

Ongoing audit and research crucial to early psychosis recognition, detection

Christiaan Barnard, the eminent South African cardiac surgeon once said that: "Suffering isn't ennobling, recovery is."

These words are relevant to all specialties within surgery and medicine, not least the mental health services, where they serve as a reminder of the necessity to strive for excellence in providing health care for some of our most vulnerable of patients in the community.

For all individuals, achieving recovery naturally first requires identification of the problem. Unfortunately, such individuals are not always aware of their illness, while those who are do not always show an enthusiasm to seek help.

Burden of mental illness

The Mental Health Commission recently commenced a project to assess the economic burden of mental illness in Ireland. Meanwhile, figures for our UK neighbours lead to an estimated cost of €9.9 billion.

A significant proportion of this expense is attributable to psychosis, with approximately three in every 100 people in the Republic of Ireland experiencing a psychotic illness, and 1,000 new cases presenting yearly.

Direct service provision, loss of occupational ability, loss of quality of life and – most devastating – loss of life itself by suicide, all contribute to the overall enormity of economic and social cost to patients, their families and the community.

Bearing in mind that most people developing psychosis are young adults at a crucial stage of psychosocial development, research groups worldwide have focused on assessing what factors effect outcome for these young people. Most important of the factors are those determining whether or not individuals will recover.

The duration of untreated psychosis (DUP) – namely, the time lapse between initial onset of psychotic symptoms and initiation of appropriate treatment – is consistently found to be a malleable factor affecting both presentation and recovery.

Mary Clarke showed that the average DUP in a Dublin catchment area service was 23 months¹.

In addition, a recent meta-analysis by Perkins *et al*² has confirmed what

motivation, decreased emotional expression and social withdrawal².

Another recent and influential paper was a systematic review by Marshall *et al*³ which concluded that a prolonged DUP was associated with a reduced likelihood of remission³.

The ideal service would involve case manager allocation.

DUP and suicide

Of even more concern is the association between prolonged DUP and an increased risk of both suicidal ideation and serious suicide attempt⁴.

Indeed, patients with an established psychosis are 25 times more likely to commit suicide in their lifetime than the general population, which brings home the importance of early detection and treatment of people with first-episode psychosis.

Governments throughout the world have backed mental health service providers in addressing the crucial issue of early detection and intervention in psychosis. Examples of successful strategies include Early Psychosis Prevention and Intervention Centre (EPPIC) in Australia, Prevention and Early Intervention Programme for Psychoses (PEPP) in Canada and Early Treatment and Intervention in Psychosis (TIPS) in Norway.

Such specialist services have been shown to have positive effects on hospital admission lengths and rates, negative symptoms and quality of life⁵.

Early intervention

So, what about Irish service provision for these high-risk first-episode psychosis patients? In 2003, a steering committee was formed to promote the establishment of an early intervention service for patients with psychosis in Ireland.

The proposed strategy, it was hoped, would be an ideal example of an internationally comparable early detection and intervention service. Some of the core guiding principles of this dedicated service would include early and rapid assessment of patients with

This ideal service would also involve case manager allocation, and care would be provided for the first three years of illness. Treatment would involve not only neuroleptic medication, but also psychological therapies, occupational rehabilitation and carer education programmes. Comorbid substance misuse would also be addressed to aid a more comprehensive recovery.

This proposal, which would be the first ever early intervention service in Ireland, would be initially piloted in the Dublin south-east area. This would allow Ireland step into the international arena of sub-specialty care for patients with first-episode psychosis.

