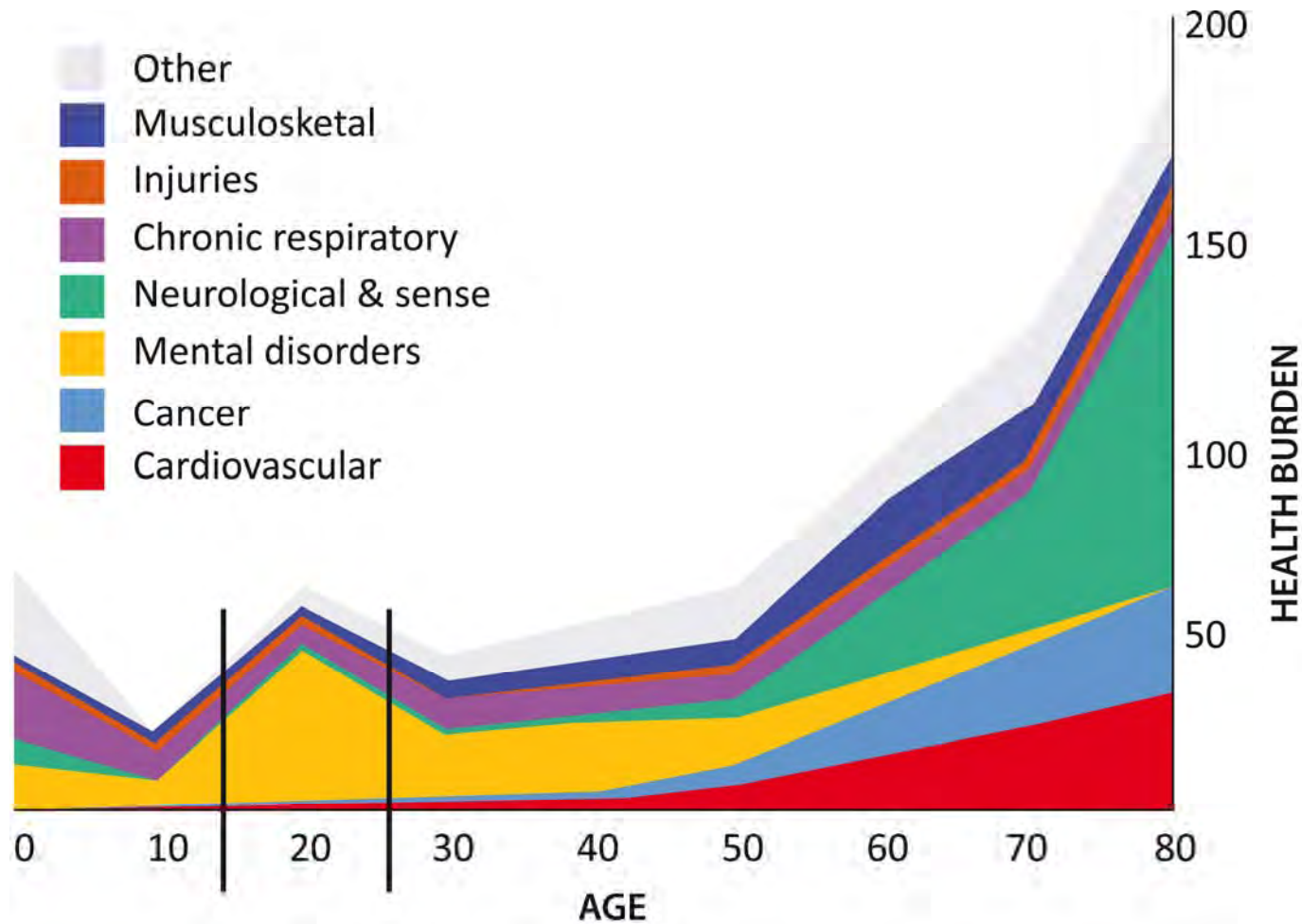


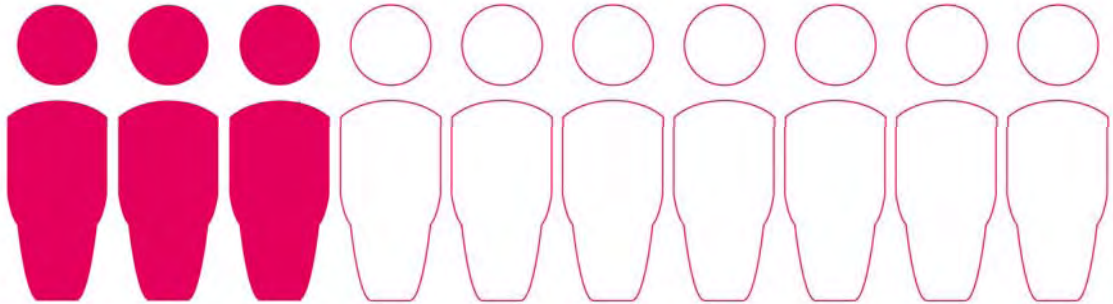
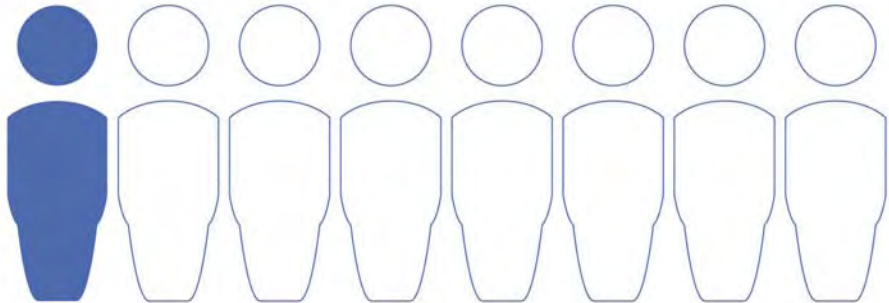
Opening minds to a brighter future



