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Key Concepts in Early Psychosis Care

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January 13, 2022



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- Steven Adelsheim is a child & adolescent psychiatrist who directs the Center for Youth Mental Health and Wellbeing at Stanford Psychiatry and is Associate Chair for Community Engagement
- He has worked with tribal partners for many years in school mental health, telebehavioral health, youth suicide prevention/postvention, and behavioral health systems development.
- Steven is a Co-Director of the national early psychosis network known as PEPPNET, and Co-Lead for the Dissemination Workgroup for EPINET

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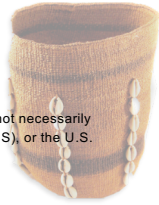


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Personal Disclosures

- I am a cisgender male & a 6th generation Jewish Pittsburgher
- I am a father of 4 in a blended family
- There is formally diagnosed mental illness in every generation I know of within my extended family
- I have sought out and received my own mental health care
- I am aware that I am grounded in my own cultural and personal biases and am working to better understand them and come to my work with greater awareness and sensitivity.
- I continue to work to improve my own cultural humility and to break down hierarchies in healthcare delivery systems.

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Learning Objectives

At the end of this presentation, participants will be able to:

- Recognize the concept and components of clinical high risk and early psychosis programs.
- List three practical therapeutic approaches for working with youth presenting clinically with early psychosis.
- Acquire new knowledge in understanding early psychosis within an American Indian and Alaska Native cultural context.



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Cultural Considerations in Early Psychosis

- The concept of psychosis in American Indian/ Alaska Native communities is controversial
- Western medicine approaches to care tend to ignore cultural aspects and understanding of spiritual experience
- We need to better understand the individual and family interpretations of voices, visions, and strongly held beliefs across all cultures



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What is psychosis from the Western medicine perspective?

Any number of symptoms indicating a loss of contact with reality, including:

- **Hallucinations:** most often hearing voices or seeing visions
- **Delusions:** false beliefs or marked suspicions of others
- **Associated features:**
 - Neurocognitive impairment
 - Behavioral and emotional changes
 - Disordered speech
 - Sleep difficulties



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Duration of Untreated Psychosis (DUP) and Outcome

Shorter DUP is associated with:

- Better response to anti-psychotics
- Greater decrease in both positive and negative symptom severity
- Decreased frequency of relapse
- More time at school or work
- Overall improved treatment response over time



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Perkins et al, AJP 2005; 162:1785-1804

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Slido Q1: “Do American Indian and Alaska Native youth experience psychosis?”



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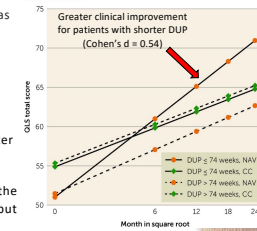
RAISE Early Treatment Program

After 2 years, Coordinated Specialty Care was superior to usual community care on:

- Engagement in treatment
- Quality of life
- Symptomatic improvement
- Involvement in work or school
- Cost-effectiveness

CSC worked better for patients with a shorter duration of untreated psychosis

Number of Native American participants in the treatment arm was certainly less than 10% but not named in the report



Kane et al., *Am J Psychiatry*, 2016; Rosenheck et al., *Schiz Bull*, 2016



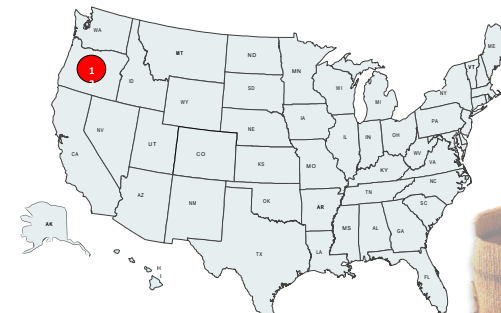
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Coordinated Specialty Care



