Canadian Consortium for Early Intervention in Psychosis

Transitions of Care

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Disclosures

Dr Phil Tibbo:

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Early Psychosis Intervention is an Evidence-Based Model

Early psychosis intervention (EPI), consisting of comprehensive, multidisciplinary, youth-friendly care delivered early in the course of psychosis has been consistently associated with:

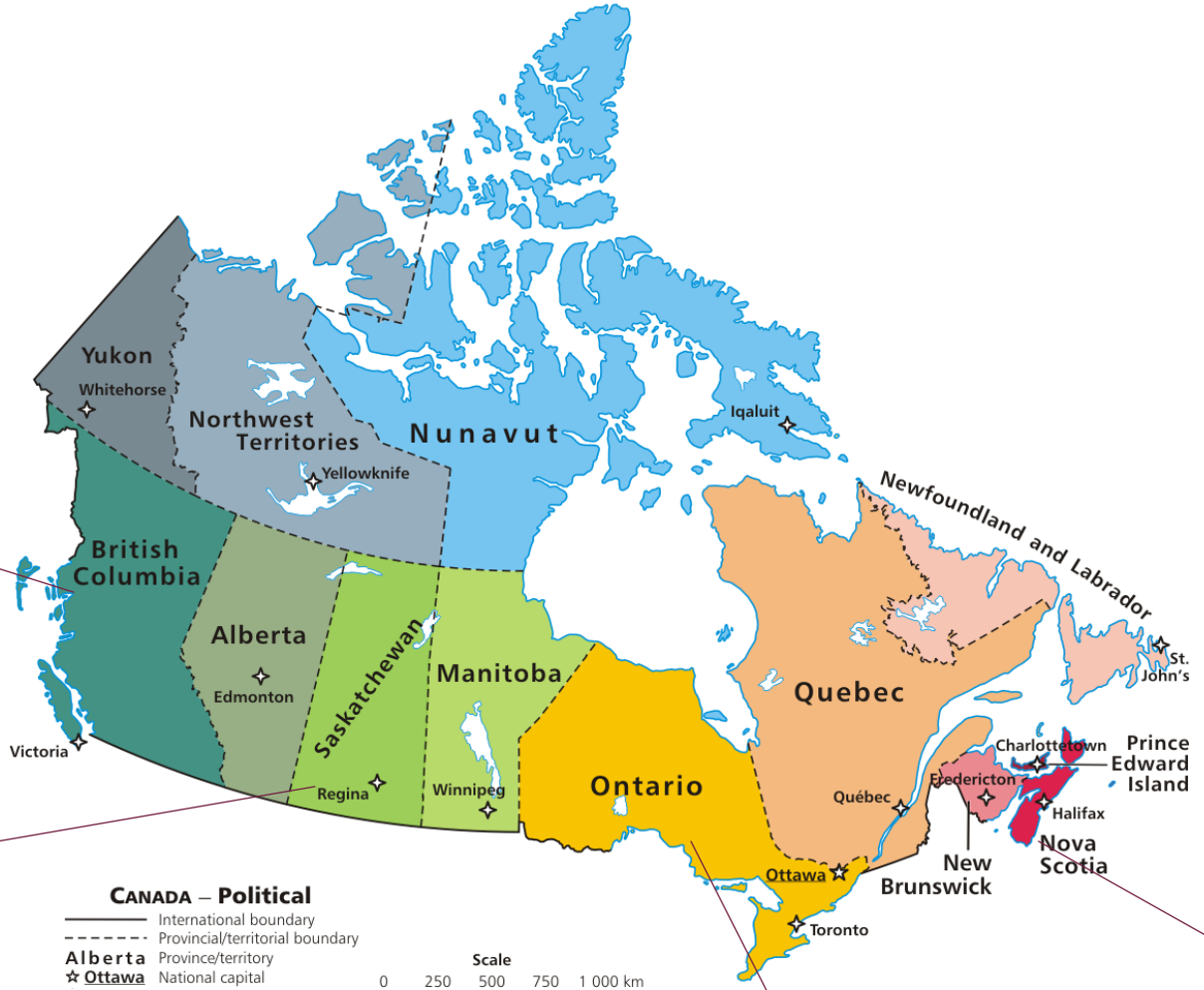
- Significant reduction in duration of untreated psychosis
- Greater reduction in positive and negative symptoms at 1 year
- Higher rates of remission
- Greater retention in treatment and higher rates of medication adherence
- Improved symptoms
- Improved quality of life
- Reduced mortality
- Reduced emergency department visits and hospital admissions
- Increased employment rates
- Reduced risk of relapse (over 1-2 years of follow-up)
- Cost savings to the health system

What comes after EPI is less clear.

