



UNIVERSITY *of* MARYLAND
SCHOOL OF MEDICINE

Maryland Early Intervention Program

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What is the Nature of the Problem?

1. 3 million youth and young adults have behavioral or emotional difficulties
2. May be harbinger of the onset of serious mental illness and/or substance use disorders
3. Serious mental illnesses are devastating illnesses:
 - a. Illness onset typically occurs in late adolescence or early adulthood
 - b. Disrupt family, scholastic, and social functioning
 - c. May lead to life-long functional disability, requiring long-term financial support



What is the Nature of the Problem?

4. Serious mental illnesses are associated with high rates of:
 - a. Co-occurring alcohol and substance abuse, which increase risk of violence
 - b. Co-occurring nicotine use
 - c. Co-occurring metabolic disorders, including obesity, hyperlipidemias, and Type 2 diabetes mellitus
5. Early intervention is critical to minimize morbidity and disability



What is the Nature of the Problem?

6. Duration of untreated psychosis (DUP) is associated with worse social, emotional, and occupational outcomes
7. DUP is associated with increased risk of suicide and violence
 - a. 10-30% of suicide attempts occur prior to treatment
 - b. 15-20% have had some experience of violence prior to treatment
 - Per year risk of committing homicide is 15 times higher in untreated individuals
 - 4 in 10 homicides committed by people with illnesses with psychoses occur prior to treatment



Our Goal

- However, there is emerging evidence to suggest that if one is able to intervene early, we are able to change the trajectory of their illness
- Our ultimate goal is to optimize likelihood of recovery from serious mental illness with psychosis



Program Details

1. Aims to reduce chronicity and enhance the likelihood that a person with early signs of psychosis will be able to:
 - a. manage their illness
 - b. move successfully through the appropriate developmental stages of growth
 - c. establish a life of their choosing
2. Will take a broad public health perspective in which we will directly address issues of aggression, violence, and substance use



Program Details

3. The EIP includes four components:
 - a. Outreach and Education Services
 - b. Clinical Services
 - c. Consultation Services
 - d. Training and Implementation Support Services
4. Research is integrated into each of these components and will focus on early detection and prediction of disease emergence, progress or recovery, and treatment



Program Details

5. The ultimate goal is to develop a comprehensive, statewide program
6. The EIP is built on the foundation of pre-existing UMSOM Department of Psychiatry and UMBC Department of Psychology programs
7. All EIP activities are guided by a multi-disciplinary Advisory Council, including youth, family, and consumer advocacy membership



Multidisciplinary Effort

- The Maryland EIP comprises professionals from multiple disciplines, including professionals from the youth and family advocacy community
- The Maryland EIP clinical programs are composed of healthcare providers from multiple disciplines, including psychiatrists, psychologists, and social workers



