

Early Psychosis Intervention

A Culturally Adaptive Clinical Guide

Edited by

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Gloria Hoi-yan Wong



香港大學出版社

HONG KONG UNIVERSITY PRESS

Hong Kong University Press
The University of Hong Kong
Pokfulam Road
Hong Kong
www.hkupress.org

© Hong Kong University Press 2013

ISBN 978-988-8139-92-7 (*Hardback*)

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British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library.

10 9 8 7 6 5 4 3 2 1

Printed and bound by Liang Yu Printing Factory Ltd. in Hong Kong, China

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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.

Patrick McGorry

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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.

Siow Ann Chong
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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
April 2013

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1

Development of Early Intervention Services: Introduction

Eric Yu-hai Chen

The Idea of Early Intervention

The concept of “early intervention” is not foreign to medical practice. The idea is rooted in the recognition that many illnesses evolve as a progression over time involving the accrument of irreversible adverse processes. Consequently, the timing of intervention becomes a prime factor affecting outcomes.

The challenge confronting the field of early psychosis is that many of these pathological processes and their interactions are not yet clearly understood. In the meantime, clinicians and patients must nevertheless manage with the best possible judgements they choose.

One uncontroversial fact in psychosis is that the condition nearly always has negative impacts on the quality of life of sufferers and carers (Chan et al., 2007; Law et al., 2005); the longer psychosis stays untreated, the longer the patients and their carers have to suffer. Thus, the devastating nature of the illness calls for the earliest healthcare intervention possible. In fact, the notion of early intervention is recognized by the East and the West alike. In English, the idiom “a stitch in time saves nine” spells out the wisdom that anything that needs doing is better to be done sooner rather than later. In Chinese, an equivalent concept is found in the saying *bing xiang qian zhong yi* (病向淺中醫), which literally means it is better to get treatment before an illness takes root. The undesirability of delay is taken for granted in many areas of medicine such as treatment of cancer, heart disease, and hypertension.

The Concept of Schizophrenia and Early Detection

In view of the obvious desirability of early intervention, it is intriguing that in the management of mental illnesses, particularly psychotic disorders such

as schizophrenia, the concept of early intervention was never integrated from the beginning. This was perhaps partly due to heavy stigmatization associated with the condition, and partly to pessimism towards treatment outcomes. Such pessimistic attitudes towards the illness can be traced back to at least 1899 when Emil Kraepelin coined the term “dementia praecox” (where “praecox” refers to the adolescent onset and “dementia” denotes a downhill course of the disease) to describe the condition of progressive decline in patients with psychotic symptoms. At that time, Kraepelin and others viewed the condition as a brain disease comparable to dementia, with both conditions destined for progressive deterioration. Later, Bleuler in his 1908, *Dementia Praecox or the Group of Schizophrenias*, replaced the term “dementia praecox” by “schizophrenia”, emphasizing the heterogeneity of the illness and suggesting variability in outcomes (Fusar-Poli & Politi, 2008). Nevertheless, Kraepelin’s concept of schizophrenia as brain deterioration prevailed.

The perception of psychosis (particularly schizophrenia) as a serious condition has been commonly shared by patients and their families, doctors, social workers, and the general public, rendering it difficult to accept such a diagnosis. Such negative attitudes towards the condition was further reinforced by clinics and hospitals’ sample bias, namely, clinicians and patients alike had an inaccurate impression that psychosis was a more serious condition than it actually is. This view may have come about because the patients whom clinicians frequently review probably have a need to remain in more regular contact with the care system, possibly reflecting the presence of more complex and resistant symptoms. In fact, the subset of patients appearing more regularly in a hospital setting, and more likely over-represented in research studies, are those with the most severe form of the illness along the phenotypic continuum and do not represent the underlying population (Bak et al., 2005). Even though clinicians are aware of such bias, pessimism towards the illness is not easily dismissed.