Mental ill-health represents 60% of the health burden of young Australians

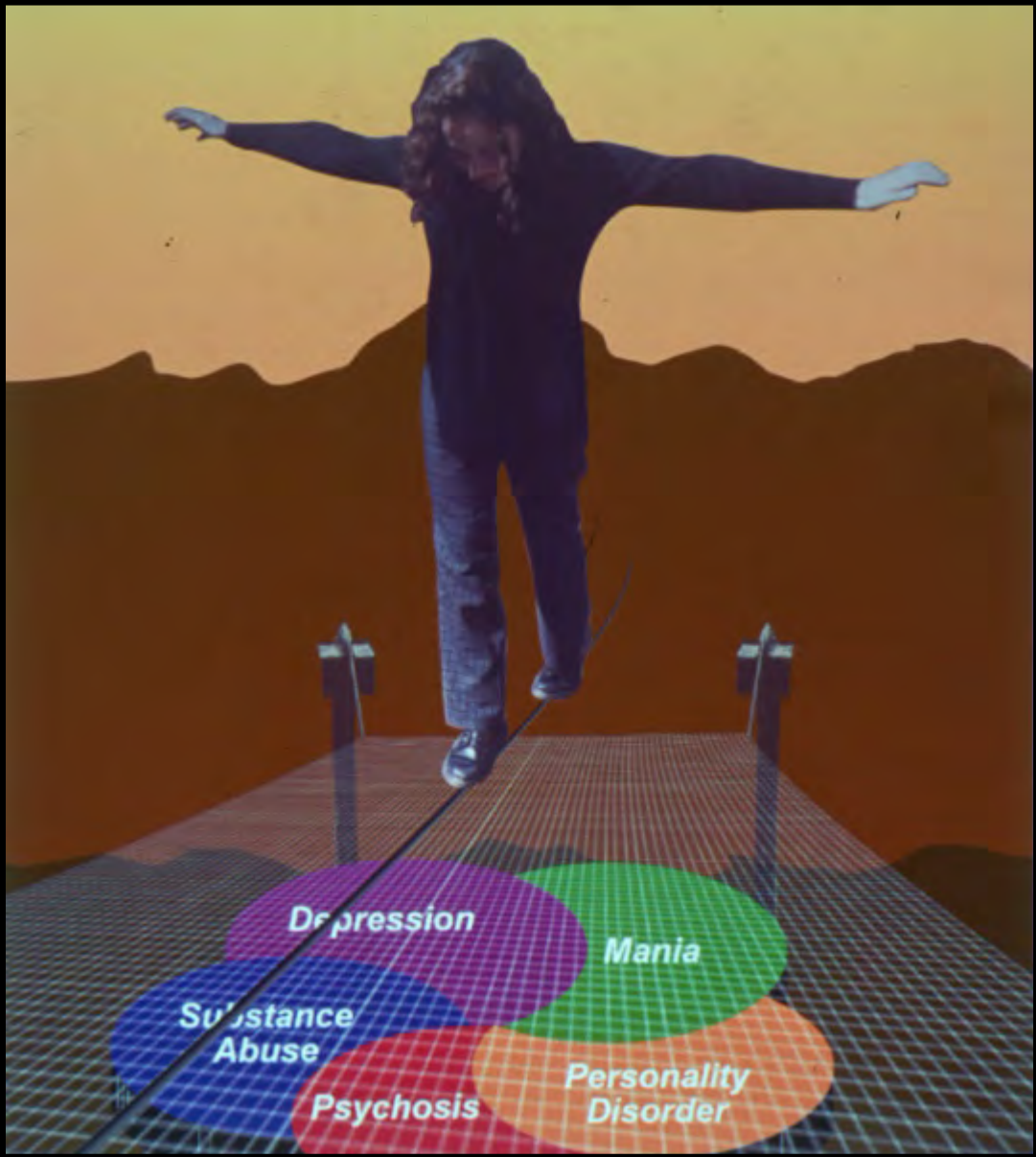


Only **13%** of young men and **31%** of young women access the mental health care they need



