Early Psychosis Treatment: How Did We Get Here & Where Are We Going?

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Objectives

- Recognize the role of duration of untreated psychosis (DUP) in psychosis outcomes and strategies to reduce DUP. (Before)
- Review the effectiveness of Coordinated Specialty Care models and its components in the care of individuals with early psychosis. (During)
- Explain the long term impacts and need for follow up care for early psychosis CSC programs. (After)
US Policy Context Circa 2005:

- Many countries developing psychosis early intervention focus, but not US except OR and CA*
- Community mental health center movement of mid-20th century (and cycles before) failed to prevent disability
- Led to backlash—focus on individuals with chronic mental illness and existing disability
- Rise of Medicaid and requirement for "disability" to get public services made early intervention less possible.
- In private sector, young people at risk often lacked insurance (until ACA)
- PORTs established the notion of EBP’s

Dixon et al. Annual Review of Clin Psych, 2018
The “Recovery After an Initial Schizophrenia Episode” initiative seeks to fundamentally alter the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness.
RAISE Statement of Work, 2008

- Develop, refine, deploy, and test an early intervention model that is relevant for the U.S. mental health system
- Engage community treatment programs, not academic research clinics, as partners
  - Enroll patients typically seen in community MH clinics
  - Employ existing clinicians as providers of FEP care
  - Utilize existing reimbursement mechanisms
- Incorporate features for rapid dissemination, adoption, and implementation in community clinics
NIMH RAISE Projects

Randomized clinical trial
- John Kane
- Nina Schooler
- Delbert Robinson

Implementation study
- Lisa Dixon
- Susan Essock
- Jeffery Lieberman
- Howard Goldman
RA1SE-ETP Study
Conducted

RA1SE-IES Study Conducted

RA1SE Contract Announce and Submit

RA1SE Contract Announce and Submit

RA1SE-ETP Study Conducted

RA1SE-IES Study Conducted

4th QTR Sandy Hook

RAISE Engagement Activities
OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don’t. OnTrackNY helps people achieve their goals for school, work, and relationships.
What Mattered to Congress?

• Mature FEP programs in Oregon and California; new programs implemented in Ohio, Maryland, and NY

• RAISE ETP baseline data: What is happening now?
  • Duration of Untreated Psychosis in Community Treatment Settings in the US (Addington et al. Psychiatric Services)
  • Prescription practices in the treatment of first-episode schizophrenia spectrum disorders (Robinson et al. AJP)
  • Cardiometabolic risk in patients with first-episode schizophrenia spectrum disorders (Correll et al. JAMA Psychiatry)
H.R. 3547, 113th Congress

January 17, 2014

- Increased Community Mental Health Block Grant (CMHBG) program by $24.8M

- Funds allocated for first episode psychosis (FEP) programs

- NIMH and SAMHSA to develop guidance for States regarding effective programs for FEP
Integrated Coordinated Specialty Care

Key Service Elements

- Case management, Supported Employment/Education, Psychotherapy, Family Education and Support, Pharmacotherapy and Primary Care Coordination

Core Service Processes

- Team-based approach, Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services, Shared decision-making

NAMI and NIMH Briefing on Release of RAISE Data

- Mary Giliberti, J.D.
  Executive Director, NAMI
- Robert Heinssen, Ph.D.
  Director, Division of Services and Intervention Research, NIMH
- John Kane, M.D.
  Senior Vice President for Behavioral Health Services, North Shore-Long Island Jewish Health System
- Lisa Dixon, M.D., M.P.H.
  Director, Division of Mental Health Services and the Center for Practice Innovations, NYSPI
- Maggie Harrigan
  Nursing Student and Recipient of RAISE Services and Supports
- Maureen Harrigan
  Family Member

#RAISEHope
From: Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program

A. QLS total score

B. PANSS total score

c Treatment by square root of time interaction, p=0.016.
Consolidated Appropriations Act, 2016: Mental Health Block Grants

- $50,000,000 increase over FY 2015 for the Mental Health Block Grant program
- Increases the set-aside to 10 percent
- SAMHSA directed to continue its collaboration with NIMH to ensure that funds from the set-aside are only used for programs showing strong evidence of effectiveness and targets the first episode of psychosis.