Why are Discharge Transitions from EPI Important?

- Evidence suggests that the clinical/functional gains made in EPI can be lost if specialized services are not continued
- There is a concern for increased risk of relapse, particularly in the first year following discharge
- Despite the importance of this transition point, there is a paucity of literature on outcomes, patient/family/clinician experiences/perspectives, and interventions to improve discharge from EPI

When Does Discharge From EPI Occur?



"At least 3 years"

"Up to 5 years"

~2 years

"3 years"

5 years

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Where are Patients from EPI Discharged to?

- 25% family physician or other primary care
- 15% community mental health clinic
- 40% psychotic disorder service
- 20% other services (e.g., CMHA clinics, ACT, other specialized services)

CCEIP survey reported in Nolin, Malla, Tibbo, Normal, Abdel-Baki, “Early Intervention for Psychosis in Canada: What is the State of Affairs?” Can J Psychiatry 2016 61(3) 186-194

Outcomes Following EPI Discharge – Research

- LEO 5-year follow-up (Gafoor et al., Br J Psychiatry, 2010):
  - Of the original 144 participants (71 randomized to Lambeth, 73 to standard care), 99 completed 3.5- to 5-year follow-up measures
  - No differences in primary care or specialist follow-up, chance/number/days of hospitalization
- OPUS Denmark 10-year follow-up (Secher et al., Schizophr Bull., 2015):
  - Of the original 547 participants (275 randomized to OPUS, 272 to TAU), 347 completed 10-year follow-up measures
  - Psychotic symptoms, disorganized symptoms, negative symptoms, GAF function scores were better in the OPUS group at 2 years, but not 5 or 10 years
  - Note: better outcomes in real-world implementation study
- NAVIGATE US 5-year follow-up (Robinson et al., Schizophr Bull., 2022):
  - Of the original 404 participants (223 randomized to NAVIGATE, 181 to community care), 150 completed 5-year follow-up measures
  - NAVIGATE patients offered service for ≥2 years, received median 38 mos
  - NMAR analyses found that NAVIGATE recipients had significantly better QOL, positive and negative symptom improvement, and fewer inpatient days vs. CC

Outcomes Following EPI Discharge – Real-World

- Ahmed 2014 – examined 97 patients 3 years after EPI discharge:
  - 36 discharged to primary care, 40 to secondary care, 15 to tertiary care
  - Most remained with the same service
  - Few transferred to higher level of service:
    - Relapse after stability
    - Patient requested discharge to lower level service later found to be inappropriate
    - Error in judgment by discharge team about required level of care
  - To avoid this, suggested:
    - Having better dialogue with patients so that they understand importance of finding the right level of care
    - Increase number of EPI visits prior to discharge
    - Have a longer transition period

Outcomes of Extending EPI

- OPUS II – RCT of 2 vs. 5 years of EPI (Albert et al, BMJ 2017):
  - Control group mostly referred to community health centres after 2 years of EPI
  - Both groups maintained improvements in negative symptoms with no difference
  - No difference in positive symptoms, remission rates, self-reported medication adherence, days in hospital, psychiatric emergency visits, time employed
  - Better working alliance and client satisfaction and higher use of outpatient services in the intervention group

Outcomes of Extending EPI

- PEPP Montreal – RCT of 2 vs. 5 years of EPI: (Malla et al., World Psychiatry 2017 and Mustafa et al., Acta Psychiatr Scand 2022)
  - Among participants recruited from Montreal EPI clinics, 110 were randomized to continue EPI vs. 110 to regular care
  - EPI patients had longer remission of positive symptoms (92.5 vs. 63.6 weeks), negative symptoms (73.4 vs. 59.6 weeks) and composite (66.5 vs. 56.7 weeks); received longer and more treatment
  - Groups did not differ on time in functional recovery (50.17 vs. 46.18 weeks), % employed/in school (60.4% vs. 68.8%), time in employment/education (63.90 vs. 67.62 weeks)
  - Conclusion: gains made in social/occupational functioning are maintained but do not further improve between years 2 and 5 in EPI