These perspectives foster a perception that the schizophrenia diagnosis involves irreversible damage to the brain or mind, leading to permanent changes that affect the core of a person’s individuality and personality. The treatment outcomes of schizophrenia have also been viewed as generally hopeless. In some Asian languages, the official translation of the term “schizophrenia” (精神分裂症) pose some language-specific problems. Rendering an explicit reference to a “broken mind” has led to further aggravation of the negative connotation (see Chapter 5, “Overview of the Development of Services for Early Psychosis in Korea”). Introduction of a novel term for “schizophrenia”

and for “psychosis” has been the response for some locations (see Chapter 2, “Early Psychosis Services in an Asian Urban Setting: EASY and Other Services in Hong Kong”, Chapter 5, “Overview of the Development of Services for Early Psychosis in Korea”, and Chapter 7, “Public Awareness Approaches in Early Psychosis”).

In the *perceived* absence of effective intervention, early diagnosis may be viewed as a process that only brings earlier suffering and helplessness. Haunted by these biased and negative views towards mental illness, it is not surprising that mainstream psychiatry in the early days did not invest much effort on early diagnosis and outcome improvement for psychotic disorders. This has led to an unfortunate scenario where pathways to care were relatively neglected and research and intervention were severely inadequate (Lincoln & McGorry, 1995).

In recent decades, a number of studies have revisited the long-term outcomes of schizophrenia and provided data that suggest recovery is possible in many patients (Harding et al., 1987; Harding, Zubin, & Strauss, 1987; McGlashan, 1984). There has also been increasing evidence suggesting that delay in treatment is associated with poorer outcomes. These developments have coincided with the focusing of research effort in first-episode illness, providing a rich knowledge base about the early course of the disorder, as well as providing an opportunity for studying the prospective longitudinal outcomes for these samples, thus avoiding excessive negative bias in outcome data (see Chapter 33, “Research and Outcome Evaluation in Early Psychosis”). These data provide fresh impetus for early psychosis work.

The Duration of Untreated Psychosis (DUP)

With the development of standardized instruments for measuring the duration of untreated psychosis (DUP) (e.g. Hafner et al., 1992), more robust data supporting the association between DUP and clinical outcomes have also been emerging (e.g. Amminger et al., 2002; International Early Psychosis Association Writing, 2005; Johannessen, Larsen, & McGlashan, 1999; Malla et al., 2002; Marshall et al., 2005; Oosthuizen et al., 2005). Such efforts have revealed the unfortunate phenomenon that the DUP in many countries is unacceptably long (averaging one to two years or longer). This delay in treatment is not confined to developing regions of the world, but also appears in many Western countries with well-resourced mental health services. This

universal trend of delays in treatment of psychosis can be ascribed to a number of factors. Apart from stigmatization and a negative outlook for the illness, psychosis is commonly associated with social withdrawal and lack of insight. Social withdrawal results in reduced communication between the patient and his/her social network, resulting in less likelihood that psychotic symptoms are detected. Patients' lack of ability to recognize their experiences as a possible consequence of an illness also leads to less active help-seeking behaviours. In this volume, a detailed study of DUP and the factors associated with long DUP, which leads to a strategy on public awareness work for the Hong Kong population, is discussed (see Chapter 6, "Factors Affecting the Duration of Untreated Psychosis in Hong Kong").

Early Intervention Services as Counter-Measures

Given these unique challenges, conventional healthcare delivery systems (which rely on more active help-seeking) are ill-designed to handle psychosis. Care systems specifically designed for psychosis patients are called for. Investigations by researchers such as Falloon (1992) have suggested the need for early intervention (EI) service for psychotic disorders. Following this, pioneering efforts were made in Melbourne (Australia) and Norway to pilot services that target the needs for early identification and treatment (McGlashan & Johannessen, 1996; McGorry et al., 1996). The success of these initial programmes has provided impetus for the development of service and research programmes in an increasing number of locations (Chen et al., 2011; Craig et al., 2004; Hegelstad et al., 2012; Henry et al., 2010; Petersen et al., 2005). The International Early Psychosis Association (IEPA) was formed in 1998, with the aims of fostering scientific research and service development. In the last two decades, increasing development of early psychosis intervention teams took place in Europe, Australia, New Zealand, and North America.

