpatient depending on the circumstances. Getting help early reduces the likelihood of inpatient care being required. In the initial phase treatments may include pharmacotherapy, psychological therapy, family therapy and occupational therapy. As the person recovers they usually make occasional outpatient visits to the mental health services or may just have ongoing treatment with their GP.

What can I do to help myself if I have early warning signs?

- Confide in someone you trust
- Get help as early as possible through your GP or A & E.
- Attend your local mental health service if referred.

Remember: Look after yourself, look after your mental health

For further information

www.mentalhealthireland.ie
www.detect.ie
www.shineonline.ie
www.spunout.ie
www.yourmentalhealth.ie



National Office for Suicide Prevention



Mental Health Ireland
Supporting Positive Mental Health

Mensana House, 6, Adelaide Street, Dun Laoghaire, Co. Dublin
Tel: 01-2841166 | Fax: 01-2841736
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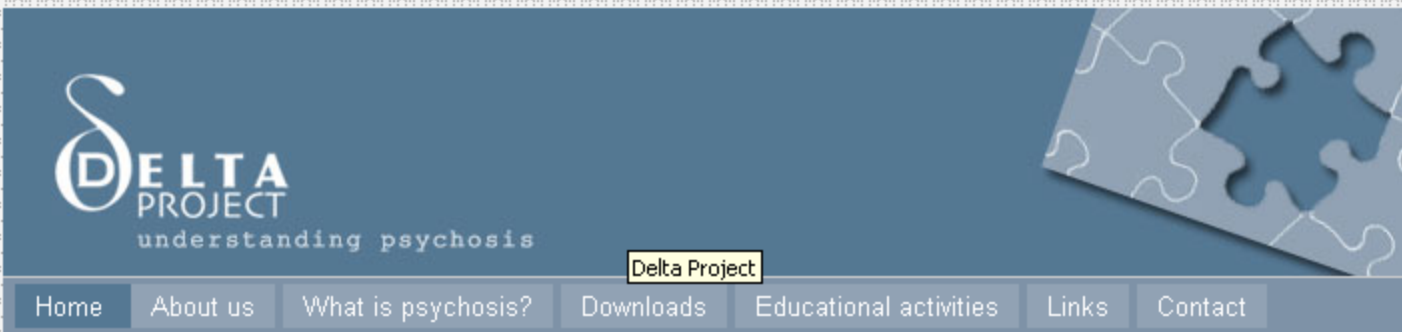
Help seeking delays



Educational Programme – General Public

- TV Soap Opera – Fair City 600,000 viewers in a population of 4 Million
- Character gradually develops symptoms of schizophrenia
- Treated and recovered– survey (n=993) – 6 months later
- Viewers - less likely to distance themselves from those with schizophrenia, less likely to view them as a risk and more optimistic about outcome





What is the DELTA Project?

Health Professionals are continually striving to improve services for people with mental health difficulties and their families. A new service has been established in South East Dublin, Ireland working to improve outcomes for people who experience **psychosis** for the first time and their families.

DELTA stands for Detection, Education and Local Team Assessment and began operating in February 2004. It can take up to two years for people with psychosis to receive effective treatment. The DELTA Project seeks to address this and reduce the amount of time a person experiencing their first episode of psychosis spends unwell without **treatment**. As the name suggests, the DELTA Project has two components, education and assessment.

Firstly, DELTA will provide rapid, holistic assessments to those experiencing their first episode of psychosis and their families. Secondly, we will provide education and information about psychosis, what it is, how to recognise it and how to get help. Our aim is to reach as many people as possible but we will also be delivering information and education to targeted audiences that either deal with **people with psychosis** or that are likely to be affected by psychosis.

This website is part of the educational campaign and is intended as a source of information for public and professional interest. The information provided within should be used sensitively and carefully, it is not for diagnostic purposes. If you





Home

Signs & Symptoms

Early Intervention

Services

YOU ARE HERE >> Home

Detect early signs
& symptoms

Early intervention

Full
Recovery

Recover & get well

Noticeboard

DETECT is a part of the steering group responsible for the current TV ad campaign (mind your mental health). Brochures and information are available at www.yourmentalhealth.ie

[Read More](#)

What is Psychosis ?

Psychosis is a treatable condition and if detected and treated early

Psychosis ?

Is the way I am feeling due to Psychosis ?

[Read More](#)



GPs & Other Professionals

How to access our services !

[Read More](#)



Parents & Guardians

Are you a concerned parent/guardian?
Here's what you need to know.

[Read More](#)



Success Stories

" Having a mental illness is not the end of the world, by any means, 1 year later and I'm doing well, I'm probably just about back to normality. Just keeping physically healthy helps and I'm working on the rest. "

[Read More](#)



FIRST FORTNIGHT

Challenging Mental Health Prejudice
Through Creative Arts

See
Change

The National Mental Health
Stigma Reduction Partnership

First Fortnight in assoc. with DETECT present

One Man, Many Voices

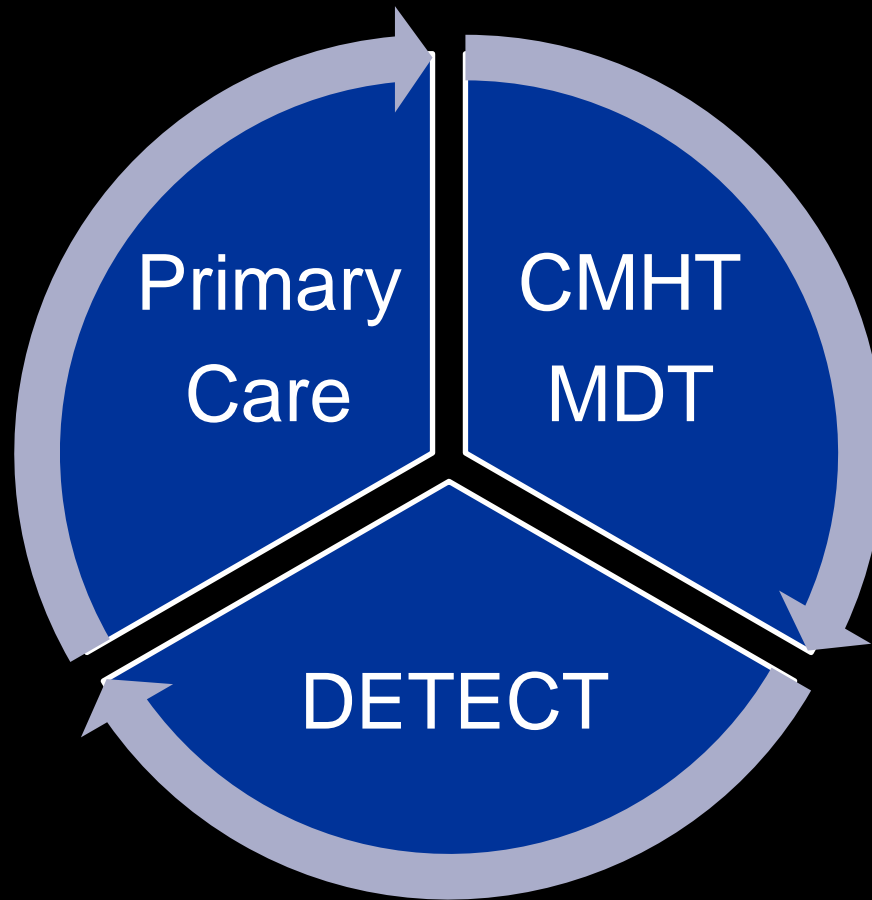
@ FilmBase,
Curved Street,
Temple Bar



Sat 7 Jan 2.30pm
Tickets €5

Tackling Health System Delays

80% find
DETECT
service
very/extremely
useful



System delay - Phases of Psychosis

- **May develop suddenly or gradually**
- **Different phases:**

Premorbid changes

Early warning signs

Onset of frank psychotic symptoms

Early signs – Difficult to identify

- **Loss of concentration**
- **Depression**
- **Changes in behaviour, especially social withdrawal**
- **Suspiciousness**
- **Changes in patterns of self care**
- **Lack of interest**
- **Strange ideas**
- **Irritability**
- **Self harm/Suicide**

Primary and Secondary Care In Region

- 345 GPs
- 3 General Hospitals
- 2 Psychiatric Hospitals
- 15 public consultant psychiatrists and associated teams
- 6 private consultant psychiatrists
- > 300 community/voluntary organisations

Health system delays



Educational Programme - General Practitioners, ED Staff & Psychiatric Registrars

- Continuous Medical educational groups & GP trainees
- Articles in GP Journals and Newspapers
- Newsletters & Laminate sent to all GPs
- Educational Sessions for ED Staff
- Presentations at academic sessions



Health system delays



Educational Programme – Other Professionals

Member of DETECT Team liaises :

- Secondary Level Teachers
- Police/ Probation Services
- Counsellors
- Social Workers
- Helpline Staff
- Addiction Services
- Primary Care Teams
- Youth Workers
- Over 2,000 professionals

