

Early Psychosis Intervention

A Culturally Adaptive
Clinical Guide

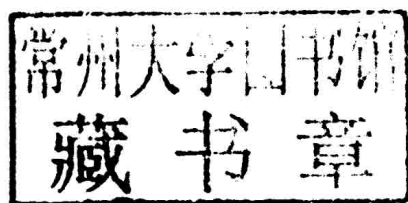
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Foreword

Patrick McGorry

It is now just over a decade since the first early psychosis programmes were established in Asia, representing a critical frontier in global early psychosis reform. In the intervening years an increasing number of clinical and research programmes have been developed and flourished in various Asian cities. It is inspiring to see that so many pioneering Asian psychiatrists, psychologists and academic leaders have recognized that prevention and early intervention are key potential strategies in the struggle to reduce the burden of mental illness in our rapidly changing societies and have taken effective action. Quite apart from the human cost, the economic impact of untreated or poorly treated mental disorders is a major threat to happiness and prosperity world-wide. In its 2011 report on the impact of non-communicable diseases, the World Economic Forum has shown that mental illness will equal cardiovascular disease as the major threat to GDP in both the developed and the developing economies over the next two decades (Bloom et al., 2011). This is because mental disorders are the “chronic diseases of the young”, with 75% of onsets occurring before the age of 25 years, and most between puberty and the mid-twenties (Kessler et al., 2005). Obviously, this is especially relevant in the developing countries with their young populations and rapidly changing societies.

In both the western and eastern hemispheres, despite compelling logic, a substantial emerging evidence base which almost uniformly indicates that the early intervention paradigm is as valid in mental health as it is in physical health, and a great many islands of real world progress, timely and appropriate early intervention remains aspirational for the average patient experiencing the onset of a mental illness. This is in part a reflection of the inequity in terms of access to and quality of care that people living with mental ill health around the world still suffer, but it is also a reflection of a certain degree of lack of confidence and maturity within our own mental health community to invest

in “best buys”. Despite two decades of indicative evidence, and the early intervention field having been led by an international array of academic clinicians deeply committed to evidence-based medicine, there has been not only excessive conservatism, but also an attempt by a small group of academics to use the evidence-based paradigm selectively to introduce doubt and undermine reform (McGorry, 2012). Scepticism is central to science and necessary, but a double standard is at work here, since similar doubts have not been fuelled, nor has there been a level playing field in terms of judgements on the evidence, in relation to relevant aspects of the status quo of traditional mental health care, nor even in relation to more modest yet competing reform ideas linked to the provision of care to established illnesses.

Fortunately the dichotomy between early intervention and decent long-term care is demonstrably false, since investment in early intervention has been shown to be cost-effective, especially in relation to psychosis, where at least five studies all point to substantial savings, which can actually be channelled into enhancing care programmes for the substantial and cumulative minority whose recovery is prolonged or elusive (Cullberg, 2006; Goldberg, 2006; McCrone, 2012; Mihalopoulos, 2009; Valmaggia, 2009). Many, though admittedly not all, of those who come to need such programmes do so precisely because they have received late, desultory or poor quality intervention from pessimistic and poorly resourced cultures of care, despite the best efforts of dedicated clinicians desperately propping up the latter.

We need to redouble our efforts to reconceptualize mental ill health in a more holistic way that accommodates both the reality of human distress and the need for psychosocial care, as well as the role for new therapies flowing from progress in neuroscience. An urgent priority is the reform, refinancing and re-engineering of our systems of care so that people receive holistic care. Otherwise people with mental illness and their families will continue to suffer what Dr Thomas Insel, Director of the National Institute of Mental Health, calls “the soft bigotry of low expectations”. In Australia, things are becoming more optimistic, with the Australian government constructing 90 new youth mental health platforms, known as *headspace* centres, and 16 early psychosis or EPPIC services to be in place by 2015, among other significant investments in more holistic mental health care. These youth-oriented reforms are slowly being mirrored in Ireland and in some other parts of the world.

In this context the publication of this comprehensive and high quality volume is extremely timely and impressive, and the editors and authors of

Early Psychosis Intervention: A Culturally Adaptive Clinical Guide deserve our full admiration and support. It is only a few years ago that *Time* magazine highlighted the fact that the care of the mentally ill in Asia was lagging way behind the region's economic growth and development (Beech, 2003). This book showcases Asian innovation and leadership in mental health and provides a detailed account of how to detect, engage, treat and maximize recovery in people with early psychosis, particularly in the context of Asian cultures. Pioneering endeavours in early intervention for psychosis are described in Hong Kong, Korea, Japan and Singapore that are not only laying the foundations for new knowledge in this burgeoning field, but also creating impetus for a transformation of the system of mental health care in these countries.

