

A GUIDE TO

Canadian Early Psychosis Initiatives



CANADIAN MENTAL
HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

Prepared by: Elizabeth Lines

ACKNOWLEDGEMENTS

This Guide could not have been produced without the interested and active participation of the various Directors, Coordinators and staff representing clinical programs and other early psychosis initiatives across the country.

Many thanks to them for their contributions toward the development of this unique Canadian resource.

This document will be available in English and French on the CMHA web site:
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Over the past decade, recognition of the importance of the early phases of psychosis to the subsequent course of illness and of the need to develop effective interventions has grown at an ever-increasing rate in Canada and around the world. Now, many centres are gaining the knowledge and experience that will lead to an improved capacity for the detection, treatment and support of those encountering psychosis for the first time. The fact that psychosis most often emerges during adolescence and young adulthood, severely disrupting the course of these young lives, has been further impetus to the development of effective intervention strategies.

This Guide is an attempt to create a single, comprehensive source of information regarding the many and varied early psychosis initiatives being pursued in Canada at this time*. The Guide is intended to serve primarily as a reference tool for mental health planners, practitioners, and decision-makers interested in developing or expanding early psychosis strategies and services in their communities.

The initiatives included in the Guide represent both clinical programs and broader-based projects which may or may not include clinical components. An effort was made to become aware of and include all Canadian programs and projects that demonstrate a concerted focus on early psychosis intervention, though it is possible that some were inadvertently missed. As well, given that new initiatives continue to emerge and existing initiatives continue to evolve, this Guide should be viewed as a snapshot in time. Data presented herein were collected during the latter part of 2000 and some of the specific information presented may already be outdated. For example, data pertaining to case numbers will tend to be in constant flux.

The information provided by clinical sites, generated by means of a questionnaire, is presented in a relatively standard format with the exceptions of Ottawa and Saskatoon where services are at an earlier stage of development. The program descriptions include a listing of basic program data and clinical components, and some elaboration of adjunct program initiatives. The broader-based projects were invited to

provide descriptions of their activities as appropriate. In compiling this Guide, balancing breadth with depth proved a challenge: in many instances, much more could be written.

Basic elements of early psychosis intervention are either implicit or explicit in virtually all of the initiatives. Elements include:

ACCESS

- Providing timely access to appropriate clinical services

ASSESSMENT

- Offering comprehensive assessment by trained clinicians

APPROPRIATE TREATMENT

- Establishing a therapeutic relationship
- Providing a multidisciplinary team approach to care
- Providing care in the least restrictive environment
- Providing phase-specific, individualized treatment that includes medication, psychoeducation and psychosocial interventions
- Providing services over time in order to consolidate and sustain gains

FAMILY ENGAGEMENT

- Engaging, educating and supporting families through the treatment and recovery process

NORMALIZED RECOVERY CONTEXT

- Supporting reintegration into school and work activities

AWARENESS AND EDUCATION

- Reducing the duration of untreated psychosis and supporting recovery through community outreach and education
- Providing opportunities for ongoing professional development for health care providers

Programs and projects are listed alphabetically by location. Contact information is provided for all initiatives. Taken together, the quantity and scope of the initiatives profiled in this Guide attest to the high level of interest and activity in Canada today and also serve to illustrate the range of initiatives that are possible given a community's resources and state of readiness.

*For an international review of early psychosis programs, see Edwards, J., McGorry, P.D., & Pennell, K. (2000). Models of early intervention in psychosis: An analysis of service approaches. In M. Birchwood, D. Fowler and C. Jackson (Eds.), *Early Intervention in Psychosis: A Guide to Concepts, Evidence and Interventions*. Chichester: Wiley & Sons Ltd.

Early Psychosis Clinical Programs

Early Psychosis Treatment & Prevention Program
 Foothills Hospital and University of Calgary
 Dr. Jean Addington, Program Manager
 Dr. Donald Addington, Medical Director

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 Early Psychosis Treatment and Prevention Program
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FIRST YEAR OF OPERATION
 1997

TYPE OF SERVICE
 Outpatient

TYPE OF PROGRAM
 Comprehensive population-based program

CATCHMENT
 930,000

PROGRAM ELIGIBILITY
 16 to 50 years of age; non-affective, first episode of psychosis; hospitalized for a first episode; no more than three months of prior anti-psychotic drug therapy

PERIOD OF TIME BETWEEN REFERRAL AND ASSESSMENT
 Approximately one to two weeks

REFERRAL SOURCES
 In-patient units (33%); family physicians; community and outpatient psychiatry services; community agencies; emergency rooms; families; schools

AGE OF CLIENTS AT ADMISSION
 67.8% under 25 years of age

OTHER CLIENT DATA
 Gender - 66% male, 34% female

MAXIMUM STAY IN PROGRAM
 3 years

DIAGNOSIS AT ONE YEAR
 100% schizophrenia spectrum disorders:
 40% schizophrenia; 39% schizophreniform;
 21% other psychotic disorders

AVERAGE NUMBER OF NEW CASES REFERRED FOR ASSESSMENT ANNUALLY
 120

AVERAGE NUMBER OF NEW CASES ADMITTED TO PROGRAM ANNUALLY
 80

ESTIMATED STANDING CASELOAD
 170

STAFFING (FTEs)

Nurse Case Managers	2.6
Family Workers (MSW, MN)	1.5
Group Therapist (MSW)	0.5
Psychologist (PhD)	0.6
Secretarial	0.7
Psychiatrists	0.7

KEY CLINICAL COMPONENTS

- Case Management
- Psychiatric Management
- Medication Management
- Individual Family Work
- Family Group
- Individual cognitive-behavioural therapy
 Brief cognitive therapy is aimed at three areas: adaptation to the onset of psychosis and its impact; treatment of secondary morbidity; and treatment of persistent positive symptoms.
- Group Programs

Psychosis Education Group

Teaching patients about the illness

Recovery Group

12 sessions addressing issues in the early stages of recovery

Moving On Group

12 session evening group addressing issues of later recovery for those who have returned to school or work

Substance Group

10 session group to address issues related to substance use

ADDITIONAL INITIATIVES

Professional Outreach

When the program started, staff visited the majority of mental health agencies, hospitals, universities and colleges in Calgary. Two years later, they sent letters and an information brochure to these settings, and offered to return for another visit. Family physicians who admit patients to Foothills Hospital were also sent the

brochure. Family physicians are a common referral source.

Beginning in September 2000, in conjunction with the Canadian Mental Health Association, Alberta South Central Region, program staff have been providing educational workshops to teachers and guidance counsellors at the secondary and post-secondary level, as well as to community-based health and social service agencies. These sessions are designed to raise awareness and provide training to promote the early identification of young people who might be experiencing symptoms of psychosis.

PRELIMINARY PROGRAM FINDINGS

Mean duration of untreated psychosis (DUP) is 69 weeks; median of 20 weeks. Data indicate that 72% of clients are in remission at one year.

SITE RESEARCH INTERESTS INCLUDE:

Outcome evaluation; neurocognitive functioning; MRI studies; prodromal research; DUP and pathways to care; social functioning and social cognition.