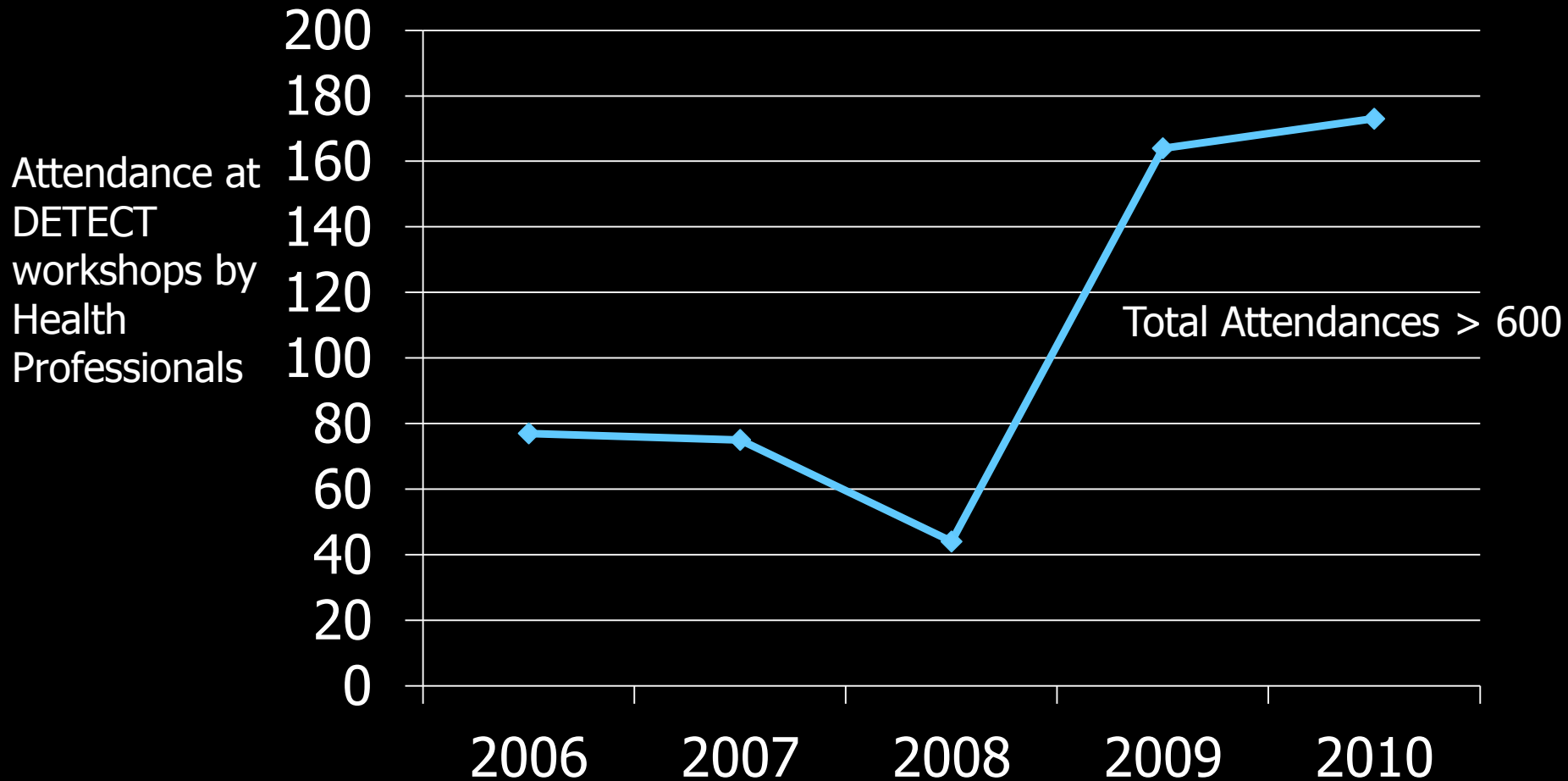


Local Community Campaign

Attendances at community organisation presentations



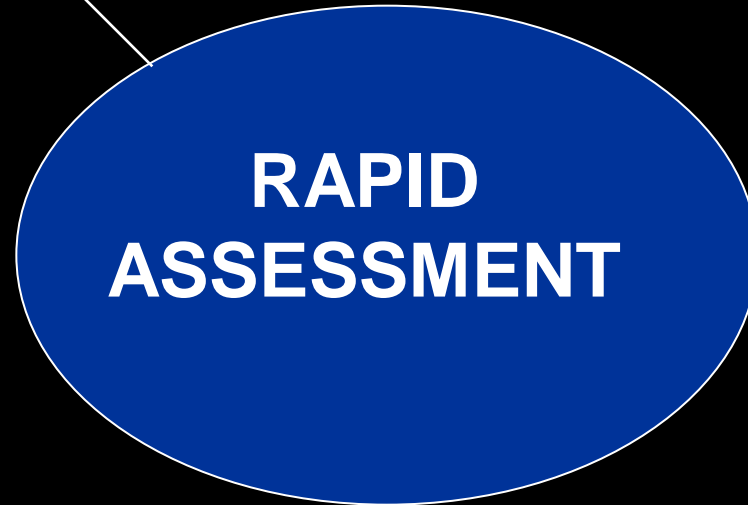
Early Detection of Psychosis





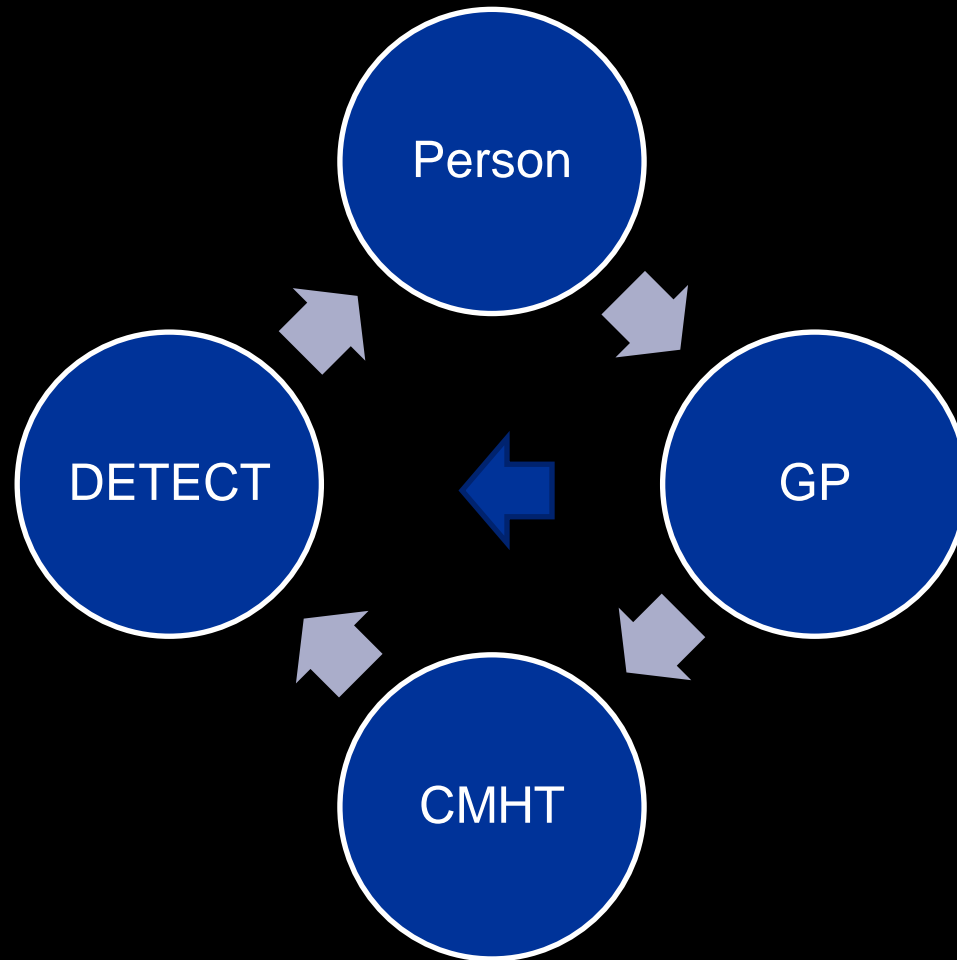
**One assessor
per area**

72 hours



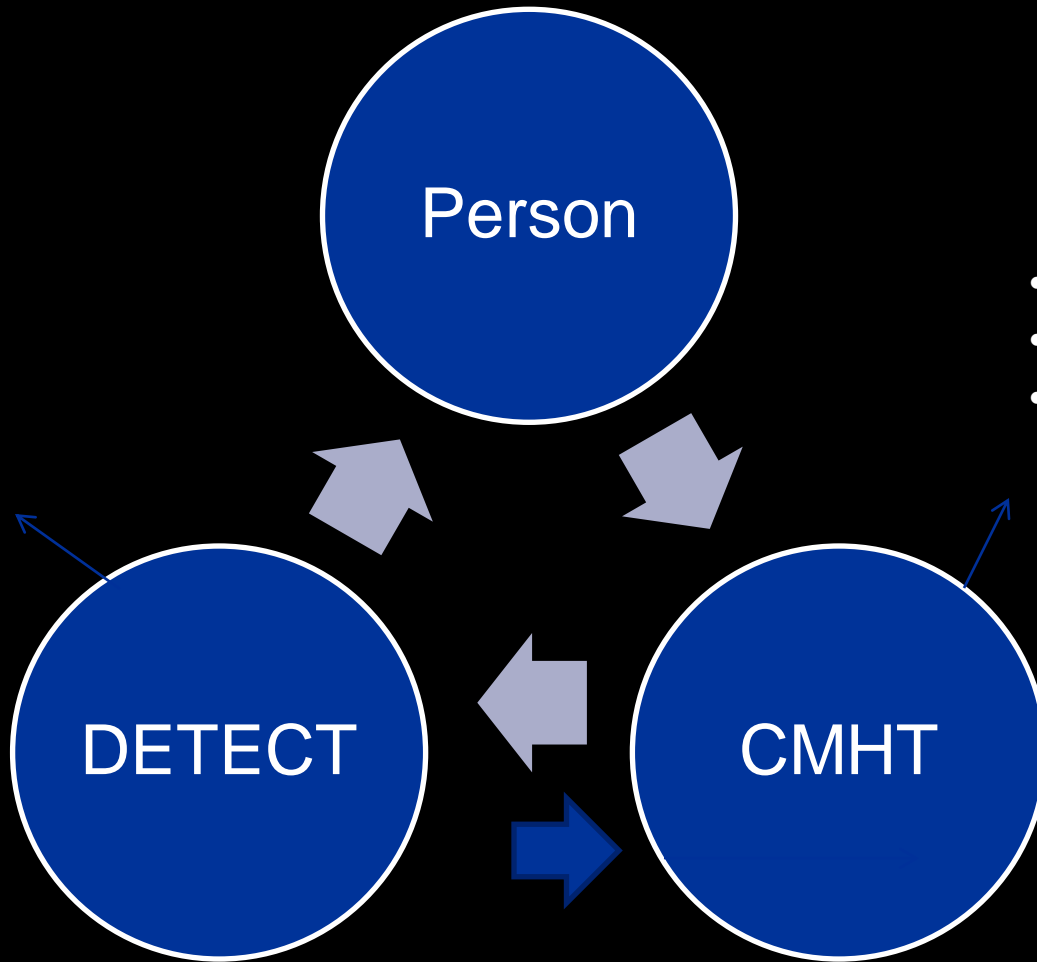
Assessment includes: Structured clinical interview, SANS, SAPS, Calgary Depression Scale, Premorbid adjustment, DUP, Quality of life, Occupational and social functioning, Burden of care