Early Psychosis Work in Asia

Meanwhile in Asia, EI programmes have started to be developed in a few centres. Prior to this, however, EI services were set up primarily in the above-mentioned populations with a "Western" culture, despite local variations in service delivery systems. The need for adaptation to cultural diversity in these

Western services is relatively small. As EI work continues to expand outside these societies, the role of cultural factors becomes more prominent and significant. The interplay between culture and psychosis presentation and management could significantly modulate the effectiveness and success of intervention. It is no longer possible to simply graft existing programmes from one location to another. In addition, there is a much greater diversity in societal attitudes to psychosis and in mental health service delivery systems across Asia. How to take these factors into consideration in designing optimal care is one of the main themes of this volume.

Development of comprehensive early psychosis programmes in Hong Kong and Singapore started in 2001 (see Chapter 2, “Early Psychosis Services in an Asian Urban Setting: EASY and Other Services in Hong Kong” and Chapter 3, “Overview of Early Psychosis Service Development in Singapore: The EPIP Story”). Both locations have had established links with “Western” systems for specialist training, service model and research collaborations. Hong Kong has a predominantly Chinese culture while Singapore is more multi-ethnic. Both are metropolitan cities with high economic standards but relatively deprived mental health services.

At present, EI developments are also underway in many Asian locations including Mainland China, India, Indonesia, Japan (see Chapter 4, “Early Psychosis Intervention in an Urban Japanese Setting: Overview of Early Psychosis Services in Japan”), Korea (see Chapter 5, “Overview of the Development of Services for Early Psychosis in Korea”), Malaysia and Taiwan. Clinicians, intervention professionals, and researchers working in EI programmes in these regions have established the Asian Network of Early Psychosis (ANEP) to foster communication and sharing of experiences. Recently, the ANEP published an Early Psychosis Declaration for Asia, emphasizing the unique challenges and agenda for EI services in Asia (Asian Network of Early Psychosis, 2012). On the other hand, as each site develops according to local resources and opportunities, there are both similarities and differences between programmes. While all EI programmes in Asia started with a similar general framework, the final form of a particular programme is essentially the result of an interaction between the disorder, local culture, and societal factors.

General Framework and Cultural Relevance of Early Psychosis Work

Goals of early intervention

Early psychosis intervention encompasses several distinct but interacting basic components. The ultimate goal of early intervention is to improve the long-term outcome for psychotic disorders. In order to attain favourable long-term outcomes, early intervention advocates propose that optimal management of the initial few years following onset of psychosis (the critical period) is of utmost importance (Birchwood, Todd, & Jackson, 1998). This strategy is argued primarily from the observation that early outcome after the initial few years often account for much of the overall variations in long-term outcome (e.g., see Harrison et al., 1996; Harrison et al., 2001). The critical period hypothesis leads to the suggestion that where there are resource limitations, there is a significant advantage gained by giving priority to management of the early course of the illness by providing a specialized early psychosis team and case managers for patients during the first few years of illness.

To achieve optimal critical period outcome, three distinctive strategies have been widely adopted, namely (1) early detection; (2) at-risk mental state detection and intervention; and (3) critical period interventions. The latter includes casework, community care, medications, specific programmes for clinical scenarios such as relapses and self-harm, and recovery in psychosis.

Early detection

Early detection aims to reduce the delay of initiating effective treatment (i.e. the duration of untreated psychosis, see Chapter 6, “Factors Affecting the Duration of Untreated Psychosis in Hong Kong”), given that DUP is often unacceptably lengthy (see Chapter 2, “Early Psychosis Services in an Asian Urban Setting: EASY and Other Services in Hong Kong”; Chapter 3, “Overview of Early Psychosis Service Development in Singapore: The EPIP Story”; Chapter 4, “Early Psychosis Intervention in an Urban Japanese Setting: Overview of Early Psychosis Services in Japan”; and Chapter 6, “Factors Affecting the Duration of Untreated Psychosis in Hong Kong”). During the DUP, patients’ functioning and quality of life are compromised, with concomitant breakdown of social