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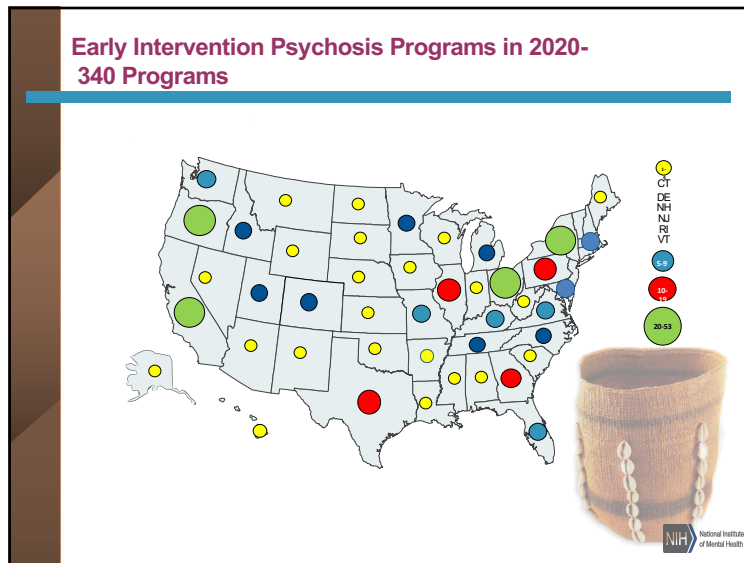
Early Intervention Programs, 2008



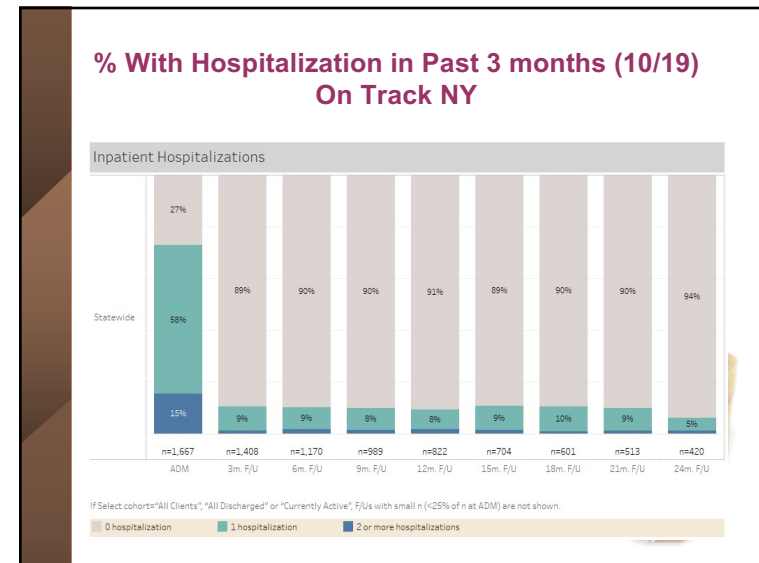
August 2008 – 12 clinics



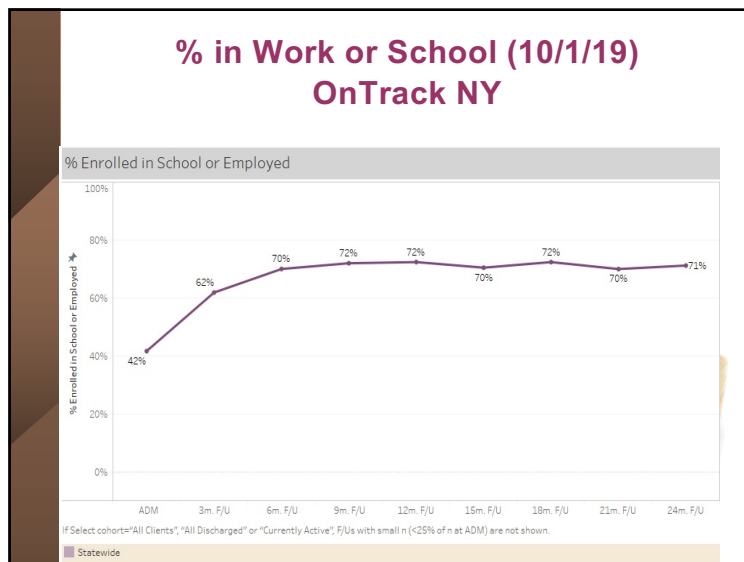
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EPINET