[http://docs.house.gov/billsthisweek/20151214/CPRT-114-HPRT-RU00-SAHRR2029-AMNT1final.pdf](http://docs.house.gov/billsthisweek/20151214/CPRT-114-HPRT-RU00-SAHRR2029-AMNT1final.pdf)
### Dates and First Episode Psychosis (FEP) Milestones

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul. 2009</td>
<td>NIMH clinical trials for FEP commence</td>
</tr>
<tr>
<td>Dec. 2013</td>
<td>NIMH implementation study completed</td>
</tr>
<tr>
<td>Apr. 2014</td>
<td>NIMH/SAMHSA FEP guidance to states</td>
</tr>
<tr>
<td>May 2014</td>
<td>SAMHSA technical support to states begins</td>
</tr>
<tr>
<td>Oct. 2015</td>
<td>NIMH clinical trials for FEP completed</td>
</tr>
<tr>
<td>Oct. 2015</td>
<td>CMS coverage of FEP intervention services</td>
</tr>
<tr>
<td>Dec. 2015</td>
<td>P.L. 114-113: $50.5M set-aside for FEP</td>
</tr>
<tr>
<td>May 2017</td>
<td>P.L. 115-31: $53.3M set-aside for FEP</td>
</tr>
<tr>
<td>Mar. 2018</td>
<td>P.L. 115-141: $68.5M set aside for FEP</td>
</tr>
</tbody>
</table>

### Cumulative Number of States with Early Psychosis Intervention Plans

[Graph showing the cumulative number of states with early psychosis intervention plans from 2008 to 2018]
Early Intervention Programs, 2008

August 2008 – 12 clinics
Early Intervention Programs, 2018

August 2018 – 265 clinics
It takes 17 years to turn 14% of original research to the benefit of patient care.
-- Balas and Boren, 2000
Deployment-Focused Research Paradigm

Evidence-based interventions frequently overlook what practitioners want and need; Green et al., 2009

- Partnerships with key stakeholders
- Research in real world clinical settings
- Practical tools for training and operations

Annu. Rev. Public Health. 30:151–74
Accelerating Science-to-Practice

RAISE
Recovery After an Initial Schizophrenia Episode
A Research Project of the NIMH

2009: Study launch
2010: FIRST Program (Akron, OH)
2013: Typical care findings
2013: OnTrackNY, Maryland EIP
2014: Mental Health Block Grant
2015: RCT outcome findings
2015: CMS Medicaid policy guidance
2016: CSC tipping point:
  - 36 states create plans for CSC
  - >100 CSC clinics nationwide

Annu. Rev. Public Health. 30:151–74
Objectives

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Key Scientific Finding Driving FEP Care

• Longer duration of untreated psychosis (DUP) is associated with *poorer* short term and long term outcome

• DUP is the time between onset of psychosis and specified treatment (e.g., antipsychotics or CSC)
Association Between Duration of Untreated Psychosis and Outcome in Cohorts of First-Episode Patients: A Systematic Review

Correlations between duration of untreated psychosis (DUP) and clinical outcomes, hospital treatment and social functioning.

Matti Penttilä et al. BJP 2014;205:88-94

©2014 by The Royal College of Psychiatrists

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Correlation (95% CI)</th>
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<tr>
<td>General symptomatic outcome</td>
<td>-0.15 (-0.22 to -0.09)</td>
</tr>
<tr>
<td>Positive symptoms</td>
<td>-0.14 (-0.22 to -0.07)</td>
</tr>
<tr>
<td>Negative symptoms</td>
<td>-0.13 (-0.21 to -0.05)</td>
</tr>
<tr>
<td>Hospital treatments</td>
<td>-0.09 (-0.22 to 0.04)</td>
</tr>
<tr>
<td>Social functioning</td>
<td>-0.18 (-0.27 to -0.09)</td>
</tr>
<tr>
<td>Employment</td>
<td>-0.05 (-0.16 to 0.06)</td>
</tr>
<tr>
<td>Global outcome</td>
<td>-0.17 (-0.26 to -0.07)</td>
</tr>
<tr>
<td>Quality of life</td>
<td>-0.10 (-0.22 to 0.01)</td>
</tr>
<tr>
<td>Remission</td>
<td>-0.14 (-0.23 to -0.06)</td>
</tr>
</tbody>
</table>
Results: DUP in RAISE ETP Study

• Mean DUP 196 (262) weeks
• Median 74 (1-1456)
• 268 (68%) had DUP of > 6 months
Shorter vs. Longer Duration of Untreated Psychosis (DUP) on Quality of Life (p<0.03)
Roadmap for Pathway to Care
Where are the Bottlenecks?