Current services - too little, too late...





**STAIR
SYSTEMS**



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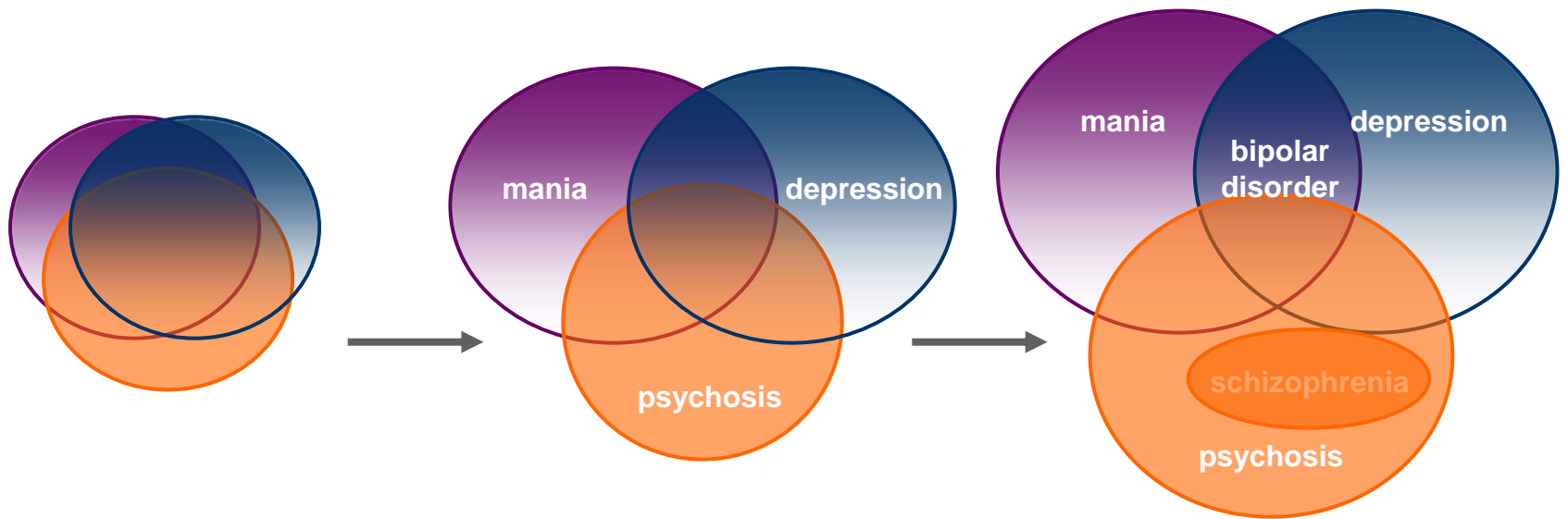