Nova Scotia Early Psychosis Program The Nova Scotia Hospital and Dalhousie University	Contact: Dr. David Whitehorn The Early Psychosis Program Nova Scotia Hospital PO Box 1004, 300 Pleasant St. Dartmouth NS B2Y 3Z9	Phone: (902) 464-5998 Fax: (902) 464-6057 Email: david.whitehorn@nshospital.ns.ca
Dr. Lili Kopala, Director		

FIRST YEAR OF OPERATION
1995

TYPE OF SERVICE
Outpatient

TYPE OF PROGRAM
Multi-component, case coordination

CATCHMENT
850,000 province-wide; resource to 3 neighbouring provinces

PROGRAM ELIGIBILITY
12-54 years of age; non-affective first episode psychosis; less than five years of drug therapy for a non-affective psychotic disorder

PERIOD OF TIME BETWEEN REFERRAL AND ASSESSMENT
One to three weeks

REFERRAL SOURCES
Psychiatrists, family physicians, school psychologists/counsellors, mental health programs, families

AVERAGE AGE OF CLIENTS AT FIRST ASSESSMENT
21.6 years

MAXIMUM STAY IN PROGRAM
Based on individual need

AVERAGE NUMBER OF NEW CASES REFERRED FOR ASSESSMENT ANNUALLY
120

AVERAGE NUMBER OF NEW CASES ADMITTED TO PROGRAM ANNUALLY
50

ESTIMATED STANDING CASELOAD
160 (includes active consultations)*

*Maximum caseload given current resources.

STAFFING (FTEs)*

Psychiatrist	0.5
Family Physician	1.0
Clinical Nurse Specialist	1.0
Education Coordinator	1.0
Occupational Therapist	1.0

*Core funded positions. Additional staff funded from research grants/contracts.

KEY CLINICAL COMPONENTS

- Medical/psychopharmacological treatment
- Patient and family psychoeducation
- Access to 24 hr/day, 7 day/week on-call nursing
- Peer Group Sessions - Clients can participate in peer support group sessions. Clients generally choose to participate for a period of approximately 6 months. Group size is small and activities are client-driven.
- Occupational therapy assessment and referral to community support programs

ADDITIONAL INITIATIVES

The program carries out an extensive set of educational activities. The program has developed educational materials, including a series of four 'fact sheets' for use in health facilities across the province, and a video with discussion guide on psychosis. Educational sessions are provided on request to groups or individuals.

Family Information Sessions

An ongoing series of education sessions has been designed for families and friends of individuals experiencing first-episode psychosis. The series consists of seven two-hour sessions delivered one evening per week for seven consecutive weeks. Group size is generally from 12 to 16 people per series. Participants are encouraged to attend the full seven session series. Since the sessions began in January 1999, 100 family members have participated. Systematic evaluation of the sessions is carried out, including the use of standardized scales measuring families' experience of psychosis.

Family Support Group

In January 2000, an Early Psychosis Family Support Group was established. This group offers an opportunity for family members to continue with on-going education on

topics of interest to them, to share concerns and information, and to provide mutual support to one another.

Early Psychosis Mentorship Program

This program is designed to provide mental health clinicians, representing a range of disciplines, with access to the latest findings regarding assessment and treatment of early psychosis. The program consists of an initial introductory half-day workshop, followed by a series of specialized workshops on a variety of topics tailored to the needs of participants. Participants have access to the clinic's consultative services for their own practice. Participants are encouraged to network amongst themselves. Currently, a network exists of more than 200 mental health workers from throughout Nova Scotia and the Atlantic provinces who have participated.

"Something is not quite right": Early detection of serious mental illness, including psychosis

This half-day workshop program is designed for junior and senior high school staff (teaching and non-teaching) and university student services personnel. Since initiation of the workshop in February 1999, over 200 staff have participated from several school boards and universities in Nova Scotia. Sessions are case-based, highly interactive, multi-media presentations. Interested participants are encouraged to attend the Early Psychosis Mentorship Program to obtain more in-depth information on specific aspects of assessment and treatment of first-episode psychosis.

Annual Psychosis Conference

The Fourth Annual Atlantic Canada Psychosis Conference was held in October 2000. This annual one day event provides a unique opportunity for mental health practitioners, family physicians, clients, families and interested community members to network and hear internationally known key-note speakers address the topic of early psychosis. The speakers also present interactive workshops during the conference.

PRELIMINARY PROGRAM FINDINGS

In the first four years of operation, the program provided full assessments for 400 clients with schizophrenia and schizophrenia spectrum disorders. Early outcome data based on two years of program operation suggest that 68% of clients had achieved full remission of positive symptoms at 6 months, with an additional 22% showing significant symptom reduction. Hospital readmission rates for all clients have been less than 10% per year.

SITE RESEARCH INTERESTS INCLUDE:

Population health outcomes; clinical trials; brain and cognition; family experience.

Psychotic Disorders Clinic (PDC) Hamilton Health Sciences Corporation, McMaster Site Dr. Suzanne Archie, Clinical Director Heather Hobbs, Team Coordinator	Psychotic Disorders Clinic Outpatient Psychiatry Hamilton Health Sciences Corporation, McMaster Site 1200 Main Street W. Hamilton, Ontario L8N 3Z5	Contact: Heather Hobbs Phone: (905) 521-5018 Fax: (905) 521-2628 Email Heather Hobbs at: raymond.hobbs@hwcn.org
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FIRST YEAR OF OPERATION
1990

TYPE OF SERVICE
Outpatient

TYPE OF PROGRAM
Care coordination and shared care

CATCHMENT
160,000

PROGRAM ELIGIBILITY
16-65 years of age; persons with psychosis at any phase are admitted; program is tailored to individual needs of clients at each phase, including early psychosis

PERIOD OF TIME BETWEEN REFERRAL AND ASSESSMENT
One to two weeks

REFERRAL SOURCES OF FIRST-EPISODE (FEP) CLIENTS
Family physicians (59%); in-patient (34%); emergency unit; schools, other

AGE OF FIRST-EPISODE CLIENTS AT ADMISSION TO PROGRAM

<18 yrs	6%
18-25	47%
25-30	17%
30-35	15%
>35	15%

OTHER CLIENT DATA
Gender - 57% male, 43% female; 33% of first-episode clients using drugs/alcohol at time of admission

MAXIMUM STAY IN PROGRAM
As needed; active phase of treatment tends to range from 16 to 30 months; clients then graduate to alumni status

DIAGNOSIS AT ONE YEAR
74.5% schizophrenia spectrum disorders; 17% bipolar; 8.5% substance-induced psychosis

AVERAGE NUMBER OF NEW CASES REFERRED FOR ASSESSMENT ANNUALLY
155 (includes consultations)

AVERAGE NUMBER OF NEW CASES ADMITTED TO PROGRAM ANNUALLY
25-30 FEP; (45-70 non FEP)

ESTIMATED STANDING CASELOAD
100 active (38 FEP), 100 alumni (40 FEP)

STAFFING (FTEs)

Care coordinators (RNs)	1.8
Psychiatrist	1.0
Family Educator (RN)	0.6
Occupational Therapist	0.4
Psychometrist	0.2

- KEY CLINICAL COMPONENTS
- Comprehensive assessment
 - Individual psychoeducation and support
 - Family psychoeducation and support (Family Educator role - see below)
 - Negotiated treatment agreements
 - Low-dose, slow increment antipsychotic medications
 - Support for reintegration (rehabilitation)
 - Shared care with family practitioners

THE THERAPEUTIC PARTNERSHIP (TP)
The Therapeutic Partnership (TP) is an evolving model developed by the Clinic to address the complex needs of the client, family and treatment team members. It has been in use since the early 90s. It is a model guided by theories of coping and adaptation, and premised on shared power in the decision-making process in order to empower all partners – client, family and team members – equally. It is guided by a set of beliefs and values that includes respect, dignity, hope, empowerment, consensual decision making and the well-being of all.