Onset of Symptoms → Help Seeking → Referral to Mental Health Services (Could receive criterion treatment in MHS) → Referral to EIS
The Treatment Intervention in Psychosis (TIPS) Study

- Designed to test the impact of reducing DUP on outcomes of schizophrenia
- Compared patients from two communities with intensive and comprehensive early detection to two communities with usual detection (Norway). Treatment equivalent.
- Median DUP in intensive area went from 26 weeks to 5 weeks; in control area median DUP was 16 weeks
- Pts from early detection area had fewer positive and negative symptoms at BL, 2 years and 5 years and fewer cognitive and depressive symptoms at 2 and 5 years

Review: Reducing DUP Required

- Greater overall intensity
- Addressing help-seeking
  - More use of mainstream media
  - Targeting public as well as professionals
  - Emphasis on changing attitudes, not just knowledge of symptoms
- Minimizing service delays
What is Possible for OnTrackNY?
Roadmap for Pathway to Care

Onset of Symptoms → Help Seeking → Referral to Mental Health Services (Could receive criterion treatment in MHS) → Referral to EIS

Demand Side: Target Consumers/Families

Supply Side: Target Providers/Linkage

Also consider criminal justice, child welfare
Eligibility Criteria

- **Age**: 16-30

- **Diagnosis**: Primary psychotic disorder. Diagnoses include: Schizophrenia, Schizoaffective disorder, Schizophreniform disorder, Other specified schizophrenia spectrum and other psychotic disorder, Unspecified schizophrenia spectrum and other psychotic disorder, or Delusional disorder

- **Duration of illness**: Onset of psychosis must be \( \geq 1 \) week and \( \leq 2 \) years

- **New York State Resident** (applicable to only OnTrackNY sites)
OnTrackNY Strategy

- Eligibility limited to individuals within two years of onset
- Focus on post help-seeking to start
- Fund and monitor outreach activities
- Develop “DUP Toolkit” to train providers
- Work with Medicaid MCO’s
- Use social media/youth leaders
Characteristics of OnTrackNY Enrollees as of 05/2019 (N=1,564)

- Mean age= 21, Median age= 21, 13% under 18
- 73% Male, 26% Female, <1% Transgender
- 34% Black, non-Hispanic, 26% Hispanic, 25% White, non-Hispanic, 9% Asian, 3% Unreported, 2% Multiracial,
- 53% Medicaid, 35% Commercial, 4% Uninsured, 5% Other, 2% Unreported, 1% Child Health Plus
- 83% Lived with parent(s)
- 5% Homeless
- Time since onset of psychosis 7.6 (5.3) months
% Referred from Various Sources (05/2015-05/2019)

<table>
<thead>
<tr>
<th>Referring Person/Organization</th>
<th>Statewide</th>
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</thead>
<tbody>
<tr>
<td>Total Referrals</td>
<td>n=5,820</td>
</tr>
<tr>
<td>Psychiatric inpatient unit</td>
<td>44%</td>
</tr>
<tr>
<td>Outpatient MH provider</td>
<td>24%</td>
</tr>
<tr>
<td>Self/Family</td>
<td>19%</td>
</tr>
<tr>
<td>*Other</td>
<td>9%</td>
</tr>
<tr>
<td>Community organization</td>
<td>2%</td>
</tr>
<tr>
<td>ER</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Other includes School system, Legal system, Another OnTrackNY program, NYC START and MCO.
Future Work

• Prospect Project designed to identify individuals with CHR.
• R34 to study routine screening in OP clinics (Landa)
• R34 Test link to criminal justice (Rikers)- (Compton)
• R34 Develop google search pathways (Birnbaum)
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Coordinated Specialty Care

Key Service Elements

• Case management, Supported Employment/Education, Psychotherapy, Family Education and Support, Pharmacotherapy and Primary Care Coordination