Access to DETECT



CMHT/EI Service Provision

- Ensure minimum delay
- Rapid assessment
- Phase Specific Interventions



- In-pt/Out-pt care
- Pharmacotherapy
- CPN service

Clinician Ax

- SCID
- SANS
- SAPS
- Calgary
- Functioning
- QoL
- Premorbid functioning
- Beiser Scale (Delays)

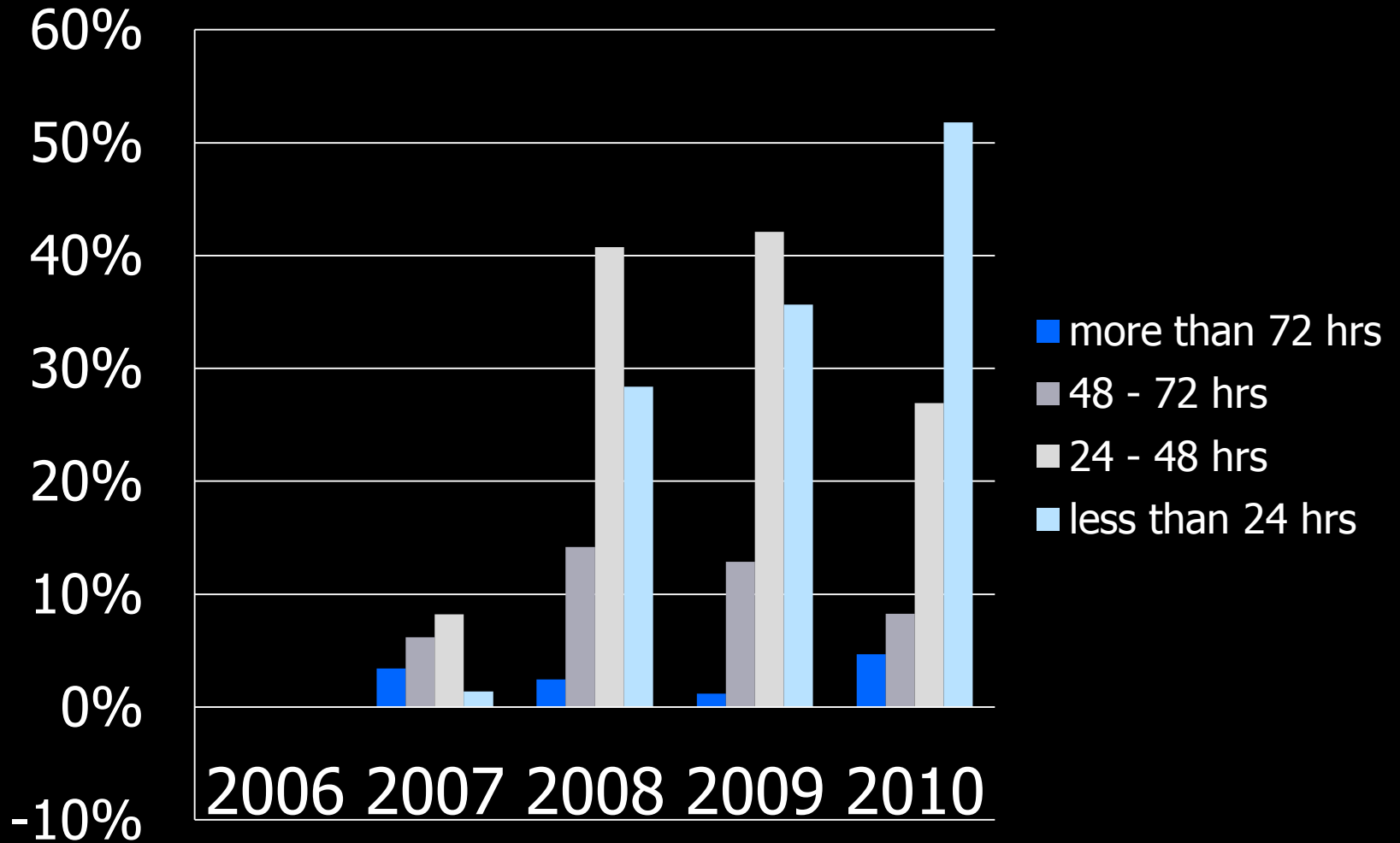
Self Reports

- Insight Scale
- Drug attitude inventory

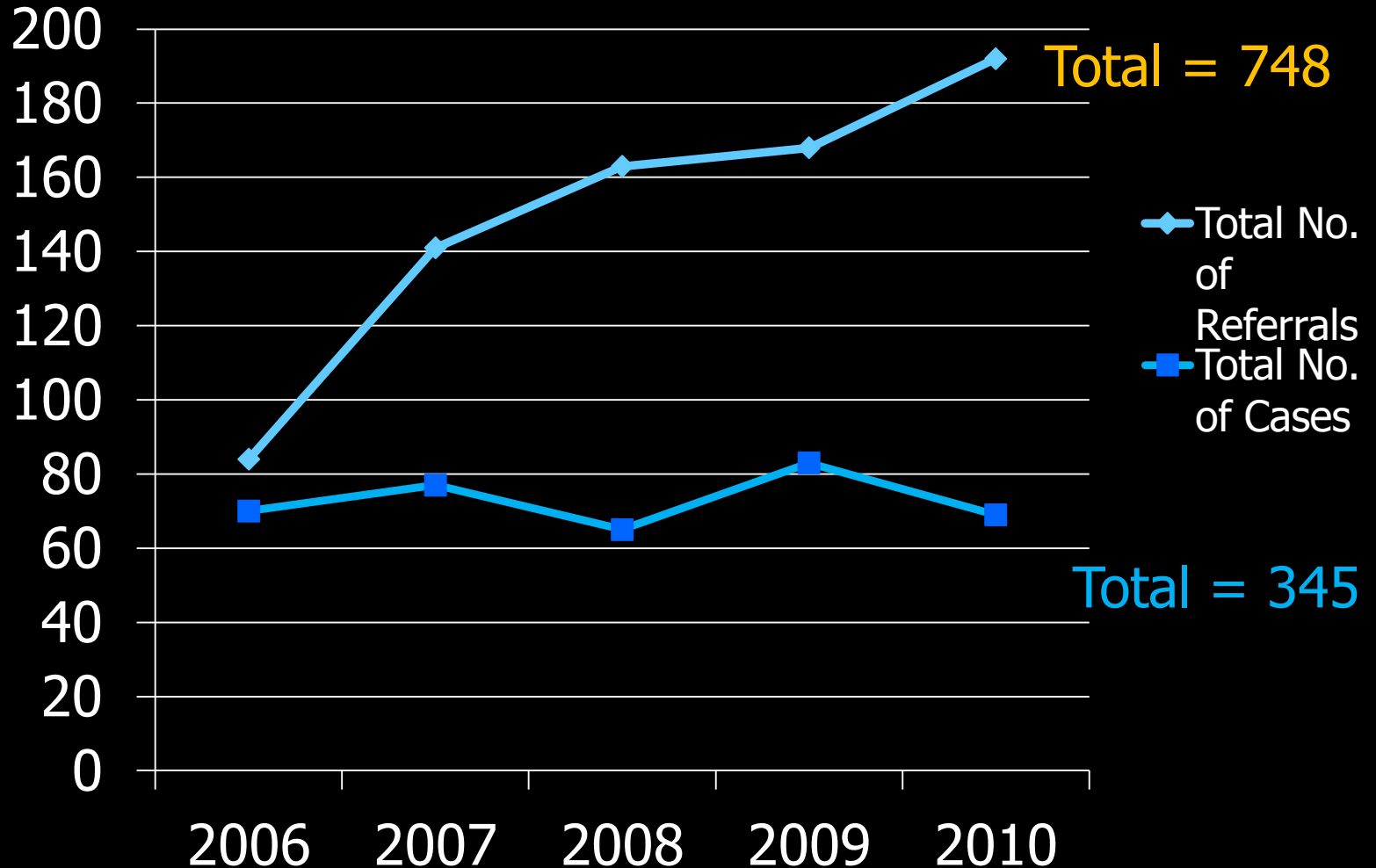
Assessment

- Clinical meeting every week
- Discuss the assessments & diagnosis
- Feedback from interventions
- Access data base – direct entry