All partners share a series of rights and responsibilities. The partnership is built through the pursuit of five complementary tasks: Alliance, Accompaniment, Agreement, Action, and Accessibility (the “Five As”).

Therapeutic Partnership goals are to:

- Provide an environment that will support recovery from psychotic illness
- Empower clients and members of their natural social network
- Prevent estrangement and social marginalization.

The TP model includes three phases of intervention: assessment, treatment/rehabilitation, and an “alumni program”.

FAMILY EDUCATOR

The Psychotic Disorders Clinic (PDC) has developed and evolved a staff position called “Family Educator” to specifically provide professional support to families whose relative has experienced a psychotic episode. The Family Educator provides instrumental and emotional support, education and advocacy for family members. This family-centered model of service provision overtly recognizes the needs of all family members and offers equal access to team resources during all clinical phases of assessment, treatment, rehabilitation and alumni follow-up.

ALUMNI PROGRAM

The Alumni Program is viewed as a novel approach to continuing care. In operation since 1993, it has served 100 clients and their families. It is premised on a chronic illness model, similar to approaches applied to chronic conditions such as diabetes, arthritis or asthma. Clients may choose to transfer to alumnus status as their active phase of treatment is concluded. The program is a form of shared care that involves a partnership among the client, family physician, PDC and other health professionals. Clients arrange a schedule of visits with their family physician and similarly negotiate a schedule for checking in with PDC at three, six or twelve month intervals. During these check-ins, the goals and treatment plans for the next alumni interval are negotiated. PDC remains an easily accessed resource to both client and family physician, and clients may return to active client status if necessary.

Alumni Program goals are to:

- Provide continuity of care
- Empower clients toward the goal of health maintenance

- Share care effectively with family doctors
- Reduce client dependency on the “system”
- Provide support to GPs
- Support the health of a large number of clients.

The Alumni Program rests on values of health, recovery, hope, trust and empowerment, and partnership. A trusting relationship among clinicians, client and family is requisite.

DATA TRACKING

Quality of life; client satisfaction; relapse rate; rehospitalization; ER use; suicide (and attempts); substance use

SITE RESEARCH INTERESTS INCLUDE:

Program evaluation; alumni study; family and client satisfaction.

Le programme spécifique d'intervention Premier-Épisode* Hôtel-Dieu de Lévis and Laval University	Département de Psychiatrie Hôtel-Dieu de Lévis 143, rue Wolfe Lévis, Québec G6V 3Z1	Contact: Dr. Luc Nicole Phone: (418) 835-7155 Fax: (418) 835-7199
Dr. Luc Nicole, Program Coordinator	*First-Episode Specific Intervention Program	

FIRST YEAR OF OPERATION
1997

TYPE OF SERVICE
Outpatient

TYPE OF PROGRAM
Case management, multidisciplinary team

CATCHMENT
210,000

PROGRAM ELIGIBILITY
Age 16 years and up

PERIOD OF TIME BETWEEN REFERRAL AND ASSESSMENT
4 to 6 weeks

REFERRAL SOURCES
Referrals generally come from outpatient clinic psychiatrists at Hôtel-Dieu. Initial assessments are performed at the clinic, resulting in 100% intake of these referrals to the First Episode Program. GPs tend to be the original source of referral to the outpatient clinic.

MAXIMUM STAY IN PROGRAM
Based on individual need, but generally clients are in the program for one year plus followup at regular intervals.

AVERAGE NUMBER OF NEW CASES ADMITTED TO PROGRAM ANNUALLY
35

ESTIMATED STANDING CASELOAD
100

STAFFING RESOURCES INCLUDE:
Psychiatrists, social worker, occupational therapist, psychologist, nurses, educators and a work integration specialist.

KEY CLINICAL COMPONENTS

- Comprehensive Assessment
- Building a therapeutic relationship
- Medical and pharmacological management
- Individual psychoeducation for clients and parents
- Multi-family group education

- Individual cognitive-behavioural therapy
- Group interventions - two 1.5 hour sessions weekly for an 8 month period with 4 to 7 patients per group. Groups focus on developing cognitive, emotional and social competence required for integration into school and/or work settings. Group meetings are co-facilitated by an occupational therapist and an educator.

ADDITIONAL INITIATIVES

- Ongoing professional development for treatment team members through bi-weekly seminars
- Awareness raising sessions are provided to mental health teams from CLSCs (community health centres)
- Family physicians are educated in a series of training conferences about the early signs of schizophrenia.

SITE RESEARCH INTERESTS INCLUDE:

Study of the evolution of the illness, tracking individuals for a 36 month period.

Prevention and Early Intervention Program for Psychoses (PEPP)
 London Health Sciences Centre and University of Western Ontario
 Dr. Ashok Malla, Director

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 London Health Sciences Centre
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 Email:
 akmalla@julian.uwo.ca
 Web site:
 www.pepp.ca

FIRST YEAR OF OPERATION
 1997

TYPE OF SERVICE
 Predominantly outpatient, plus dedicated beds within a 16 bed inpatient Psychosis Unit in a general hospital (London Health Sciences Centre).

TYPE OF PROGRAM
 Assertive case management

CATCHMENT
 390,000

PROGRAM ELIGIBILITY
 16 - 50 years of age; non-affective, first-episode psychosis; no more than 1 month of prior antipsychotic drug therapy

PERIOD OF TIME BETWEEN REFERRAL AND ASSESSMENT
 48 hours maximum to initial screening assessment; telephone contact immediate; location of initial screening assessment varies as necessary (clinic, home)

REFERRAL SOURCES
 Inpatient (41%); community physicians (38%); family/self and schools (21%)

AGE OF CLIENTS AT ADMISSION

<18 yrs	19%
18-25	47%
25-30	13%
30-35	10%
>35	11%

OTHER CLIENT DATA
 Gender - 75% male, 25% female; 71% of clients using some drugs (mostly cannabis) or alcohol at time of admission

MAXIMUM STAY IN PROGRAM
 Core program: 2 years. However, after 2 years in the program, if a significant degree of recovery has not been achieved, clients can participate in one additional year of intensive case management. After 2 to 3 years, patients continue in medical management with their respective psychiatrists in the Program.

DIAGNOSIS AT ONE YEAR
 87% schizophrenia spectrum disorders; 6% substance-induced psychosis; 4% psychosis NOS; 2% bipolar; 2% delusional disorder

AVERAGE NUMBER OF NEW CASES REFERRED FOR ASSESSMENT ANNUALLY
 85 (80-90)

AVERAGE NUMBER OF NEW CASES ADMITTED TO PROGRAM ANNUALLY
 55 (50-60)

ESTIMATED STANDING CASELOAD
 105*

*maximum treatment caseload given current resources.

