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To All WPA Member Societies,

February, 2010.

EARLY INTERVENTION IN PSYCHOSIS

Dear Colleagues,

Early Intervention is preferable in nearly all serious human diseases and disorders.

The WPA has now approved **Guidelines for Psychiatrists** with respect to **Early Intervention in Psychosis**. You will find these guidelines in the attachment and they can also be found at:

www.wpanet.org/education/education.shtml

They are designed to be of support and value to all psychiatric organisations and to individual psychiatrists throughout the world.

We would like to recommend to you that the guidelines:

be **translated** into the language(s) of your society

be **disseminated** in that language to all your members (or in English if translation is not possible)

Kindly inform the chair of the expert advisory committee Dr Brian Martindale by his email what you have been able to achieve in respect of the above recommendations:

bm@bmakm.plus.com

Thank you for your support in disseminating the guidance.

Brian Martindale,

Chair, sub-Committee of WPA Committee for Education on Early Intervention in Psychosis

Allan Tasman,

Chair, WPA Committee for Education

First Episode Psychoses.

Recommended Roles for the Psychiatrist:

WPA Committee on Education

The purpose of this document

This document focuses on services for patients who have developed their first episode of psychosis (usually defined as the persistence of psychotic symptoms for the duration of at least a week).

It provides **psychiatrists** with

- a) information on recent developments in the conceptualisation and knowledge of psychosis onset
- b) scientific literature relevant to first episode
- c) the implications for early detection and effective intervention strategies for first episode psychoses and the provision of relevant servicesⁱ
- d) guidance as to the roles for psychiatrists

The document does not focus on the detection and treatment of young people with an elevated risk for psychosis (often called the prodromal state)ⁱⁱ

The World Psychiatric Association Committee on Education fully endorses 'Early ***intervention and recovery for young persons with early psychosis: consensus statement***', a declaration on behalf of the World Health Organisation and the International Early Psychosis Associationⁱⁱⁱ.

That statement spells out the elements of a comprehensive programme and proposes strategies that would have measurable five year outcomes (according to levels of resources in different regions of the world). These aim to:

- minimise duration of untreated psychosis by utilising primary care and community care for early detection and treatment of first episode psychosis without delay
- reduce involuntary institutional and coercive treatments in psychosis
- reduce suicide rates in the first years of psychosis
- ensure availability of psychological, psychosocial and pharmacological interventions
- achieve meaningful, early and appropriate ongoing involvement with family members and other key members of patients' support network
- educate all young people, families, teachers, relevant professionals, communities, health, social care and employment personnel about psychosis; and form relevant policies and programmes for early detection and intervention in psychosis
- set goals for recovery which includes satisfying relationships, education and employment
- develop other relevant indicators and monitors of progress in early intervention
- support further research on the psychological, social and neurobiology of psychosis onset and strategies for prevention and treatment

Changing perspectives

- a) Psychoses are nowadays recognised as a range of disorders that result from complex interactions between environmental stressors, constitutional and proximal and distal developmental factors^{iv v vi}
- b) There is now good evidence that outcomes from the psychoses, including 'schizophrenia', can be more favourable, on a range of meaningful variables, than was often previously realised^{vii}. This has led to more active attempts to engage with patients early in the onset of psychosis and to detect at risk people^{viii ix x xi}. In both groups, in addition to the psychosis, early engagement, a benign psychotherapeutic attitude aiming to reduce anxiety, depression and social anxiety and isolation should minimise psychosocial decline^{xii xiii}. Community services should be easily accessible by the patient and their family and be available without delays and waiting lists.
- c) Overarching systems of care are vital in determining positive outcomes for both individuals and cohorts of people who have experienced psychosis.
- d) An increasing evidence base shows that after onset of a psychosis, a wide range of psychological, psychosocial and biological interventions tailored to the individual and his or her setting can favourably influence outcome toward the recovery of a meaningful life in the community and reduce relapse and suicide rates^{xiv}. Cultural factors may also account for the considerable variation in outcomes in different parts of the world^{xv}.
- e) The understanding of pharmacological interventions has become more sophisticated and there is a wider range of medications^{xvi}.

The role of Psychiatrists

Psychiatrists and representatives of psychiatric organisations should play an active part in ensuring that local, regional and national mental health policies include an early intervention and recovery policy for first episode psychosis and have programmes that at least match the WHO / IEPA consensus statement^{xvii xviii xix}.

Psychiatrists should ensure effective means of measuring the outcomes of such programmes^{xx}.