21st Century Care

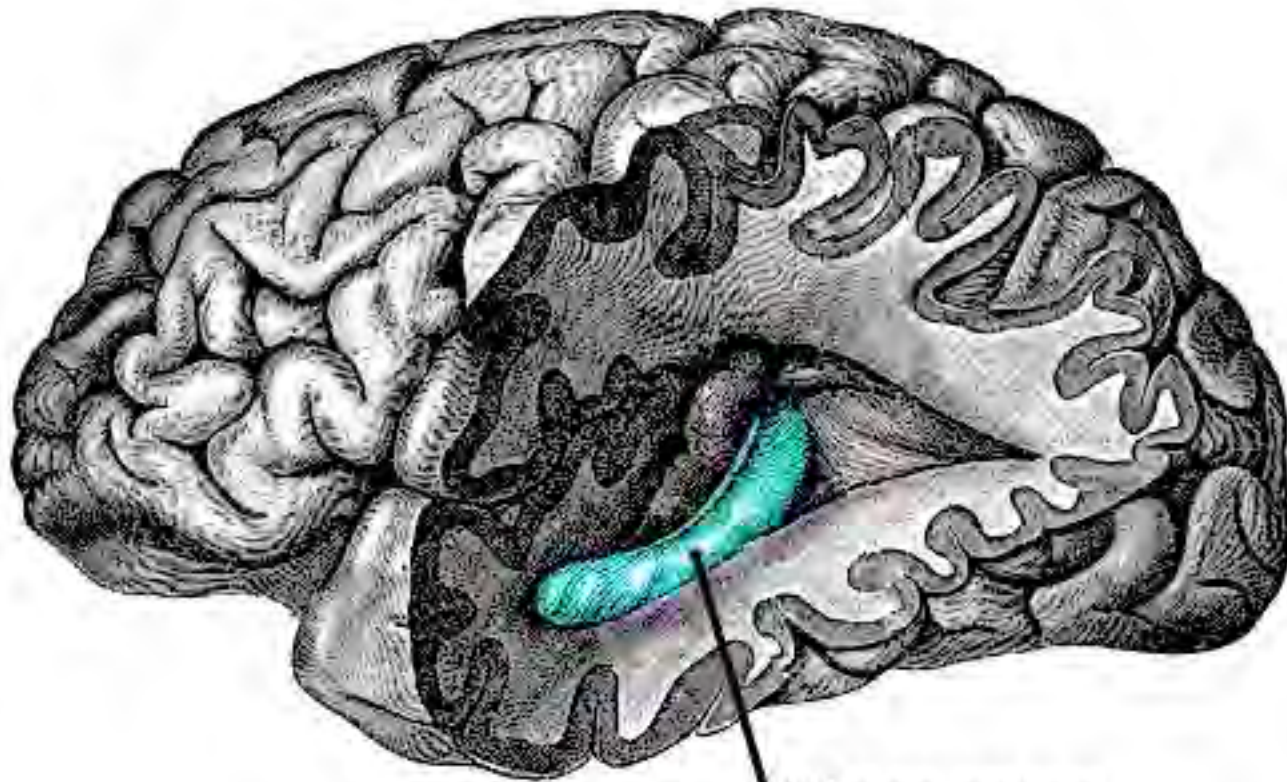
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EARLY PSYCHOSES: A LIFETIME PERSPECTIVE

