Mobilizing to Meet the Needs of Individuals Experiencing Early Psychosis

Lisa Dixon, M.D., M.P.H.

Director , Center for Practice Innovations, NYSPI

Columbia University College of Physicians and Surgeons

Rationale: Why Early Treatment?

- *Optimal* early treatment provides hope for enhanced recovery
  - Psychosocial approaches may minimize disability and impact biological changes
  - Pharmacological approaches may prevent illness progression or reduce side effects
  - Family and peer support may reduce the trauma of psychosis and promote empowerment

The Challenge

- Reducing Duration of Untreated Psychosis
- Providing the Right Treatment at the Right Time
- Start with 4 Demonstration Teams

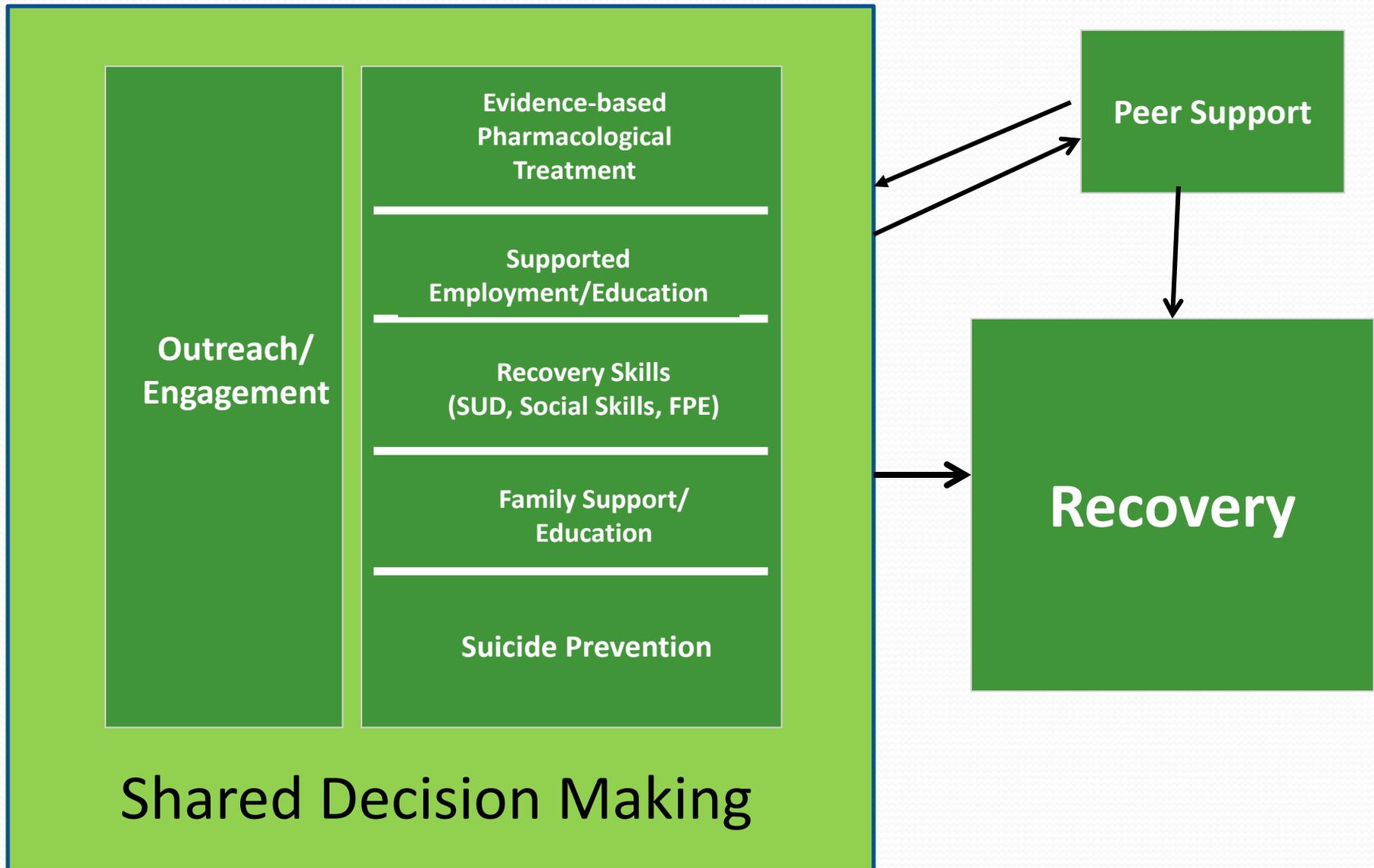Rethink Mental Illness.