STAFFING (FTEs)*

Clinical/Education Leader	1.0
Nurse Case Managers	5.0
Social Work Case Manager	1.0
Social Worker (MSW)	0.6
Clinical Psychologist (PhD)	1.0
Secretarial	1.5
Psychiatrists	2.5 (plus Director)

*Outpatient services only. Inpatient staffing and research personnel additional.

KEY CLINICAL COMPONENTS

- Engagement and formation of therapeutic alliance
- Case management
- Medical/pharmacological management
- Patient and family psychoeducation
- Individual cognitive-behavioural therapy
- Group programs

Recovery through Activity and Participation Group (RAP)
 The RAP group assists young clients with the transition back into their regular activities by focusing on the life and social skills that will help them in the community. The group is offered as a two hour session, twice weekly for three months.

Youth, Education and Support Group (YES)
 A series of 8 weekly two hour sessions are offered to young clients to provide an opportunity to discuss the issues they

confront related to psychosis (e.g., stigma, peer group pressures, drugs/alcohol, etc.) Each week a different theme is discussed.

Cognitively Oriented Skills Training (COST)

COST is a 10 week program for clients who are preparing to return to school or work. The purpose is to improve skills to compensate for cognitive deficits.

Multiple Family Group Interventions

Beginning in January 2001, families who have been with PEPP for two years or more will be invited to participate in regularly scheduled multiple family group sessions.

ADDITIONAL INITIATIVES

School-Based Awareness and Case Detection Program

In 1997, the Program Director and staff contacted one of two local school boards, requesting permission to conduct a pilot case detection project in its high schools. Five schools participated. School officials, guidance counsellors and teachers first attended an information session focusing on early psychosis detection and the importance of reducing the duration of untreated psychosis (DUP). One of the program staff then attended each school for 2 hours weekly as part of the school's regular guidance meetings. This process facilitated a greater understanding of early psychosis and improved the detection skills among participating school staff, and strengthened the relationship between PEPP and the community.

Assertive Community Case Detection Program

In January 2000 the Program launched an assertive case detection program in the community with a massive poster campaign, use of local media - including 30-second television spots, public forums, direct contact with all educational institutions, health care agencies, and community physicians. Extensive case detection materials have been prepared with assistance from families and clients. Information pamphlets have been delivered to most health and social service agencies in London, and made available to the public.

Family Psychoeducation Workshop and Materials

A one day, 8 hour workshop is conducted once every three months in an effort to inform family members and other interested individuals about psychosis, interventions

and routes to recovery. Recently, a new video series with an accompanying written guide has been developed by PEPP to augment the family education process. These materials are best used initially by staff with families, and later by families on their own or in the context of a support group.

Family Support Group

Initiated and maintained by PEPP family members, this group provides a great source of mutual support and encouragement. It continues to prove invaluable in terms of raising community awareness and advocating on behalf of the needs of their loved ones. It is also serving as a model to first-episode families in other regions of the country. For additional information, contact Brenda Wentzell (brenda.wentzell@home.com).

PRELIMINARY PROGRAM FINDINGS

DUP Data and Remission Rates

Mean DUP has decreased from 20 months (1997-98) to 15 months; median DUP from 7 months (1997) to 3 months (1999). Significant difference in one year remission rate related to DUP observed: of those entering the program with less than six months DUP, 82% were in remission at one year compared to 58% of those with a DUP greater than six months ($p < .03$).

Hospitalization

Hospitalization rates for initial treatment: 53%; 47% are treated as outpatients. Readmission rates at one year: 15-20%.

SITE RESEARCH INTERESTS INCLUDE:

Prodromal indicators; development of new psychosocial treatment strategies; longitudinal/epidemiological outcome studies; relationship between DUP with cognition, quality of life, symptom profiles and premorbid adjustment; effect of phase-specific treatment interventions.

Early Psychosis Intervention Clinic (EPIC) McGill University Health Center, Royal Victoria Hospital, Allan Memorial Institute Dr. Marc Laporta, Director	Contact: Dr. Marc Laporta McGill University Health Center Royal Victoria Hospital, Allan Memorial Institute 1025 Pine Avenue West Montreal, Quebec H3A 1A1	Phone: (514) 842-1231 x4393 Fax: (514) 843-1644 Email: marc.laporta@mcgill.ca
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FIRST YEAR OF OPERATION
1997

TYPE OF SERVICE
Outpatient

CATCHMENT
Approximately 250,000

PROGRAM ELIGIBILITY
17 to 30 years of age; recent onset of pre-psychotic or psychotic disorganization of less than one year duration

PERIOD OF TIME BETWEEN REFERRAL AND ASSESSMENT
Two to three weeks; phone consultations are available to the referring source in the interim.

REFERRAL SOURCES
Crisis Unit; regular out-patient department; Emergency Room; in-patient units and day hospitals; CLSCs (community health centres); schools; GPs

AGE OF CLIENTS AT ADMISSION

<18	7%
18-25	75%
>25	18%

OTHER CLIENT DATA
Gender - 66% male, 33% female

MAXIMUM STAY IN PROGRAM
No predetermined maximum; stays have ranged from 2 months to 4 years.

APPROXIMATE NUMBER OF NEW CASES REFERRED FOR ASSESSMENT ANNUALLY
25

APPROXIMATE NUMBER OF NEW CASES ADMITTED TO PROGRAM ANNUALLY
20

ESTIMATED STANDING CASELOAD
50

STAFFING (FTEs)*

Psychiatrist	0.2
Resident	0.2
Nurse	0.1
Occupational Therapist	0.4
Community Worker	1.0

*outpatient staffing only.

As required:
Psychological testing
Psychologist/therapy
Social Worker
Educator/teacher
Also, there is a nurse and occupational therapist in a local CLSC who see some of the patients.

KEY CLINICAL COMPONENTS

- Establishing a therapeutic alliance
- Medical and pharmacological management
- Family education and support
- Individual cognitive therapy
- Individual supportive therapy
- Occupational therapy groups
- Community-based networks of support

ADDITIONAL INITIATIVES

Community Linkages: Supporting Detection
To enhance the chances of early detection, EPIC has forged various links with community-based settings. It is working closely with the Quebec chapter of the Alliance for the Mentally Ill (AMI Quebec) who have an educator who goes into schools to give information about mental illness. EPIC staff have been directly involved in information sessions with teachers, along with AMI-Q as well. They have also developed links with school counsellors and some primary care settings such as Association Quebecoise de la Schizophrenie, family medicine practices, local community health centers (CLSCs), crisis units and emergency rooms. They organize meetings in schools with teachers and administrators, and have developed links with CLSCs as well as possible to facilitate referral.

Community Linkages: Supporting Recovery

In order to counter the avoidance of high-stigma psychiatric services, EPIC has tried to create intermediate “holding environments” with agencies with which they form an extended team extending beyond institutional bounds. These include prominently the CLSCs, where patients can be seen while warming to the idea of treatment, and community support groups, where a normalizing stance is upheld - the main alliance here is with a group called “Projet-ARC” (Agency for Reintegration in the Community). Community-based rehabilitation work includes behavioural work, as well as preparation for employment and academic support and short-term tutoring.