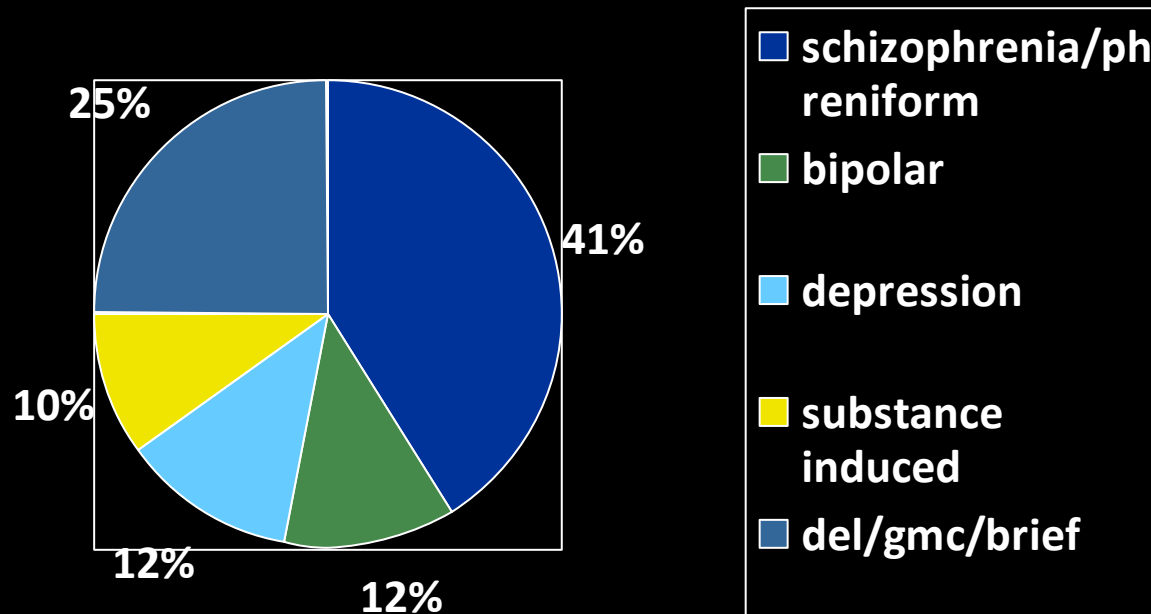
Response Time



Referrals and Cases



Diagnostic breakdown of cases with psychosis

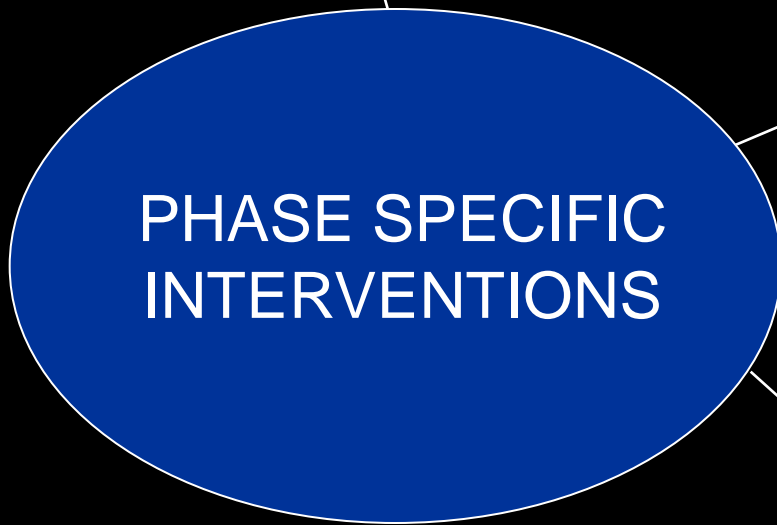




Carer Education



Group CBT Programme



**PHASE SPECIFIC
INTERVENTIONS**



Occupational Support & Advice

Interventions

- Offered to everyone
- Standardised
- Specifically for FEP
- “Assertive” engagement strategies, optimistic attitude
- Dedicated team member
 - 0.5 Psychologist
 - 0.5 Social Worker
 - 1 Occupational Therapist

Phase specific interventions

- Cognitive Behavioural Therapy for FEP
 - 12 week group programme
- Family Education and support programme
 - 6 week group course
- Occupational Therapy Service
 - Individual, addressing occupational and social disabilities ass. with psychosis

Why CBT for Psychosis?

- **‘People feel disturbed not by things but by the views they take of them’**

Epictetus – first century philosopher

- **Depression & Anxiety 30-75%**
- **High levels of on-going symptomatology**

CBT

Biopsychosocial model of causation

Strategies to deal with anxiety and depression

Maladaptive behaviours – managing the symptoms

Metacognitive approaches – cognitive errors and problem solving biases

Group Intervention

- Normalisation, social functioning & challenging beliefs are seen as core strategies
- Destigmatising the individual's view of their own illness
- Empowering the person through work on anxiety and self-esteem
- Disempowering the symptoms through cognitive skills and behavioural techniques.

12 Modules

What is Psychosis?

What is CBT?

- Psychoeducation

Stress-Vulnerability Model

- Physical, Behavioural and Cognitive aspects of stress
- Cognitive understanding of psychosis (Morrison, Garety)
- Metacognitive training
- CBT Coping strategies
- Assertiveness
- Self Esteem
- Goal Setting

Relapse Prevention

- Acceptance & change. Nurturing
- Substance misuse
- Social Support, social anxiety
- Medication
- Relapse Prevention (EWS)

References

- **Birchwood, M., Fowler, D., & Jackson, C. (Eds.) (2000).** *Early Intervention in Psychosis: A Guide to Concepts, Evidence and Interventions.* UK: Wiley.
- **Morrison, A.P., Renton, J.C., Dunn, H., Williams, S., Bentall, R.P. (2004).** *Cognitive Therapy for Psychosis: A Formulation-Based Approach.* NY: Brunner-Routledge.
- **Morrison, A.P (Ed.) (2002).** *A Casebook of Cognitive Therapy for Psychosis.* NY: Brunner-Routledge.
- **Garety, P.A., Kuipers, E.K., Fowler, D., Freeman, D., & Bebbington, P.E. (2001).** A cognitive model of the positive symptoms of psychosis. *Psychological Medicine* 31, 189-195.
- **Lawrence, R., Bradshaw, T. & Mairs, H. (2006).** Group cognitive behavioural therapy for Psychosis: a systemic review of the literature. *Journal of Psychiatric and Mental Health Nursing* 13, 673-681.
- **Steel, C. (2006).** Psychosis: Intrusions and the Context of Distressing Memories. *British Association for Behavioural and*

FAMILY EDUCATION

Current course

Individual family meeting

- Address particular family issues
- Discuss how course might help

Session one

- Familiarisation with language of mental health
- Overview of psychosis, diagnosis, treatments

Session two

- Biological background, questions on medication answered.

Session three –

- Psychological approaches, discussion of CBT for psychosis,
- How cognitive difficulties and negative symptoms can affect patient and family

Current course

Session four

- The experience of psychosis,
- Presentation by service user,
- Discussion on service user reports.
- Making best use of Help agencies.

Session five

- Dealing with lack of insight,
- Motivational strategies to encourage compliance,
- Adjusting to an ill family member,
- Having expectations and setting limits.

Session six

- Being aware of relapse, forward planning
- Online course

Feedback

Families – generally positive e.g. feel less confused, more able to understand professionals. Some of the strategies helpful and lead to less friction in family relations. Feel better about services and professionals.

Professionals – have reported time saving in explaining things to families who have done course and more positive views of services among these families.

Patients – some reports of family members who have been on course being better able to understand their illness.

OCCUPATIONAL THERAPY

Occupational Therapy: Evidence Based

- **Roles lost; maladaptive habits formed**
- **Difficulty with strategic planning re. employment**
- **Health Related Outcomes: Meaningful occupation linked to improved health**
- **Psychosocial Interventions as a crucial component of relapse prevention**

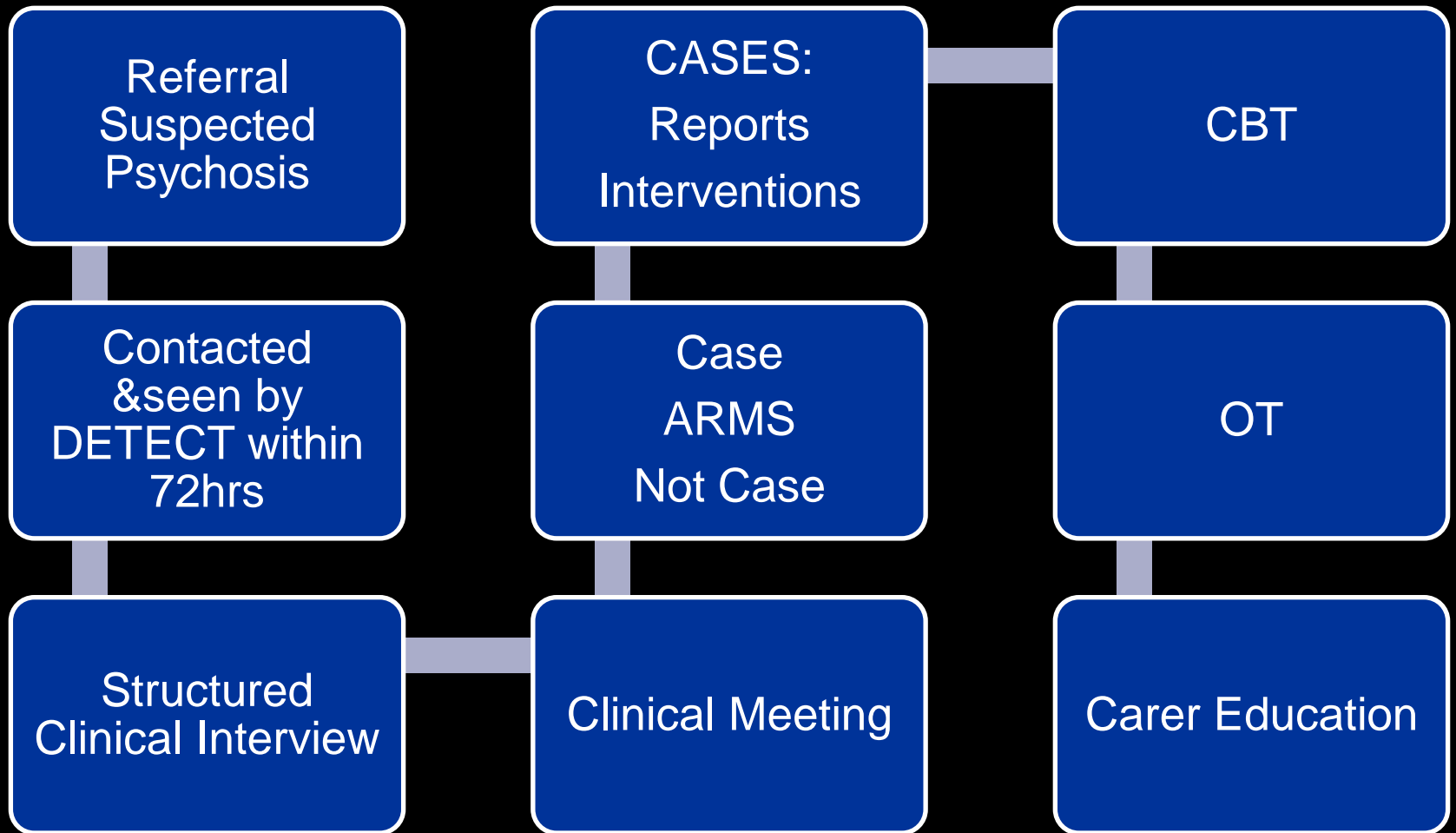
OT in Detect

- **Blanket referral procedure**
- **Individual sessions**
- **Assessment – subjective, objective, collateral**
- **Model of Human Occupation framework**
 - **Self-Care, Productivity, Leisure** - Roles
 - **Functioning** - Environment
- **Flexible depending on need**
- **Strength Focused**