The training of Psychiatrists

- I) All psychiatrists

All curricula for the training of psychiatrists and examinations for certification of psychiatrists should include understanding of the theory and practical application of early interventions in first episode psychosis relevant to psychiatrists and to the functioning of multi-disciplinary teams and to the organisation of services in and with the local community.
- II) Psychiatrists who see patients with a first episode of psychosis will need the following
 - a) the competence to work flexibly and in various settings including homes to maximise chances of engagement with young persons and to be able to foster an atmosphere of trust and confidence from the patients
 - b) the competence to engage with families and to assist them and other key persons in the patient's life^{xxi xxii xxiii xxiv xxv}.
 - c) an understanding of how services can be organised to minimise duration of untreated psychosis^{xxvi}.
 - d) an understanding of how psychiatrists and mental health services can contribute to minimising stigma^{xxvii}.

- e) an understanding of the notion of diagnostic uncertainty in the early phases of a psychosis, and the maintenance of a broad therapeutic approach during this phase^{xxviii xxix}
- f) An understanding of and capacity to register and creatively respond to the personal issues often contained within psychotic phenomena, to manage the interpersonal consequences of psychosis and their manifestation in relationships with psychiatrists and others,^{xxx xxxi}
- g) a capacity to make an individual ongoing formulation within a sophisticated stress-vulnerability paradigm to inform treatment and recovery^{xxxii xxxiii}
- h) an understanding of the role in some cultures of physiological stressors provoking psychosis, such as fever, childbirth and very hot weather
- i) expertise in minimizing relapses and readmissions through leadership of first episode psychosis intervention teams^{xxxiv}
- j) familiarity with a range of psychological and psychosocial interventions so as to support the skills of other staff and agencies and to function as a member of a multidisciplinary service^{xxxv xxxvi}
- k) an understanding of how psychiatrists can assist services be organised to support 'recovery' for patients in terms of meaningful relationships, education and vocation. This implies an understanding of the resource implications and such matters as staff continuity and skill level to maintain meaningful engagement^{xxxvii xxxviii}
- l) competence in working with those who misuse substances and who have personality difficulties complicated by psychosis^{xxxix xl}
- m) ensure systems are in place to regularly monitor the physical health of patients with psychosis^{xli}
- n) an appreciation of the problematic aspects of many contemporary in-patient services and the possibilities of improving these and the value of alternative small houses in the community for respite and recovery.^{xlii xliii}
- o) an appreciation of the early intervention in psychosis approach as a paradigm for a more preventative psychiatry and the restructuring / refocusing of mental health services^{xliv}.
- p) ensuring that mental health organisations set service wide standards such as duration of untreated psychosis and meaningful family engagement and continuity of care and organise service audits to ensure the continuing of service development^{xlv xlvi}.

Psychopharmacology and first episode psychosis

- a) first episode psychosis patients will benefit from reduction of stressful factors, good sleep and restoration of basic physical needs in a low stimulus environment. Short term minor tranquillisers and psychological approaches will assist in regaining sleep patterns, reduce excess anxiety, agitation and panic^{xlvii}.
- b) typical or atypical medication should be used in minimal effective doses according to recent clinical and PET studies^{xlviii}. General principles include

clinicians having a very low acceptance of side effects and clinician awareness of the possibility of several days between a dosage increase and reduction in psychosis.

- c) some studies, especially from Scandinavia, indicate that when there is ready access to high quality psychological and social interventions for patients and families that a minority of first episode patients with good pre-morbid functioning and acute onset may recover without anti-psychotic medication ^{xlix} / . Other reports ^{li} ^{lii} also indicate a good prognosis acute onset non-affective remitting psychosis group commoner in developing countries in both adolescents and young adults for whom a short course of anti-psychotic medication and good psychotherapeutic support is indicated with careful follow up.
- d) the majority of other patients should be offered anti-psychotic medication titrating from very low doses, and using the minimum effective dosages. Except in group c) above and those likely to be suffering substance induced psychosis, medication should be continued for at least a year especially in those in the poorer prognosis groups; longer periods are recommended for those who show signs of relapse ^{liii} . First episode and early psychosis patients usually require far lower anti-psychotic doses than more established cases.
- e) psychiatrists should be competent at helping those who will not take neuroleptics by maintaining engagement and assisting patients to manage their psychosis and related problems in other ways and support the provision of psychological interventions especially when psychiatrists do not have those skills themselves.

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