networks and occupational opportunities. DUP is likely to be determined by a number of factors, which include the abruptness of symptom onset, the recognition of the symptoms by patients or caregivers, and the process of seeking help. Chapter 6 provides an example of studying how some of the factors contributed to a long DUP in Hong Kong. As shortening of DUP is a goal for many EI programmes, an EI programme has to change what happens *before* the patient is engaged with the service. Commonly adopted strategies include enhancing public awareness for psychosis in the general population (see Chapter 7, “Public Awareness Approaches in Early Psychosis”) and training gatekeepers (those who are more likely to be in contact with patients) to identify and refer potential patients (see Chapter 8, “Early Psychosis in the Workplace” and Chapter 9, “Enhancing Psychosis Detection through Gatekeepers”). Removing barriers to help-seeking is a major issue in heavily stigmatizing societies. Chapter 10 (“Initial Screening and Assessment: A Phone-Based Two-Stage Screening”) describes a telephone-based screening designed to address this. In Chapter 11 (“The Diagnostic Interview in Early Psychosis”), issues related to the initial diagnosis are discussed, including the importance of the assessment setting and engagement techniques.

At-risk mental state detection and intervention

Based on the observation that in a proportion of patients, first-episode psychosis is preceded by a prodromal phase or at-risk mental state (Hafner & Maurer, 2006), it may be possible to identify vulnerable individuals and intervene earlier to prevent onset of a full-blown psychosis. Services using this approach have been started in several locations including Japan, Korea, and Singapore (Chapters 3–5). Chapter 12 (“Handling At-Risk Mental State”) introduces comprehensively the issues related to screening and intervention for at-risk mental states, using empirical data from Hong Kong to illustrate many key issues.

Models of critical period intervention

The main part of this volume explores working with patients diagnosed with a first-episode psychotic disorder. In line with the critical period hypothesis, as soon as a patient is identified, optimal intervention should be offered for the initial few years to attain the best possible outcome.

Early psychosis case work

Current approaches in most EI programmes provide a case manager, who will tailor-make a set of psychosocial interventions for the patient according to a case formulation and care plan, bearing in mind that these psychosocial interventions require integration of local cultural factors to be effective. In Part III “Culturally Relevant Psychosocial Case Intervention”, the core approaches are described in detail by experienced clinicians, psychologists, and case managers who have been working within these cultural settings. Extensive use of clinically oriented discussion and informative case examples underline the pragmatic issues encountered in real-life practice. Chapter 13 (“Implementing Psychological Intervention Programmes in Early Psychosis [PIPE]”) introduces the conceptual framework of a three-tier psychological intervention system adopted by the Hong Kong EI programme. This is followed by a description of a culturally relevant psychosocial intervention programme in Singapore (see Chapter 14, “The PASTE that Binds: Culturally Relevant Psychological Interventions for First-Episode Psychosis Individuals in Singapore”). To further highlight the significance of cultural considerations, Chapter 15 (“Cultural Issues in Early Psychosis Management”) focuses on some cultural themes in managing patients with psychosis. Chapter 16 (“Engagement and Outreach in Early Psychosis Management”) discusses EI in the cultural context of Asian societies. Importantly, Chapter 17 (“Experience of Stigma in Early Psychosis Patients and Caregivers”) explores the central issue of stigma as experienced by patients and caregivers. Arguably, stigma has a heightened role in Asian societies and may exert inordinate influence on patients and caregivers’ behaviours. Understanding the role of stigma is thus crucial to any culturally relevant psychosocial intervention approach.

Chapter 18 (“The Phase-Specific Progress Supervision Model for Case Managers”) deals with a vital but often neglected topic: the supervision and development of case managers specializing in early psychosis. Given the important understanding that case managers are core personnel who may have a decisive effect on patients’ outcome, early psychosis casework becomes a highly specialized profession with high demand on knowledge and skills. Building up a capable and committed workforce is key to the success of any EI team.