Interventions

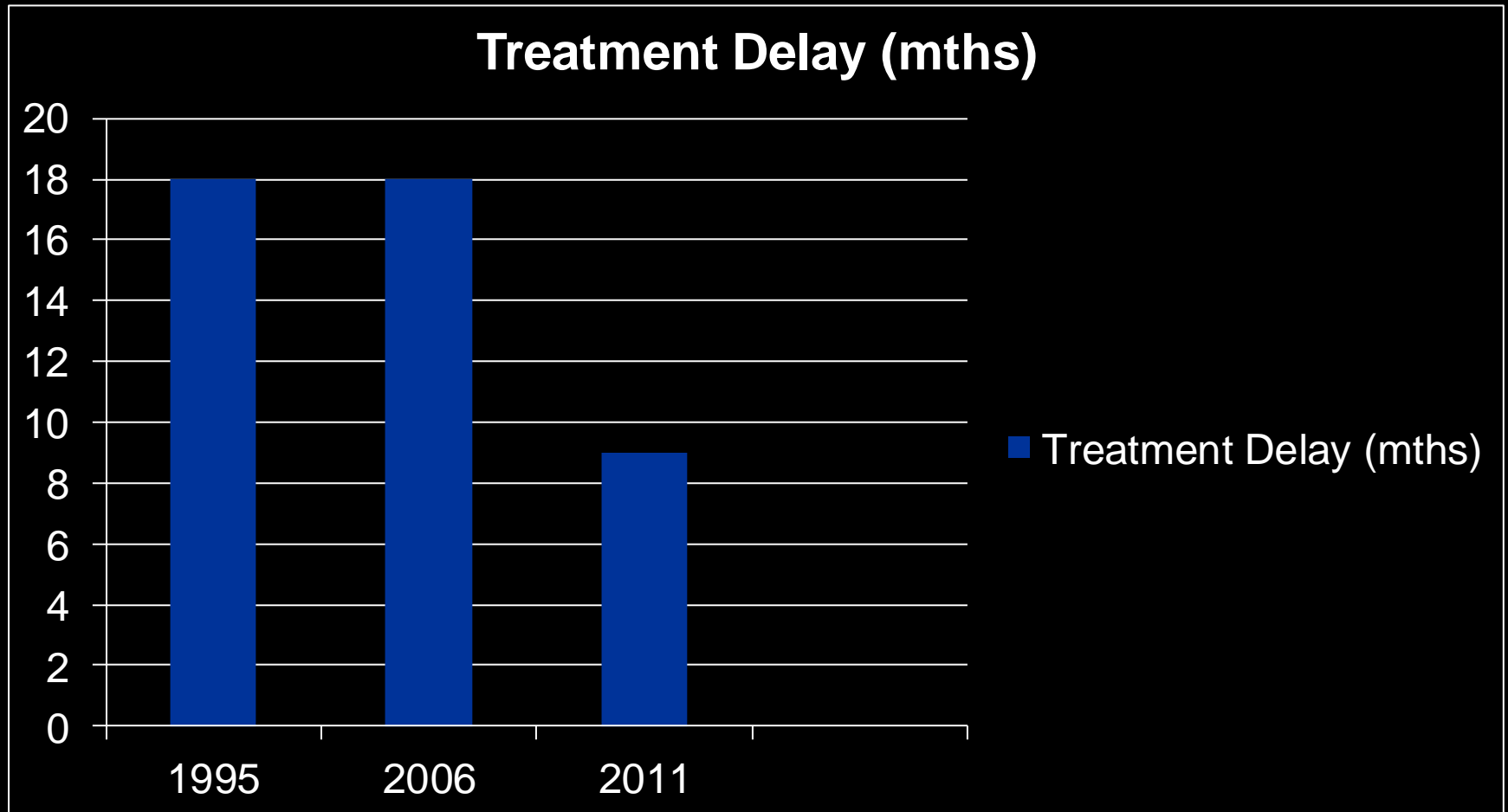
- **Goal setting** e.g. increasing daily structure, improving concentration, establishing social support
- **Individual psychosocial sessions** e.g. relaxation, money management, work-related skills
- **Information and advice provision** e.g. training and employment opportunities and supports
- **Referral** on to relevant community resources

Journey through EI Service

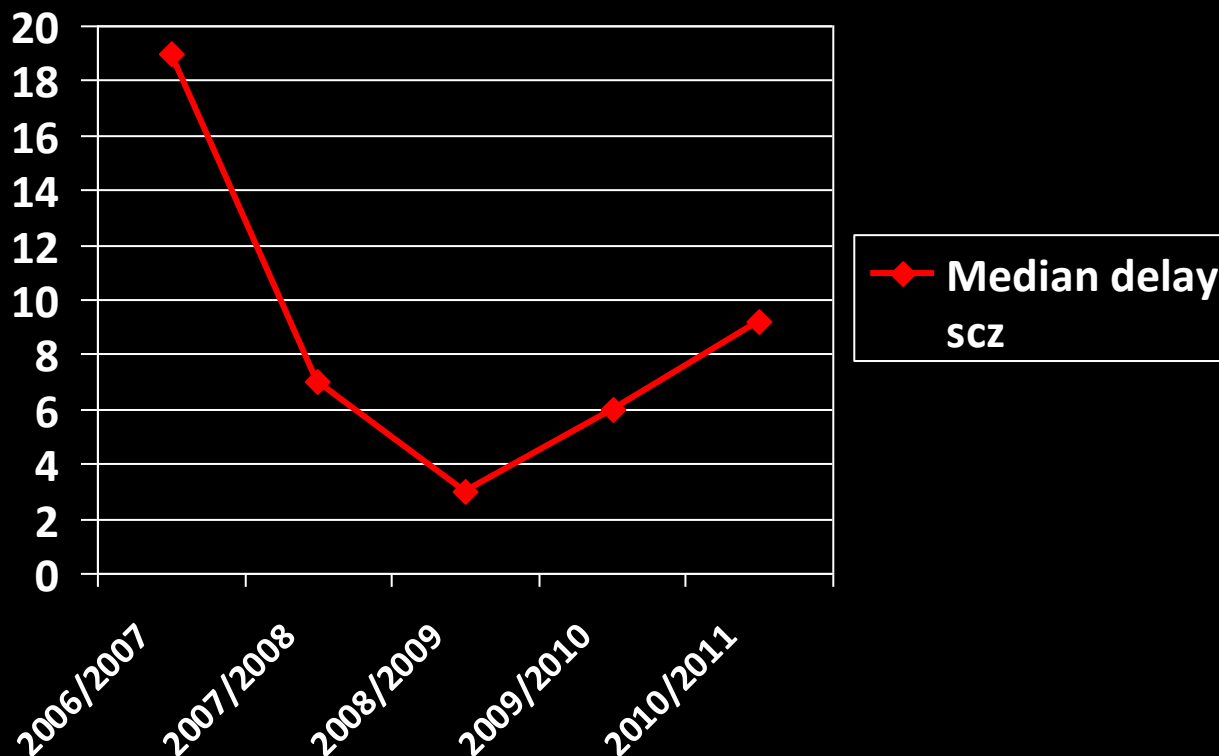


- Background to Early Intervention –Irish context
- Lead in
- DETECT service
- **Results**
- Discussion