SITE RESEARCH INTERESTS INCLUDE:

Developing early markers for relapse;
understanding the fit between help-seeking behaviour and interventions offered.

<p>Ottawa First Episode Psychosis Program (Programme de la première intervention de la crise de psychose, Ottawa) The Ottawa Hospital and University of Ottawa Dr. Paul Roy, Director</p>	<p>Contact: Ms. Claudia Hampel Ottawa Hospital 501 Smyth Street Ottawa, Ontario K1H 8L6</p>	<p>Phone: (613) 737-8899 ext. 73062 Fax: (613) 737-8085</p>
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The Ottawa First Episode Psychosis Program/Programme de la première intervention de la crise de psychose (Ottawa) is currently in the early stages of implementation. The Program is actively supported by the Dean of Medicine and the Chair of Psychiatry at the University of Ottawa, as well as The Ottawa Hospital and the Ottawa and Cornwall chapters of the Ontario Schizophrenia Society. The Program is included in the present Functional Plan of the Ottawa Hospital – General Division. A formal application for expansion funding has been presented to the Mental Health Implementation Task force in the Champlain Region. This application will also be presented to the Deputy Minister of Health for Ontario in January, 2001.

The Program will serve the population of Eastern Ontario and the National Capital Region, a catchment representing approximately 1.5 million persons. All services will be offered in both official languages. Criteria for program eligibility include: age 17 years and up; first-episode psychosis with a maximum of 6 months prior treatment with anti-psychotic medication. The Ottawa Program will represent an assertive case management approach to care. It will consist of a multi-disciplinary staff, including an attending psychiatrist, case managers with nursing and social work training, an occupational therapist, a psychologist, a data coordinator, a full time secretary, as well as a consulting pharmacist.

The Clinic will be located and provide most of its services in a community clinic setting. A maximum of six dedicated first-episode inpatient beds on the psychiatric unit at the Ottawa Hospital – General Site,

will be available to support hospital admissions for the Program as required. Patients will only be admitted to hospital if their illness is sufficiently severe to render them a risk to themselves or others. The attending psychiatrist from the Program will supervise inpatient care. A mobile team will be included in the program to perform assessments in the community and to support patients in their homes when necessary.

Referral sources will include emergency room physicians, community psychiatrists and general practitioners, college and high school staff and the general public. Referrals will be made directly through Program staff via a 24 hour – 7 days per week “hotline” which will be advertised to referral sources throughout Eastern Ontario.

Multidisciplinary staff in the community setting will provide care for patients and their families on an individual and group basis. Care will be provided for up to 3 years and will be tailored to the each patient’s specific phase of illness, including the acute early recovery and late recovery or stable phases of illness. The key clinical goals will be to minimize duration of untreated psychosis, optimize recovery and reintegration for patients, and to avoid hospitalization as much as possible. The Program will also serve as an educational and consultative resource for families and physicians throughout the entire catchment area.

Services cliniques pour les personnes en début d'évolution d'une psychose, les proches et les intervenants du réseau*
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Centre hospitalier Robert-Giffard and Centre de recherche
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FIRST YEAR OF OPERATION

1997

TYPE OF SERVICE

Outpatient with access to beds at psychiatric hospital

CATCHMENT

Over 600,000

PROGRAM ELIGIBILITY

Over 18 years of age; first-episode psychosis; schizophrenia focus

PERIOD OF TIME BETWEEN REFERRAL AND ASSESSMENT

Generally one to two weeks

REFERRAL SOURCES

Mostly GPs and inpatient unit of general hospital; will take family/self referrals

OTHER CLIENT CHARACTERISTICS

Many using drugs or alcohol at time of admission

MAXIMUM STAY IN PROGRAM

Two years

NUMBER OF NEW CASES ADMITTED TO PROGRAM

500 admissions over a 40 month period

STAFFING RESOURCES INCLUDE:

Psychiatrists, nurses, social workers, occupational therapist, clinical pharmacists, neuropsychologist.

KEY CLINICAL COMPONENTS

- Multidisciplinary approach including medical, pharmacological, psychosocial, psychoeducational and family interventions
- Psychoeducational groups
- Family education and support - including home visits and groups
- Client groups address: understanding the illness, anxiety management, substance abuse, social skills, time management, self-esteem, problem-solving, managing a budget and other issues related to integration.

ADDITIONAL INITIATIVES

- Presentations and clinical training with GPs
- Plans to extend gatekeeper training with school personnel, community pharmacists, community health centre staff

SITE RESEARCH INTERESTS INCLUDE:

Psychopharmacology; medication trials; psychosocial studies; genetic research.

Early Intervention Program
in Psychosis and
Schizophrenia
Saskatchewan District
Health (SDH) and
University of Saskatchewan
Dr. D. Keegan
Dr. S. Shrikhande

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Rose Oxby or Dale Ziolkowski,
Community Mental
Health Nurses
Adult Community
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(306) 655-8875

The Early Intervention Program (EIP) is an outpatient service which began in May 1999, functioning within the context of SDH, Mental Health Rehabilitation and Adult Community Services, the Department of Psychiatry of the District and University of Saskatchewan. The catchment of Saskatoon and surrounding region represents a population of approximately 225,000. All persons within the catchment who may be experiencing a first episode of non-affective psychosis, with symptoms of up to two years duration, are to be referred to the EIP for rapid evaluation, treatment and rehabilitation. The maximum stay in the program is two years.

Referrals to the program must be made through family physicians or psychiatrists. Referrals are first contacted by telephone and the attempt is made to see the person within 72 hours. The program utilizes an assertive case management approach with intensive psychoeducation for clients and families. Staff consists of two community mental health nurses and two resource psychiatrists. In its first seven months of operation, 41 clients were participating in the program. The age range of clients has been 15 to 42 years.

Key clinical components include medical and pharmacological management, psychoeducation (individual and group) for both clients and family members, and skill building (coping, stress management, problem solving).

First Episode Psychosis Program
 Centre for Addiction and Mental Health, Clarke Division
 Dr. Robert Zipursky, Director

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 Centre for Addiction and Mental Health
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FIRST YEAR OF OPERATION
 1992

TYPE OF SERVICE
 Outpatient plus dedicated first-episode
 12 bed inpatient unit

TYPE OF PROGRAM
 Multidisciplinary, time-limited case management

CATCHMENT
 No restrictions, Toronto area, population
 4 million

PROGRAM ELIGIBILITY
 18 - 45 years of age; first episode of a primary psychotic illness; no more than three months prior anti-psychotic drug therapy; not appropriate for those with a mood disorder, a general medical condition considered to be the cause of their psychosis, or developmental delays

PERIOD OF TIME BETWEEN REFERRAL AND ASSESSMENT
 Maximum wait of 2 weeks for outpatient evaluation; triage system in place to deal with more urgent cases within one work day. Clients are assessed in the clinic setting.