Community care programmes

In many service settings, core early psychosis casework is backed up by a variety of community-based programmes. Chapter 19 (“Community Psychosocial Intervention in Early Psychosis”) describes a Singaporean community day-care service focusing on functional outcomes. Chapter 20 (“The Peer Support Programme in Early Psychosis Intervention Programme [EPIP]”) introduces the setting up of peer worker programmes, which is followed by a discussion about support programmes for families and caregivers (see Chapter 21, “Family Work in Early Psychosis”). The closing account looks at how health services could collaborate with non-governmental organizations in Hong Kong (see Chapter 22, “Working with Non-Governmental Organizations in Early Psychosis”).

Medication treatment

Antipsychotic medication remains the core of treatment and control of early psychosis. Frequently encountered questions about antipsychotic treatment are presented in Chapter 23 (“Pharmacological Intervention in Early Psychosis”). This essay is followed by in-depth discussion of an evidence-based approach to the complexity of adherence behaviour in psychotic patients that includes many pragmatic tips to improve adherence in Chapter 24 (“Medication Adherence: Specific Issues in Early Psychosis in Asia”).

Modulating the course of illness

In the critical period, the patient’s illness may unfold along several possible trajectories. Awareness of adverse complications is important for timely responses. A number of commonly encountered situations are described together with suggestions for their identification and management. Chapter 25 (“Relapse Intervention and Related Issues”) continues to discuss all-important issues in relapse prevention, a common problem that could have a decisive influence over outcomes. Suicide and self-harm behaviour is considered in Chapter 26 (“Suicide and Self-Harm Behaviour in Early Psychosis”), with specific consideration to detection and management of self-harm in early psychosis. This is particularly significant as the critical period is also the period when suicide risk is the highest along the lifetime course of psychotic disorders. Even though the

patterns of substance abuse in the sampled Asian populations differ from those encountered in the West, comorbid substance abuse is particularly important as it is invariably associated with poor outcomes in psychosis (see Chapter 27, “Comorbid Substance Abuse in Early Psychosis”). Chapter 28 (“Handling Patients with Negative Symptoms”) addresses the problems of prominent negative symptoms, with practical tips for assessment and management in the Asian context.

Recovery

The concept of recovery is a complex notion in psychosis in view of its highly complicated causes, course, and outcomes. Often after a single episode of illness, patients lack sufficiently helpful mental models with which to understand their experiences of the illness. This gap may have important implications for the patient’s outlook, functional outcomes, as well as treatment engagement behaviours. Chapter 29 (“Recovery from Psychosis”) starts with description of the conventional clinical understanding of recovery, leading to an in-depth exploration of the concept of recovery using a cognitive linguistic approach in Chapter 30 (“Concepts of Recovery in Early Psychosis: A Cognitive Linguistic Approach”). This is complemented by an experiential study of the patients’ own views and expressions about their subjective concepts of recovery (see Chapter 31, “Experiential Aspects of Recovery in Early Psychosis: Focus Group Findings”). Understanding these perspectives is critical to effective early psychosis care.

Evaluating EI Services in Asia

The adaptation of EI service in Asia has come a long way, and models continue to emerge that fit cultural and societal factors unique to this region. Research data from these programmes are of particular importance to map how close outcomes are to being optimal. Chapter 32 (“Database Design and Management”) gives a detailed description of the practicalities of building an information system useful for evaluating EI programmes. Chapter 33 (“Research and Outcome Evaluation in Early Psychosis”) gives a comprehensive overview of research approaches, highlighting the importance of a constant feedback loop between research data and clinical practice.

Conclusion

This book showcases pearls of wisdom from real-world early interventions in Asia during the decade 2000–2010. Looking ahead, early intervention efforts already underway are predicted to sustain full impetus. In Asia, the specific challenges to the development of EI work, including heavy stigmatization, limitation in manpower, training, and physical space, as well as extremely diverse systems of mental health care service delivery may persist but reflecting upon these challenges and sharing ways to overcome them remain central to the purpose of this publication. Foreseeably, the burgeoning interest in early intervention approaches for psychosis will not slacken despite these hardened challenges and difficulties.

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