Rationale and the Local Development of Early Intervention for Psychosis

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Rationale of Early Intervention for Psychotic Disorders

Psychotic disorders including schizophrenia are severe mental illnesses that constitute a major public health problem. Schizophrenia and schizoaffective disorder together rank as the fifth leading cause of disability by the World Health Organization (WHO)¹. As psychosis typically occurs in late adolescence or early adulthood, which is the critical developmental life stage in terms of personality, social role, scholastic or vocational achievement, it can therefore cause profound adverse impact on patients’ long-term functional capacity. Besides having debilitating symptoms of delusions, hallucinations, loss of volition, social withdrawal and neurocognitive impairment, individuals suffering from psychosis are also prone to other psychiatric morbidities such as depression, substance abuse and suicide. At a societal level, enormous economic costs are incurred by psychotic disorders through direct medical costs, lost employment, increased welfare benefits and diminished productivity of caregivers².

In the last decade, early intervention for psychotic disorders has become a major trend in mental health care development worldwide³. This specialised programme comprises two key components: 1) early detection to reduce delay in treatment and 2) phase-specific intervention during the early illness stage. A large number of studies have found that prolonged duration of untreated psychosis (DUP) predicted worse symptomatic and functional outcome, and poorer quality of life in patients with first-episode psychosis⁴. As literature revealed that prolonged delays of up to one to two years before treatment were common in individuals experiencing psychosis⁵, DUP is thus posited as a potentially malleable prognostic factor which may be reduced by early identification and prompt intervention. Research also suggested that the first few years of psychotic disorders after onset is a critical period for determining long-term illness outcome⁶. Provision of focused and phase-specific intervention at this early illness stage may therefore ameliorate, if not prevent, potentially pronounced disability. A growing body of evidence has indicated that, when compared with standard psychiatric service, early intervention programmes are associated with shortened treatment delay, increased symptomatic remission, lower relapse rates, lower use of legal detention, reduced hospital admissions, improved psychosocial functioning, better service engagement, higher client / carer satisfaction and lower suicide rates⁷. In fact, this phase-specific early intervention model has been endorsed by WHO and the International Early Psychosis Association which jointly issued the “Early Psychosis Declaration” in 2005⁸.

The Local Development of Early Intervention Service for Psychosis

The Early Assessment Service for Young People with Psychosis (abbreviated as EASY), which has been launched since 2001, is a publicly-funded specialised programme that provides early assessment and phase-specific intervention for all individuals aged 15 to 25 years experiencing their first-episode psychosis⁹. The programme consists of five treatment teams covering the whole territory of Hong Kong. Being one of the first and most comprehensive early intervention programmes in Asia, the EASY programme comprises three main components: 1) to raise public awareness; 2) to create an easily accessible referral system and 3) to provide a phase-specific intervention.

In order to improve the mental health literacy to psychosis in the general public, a series of public education programmes have been organised utilising various means of channels including TV, radio interviews, press release, public talks, school visits, leaflets and exhibitions, to name a few. The EASY programme also introduced a more perceptive Chinese term for psychosis, namely “思覺失調” (literally means dysregulation in thinking and perception) to ameliorate the stigma. Regarding the referral pathway, a broad range of referral mechanisms is implemented to encourage early help-seeking in individuals suffering from first-episode psychosis. These include a hotline direct referral system, referrals from community via emails, walk-ins, school social workers and non-governmental organisations (NGOs), as well as within the public health care system. After receiving a referral, a telephone-based initial screening assessment is carried out by a case manager. An individual who has been identified as a potential client for the programme will then be thoroughly evaluated by a psychiatrist to ascertain the diagnosis and to formulate a management plan within one week after screening.
The programme adopts a case management approach and assertively follows up patients for the first three years after their initial episodes (including follow-up in a transitional step-down clinic in year three). Each individual patient is assigned a case manager. Standardised clinical assessments measuring symptom profiles and psychosocial functioning are performed to each patient. Besides optimal psychopharmacotherapy, the EASY programme also provides a range of protocol-based psychosocial interventions to enhance the patient’s psychological adjustment, to minimise secondary psychiatric morbidities, to promote illness recovery and to alleviate the carer’s stress. These include psychoeducation groups for patients and families, individual supportive counselling, cognitive behavioural therapy for treatment-resistant psychotic symptoms and family intervention. The programme also has close collaboration with NGOs and local community networks to facilitate rehabilitation process of patients who are clinically stabilised with treatment. Patients will be transferred to a general psychiatric team for continuous follow-up at the end of the three-year EASY service.

In order to evaluate the effectiveness of the local early intervention programme, a large scale three-year follow-up case-control study was carried out comparing the clinical and functional outcome between 700 cases in the EASY programme with 700 historical controls who received standard care prior to the implementation of the programme. Subjects were individually matched for age, sex and diagnosis, and had similar level of positive and negative symptoms at presentation. The results suggested that the early intervention (EI) group had significantly fewer days of hospitalisation, less severe positive and negative symptoms, fewer suicides, reduced service disengagement and higher likelihood of achieving a period of recovery than the control group three years after treatment initiation. Additionally, it has also been shown that EI is cost-neutral with extra personnel costs being offset by reduced inpatient costs.

The robust positive findings therefore suggest that key elements of the EASY programme have been effective for the Hong Kong population.

**Conclusion**

Schizophrenia and other psychotic disorders have long been regarded as chronic and debilitating illnesses resulting in significant disabilities. The paradigm shift from institutional model of care towards community-based early intervention service delivery changes the long-held pessimism attached to psychotic disorders to an expectation of a much more positive outlook by clinicians, patients and their families. Given that there is considerable evidence supporting the adoption of early intervention for psychosis and the success of the EASY programme, the Government of Hong Kong is going to plan for an extension of this early intervention service to cover a wider age range (above 25 years of age). It is to hope that patients of all ages can benefit from this high-quality, cost-effective and non-stigmatising phase-specific treatment to facilitate their recovery and pursuit in education and work.

**References**