Core Service Processes

• Team-based approach, Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services, Shared decision-making

Comparison of Early Intervention Services vs Treatment as Usual For Early-Phase Psychosis A Systematic Review, Meta-analysis and Meta-regression Correll et al. JAMA Psychiatry

EIS indicates early intervention services; SMD, standardized mean difference; and TAU, treatment as usual.
OnTrackNY Team Intervention

Outreach/Engagement

Evidence-based Pharmacological Treatment and Health

Supported Employment/Education

Recovery Skills (SUD, Social Skills, FPE)

Psychotherapy and Support

Family Support/Education

Suicide Prevention

Peer Support

Recovery

Shared Decision Making

4.0 FTE

Building best practices with you.
% Receiving Treatment Over Time (05/2019)

Engagement

<table>
<thead>
<tr>
<th>Time</th>
<th>Engagement</th>
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</thead>
<tbody>
<tr>
<td>ADM</td>
<td>95%</td>
</tr>
<tr>
<td>3 MON</td>
<td>85%</td>
</tr>
<tr>
<td>6 MON</td>
<td>78%</td>
</tr>
<tr>
<td>9 MON</td>
<td>72%</td>
</tr>
<tr>
<td>12 MON</td>
<td>66%</td>
</tr>
<tr>
<td>15 MON</td>
<td>62%</td>
</tr>
<tr>
<td>18 MON</td>
<td>58%</td>
</tr>
<tr>
<td>21 MON</td>
<td>52%</td>
</tr>
<tr>
<td>24 MON</td>
<td>52%</td>
</tr>
</tbody>
</table>

(N=1,501) (N=1,426) (N=1,329) (N=1,209) (N=1,106) (N=999) (N=917) (N=804) (N=690)
% With Hospitalization in Past 3 months (05/2019; N=1,564)

Inpatient Hospitalizations

Statewide

- 58%: 0 hospitalization
- 27%: 1 hospitalization
- 16%: 2 or more hospitalizations

<table>
<thead>
<tr>
<th></th>
<th>0 hospitalization</th>
<th>1 hospitalization</th>
<th>2 or more hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADM</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>3m. F/U</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>6m. F/U</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>9m. F/U</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>12m. F/U</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>15m. F/U</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>18m. F/U</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>21m. F/U</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
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Center for Practice Innovations at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

OnTrackNY
% Working or in School (05/2019; N=1,564)
OnTrackNY Program

- OnTrackNY is a statewide CSC program for recent onset psychosis
- 325 individuals ages 16–30 were followed for up to one year
- Education and employment rates increased to 80% by six months; hospitalization rates decreased to 10% by three months
- Global functioning measures improved continuously over 1-year

Nossel et al., *Psychiatric Services*, 2018
### Estimates of Percentage of OnTrackNY Participants Enrolled in SSI or SSDI<sup>a</sup>

<table>
<thead>
<tr>
<th>Month</th>
<th>N</th>
<th>%</th>
<th>95% CI</th>
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</thead>
<tbody>
<tr>
<td>0 (at admission)</td>
<td>17</td>
<td>2.5</td>
<td>1.6–4.0</td>
</tr>
<tr>
<td>3</td>
<td>25</td>
<td>4.0</td>
<td>2.7–5.8</td>
</tr>
<tr>
<td>6</td>
<td>35</td>
<td>6.3</td>
<td>4.5–8.9</td>
</tr>
<tr>
<td>9</td>
<td>48</td>
<td>10.1</td>
<td>7.6–13.3</td>
</tr>
<tr>
<td>12 (1 year)</td>
<td>51</td>
<td>11.2</td>
<td>8.5–14.6</td>
</tr>
<tr>
<td>15</td>
<td>56</td>
<td>13.3</td>
<td>10.2–17.3</td>
</tr>
<tr>
<td>18</td>
<td>60</td>
<td>15.7</td>
<td>12.0–20.3</td>
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<tr>
<td>21</td>
<td>62</td>
<td>17.1</td>
<td>13.1–22.2</td>
</tr>
<tr>
<td>24 (2 years)</td>
<td>63</td>
<td>18.3</td>
<td>13.9–23.9</td>
</tr>
</tbody>
</table>