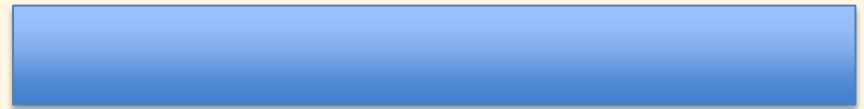
Merge Adolescent and Adult Expertise

Adolescent



- Family Centered
- Expertise in Development
- Community Resources

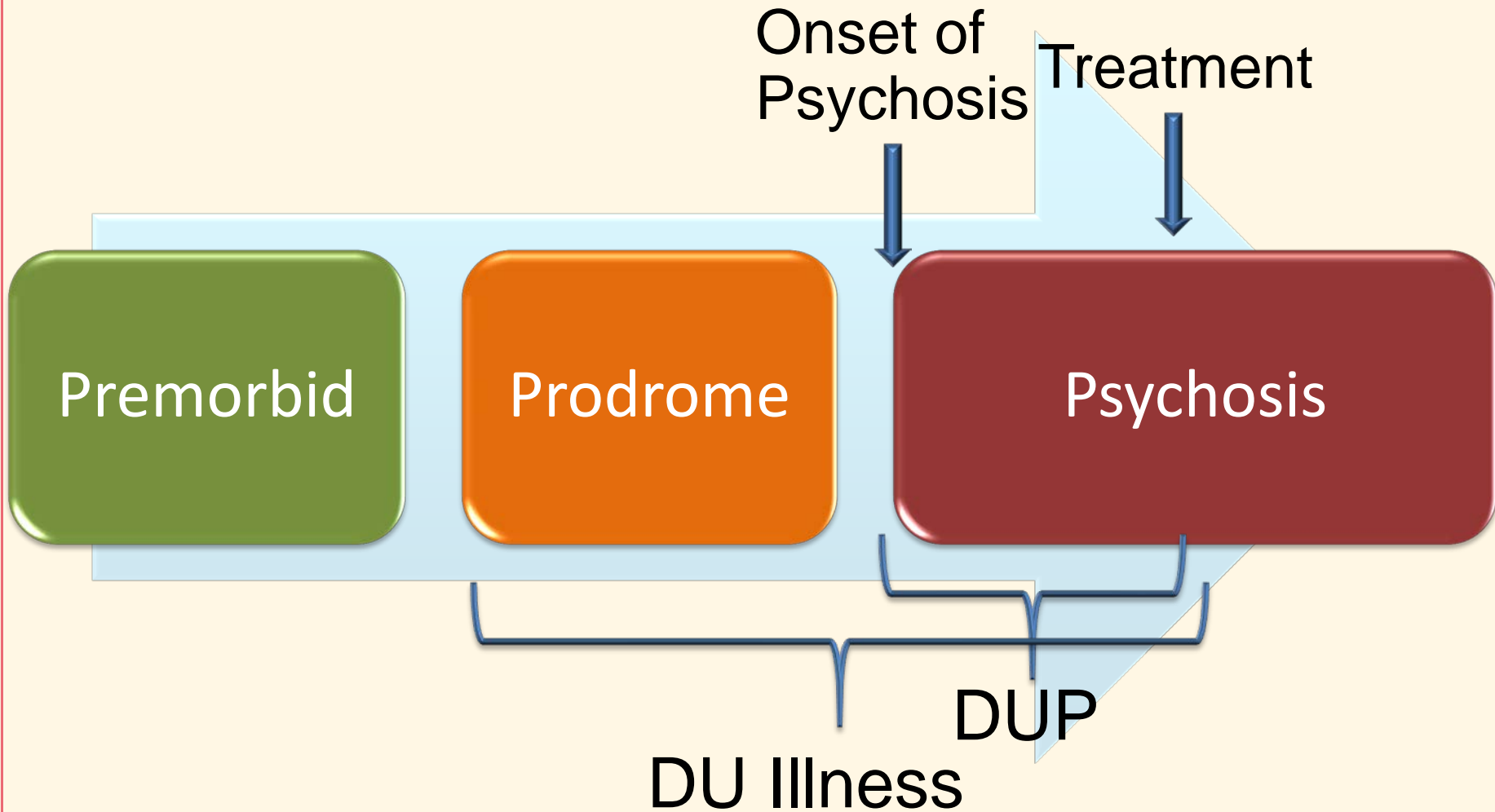
Adult



- Patient Centered
- Expertise in Serious Illness
- Foster Independence



Duration of Untreated Psychosis





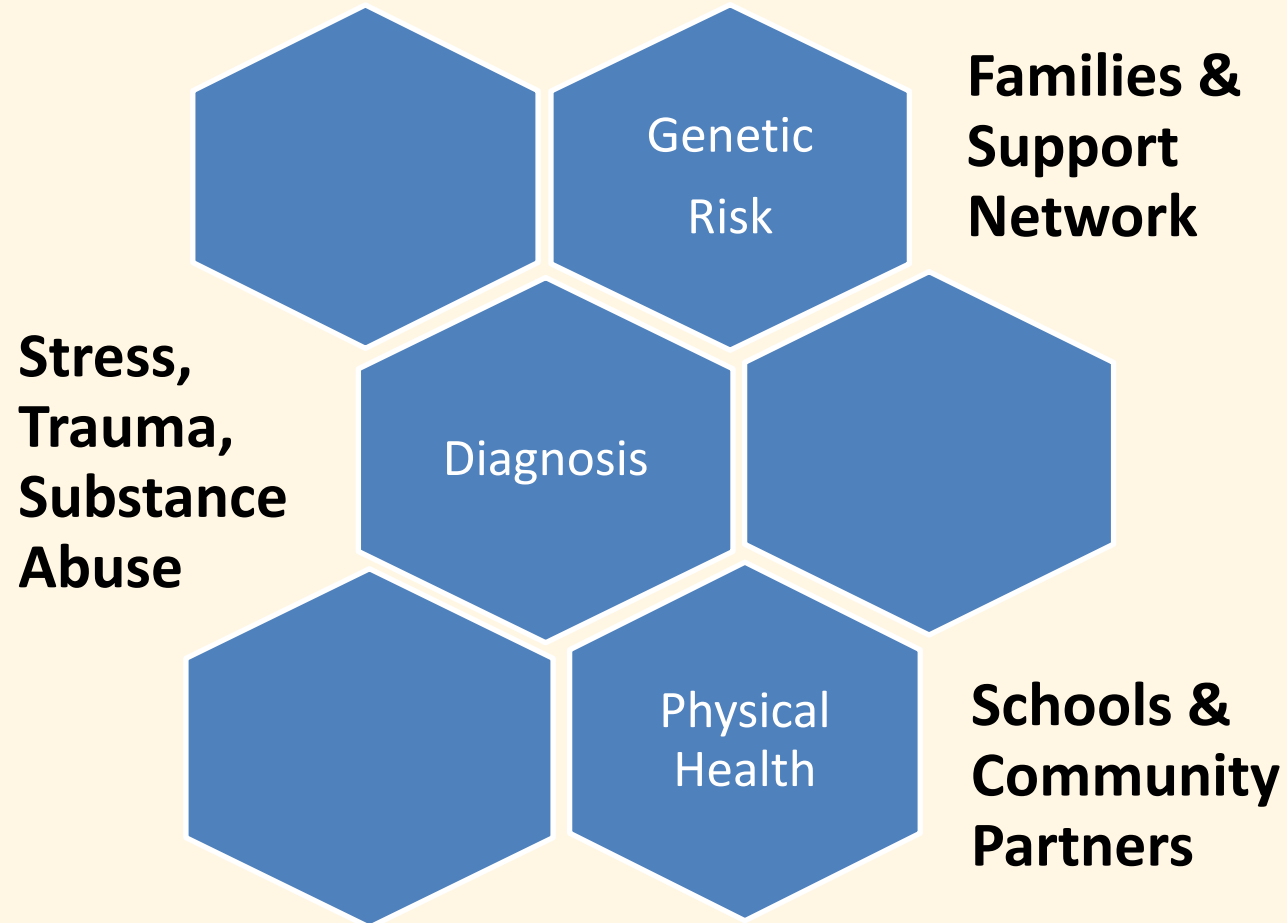
Move to Early Identification and Intervention