The Vision
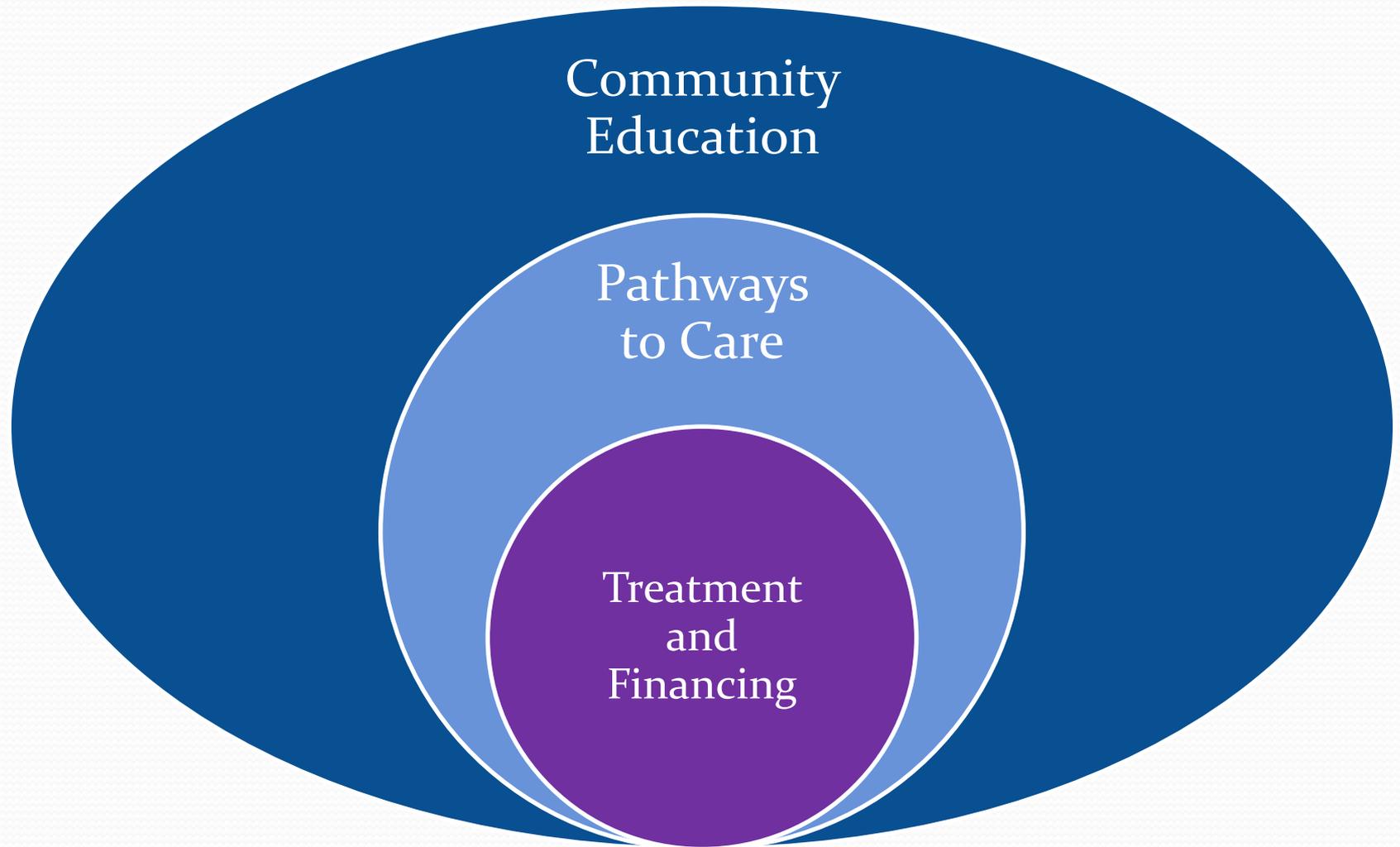
Governing Principles

- **Disability**: Limiting disability is the central focus; disability influenced by treatment and environment

- **Recovery**: Core value of empowerment and a personal journey in which the individual acquires the skills and personalized supports necessary to optimize recovery

- **Shared decision-making**: Shared decision-making facilitates recovery and provides a framework within which the preferences of consumers can be integrated with provider recommendations for available treatments

Team Composition

- FT Team Leader (Master's-level clinician)
- FT Supported employment/supported education specialist
- FT Outreach/Enrollment Specialist and Recovery Coach (self-management, substance abuse, family)
- .30 Psychiatrist
- 0.20 Nurse

Connection Team Interventions

Outreach/Engagement

Evidence-based Pharmacological Treatment

Supported Employment/Education

Recovery Skills (SUD, Social Skills, FPE)

Family Support/Education

Suicide Prevention

Peer Support

Recovery

Shared Decision Making

Stages of Connection Team Intervention

Phase	1. Engage &	2. Intervention &	3. Transition
Timing	Months 1-3	Months 4-21	Months 22-24
Duration	Varies with Individual Illness Trajectories and Developmental and Functional Milestones Achieved		
Purpose	Develop trusting relationship with client and family Identify community caregivers Conduct *in vivo* assessments Provide support Minimize stigma, limit stress Maintain continuity of care	Strengthen social network Provide basic wellness self-management skills Encourage communication and coordination between caregivers Test & monitor strength of support network	Coordinate assessment of further needs Prepare for termination if indicated Ensure support network and connection to service providers are safely in place
Activities	Make home visits Obtain history Meet with caregivers Escort to treatment team services as needed Ensure adequate housing & financial resources Assist and/or substitute for caregivers when necessary	Mediate conflicts Gradually step back & observe operation of support network (including service providers) Help client and family with coping and relapse prevention strategies Identify gaps and modify network as necessary	Plan for long-term goals Reaffirm roles of support network members Hold transfer-of-care meetings as needed