REFERRAL SOURCES
 Family physicians (30%); in-patient (25%); emergency department (25%); community psychiatrists (10-15%); schools and community services (10-15%)

AGE OF FIRST EPISODE CLIENTS AT ADMISSION

< 16	5%
17-24	51%
25-29	15%
30-34	13%
35 +	16%

OTHERCLIENT CHARACTERISTICS
 Gender – 68% male, 32% female

MAXIMUM STAY IN PROGRAM
 Two years

AVERAGE NUMBER OF NEW CASES REFERRED FOR ASSESSMENT ANNUALLY
 200

AVERAGE NUMBER OF NEW CASES ADMITTED TO PROGRAM ANNUALLY
 150

ESTIMATED STANDING CASELOAD
 155

STAFFING (FTEs)*

Psychiatrists	2.0
Nurse	2.0
Occupational Therapist	1.3
Social Worker	1.0

*outpatient staffing only

KEY CLINICAL COMPONENTS

- Individualized, family-inclusive, multidisciplinary assessment
- Time limited (2 years) multidisciplinary care focused on optimizing outcome
- Menu of services provided which include individual and group approaches. These are tailored to the needs of the person and his/her family.

ADDITIONAL INITIATIVES

Community Activities/Outreach

Activities include ongoing community outreach at different hospitals; an annual conference on first-episode psychosis that is well-attended by a broad cross-section of providers and educators (approx 200 attendees); and extensive promotion of the program across the province.

SITE RESEARCH INTERESTS INCLUDE:

The First Episode Psychosis Program has a strong commitment to clinical research into the mechanisms underlying the development of schizophrenia and its treatment. Neuroimaging approaches have been an important component of this research program and have been utilized to understand mechanisms of treatment response and to characterize the brain structure and function in schizophrenia. Understanding the role of cognitive dysfunction in schizophrenia and characterizing the long-term outcome of schizophrenia are also major priorities for this program.

Schizophrenia Service/ Early Psychosis Intervention Victoria Mental Health Centre Dr. Richard Williams, Director	Contact: David Butler, Program Coordinator Victoria Mental Health Centre 2328 Trent Street Victoria, British Columbia V8R 4Z3	Phone: (250) 952-4410 Fax: (250) 952-4241 Email: dwbutler@begbie.caphealth.org
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FIRST YEAR OF OPERATION

1995 with increasing focus and specialization of services for first-episode cases since 1998

TYPE OF SERVICE

Outpatient, inpatient and residential

TYPE OF PROGRAM

Case management, including medical and psychosocial management

CATCHMENT

320,000

PROGRAM ELIGIBILITY

No age restrictions

PERIOD OF TIME BETWEEN REFERRAL AND ASSESSMENT

2 weeks

REFERRAL SOURCES

Most common source is GPs.

AGE OF CLIENTS AT ADMISSION

< 18 yrs	15%
18-25	45%
25-30	30%
30-35	10%

MAXIMUM STAY IN PROGRAM

Not specified

AVERAGE NUMBER OF NEW CASES REFERRED FOR ASSESSMENT ANNUALLY

90

ESTIMATED STANDING CASELOAD

Approximately 180 first-episode cases

STAFFING RESOURCES INCLUDE:

A coordinator, psychiatrists, case managers and access to psychologists, recreational therapy and occupational therapy.

KEY CLINICAL COMPONENTS

- Assessment
- Case management
- Medical and pharmacological management
- Psychoeducation for client and family
- Group and individualized programs
- Residential treatment (specialized for first-episode)

ADDITIONAL INITIATIVES

- Community liaison/education
- Family support group
- Sibling support group
- Educational retreats
- Member of the British Columbia Early Psychosis Initiative

SITE RESEARCH INTERESTS INCLUDE:

National Outcomes study; medication trials

Other Early Psychosis Initiatives

The British Columbia Early Psychosis Initiative Mheccu, University of British Columbia 2250 Wesbrook Mall Vancouver, BC V6T 1W6 Web site: www.mheccu.ubc.ca	Project Director: Tom Ehmann, Ph.D. Phone: (604) 877-3119 Email: tome@intergate.ca	Project Manager: Laura Hanson, Ph.D. Phone: (604) 263-3502 Email: hanson-epi@home.com	Project Coordinator: Josephine Hua, B.Sc. Phone: (604) 822-1642 Email: jmei@interchange.ubc.ca
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BACKGROUND

The Ministry of Health's (MOH) Mental Health Plan, announced in January 1998, established a basis for examining mental health issues involving early identification and intervention for youth and young adults with mental illness. Historically, early identification and intervention services for youth and young adults with a serious risk for a mental illness have been identified by the Ministry for Children and Families (MCF), particularly as they apply to the development of youth transition services. These and other joint MCF/MOH issues were identified in 1999/00 as priorities to be addressed in the Child and Youth Mental Health Plan to be completed in the fall of 2000.

In 1999/00, consistent with the provisions of the Mental Health Plan, the MOH undertook an initiative with one-time funding of \$1.15 million to further the goal of developing prevention and early intervention services for young persons (ages 13 to 30) at risk for severe mental illness.

A Provincial Inter-Ministry Working Group co-chaired by MOH and MCF was identified to direct the Early Psychosis Initiative (EPI). Its overall purpose was to initiate a process for ongoing regional inter-ministry prevention and intervention efforts for this population. Partners with MOH and MCF include regional health authorities, Ministry of Education, regional counselling and special service representatives, BC Schizophrenia Society and the Canadian Mental Health Association. Coordination and implementation leadership is provided by the Mental Health Evaluation and Community Consultation Unit (Mheccu), a Division of the Department of Psychiatry, University of British Columbia.

Regional component activities were projected to include awareness education, clinical training, risk prevention and community networking to improve identification, referral, treatment, follow-up and support services for young people with early signs of severe mental illness and their families.

PHASE ONE IMPLEMENTATION (1999/2000)

Mheccu was contracted to assist the Working Group in planning and managing the implementation of EPI. At the regional level, lead MCF and Health Authority representatives were identified to work with Mheccu and the Working Group to advise and collaborate on the development of EPI.

Based on the above processes, two types of regional initiatives were established. The first type labelled, "Strategically-Targeted Initiatives" (STIs) involved a total of \$552,922 allocated across all 18 Health Regions in accordance with a formula developed by the MOH, the Working Group and Mheccu in consultation with the regional representatives.

Funding was allocated partially (50%) on the basis of the size of the target population in each region (the 13 to 30 year old regional populations); and also allocated (50%) to ensure that each region had a basic allocation sufficient to implement STIs. The awards ranged from \$20,500 to \$71,300.

Regions were required to include basic education and training activities addressing the following priorities: early identification, clinical skill building and improvements in service delivery planning that would be reflected, in part, in integrated regional comprehensive service protocols involving inter-ministry providers.

The second type of initiative labelled “Demonstration Projects” (DPs) involved a total of \$300,000 allocated to select regions. Through a competitive process, the following 5 regions or macro-regions were funded to conduct projects designed to implement current best practices in early psychosis intervention during the 2000/01 fiscal year: South Fraser, Central Vancouver Island, Vancouver/Richmond, North West and Okanagan/Similkameen. Funding allocations ranged from \$19,000 to \$81,000.