The Hong Kong group, led by Professor Eric Chen, has just celebrated the 10th anniversary of its establishment, and has developed an impressive early psychosis service, encompassing several key platforms, for the whole population of Hong Kong. They have shown on an unprecedented scale that outcomes can be improved, suicide rates reduced and cost-effectiveness demonstrated. Similarly, from 2001, under the leadership of Professor Siow Ann Chong and Dr Swapna Verma in Singapore, a large-scale early psychosis programme is producing much better symptomatic and vocational outcomes for people with previously disabling and stigmatizing illnesses. Things are perhaps a little more challenging in Japan and Korea, where the mental health systems face broader challenges, yet here too we have gifted and determined leaders in Professor Masafumi Mizuno and Dr Young Chul Chung and their respective colleagues, who are focusing on early intervention as a key solution.

Early Psychosis Intervention does not merely showcase systemic reform but provides a truly comprehensive and culturally adapted collection of strategies and skills to achieve the goal of maximum recovery from potentially serious psychotic illness especially in young people. The book covers system development, public awareness, recognition and engagement including the challenges of subthreshold illness and need for care, and all the key biopsychosocial dimensions of treatment, recovery and relapse prevention. Community care, family and vocational interventions and specific guidelines on the sophisticated use of medications are also covered. Comorbidity including physical illness and substance use disorders are included as critical issues for the next decade. Finally, in including a chapter on research and evaluation, the authors recognize that notwithstanding wonderful progress over the past decade, early psychosis is still a young field and new knowledge and skills are still urgently

required. A commitment to evidence-based medicine has served the field well as it challenges the conventional model of care, and will sustain progress well into the future. Ultimately all people especially teenagers and emerging adults, who bear the main burden, along with their parents and families, of these potentially threatening and sometimes devastating illnesses, deserve timely access to the best quality of stage-linked care from the beginning and for as long as they need it. Early intervention has been a missing pillar of modern mental health care; this scholarly yet practical resource book adds another solid foundation to the construction of 21st century mental health knowledge and care, not only in Asia, but all around the world.

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Foreword

Siow Ann Chong

An adage of modern medicine states that early detection and treatment of a disorder is the key to achieving better outcomes. However, this concept has arrived rather belatedly in mental health.

The understanding that psychoses afflict much suffering on both individuals and their families, and exact an enormous toll in social and economic costs from lost productivity also needs little emphasis. The possibility that these losses could be ameliorated by knowledge which we already have makes the situation even more tragic.

Fortunately, in the past two decades, much hard work has been done and much gain has been achieved in the fight to alleviate distress and impairments in those experiencing psychosis. Notably, there are now many early detection and intervention programmes in UK, Europe, North America, and Asia.

The earliest of such programmes in Asia started in Hong Kong and Singapore almost simultaneously. Both have in successive years grown in strength, emerged as leading centres in the region, and contributed significantly to the field. There are now programmes in South Korea and Japan too. But much still remains to be done in the world's largest and most populous continents, such as China and Africa, where there are still many countries and regions that do not even have the rudiments of such infrastructures.

The development and implementation of such programmes are similar world-wide, and yet dissimilar; each country having unique challenges and different variables including the amount of resources available, the level of priority allocated to mental health by local policy-makers, and the cultural values and attitudes of the general population towards mental disorders.

Despite these differences, much can be learnt from the experiences of these programmes. What is implicitly evident from the chapters contained within this volume is that the leaders of these programmes have adopted a

“leap-frogging” approach that delivers best outcomes. They have done this by learning and adapting best practices from each other and from around the world, and through integration and innovation. This would be one of the valuable lessons for those who read this book.

The chapters represent a distillation of knowledge of thoughtful practitioners and researchers whose collective experiences have been forged from many years of frontline work, and undoubtedly from lessons learnt through mistakes made. The dialogue offers perspectives on how to make services accessible to patients and their families, how to establish links in the community, how to engage the public, how to deliver culturally sensitive interventions, and how to set up a database for evaluation and research. The latter contribution is important as there is “no such thing as a free lunch”. These wise, pragmatic practitioners know they need to show a return for policy-makers’ investments in these programmes, as well as counter critics and detractors.