Early Psychosis Intervention Network

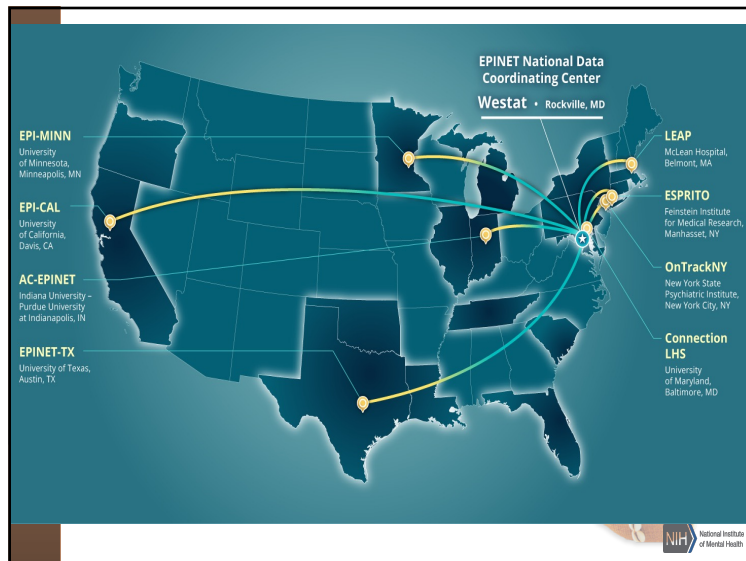
Advancing services, outcomes, and discovery through a national learning health care partnership

NAMHC Consent Clearance, February 2015

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Critical Questions in Early Psychosis Care

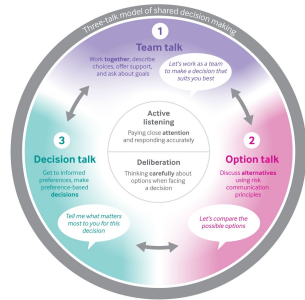
- Understanding the individual's and family's interpretations of the person's experience within their own cultural, community and family context
 - Cultural-Bio-Psycho-Social Context
 - Questions to consider:
 - How does the identified client understand their experience?
 - Are there functional changes they are experiencing they want help with?
 - How might their family interpret what is happening and what support is needed?
 - How can I, as a health care provider, support the person in their exploration of what is happening and what support, if any, is desired?



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Cultural Considerations in Early Psychosis Program Development

- Shared Decision Making as a core concept in CSC
 - A re-frame of the partnership between client, family, and care provider
 - Supports discussions of multiple ways of healing, starting from cultural framework and forward, appreciating traditions of communities, families and individuals



Glyn Elwyn et al. BMJ 2017;359:bmj.j4891

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Core Questions to Consider in Early Psychosis Care

- What are healing models within each community?
- To what degree are these models jointly embraced by various family members?
- If psychotropic medication is being discussed, how to fit meds into the individual and family system and the entire intervention process?
- How do we define "family education and support" within different communities and cultural groups?
- What does peer and family support look like across different cultural groups and communities?
- How do we best support individuals in their own interpretations of their experience and support each person on their path to healing?

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Opportunities for Early Psychosis Program Development in AI/AN Settings

- Each state receives a 10% addition to their federal mental health SAMHSA block grant for Early Psychosis Care
- Over the current years, states are receiving these targeted funds several times over
- Almost none of these funds have found their way to AI/AN programs
- If interested, an opportunity to reach out to access these funds and develop culturally appropriate models of care



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4th First Episode Psychosis Conference March 10-11, 2022

- Sponsored by PEPPNET, NIMH, SAMHSA, & MHTTC Network
- Focus on supporting all members of Early Psychosis clinical teams, ranging from peer & family support specialists to supported education/employment to behavioral health team members
- Information:
<https://app.smartsheet.com/b/form/fa5e9f0d59df4710aa3f1b21a20f275d>
- PEPPNET: <https://med.stanford.edu/peppnet.html>



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References

- Kane JM, et al, Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program. Am J Psychiatry. 2016 Apr 1;173(4):362-72. doi: 10.1176/appi.ajp.2015.15050632. Epub 2015 Oct 20. PMID: 26481174; PMCID: PMC4981493.
- Zisman-Ilani, Y., et al, Evaluating the feasibility of a decision aid to promote shared decision making among young adults with first-episode psychosis: protocol for a pilot study. *Pilot Feasibility Stud* 7, 22 (2021). <https://doi.org/10.1186/s40814-020-00757-0>
- Heinssen, R., et al, (2014). Evidence-based treatments for first episode psychosis: Components of coordinated specialty care. National Institute of Mental Health.
https://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf



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