Patient, Family, and Clinician Perspectives on EPI Discharge

- National EDEN study (Evaluating the Development and Impact of Early Intervention Services in the West Midlands) (Lester et al, Br J Gen Practice 2011)
  - Themes from qualitative analysis:
    - Gold standard EPI
    - Barriers and facilitators to good transitions
    - Under-utilization of primary care
  - ~25% described difficult transitions:
    - Poor transitions: perceived abrupt endings, poor information sharing between discharging/receiving agencies, feelings of helplessness and being on their own
    - Good transitions: planned, predictable, personalized, flexible, with good communication. Service user felt in control and cared for

Patient, Family, and Clinician Perspectives on EPI Discharge

- Primary care providers did not need to know a lot about psychosis but did need to recognize when help was required and how to access it
- Often primary care was involved at the point of diagnosis but not during the time the patient was involved with EPI
- Commentary (Carter 2012):
  - Connection with primary care requires active management
  - Primary care requires a complete history of the time in EPI, not just subsequent management
  - Primary care should be offered brief periods of re-engagement if needed
  - Primary care should be supported to answer questions from patients/families

Patient, Family, and Clinician Perspectives on EPI Discharge

- Themes from qualitative interviews, Nova Scotia Early Psychosis Program:
  - Timing:
    - *"So I basically, I think that at the end of the five years, we got like to like a stable point you know, reached a stable point so it's good and I think it's, I think it's uh, like I don't have any, I don't have many worries or anything like that. I don't have any fears or anything like that, that I'll be fine."*
    - *"I kind [of] forgot about it for the first three years and then like I think it was almost exactly at my fourth year appointment, it just kind of seemed like abrupt at that time so like reminding me occasionally."*
  - Feeling included in decision making:
    - *"I did have a choice in the clinic that I'm at now, there was a couple options and I'm not sure if everybody gets the option."*
    - *"I was, I was given a couple of choices and told this is what is going to happen with A or B or C, so I had a little bit, a little bit of choices, not a lot."*
    - *"I think like independence is important and uh just I don't know making us feeling like you have more of a choice about your whole treatment. I think because after I was hospitalized, that was like a pretty traumatic experience and it's just really difficult to gain the trust of the whole system back after that."*

Patient, Family, and Clinician Perspectives on EPI Discharge

- Themes from qualitative interviews, Nova Scotia Early Psychosis Program:
  - Continuity of care/communication: *"In order to improve um the discharge, the early psychosis program is going have to meet, have some sort of networking or some sort of relationships with these other programs out there, there has to be this gap that's bridged."*
  - Peer support: *"It would [be] totally awesome if you had a group like this where you would meet before you were discharged and somebody like you who knew like all kinds of stuff about the place you were going and you could just ask them like all the questions that you had to ask"*
- Conclusions:
  - Importance of sensitivity to individual needs in the gradual discharge process
  - Need to build and develop skills for independence and responsibility
  - Need for better communication between EPI and other service providers
  - Patients want peer support options and opportunities for continued involvement with EPI after discharge

Patient, Family, and Clinician Perspectives on EPI Discharge

- "Coordinated Specialty Care Discharge, Transition, and Step-Down Policies, Practices, and Concerns: Staff and Client Perspectives" (Jones et al, Psychiatric Services 2020)
  - Variability in discharge practices and strategies exist
  - Access to and wait times associated with services post-discharge
  - Existing practice guidelines and performance monitoring can give some guidance on transitions, not many with substantive direction
  - Elements of transition planning: warm handoff, use of checklists (e.g., safety planning), tapering of services prior to discharge
  - National strategy on transitions needed?

Patient, Family, and Clinician Perspectives on EPI Discharge

- Patients deemed ready for discharge from EPI interviewed in Halifax, Toronto, Ottawa (McCay et al, Early Interv Psychiatry 2020)
  - Low symptom ratings
  - High quality of life
  - High self-esteem
  - Good level of functioning

Interventions to Improve EPI Discharge

- 4-week manual-based transitional intervention (transitions coach, CBT/MI, individual + group) compared to TAU (McCay et al. 2021)
  - No significant baseline differences
  - Comparison group had a decline in functioning; intervention group had improvements in self-esteem and quality of life sustained 20-24 weeks after baseline
  - Qualitative themes:
    - Welcoming support in the midst of experiencing fear and loss: apprehension, letting go, welcoming support
    - Experiencing the transitional intervention: “I’m not alone,” working with transitions coach, working towards goals
    - Impact of the transitional intervention: reclaiming valued sense of self and increasing self-reliance, envisioning future possibilities