To assist regions in implementing their regional initiatives and projects, Mheccu developed a series of educational materials and a web site (www.mheccu.ubc.ca). Most of the materials developed are currently available to the public free of cost on the web site.

PHASE TWO IMPLEMENTATION

MCF and MOH announced additional one-time grant funds totalling \$350,000 to Mheccu to further the development of EPI (\$200,000 from MCF; \$150,000 from MOH). The primary goals to be attained with these funds are:

1. The development and dissemination of a document outlining the goals and procedures for implementing best current practices in early psychosis

This document is a very important element, along with the EPI Framework, in mapping out service directions and guiding everyday clinical practices.

2. Intensive and ongoing clinical training organized by Mheccu
A number of comprehensive and sophisticated assessment and treatment approaches have been developed around the world. Service providers in B.C. deserve support in learning and implementing these procedures. The Mheccu training will be much more in-depth and practical than the types of sessions generally presented in Year One. The training will focus on skill development among the attendees. In order to provide a high quality educational experience, attendance will be limited. Regional EPI committees will decide which service providers from each region will attend. The underlying objective is to establish pockets of clinical expertise in early psychosis across the province – establishing an interactive “network of excellence”. It is envisioned

that clinician specialists will not work in isolation as regular communication will be developed among clinicians, tertiary centres and local experts. Given regional cooperation, these clinicians will be able to provide services (e.g., in-home assessment and treatment) that are not normally conducted.

3. Further development of educational materials and other resources including:

- Advanced training materials
- Web site enhancement (including discussion groups)
- Modification and translation of materials to make them more culturally appropriate
- Support to the Ministry of Education’s school counsellor training on early psychosis

4. Evaluation of Year 1 Strategically Targeted Initiatives and the Demonstration Projects

5. Continuation of regional initiatives (e.g. Year 1 Strategically Targeted Initiatives)

In order to support the continuation of regional EPI initiatives, \$130,000 will be directly distributed to the 18 health regions. These funds are to be utilized to further the goals of the Strategically Targeted Initiatives as outlined in Year 1. These include work on: systemic issues (i.e., regional committee formation, referral pathway refinement, child-adult system bridging, etc.), identification training and clinical skill building.

BC EPI Regional Demonstration Projects CENTRAL VANCOUVER ISLAND	On-Board Contact: Margaret Derocher, On-Board Coordinator	Phone: (250) 709-3040 Email: margaret.derocher@cvibr.bc.ca
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CENTRAL VANCOUVER ISLAND

There are two components to the project:

Assessment in Early Psychosis

To examine the predictive validity of neuropsychological measures, intake psychological assessments of persons seen at the Victoria Early Psychosis Program will be compared with functional outcome measures taken one year after discharge. Also, local assessment teams across Vancouver Island will be trained in comprehensive multi-disciplinary approaches to early psychosis assessment.

Non-Urban Pilot Project

The On-Board Program at Duncan will be evaluated as a model of rural service delivery. The On-Board Program is intended to promote early psychosis awareness; optimal

access to treatment services provided in the least restrictive environment; and the development of consultative and education services to rural health practitioners. Team members include a co-ordinator, psychiatrists, an occupational therapist, case managers and psychologists. Program components include direct access to initial triage, intake assessment within 36 hours of referral, multi-disciplinary team assessment, assertive case management for up to two years, group therapy for clients and families, and assistance with rehabilitation goals and access to service. The On-Board Program is especially concerned with bridging the service delivery gaps that can occur between child and adult mental health systems.

BC EPI Regional Demonstration Projects NORTH WEST	Contact: Marsha Lloyd	Phone: (250) 638-2202 Email: marsha.lloyd@nwch.hnet.bc.ca
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NORTH WEST

Early identification and intervention of psychosis in the North West is impeded by the scarcity of psychiatric services in this region. The project consists of the intensive training of a local pediatrician in first-episode psychosis assessment

and treatment. This pediatrician would then provide both direct services to first-episode clients and act as a regional consultant for family physicians and mental health clinicians working with first-episode clients.

BC EPI Regional Demonstration Projects OKANAGAN SIMILKAMEEN	Contact: Alice Jensen, Early Psychosis Coordinator	Phone: (250) 860-7549 Fax: (250) 868-7791 Email: alicejensen@bc.sympatico.ca
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OKANAGAN SIMILKAMEEN

This region in south central British Columbia represents a catchment area of approximately 110,000 people. Before this project began, the wait for appropriate treatment was often extensive, especially for non-urgent cases. The main objectives

of this project were to: promote the early identification and treatment of symptoms of psychosis; reduce delays and improve access to treatment; reduce the frequency and severity of relapse; reduce the burden to caregivers and promote family well-being; and reduce the incidences of

secondary morbidity and disruptions to social and vocational functioning. In order to build community awareness of this initiative, educational seminars have been provided to as many service providers as possible, including the dissemination of educational materials.

This is a community response project that will be in service from June 2000 to March 31, 2001. It involves developing the following service for clients who are experiencing their first episode of psychosis and their family members (or other such caregivers):

- A rapid response team will conduct initial assessments in the person's home or other community setting (including the hospital) within a 24 hour period for acute cases and within a one-week period for non-acute cases. Both adult and adolescent cases will be accepted.
- A psychiatric assessment will be conducted within a 48 hour period.

- Treatment may involve home or community-based treatment by a mental health clinician (daily to bi-weekly visits).
- An integrated treatment approach will involve the client, family, family physician, psychiatrist, psychologist, occupational therapist, and other professionals as required.
- Education of both the client and family members is seen as an important component in this treatment approach.
- Once the individual is stabilized, they will be offered the support of a trained peer support worker.

Data being collected include rate of inappropriate vs. appropriate referrals, compliance with medication or psychosocial interventions, psychological testing results (every three months), reintegration to normal routine, and satisfaction of both client and family members with the service.

BC EPI Regional Demonstration Projects SOUTH FRASER	Contact: Karen Tee, Demonstration Project Coordinator	Phone: (604) 951-5844 Fax: (604) 951-5917 Email: Karen.Tee@gems4.gov.bc.ca
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SOUTH FRASER

The South Fraser Region has a population of 575,000 and represents a range of urban and rural areas. Prior to this demonstration project, people would access services through a variety of routes. One of the main objectives of this project has been to establish a single point of entry to assessment and treatment for youth and young adults suspected of experiencing a first episode of psychosis. The program offers services to persons 13 to 30 years of age. The single point of entry intake process makes access easier and there is no waitlist for those at risk for a first episode of psychosis. Referrals are accepted from families and individuals as well as a variety of professionals in the community. The intake clinician tries to make contact with the referring source within 48 to 72 hours.

Services are provided by a specialized early psychosis clinician, mental health clinicians, and psychiatrists. Each of the five communities in the region has an identified mental health clinician and a psychiatrist who undertake primary care of each case. In addition to psychiatric and psychosocial interventions, psychoeducational sessions are provided to clients and their families on individual and group bases. Education and training provided to professionals and community agencies through the EPI educational initiative have helped to support early identification and case referrals to the project.

The project has two additional components: case finding - which is directed at two targeted high risk populations aged 13 to 30 (genetic risk and/or substance abuse risk); and, a treatment comparison study evaluating the impact of psychoeducation group interventions.