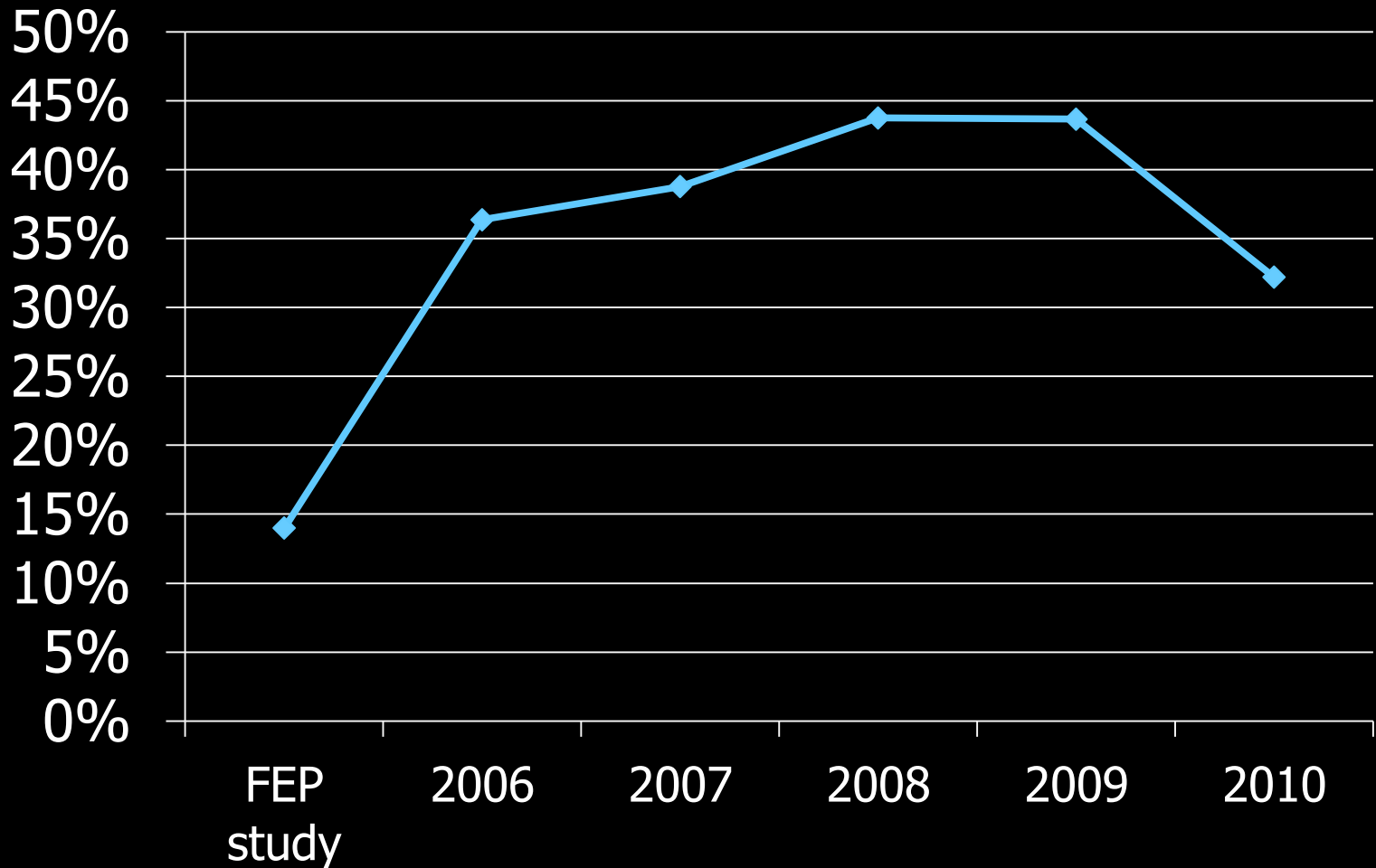
Treatment Delays Reduced



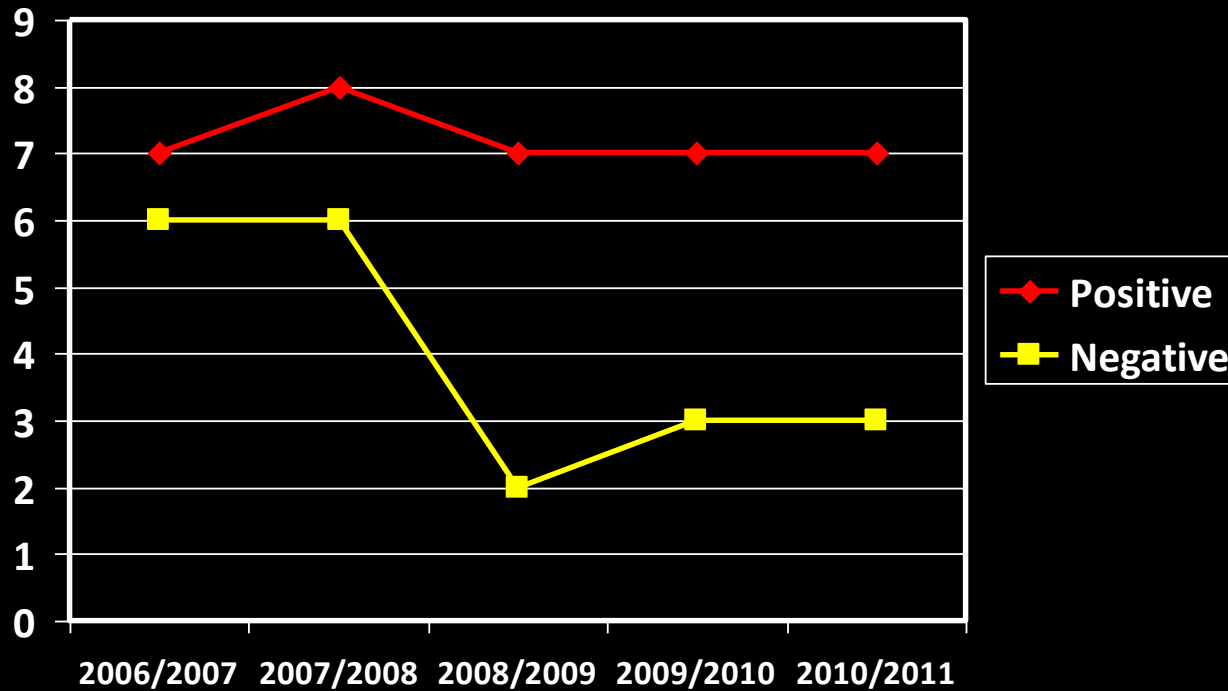
Duration of untreated psychosis



% treated as an outpatient at first presentation



Median symptom scores over time

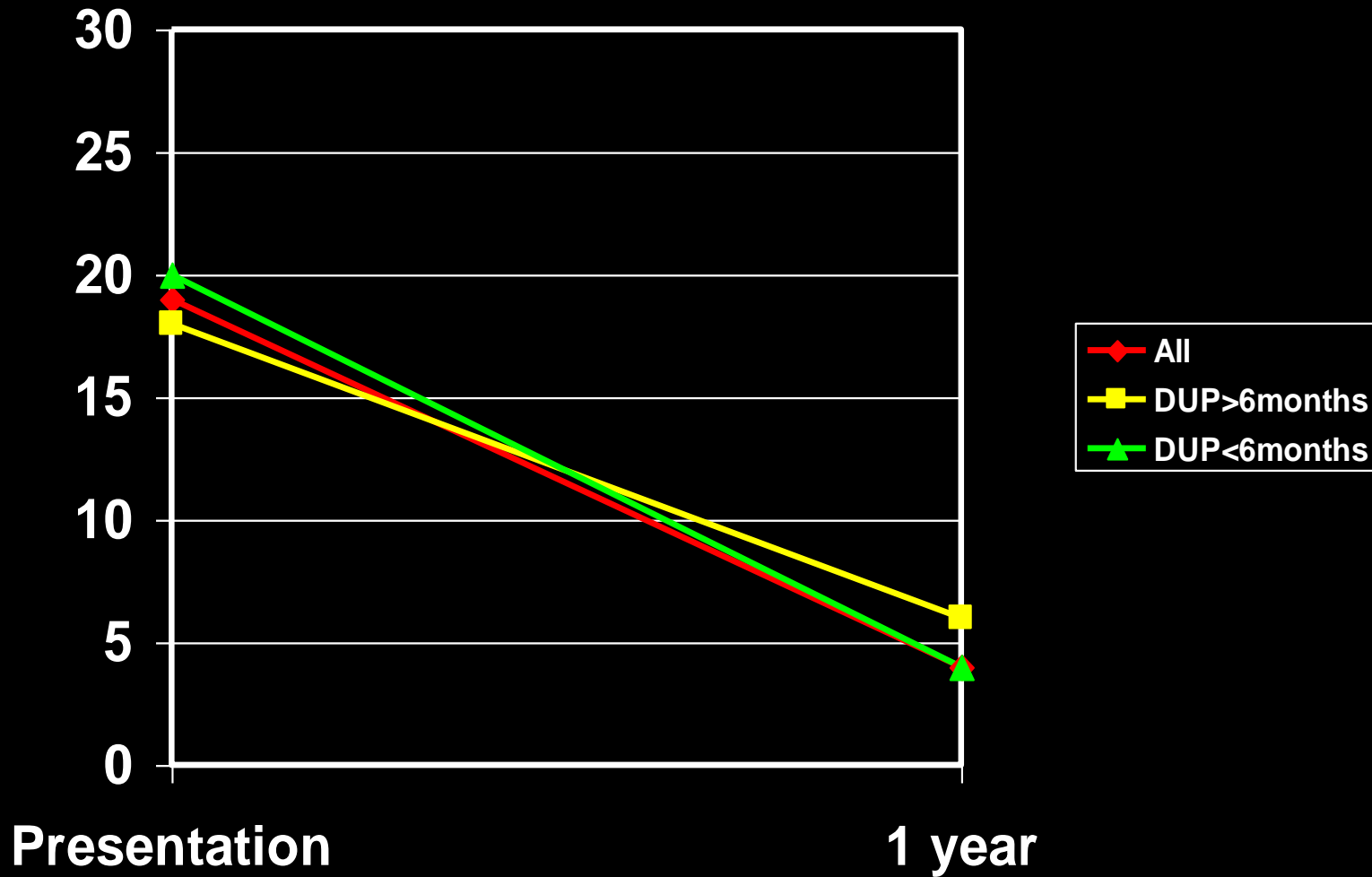


Suicide Attempts Before Treatment Reduced

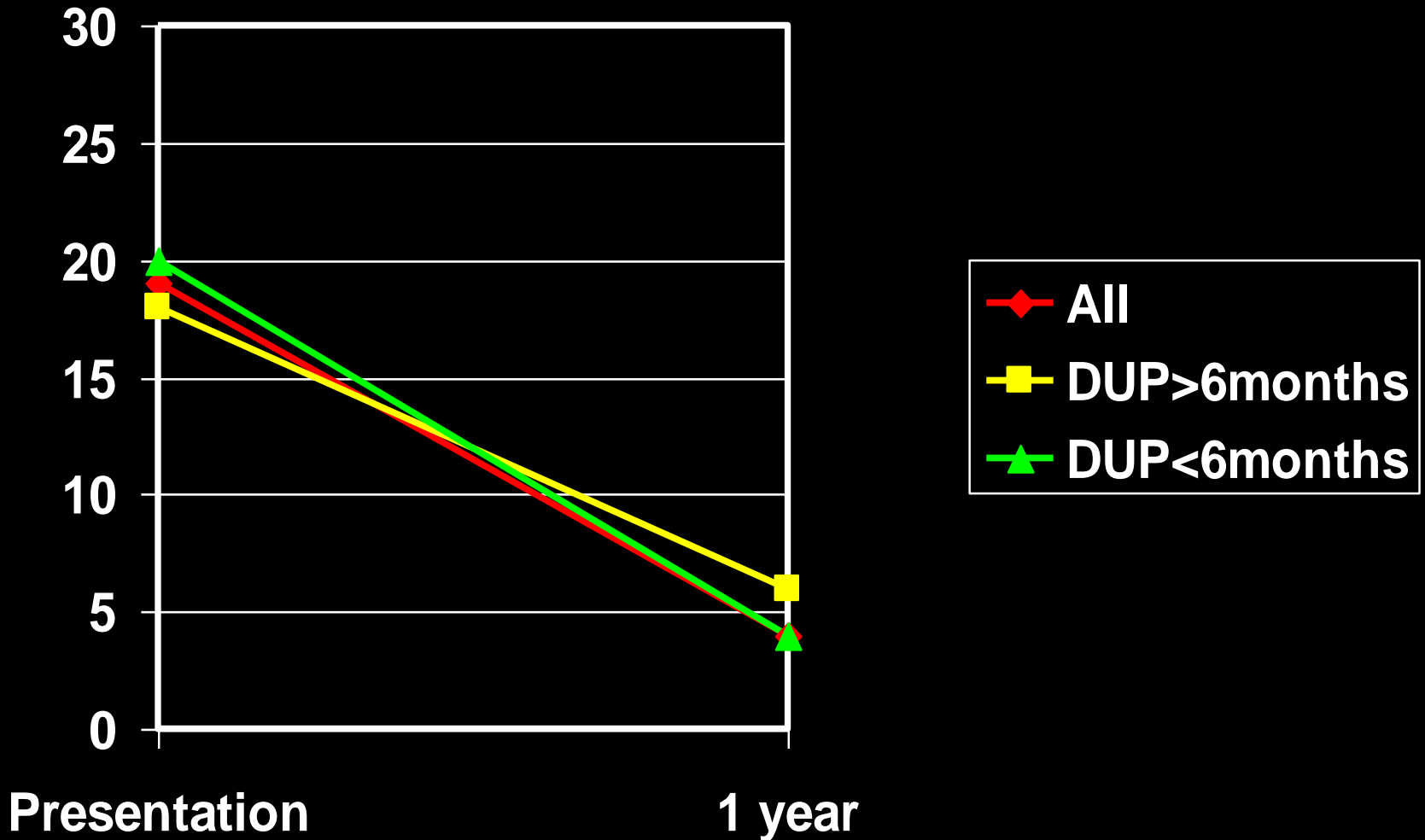
- 1995-1999 FEP - 10%
- 2006-2010 DETECT - 5%