Interventions to Improve EPI Discharge

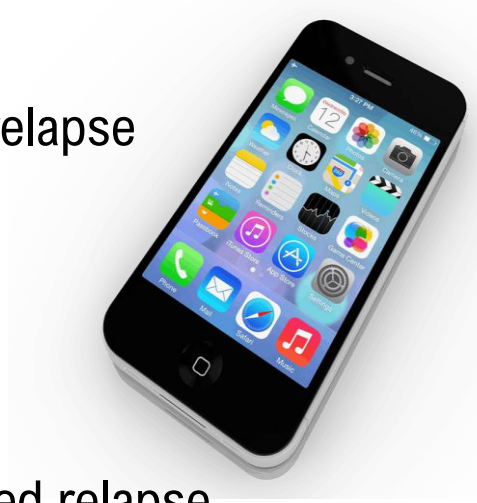
- Peer support 6 months pre- to 6 months post-transition (Crocker et al. 2020)
  - No significant baseline differences
  - Comparison group had a decline in functioning; intervention group had improvements in self-esteem and quality of life sustained 20-24 weeks after baseline

Interventions to Improve EPI Discharge

- NAV2GO (Adams, Early Treatment and Cognitive Health, Michigan) :
  - Stepdown version of NAVIGATE model of coordinated specialty care
  - Patients self-rate readiness based on NAVIGATE module content (e.g., “I can identify at least 2 early warning signs to my distress”)
  - NAV2GO delivered by a smaller team including a peer-focused real-world practice of NAVIGATE skills, developing autonomy, creating community and belonging
  - Being evaluated with pre-post design

Interventions to Improve EPI Discharge

- Horyzons – online social therapy incorporating CBT and peer support (Alvarez-Jimenez et al., World Psychiatry 2021 and Lal et al., JMIR Res Protoc 2021) :
  - Following 2 years of EPI, 170 participants randomized to Horyzons vs. TAU for 18 months:
    - Peer-to-peer social networking
    - Therapeutic interventions targeting social functioning, vocational recovery, relapse prevention
    - Expert clinician and vocational support
    - Peer support and moderation
  - Social functioning high and stable in both groups
  - Marked improvement of education and employment outcomes (5.5X) and reduced relapse risk (admissions: 13% vs. 27%, ED visits: 19% vs. 39%) in Horyzons
  - Canadian adaptation currently being tested



EPI Discharge Considerations

- Patient/family preferences
- Current supports
- Primary care
- Availability of services in the community

EPI Discharge Principles

- Have a clear but flexible process for discharge
- Communicate and establish relationship with community mental health team or primary care in the months leading up to discharge
- Ensure that service users' and families expectations are "realistic" in terms of access to and availability of care
- Communicate and engage with your patient and family around transitions starting early in care
- Consider leveraging peer support, CBT, family psychoeducation/family therapy

Future Directions

- Development of Canadian standards (CIHR study)
- Readiness (progress towards treatment goals, clinical stability, functioning, etc.) vs. duration?
- Ongoing evaluation of stepdown services, including those leveraging digital technology

Suggested Resources – Reviews and Reports

- Jones, “What Comes After Early Intervention? Step-Down, Discharge and Continuity of Care in Early Intervention in Psychosis Programs for First Episode Psychosis” https://www.nasmhpd.org/sites/default/files/Issue_Brief-What_Comes_After_Early_Intervention.pdf
- Hyatt et al., “What happens after early intervention in first-episode psychosis? Limitations of existing service models and an agenda for the future.” Curr Opin Psychiatry 2022, 35:165–170
- Early Psychosis Intervention Ontario Network, “Transitions in Care Consultation Summary May 2019” https://help4psychosis.ca/wp-content/uploads/2019/09/EPION-2019-Transitions-in-Care-Consultation-Summary-Report-FINAL-Sept-2019.pdf
- Westat, “Continuity of Care Services Following Coordinated Specialty Care: An Environmental Scan” https://aspe.hhs.gov/sites/default/files/documents/e14564f070ae86b9720bbcb386c2b488/csc-environmental-scan.pdf

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Q & A

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