<sup>a</sup> Estimates are based on the Kaplan-Meier method to take into account censored data; therefore, percentages are not computed directly from n’s presented in this table. SSI=Supplemental Security Income; SSDI=Social Security Disability Insurance.
General Approach to Psychopharmacologic Treatment

• Recovery-oriented - What does this mean?
  o Oriented towards participants’ values and goals
  o Decisions are guided by principles of Shared Decision-Making
  o Taking medication is not a requirement for program participation

• Use of evidence-based algorithm that accounts for variability in therapeutic response, side effect sensitivity, adherence, diagnostic uncertainty

• Addition of mood stabilizers or antidepressants if mood symptoms do not resolve with antipsychotic medications
First Line Medications (Navigate)

- Risperidone
- Aripiprazole
- Ziprasidone
- Quetiapine
- Risperidone Microspheres

→ Chosen based on data in individuals with FEP and/or due to side effect profile
Meta-analysis of RCT’s: Relapse After Discontinuation

- Ten RCTs were identified (n = 776; mean study duration, 18.6 ± 6.0 months).
- Maintaining antipsychotic treatment prevented relapse for up to 24 months in FEP patients.
- Discontinuation of antipsychotics for ≥2 months significantly increased the risk of relapse.
- 45.7% of patients who discontinued antipsychotics for 12 months (39.4% after 18–24 months) did not experience a relapse.

Gaps

- Role of peers
- Cognition
- Suicidality
- Trauma
- Aggression/Violence
- Severe substance use
- Medication continuation vs. tapering
- Financing
- Workforce
Current/Future Work

- Foundation grant to test financing strategies (Bao & Dixon)
- SBIR with C4SI—CSC OnDemand
- SBIR with C4SI-OnTrack The Game
- Challenge of Severe Substance Use (Marino, PI)
- FEMHC Grant: Add Open Dialogue Family Component (Social network meetings)
- Cognitive Health R34 (Medalia, PI)
- EPINet: Creation of national learning health care system—to be funded
- Optimizing Medication (Stroup Alacrity)
- Addressing suicidality (Stanley, Epinet)
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Two Questions to Answer

• Is there evidence that benefits of CSC persist beyond end of treatment?
  • Yes, but only moderate strength

• If not, what strategies can promote persistence of benefits?
  • Some version of ongoing specialized (High quality) treatment
Patients in the EI group had significantly better survival (propensity score–adjusted hazard ratio, 0.57; 95%CI, 0.36-0.91; P = .02), with the maximum association observed in the first 3 years.

Chan et al.

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**Table 2. Propensity Score–Adjusted Cox Proportional Hazards Regression Full Model for Survival**

<table>
<thead>
<tr>
<th>Variable</th>
<th>HR (95% CI)</th>
<th>P Value</th>
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<tr>
<td>Standard care (control)</td>
<td>1 [Reference]</td>
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</tr>
<tr>
<td>Early intervention</td>
<td>0.57 (0.36-0.91)</td>
<td>.02</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1.56 (0.95-2.56)</td>
<td>.08</td>
</tr>
<tr>
<td>Female</td>
<td>1 [Reference]</td>
<td>NA</td>
</tr>
<tr>
<td>Age (1-y increase)</td>
<td>0.99 (0.83-1.17)</td>
<td>.87</td>
</tr>
<tr>
<td>Age at onset (1-y increase)</td>
<td>1.03 (0.87-1.21)</td>
<td>.76</td>
</tr>
<tr>
<td>Educational level (1-y increase)</td>
<td>0.93 (0.85-1.01)</td>
<td>.10</td>
</tr>
</tbody>
</table>

Abbreviations: HR, hazard ratio; NA, not applicable.
10-Year Follow-Up of TIPS Study
Early Detection Plus Easy Access to Care

**Improved Outcomes For First Episode Psychosis**

OPUS II

- Individuals who completed 2 years of Specialized Early Intervention (SEI) randomized to 3 additional years of SEI vs. usual care
- No difference in negative symptoms, but both groups retained benefits of SEI
- Both groups retained benefits in psychopathology, cognitive levels, and functioning
- SEI clients were more likely to remain in contact with specialized mental health services, had higher satisfaction and stronger working alliance
- **Usual care was very intensive and high quality**