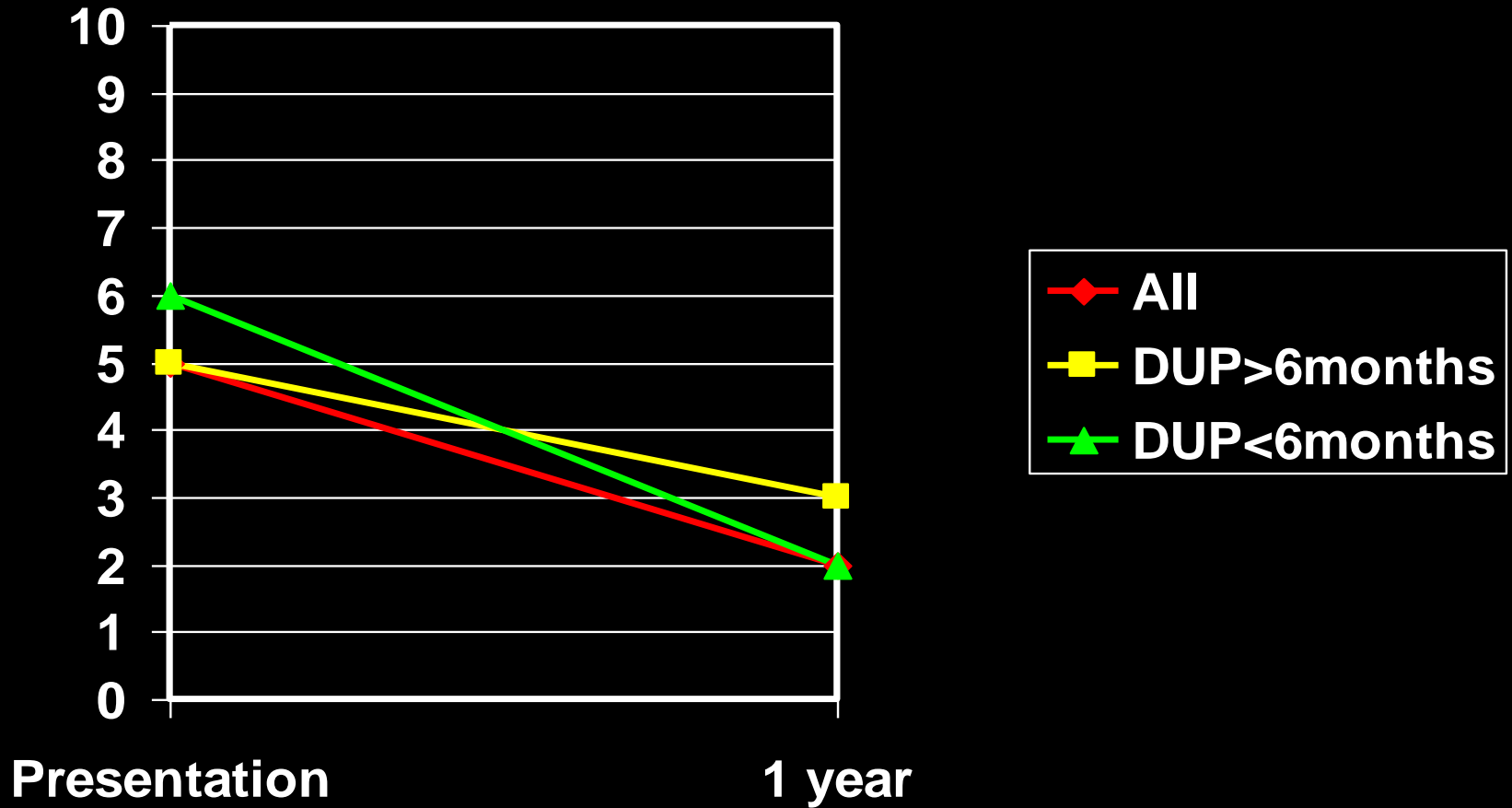
Positive symptoms



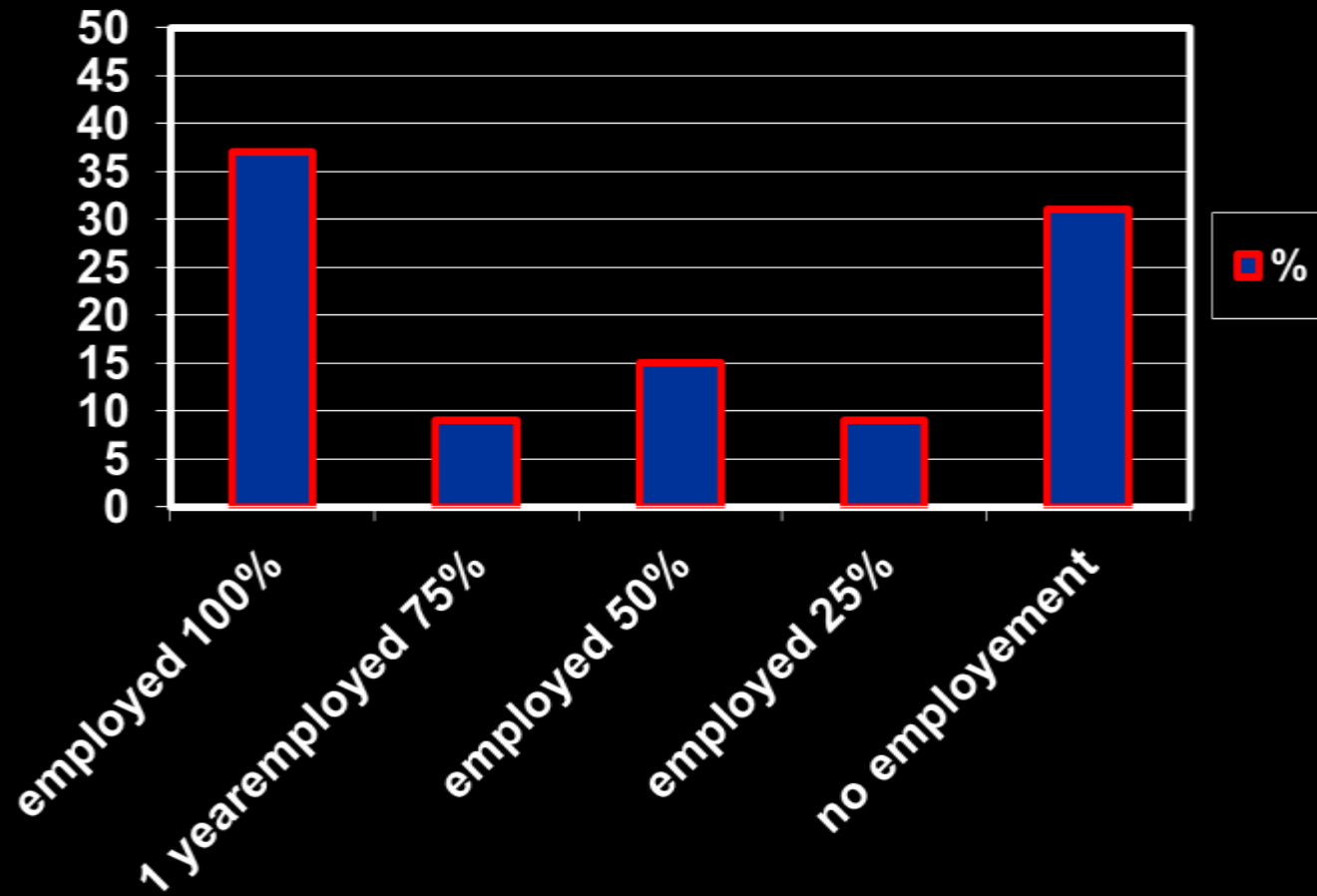
Negative symptoms



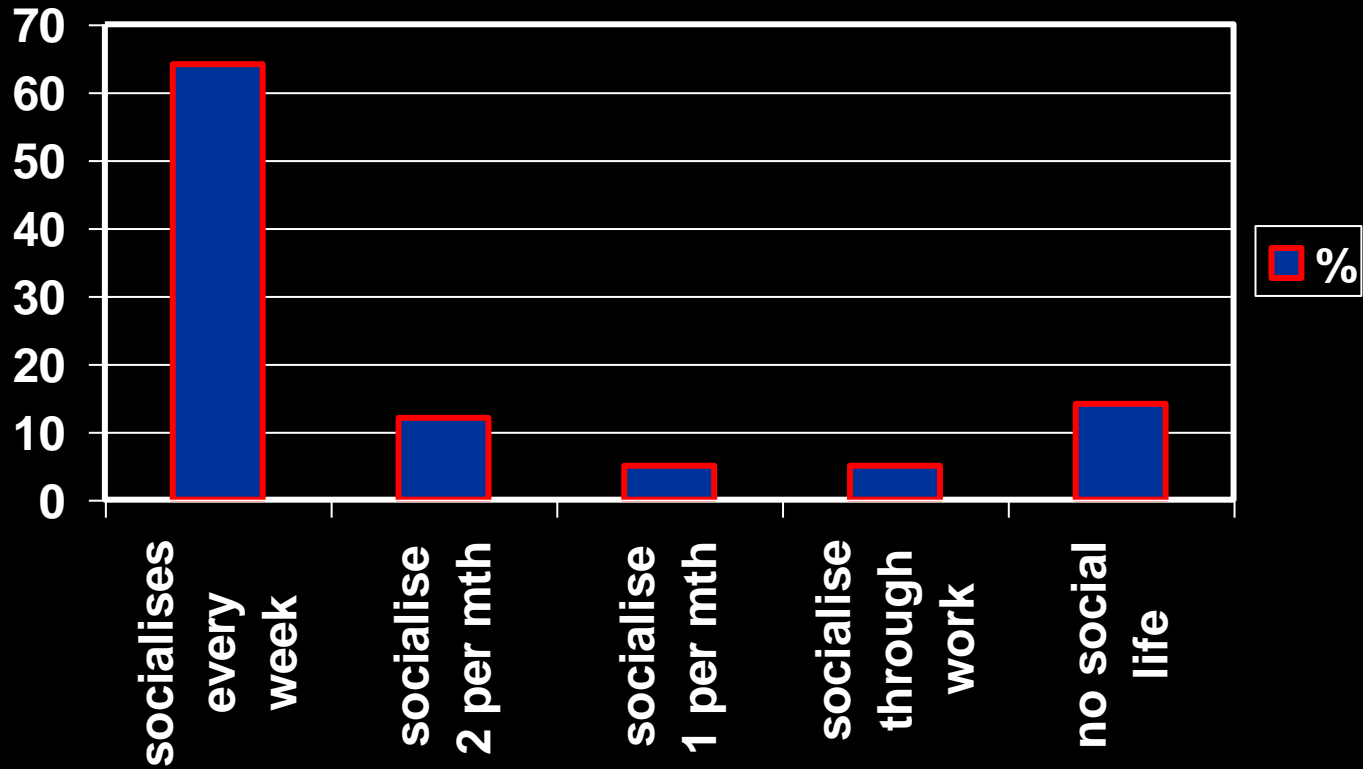
Depressive symptoms



Work outcome



Social outcome



Testimonies

- *“Very satisfied with the service. Pts seen quickly and we see them in out patients, sometimes DETECT report is already there, very helpful.” GP*
- *“Yes did not know that time to treatment was so important” GP*
- *“I found the sessions on how to interact with someone during a psychotic episode, relapse prevention and preparation in the case of relapse particularly useful” Relative*
- *“I never realized how many opportunities and jobs are actually out there, I would have given up by now”. Service user*

Changes for someone with FEP in our area...

- Those in close contact with young people more aware of psychosis and early signs, know how to access services
- GP/A&E now more alert for signs of psychosis and if present understand why and how to refer quickly
- Referrals seen within 72 hrs in their home if possible
- Standardised diagnostic and assessment protocol by trained experienced clinicians
- Treatment commenced immediately if psychosis present
- Medical, social, occupational and psychological needs are addressed