This book will be a useful resource for mental health professionals and for policy-makers involved in mental health, as well as residents in psychiatry and trainees in other mental health professions. As information and ideas covered in this book are not generally available, this volume will stimulate readers and will be a springboard for greater proactivity in this on-going fight for people suffering from psychosis.

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Preface

This book discusses the practice of early psychosis intervention in various sociocultural contexts. Grounded in more than a decade of clinical and research experience in locations across Asia, outside the conventional “Western” system, the essays address a comprehensive range of topics pertinent to the central question of how to improve patient care in the early stages of psychosis. The discussion enriches and complements existing accounts of early intervention for psychosis (EI) by highlighting the interaction between cultural factors and efforts to improve care for early psychosis patients.

Psychotic disorders affect 1–3 per cent of the population, and are one of the most disabling conditions confronting humankind. The causes for psychosis are complex and not yet fully understood. This illness affects a person’s core experiences: how they engage and respond to the “realities” around them. Underlying the condition are complex interactions between genetic, developmental, brain structural, neurochemical, cognitive, and psychosocial factors. The disorders manifest as distortions in the perception and interpretation of social situations, but also affect other cognitive and motivational systems in the brain. Symptoms are primarily situated in the subjective experience of the patient and cannot be directly observed from outside. Typically, patients are unaware of the illness. Treatment by antipsychotic medications can reduce psychotic experiences, but relapses are frequent. Other cognitive, motivational, and functional problems cannot be directly addressed by medication. Moreover, psychotic disorders are still heavily stigmatized in society, which adds to the suffering of patients and caregivers.

Patients present to mental health services only after a long period of delay during which adverse experiences and risks can multiply. The illness pathway in the initial years can be turbulent and may influence long-term outcomes in various ways. Conventional mental health care systems are poor at providing

timely care for patients with early psychosis. Optimal treatment requires specialized adaptation of care systems, as well as skilful integration of biomedical and psychosocial interventions by well-trained professionals.

This book has two main objectives; the first is to provide a pragmatic summary of the valuable experiences and clinical wisdom for frontline practitioners and clinical leaders working in settings that call for cultural sensitivity. The rich and detailed material, clinical examples, and guidelines offered will be useful in suggesting approaches for clinicians, case managers, administrators, policy-makers, psychologists, social workers, and other mental health professionals in the field of early psychosis, whether they are working in a primarily non-Western setting, a multicultural setting, or even, with the benefit of reflections offered, a conventional Western setting.

The second objective is to increase awareness of the roles culture plays in the evolving developments during early intervention for psychosis.

EI approaches initially developed out of centres in Australia, Europe, and North America (collectively described here as “Western”). Although cultural and societal diversity must already have confronted practitioners in these locations, the diversities are relatively small compared with that countered when EI approaches take the leap out of the “Western” system to land amongst a much wider diversity of cultural and service environments.

In this process, the core principles of EI confront and interact with a wide range of cultural and societal environments; some of these facilitate aspects of EI work, while others are unaccommodating. EI services in such diverse cultural ecologies have to respond with more explorations, more innovations, and more adaptations, and a heightened expectation that some initiatives will survive and thrive, but others will not. Optimal EI systems that evolve for each distinct cultural and societal ecology are expected to be different from the ancestral (Western) prototypes, and also from one another. As such, the ongoing development of EI systems in non-Western settings offers a unique opportunity to reflect on how mental health service systems take shape, and the factors that might have critical influence over their eventual forms and structures.

In the midst of this remarkable ongoing evolution, this book is but a small interim, even initial, reflection. The discussion will have served its purpose if it facilitates the sharing of hard-won experiences and increases the awareness of the need for innovations, adaptations and evaluations, thereby inspiring the

developments of new initiatives, so that more patients are served in better ways in some hitherto unreached niches.

The EI teams whose work this book describes consist of exceptionally dedicated individuals, who took on the arduous task of exploring and constructing the best approaches to improving outcome in one of the most challenging and complex clinical conditions, often amidst improvised systems with few resources and high levels of stigma. They are, however, supported by a collegiate network of EI leaders internationally, as well as by a large number of government and non-governmental agencies in their respective localities. Most importantly, their work, such as those described in this volume, has been sustained by patients and caregivers whose encouragement and participation has been vital.

Eric Yu-hai Chen, Helen Lee, Gloria Hoi-kei Chan, and Gloria Hoi-yan Wong
Hong Kong
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