



LAOISE RENWICK

THE EARLIER THE BETTER: EARLY DETECTION AND INTERVENTION IN PSYCHOSIS

DETECT: Dublin East Treatment and Early Care Team

The World Health Organisation describes schizophrenia as 'youth's greatest disability' and estimates that 50% of people with schizophrenia do not receive appropriate care (WHO, 2006).

Schizophrenia is a chronic illness causing disability that can last throughout a person's life. In Ireland there are currently 34,000 people with a diagnosis of schizophrenia, which is the most common type of psychosis. Psychosis affects 3% of the population and it is estimated that each year over 1,200 people in Ireland will develop psychosis in some form.

Psychosis has been defined as a loss of contact with reality and the symptoms, though varying from person to person, can include delusions, hallucinations, emotional disturbance and disorganised speech. The negative symptoms of psychosis include social withdrawal, lack of motivation and poverty of speech. The secondary impact of experiencing such symptoms can cause emotional distress and anxiety, and can diminish quality of life in terms of social contact, ability to self-determine and ability to establish relationships based on reciprocity.

The impact of such an illness on the individual and their family can be enormous. Given that psychosis usually develops in the late teens or early adulthood, a psychotic episode can cause disruption to an individual's psychological and social development at a crucial stage in their life. Prolonged duration of untreated psychosis can impede social, occupational and role functioning, cause impairment to relationships and loss of status.

MAKING A CASE FOR EARLY DETECTION AND INTERVENTION

It is now known that people who develop schizophrenia are typically unwell for a considerable time before accessing treatment and there is often a lengthy delay between the onset of psychotic symptoms and the commencement of effective treatment (Johnstone et al, 1986). The Northwick Park Study (Johnstone et al, 1986) was a pioneering study of people experiencing a first episode of psychosis to identify this delay and the consequences of such a delay on the individual, their families or carers and society as a whole.

As is the case with many physical illnesses, the earlier

someone receives treatment the better. Recent studies have shown that a shorter length of untreated psychosis is linked to improved outcomes for the individual, indicating that timing of treatment is an important prognostic factor (Perkins et al, 2004). Reducing this delay could increase the likelihood of successfully responding to treatment and, the earlier treatment is initiated, the more positive the impact on illness outcome (Drake et al, 2000).

Duration of untreated psychosis in this area, South County Dublin, has been found to be an average of 23 months, which is similar to international findings (Clarke et al, 1998). Poorer outcome is evident with increasing time to initiation of medical intervention. Browne et al (2000) noted a decreased quality of life at presentation of people with a first episode of psychosis, surmising that reducing this duration of untreated psychosis could enhance quality of life in these individuals.

Wiersma et al (1998) have found that longer untreated illness is associated with longer first and second admissions to hospital and poorer response to treatment (Perkins et al, 2004; Carbone et al, 1999). Where disabilities develop they usually do so within the first three years, the so-called 'critical period' (Birchwood et al, 1998). The clinical presentation of an early phase of psychosis influences the long-term trajectory of the disorder and has a bearing on the course of illness. Some 40% of people experiencing psychosis are at risk of relapse within two years and a further 80% within five years (Sheppard et al, 1989).

Another confounding factor is substance misuse; individuals with psychosis often have comorbid substance misuse problems that further inhibit engagement with services and response to treatment.

Young people with first episode psychosis are a particularly high-risk group for suicide. Clarke et al (2006) report that longer duration of untreated psychosis is associated with increased risk of suicidal behaviour. People with an established psychosis are 25 times more likely to commit suicide in their

lifetime than the general population.

Therefore, the question being raised about this vulnerable group is: can outcomes be improved if detected earlier? And can the disruption caused by psychosis be minimised by so doing?

REDUCING THE DELAY

What appears to be a logical argument has been subject to much analysis and research in recent years and early studies suggest that there is sufficient reason to be optimistic about the benefits of early detection and intervention. The TIPS Project in Norway embarked on a large-scale educational campaign between 1996 and 2000, raising awareness of psychosis and attempting to alter the help-seeking behaviour of the population. They were successful in reducing the delay in receiving treatment from 118 weeks to just 26 weeks, and the message that they delivered was: don't wait and see, the earlier someone receives help the better.

At present there are a number of early intervention services in existence worldwide, in Australia, Norway, Canada and the US. In the UK the Department of Health have committed £75m sterling to establish 50 new early intervention services. Until now, psychiatric services have been concentrated on acute care and long-term management of psychotic disorders, though renewed optimism for secondary prevention has been sustained for some years now. Can this model of care and treatment be adapted to an Irish setting?

EARLY DETECTION: A NATIONAL PILOT PROJECT

Dublin East Treatment and Early Care Team (DETECT) was established on 14 February 2006 in order to facilitate the early detection of untreated psychosis. In order to tackle the delay in people accessing treatment, DETECT will provide a responsive service to primary care to ensure that individuals with psychosis are identified at the earliest possible stage of illness. DETECT operates within CCA 1, 2 and 10 and conducts rapid, holistic assessments of people with a suspected psychosis. Phase-specific interventions are offered to people with psychosis and their families.

An essential component of DETECT is the education component and, to date, we have been involved in a variety of educational activities that seek to raise public awareness and promote professional collaboration. The development of GP educational materials and subsequent distribution has just been completed. All general practitioners within the defined catchment area have been sent leaflets and information posters on identifying the early warning signs of psychosis. We have been involved in networking with both voluntary and statutory agencies in order to enhance community awareness,

thus demystifying and destigmatising psychosis.

DETECT has been funded by the Health Services Executive and is an expansion of an existing service with similar aims to reduce the duration of untreated psychosis. The DELTA Project has been providing an early detection service for over a year and this recent expansion is a reflection of the importance of early detection of this potentially disabling condition.

For further information please visit www.deltaproject.ie.

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