Nikolai Albert et al. BMJ 2017;356:bmj.i6681
Comparing three-year extension of early intervention service to regular care following two years of early intervention service in first-episode psychosis: a randomized single blind clinical trial

Ashok Malla1,2, Ridha Joober1,2, Srividya Iyer1,2, Ross Norman3, Norbert Schmitz1,4, Thomas Brown1,4, Danyael Lutgens1,2, Eric Jarvis1,5, Howard C. Margolese1,6, Nicola Casacalenda1,5, Amal Abdel-Baki7, Eric Latimer1,4, Sally Mustafa2, Sherezad Abadi2

1Department of Psychiatry, McGill University, Montreal, QC, Canada; 2Douglas Mental Health University Institute, Montreal, QC, Canada; 3Departments of Psychiatry and Epidemiology and Biostatistics, University of Western Ontario, and London Health Sciences Centre, London, ON, Canada; 4Douglas Hospital Research Centre, Montreal, QC, Canada; 5Jewish General Hospital, Montreal, QC, Canada; 6McGill University Health Centre, Montreal, QC, Canada; 7University of Montreal Hospital Centre, Montreal, QC, Canada

(World Psychiatry 2017;16:278–286)

• 220 individuals who completed 2 years of early intervention services randomized to extension of early intervention service (EIS) or treatment as usual
<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>SE</th>
<th>Standardized beta</th>
<th>t</th>
<th>p</th>
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<tbody>
<tr>
<td>Positive symptom remission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment group</td>
<td>31.58</td>
<td>7.06</td>
<td>0.34</td>
<td>4.47</td>
<td>&lt;0.001</td>
</tr>
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<td>Site</td>
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<td>9.82</td>
<td>-0.03</td>
<td>-0.44</td>
<td>0.66</td>
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<td>Length of treatment</td>
<td>0.20</td>
<td>0.08</td>
<td>0.20</td>
<td>2.62</td>
<td>0.009</td>
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<tr>
<td>Negative symptom remission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment group</td>
<td>13.79</td>
<td>6.98</td>
<td>0.15</td>
<td>2.84</td>
<td>0.005</td>
</tr>
<tr>
<td>Site</td>
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<td>Positive and negative symptom remission</td>
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Negative Symptoms (Expressivity) Improves Over the 5 Years

RCT (N=160) comparing additional year of EASY with usual step down among individuals who received 2 years of EASY. Extended EASY produced significant increases in role functioning and reduced negative and depressive symptoms over the year.

Sustainability of treatment effect of a 3-year early intervention programme for first-episode psychosis

Wing Chung Chang, Vivian Wing Yan Kwong, Emily Sin Kei Lau, Hon Cheong So, Corine Sau Man Wong, Gloria Hoi Kei Chan, Olivia Tsz Ting Jim, Christy Lai Ming Hui, Sherry Kit Wa Chan, Edwin Ho Ming Lee and Eric Yu Hai Chen

EASY programme (2 years)

2-year specialized early intervention service for first-episode psychosis

EASY-Extension trial & Follow-up study (3 years)

1-year RCT (randomized to 1-year extended early intervention or step-down care)

2-year post-trial follow-up (all participants received standard care)

Entry to EASY
Year 1
Year 2
Trial enrolment
Year 3
Year 4
Year 5

Br J Psychiatry doi: 10.1192/bjp.bp.117.198929
Phase 3: Transition Planning

• Work with the team is time-limited: approximately two years for most participants.

• The PC helps the participant and family prepare for transition in the following ways:
  o Equip them with knowledge about the mental health care system and available resources for future goals and plans
  o Develop a comprehensive plan for transition with them
  o Encourage strong relationships with new treatment providers
Summary of (After)

• There is modest evidence that benefits of CSC extend beyond the end of the program
• Strategies to support the ongoing benefits are being tested and continuation of program appears to be helpful.
• Response is heterogeneous and may depend on nature of available post-discharge services
• There may be some overall longer term protection in the likelihood of suicide
Overall Summary

• We are at an exciting and hopeful time in the care of individuals with schizophrenia.
• We have to think carefully about before, during and after approaches.
• Notwithstanding the progress, we have a long way to go.
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