BC EPI Regional Demonstration Projects	Contact: Miriam Cohen, Coordinator	Phone: (604) 822-9732
VANCOUVER/ RICHMOND	Web site: HOPE – Helping to Overcome Psychosis Early www.hope.vancouver.bc.ca/hope/	Email: mcohen@vanhosp.bc.ca

VANCOUVER/RICHMOND

There are three components to this project:

Appointment of a Regional Case-Facilitator

This individual will act as a resource for front line workers, will advise about the management of individual cases and broker needed services when a provider is unable to deliver such services.

First-Episode Rounds

Monthly rounds for professionals to present and discuss challenging cases.

Interactive Web Site

The web site will provide general information and responses to specific questions about diagnosis and management of early psychosis to clients, family members and front line professionals.

The project provides consultation, assessment, initial treatment, support, education and resource materials for clients, their families and the community. Clinicians can refer directly to the case facilitator. The program is accessible to clients aged 13 to 30.

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CMHA's early psychosis intervention project, funded by the Population Health Fund of Health Canada, is a 26 month national initiative which began in February 1999. Clinicians from clinical/research sites in Alberta (Calgary), Ontario (Hamilton, London, Toronto), and Nova Scotia (Halifax) are among the advisors to the project.

The project is intended to raise awareness among professionals, families and other community members regarding the importance of early psychosis intervention, and promote access to appropriate first-episode services, with a focus on youth. Toward this end, project activities are centred on the development and dissemination of educational resource materials, the facilitation of local early intervention activities through three CMHA sites, and the development of a national network of interest and information-sharing.

In terms of resource materials, the project has produced a series of three pamphlets and an introductory document on early psychosis. The pamphlets are available in English, French and Chinese. The project has also provided support for the production of a national, first-episode family newsletter. A video resource for parents new to the experience of psychosis in the family is now available. Finally, this Guide is also a product of the project. Most of these materials are available on the CMHA web site (www.cmha.ca) in both official languages.

The three CMHA sites participating in the project are: Alberta South Central Region in Calgary, Alberta; the provincial-level Manitoba Division; and Fredericton/Oromocto Region in Fredericton, New Brunswick. Sites were chosen for their regional representation and in order to reflect a range of readiness and capacity

for early psychosis activities. In Calgary, CMHA personnel have been working directly with staff from the Early Psychosis Treatment and Prevention Program at Foothills Hospital to train high school teachers, counsellors and other gatekeepers in early identification skills and promote access to the Foothills program. In Fredericton, through the work of the local project working group and with the support of the provincial government, clinical services are being reorganized to accommodate early psychosis services and the education of mental health professionals, gatekeepers, and the community at large is underway.

The province of Manitoba does not yet provide a coherent set of services for young people with early psychosis. There, a project steering committee, representing a wide range of stakeholders, has been working to raise awareness regarding the importance of early identification and the need for appropriate services for youth. Key objectives include community education, gatekeeper training, and service improvement. A family support group, modelled on the PEPP group (see London, Ontario program description) has been initiated by family members in the Winnipeg region. These families are linking with families in London (Ontario), Halifax (Nova Scotia) and elsewhere in the country to establish a national first-episode family network. The family newsletter (see above) is a component of this national networking initiative.

Through its broad dissemination of resource materials, facilitation of national and local level alliances, and site-based activities, CMHA's national project has been helping to build awareness of the importance of early psychosis intervention across Canada.

The Ontario Working Group on Early Intervention in Psychosis

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The Ontario Working Group on Early Intervention in Psychosis is made up of individuals and organizations with the goal of developing an effective treatment and support system for the early stages of psychosis. The group is committed to bringing the benefits of early treatment to all citizens of Ontario who experience the onset of psychosis and to providing support to their families. The Working Group is also committed to a partnership approach with government and the private sector to reach its goals.

The members of the Ontario Working Group on Early Intervention in Psychosis reflect a variety of mental health disciplines, families, and consumers. Departments of Psychiatry at the University of Toronto, the University of Western Ontario, McMaster University, and the University of Ottawa are involved as well as clinical sites in London, Hamilton, and Toronto. The Schizophrenia Society of Ontario and the families involved in the early intervention program in London are also part of the Working Group

The Canadian Mental Health Association at both the national and Ontario levels is also involved. The Working Group is coordinated and supported by the Community Support and Research Unit and the Schizophrenia and Continuing Care Program at the Centre for Addiction and Mental Health.

The Working Group has proposed a two-phase plan to develop a comprehensive early intervention capacity in Ontario. The first phase will feature the development of four Early Intervention Treatment and Resource Centres. These centres will be partnerships between family organizations and clinical treatment programs and will deliver assessment and treatment, public education, community development and consultation services to the broader mental health system. Phase one will also include a province-wide planning process to lay the groundwork for early intervention across Ontario. Phase two will see the implementation of this expanded program.

Following are the diagnostic categories referred to in this Guide. For comprehensive diagnostic definitions, readers are directed to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (see reference below).

BIPOLAR DISORDER

Essentially reflects a disturbance of affect or mood that can be accompanied by symptoms of psychosis.

DELUSIONAL DISORDER

A type of psychosis consisting of very strong and fixed beliefs in things that are not true.

DRUG OR SUBSTANCE-INDUCED PSYCHOSIS

Drugs such as marijuana, LSD, amphetamines and alcohol can sometimes cause the appearance of psychotic symptoms. Symptoms usually abate once the effects of the drugs wear off. However, the symptoms may still require medical treatment.

PRODROME OR PRODROMAL SYMPTOMS

Pre-psychotic symptoms, or warning signs, that occur prior to the onset of psychosis. The full complement of prodromal symptoms is extensive, and can include such signs as suspiciousness, depression, sleep disturbances, social withdrawal, lack of attention to personal care, and reduced levels of functioning in school or at work, among others. The concept is relevant to the onset of the first episode and to relapse.

PSYCHOSIS NOS (PSYCHOTIC DISORDER NOT OTHERWISE SPECIFIED)

Psychotic symptoms are present, but there is insufficient or contradictory information that preclude a more specific diagnosis.

SCHIZOAFFECTIVE DISORDER

A disorder characterized by episodes of mania and/or depression in addition to symptoms consistent with schizophrenia.

SCHIZOPHRENIFORM DISORDER

A form of schizophrenia that is characterized by a duration of less than six months. This disorder may resolve or may persist and progress to other psychiatric diagnoses, including schizophrenia.

SCHIZOPHRENIA SPECTRUM DISORDERS

An umbrella term that typically includes schizophrenia, schizophreniform and schizoaffective disorders.

Adapted from:

Czuchta, D., & Ryan, K. (1999). *First episode psychosis: An information guide*. Toronto, Canada: Centre for Addiction and Mental Health, Clarke Institute.

<http://mentalhelp.net/disorders> – diagnostic criteria summarized from American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders, fourth edition*. Washington, DC: American Psychiatric Association.

McGorry, P.D., & Edwards, J. (1997). *Early Psychosis Training Pack*. Macclesfield, Cheshire: Gardiner-Caldwell Communications Ltd.