The cost of treatment delays for people with psychosis:

- 10-30% attempt suicide prior to treatment
- 15-20% experience violence-related injury prior to treatment
- Treatment delay associated with worse social, emotional, and occupational outcomes
- High utilization of costly crisis services
- Symptoms worsen (e.g. paranoia); harder to engage in care



Address the Environment





Outreach and Education Services

- Lack of knowledge about mental health problems and treatments and stigma related to mental illness lead to increased threshold for treatment-seeking, prolonged DUP
- Strategies for reducing DUP include:
 - increasing awareness of the signs and symptoms of psychosis
 - reducing stigma and other barriers to obtaining a clinical evaluation and referral



Outreach and Education Services

- Approach
 - Teach providers how to identify signs of clinical high risk and early psychosis
 - Familiarize providers with relevant assessments and evidence-based practices
 - Provide providers with ample ways to refer individuals for further consultation and treatment if needed
- Settings
 - Secondary educational institutions
 - Colleges/universities
 - Behavioral health and primary care settings
 - Advocacy groups



Clinical Services

1. Early Identification and Intervention Clinic
2. First Episode Clinics
 - MPRC First Episode Clinic (FEC)
 - RAISE Connection Program
3. Consultation Service



Early Identification and Intervention Clinic

- Most people who develop a mental illness with psychosis have a recognizable prodromal phase of the illness
- Approximately 50% of adults with schizophrenia experience this phase in adolescence or early adulthood
- Approximately 20% of individuals who present with prodromal symptoms progress to a mental illness with psychosis



Early Identification and Intervention Clinic

The EIC is designed to support:

- clinical care of youth who do not meet first episode clinic admission criteria
- clinical research on longitudinal course, conversion from high risk to psychosis, and intervention studies
- clinical prevention services and research
- referral source for first episode clinics



Early Identification and Intervention Clinic

Eligibility Criteria:

- Youth/young adults 12-22 years old
- Meet clinical high risk for psychosis criteria

Treatment Principles:

- Family-centered care
- Coordination with schools

Treatment Modalities:

- Comprehensive assessment
- Psychoeducation and monitoring
- Psychosis prevention strategies



First Episode Clinics

Principles of Treatment:

- The sooner treatment begins, the shorter the duration of untreated psychosis, the better the outcome
 - Increased likelihood of antipsychotic response
 - Decreased severity of positive and negative symptoms
- The more comprehensive the program, the better the chances for full recovery
 - Psychopharmacology
 - Individual and family therapy
 - Supported education and/or employment



RAISE Connection Program

- 2-year intensive implementation of evidenced-based therapeutic interventions focusing on young adult transition
- Individualized person-centered approaches
- Integrated care by involvement of family and social network with specialized multidisciplinary team addressing mental health and substance abuse issues
- Continuity of care by focusing on proactive outreach and engagement, assessment, adherence monitoring, and transition to follow-up care coordinated by a team leader



Statewide Consultation Services

1. Accept consultation requests from schools, colleges, psychiatrists, and other mental health providers, primary care and pediatric care, and state institutions
2. Provides consultations on diagnosis, treatment recommendations, and school and family management
 - On site (1-3 visits)
 - Telephone
3. Propose to develop video teleconference-based consultation for community clinics in long-distance and rural areas



Goals of the Training and Implementation Support Team

- Establish Early Intervention Teams throughout the State
 - Train these teams in evidence-based interventions for youth with early psychosis
 - Support ongoing training of teams via an existing infrastructure
- Create learning opportunities for teams and others providing services to those with early psychosis to support collaboration, sharing of resources, and coordination of service delivery



Training Early Intervention Teams

- Teams will be trained to:
 - Engage young people and their families in care
 - Provide care within a model of mental health recovery
 - Assess and diagnose early psychosis
 - Provide psychoeducation about early psychosis
 - Prescribe and manage recommended pharmacological treatments
 - Provide evidence-based practices for improving social functioning, reducing substance abuse, re-engaging in work or school or pursuing new educational/work opportunities, working with families, and planning for safety
- Training materials will be developed in different formats
- Follow-along consultation (via telepsychiatry) will be offered so providers can have regular access to experts