Progress to date

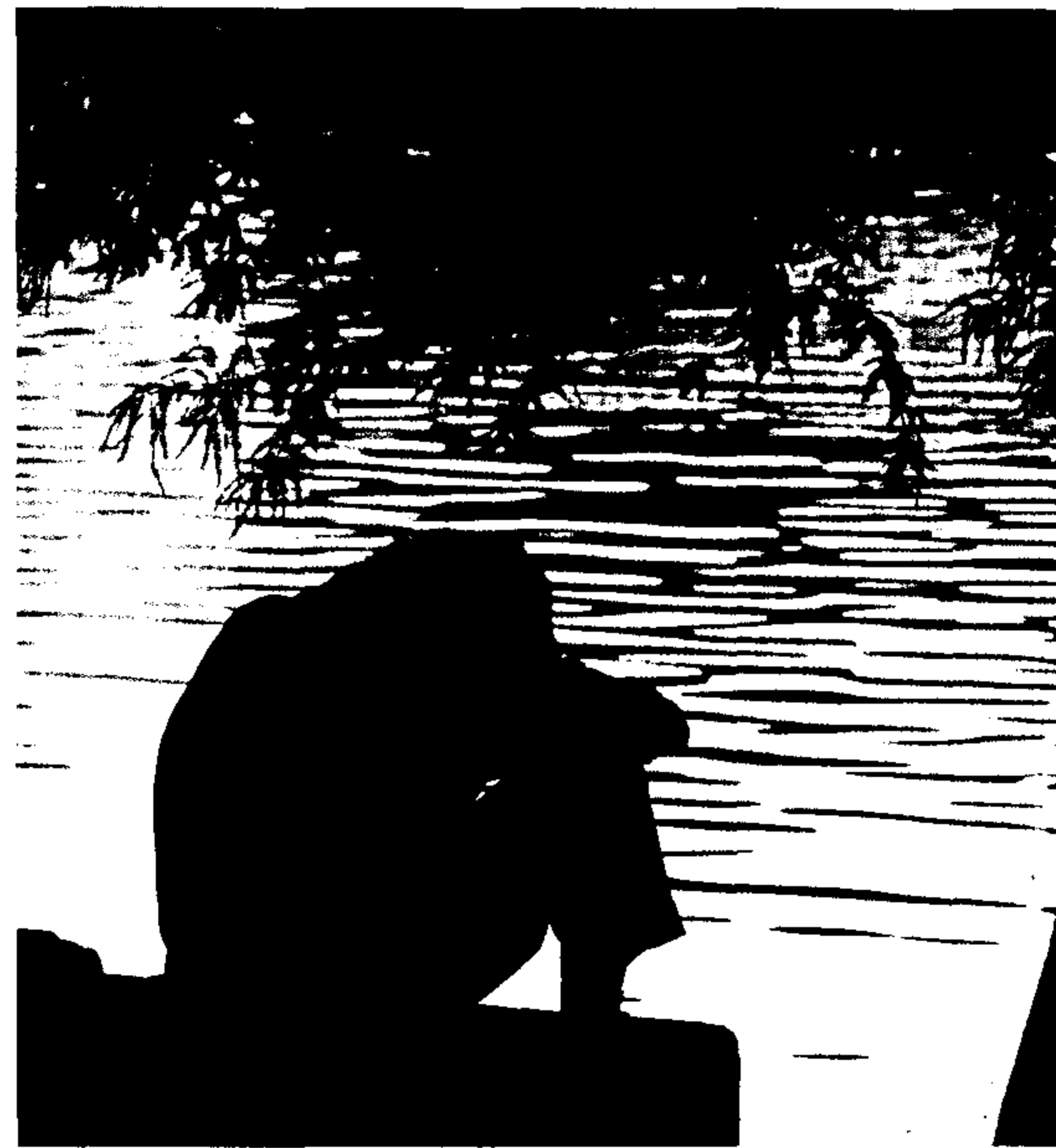
So, what has happened to date? A generous donation from the St. John of God Order was received in early 2004, while the Health Services Executive approved 10 per cent of the required funding to set up the service outlined above in 2005.

Though the initial early intervention service could not be established on this budget, the DETECT (Dublin East Treatment and Early Care Team) project has been developed. This new service will provide a new and much-needed service to the catchment areas of Elm Mount / St. Vincent's University Hospital, Cluain Mhuire Centre and Newcastle Hospital.

The key service elements of DETECT will be:

- The early recognition of psychosis and, hopefully, a reduction of DUP. This will be addressed by an education campaign, via media and leaflet drops to homes across the districts covered. A new website is currently under construction. GPs will have a crucial role in identifying early psychosis, hence we are working collaboratively with Dr Walter Cullen and Professor Gerry Bury to provide an education package for local GPs, while schools, colleges, guidance counsellors, Gardaí and general hospitals will be made aware of the signs and symptoms of early psychosis.
- A dedicated team of doctors, nurses, psychologists, social workers, and occupational therapists will comprise the DETECT

*Dr Sharon Foley reports on the new service for the early recognition and management of first episode psychosis in Ireland.



Dr Walter Cullen and Professor Gerry Bury are working with the DETECT service.

then be arranged, either in the patient's home or in hospital, depending on the circumstances. A battery of diagnostic interviews will be commenced within 72 hours of referral, whereupon feedback will be given to treating teams regarding most likely diagnosis

- Patient recovery will be aided by provision of cognitive behavioural therapy, carer education programmes and occupational support provided by the DETECT team. Patients will also have the opportunity to avail of specific support for substance misuse.

The DETECT service will be officially rolled out on

recognition and intervention service.

Until further funding is secured, the DETECT service will strive to educate the community, de-stigmatise psychosis, identify patients as early as possible and aid their recovery with targeted interventions.

Hopefully this will achieve a shorter DUP and thus improve patient outcome.

For any further information about DETECT, calls are welcomed at our head office in Dun Laoghaire, on 01-2366730, or at www.delta-project.ie.

References:

1. Clarke M. Duration of Untreated Psychosis and pathways to care. 1998

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