- Families receive education and support

	Pre-DETECT	DETECT	1 year follow up	
Admitted	84%	63%	28%	↓
Involuntary admission	21%	20%	-	↔
Positive symptoms	21/49	17/95	4/95	↓
Negative Symptoms	31/49	15/155	4/155	↓
Functioning	23	40	68	↑

- Quality of life – Laoise Renwick – HRB
- Substance misuse – Kevin Madigan – HRB
- Supported employment – MHC
- Economics – HRB
- Suicide – HRB
- 8 yr follow up - SJOG
- Physical health –bit of everyone

Has this been more than just DETECT?

“If I had to reduce my message ... to just a few words, I’d say it all had to do with reducing variation.”

W Edwards Deming

If we were starting again....

- Experience of EI in one setting – local adaptations essential
- Engagement rates
- Measures – small amounts well
- Individual work
- Extended interventions
- Value of collaboration with other centres

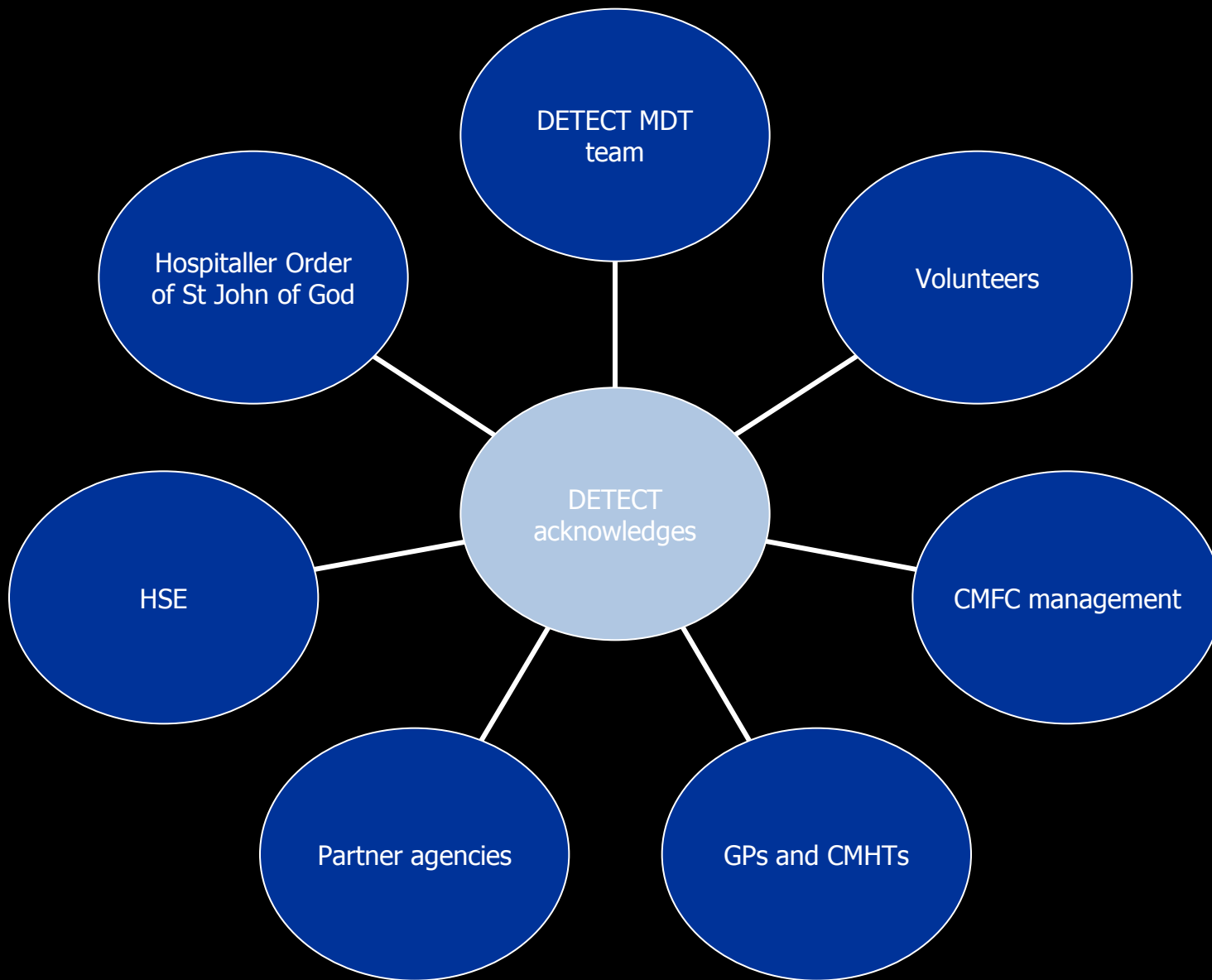
Possible outcome variables for EIP services

- DUP
- Admission rates
- Admission under MHA
- Engagement
- Retention
- % Families involved
- Suicide attempts
- Readmission
- % employed

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Start by doing what's necessary; then do what's possible; and suddenly you are doing the impossible.