28/11/2010 - 01/12/2010 RAI Congress Centre AMSTERDAM



7th INTERNATIONAL CONFERENCE ON EARLY PSYCHOSIS

The meeting will bring together the world's leading experts in early psychosis with a focus on genetic and environmental risk and protective factors, influencing the onset and course of the illness, both biological and psychosocial research and early and long-term treatment. The meeting will be a forum for the exchange of ideas, the sharing of experiences, developing new means of education and innovation. A main issue will be the connection between early intervention and regular care schizophrenia.

Visitors will find Amsterdam an exciting city to explore. It has a long history in arts and science, a great tolerance for different cultures and ideas, a cosmopolitan lifestyle, wonderful classical and modern museums and excellent shopping.

Amsterdam, the Netherlands, is the host city for the 7th International Conference on Early Psychosis.

An educational and stimulating program will be developed about the early and lifetime stages of psychosis and schizophrenia and will consist of plenary lectures, break out sessions, poster presentations, a consumer festival and satellite meetings.

We hope you can participate in this exciting program and we look forward to welcoming you to Amsterdam, the Netherlands in November 2010.

Professor Juan Addington
19th President

Professor Don Linszen
10th International Conference Chair

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International Early
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Is Early Intervention in Psychosis Cost-Effective Over the Long Term?

Cathrine Mihalopoulos^{1,2}, Meredith Harris³,
Lisa Henry^{4,5}, Susy Harrigan^{4,5}, and Patrick McGorry^{4,5}

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mental health care

Introduction

Early intervention in psychotic disorders has gained momentum in the last decade, and there is now an estimated 200 centers worldwide offering specialist services for young people experiencing their first episode of psycho-

Long term cost results

<i>Mean length of follow-up, years</i>		Control	7.25 ± 1.6
		EPPIC	5.91 ± 0.7
		<i>Total costs (2000/2001 AUD) Undiscounted</i>	<i>Total costs (2000/2001 AUD) Discounted</i>
<i>Mean cost per patient</i>	Control	\$77,006	\$68,863
	EPPIC	\$22,717	\$20,377
<i>Mean cost per patient, per annum</i>	Control	\$10,627	\$9,503
	EPPIC	\$3,841	\$3,445
<i>95% BI (bootstrap interval)</i>	Control	\$43,360 - \$116,203	\$38,782 - \$104,042
	EPPIC	\$13,843 - \$33,448	\$12,625 - \$29,922
<i>Incremental difference (bootstrap) pre-EPPIC versus EPPIC</i>		Mean	\$48,487
		95% UI	\$18,161 - \$85,592

Economic impact of early intervention in people at high risk of psychosis

L. R. Valmaggia^{1,2*}, P. McCrone³, M. Knapp^{3,4}, J. B. Woolley¹, M. R. Broome¹, P. Tabraham¹,
L. C. Johns¹, C. Prescott¹, E. Bramon^{1,5}, J. Lappin¹, P. Power⁵ and P. K. McGuire¹

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² Department of Psychiatry and Neuropsychology, Maastricht University, The Netherlands

³ Centre for the Economics of Mental Health, Health Service and Population Research Department, Institute of Psychiatry, King's College London, UK

⁴ Personal Social Services Research Unit, London School of Economics, UK

⁵ Lambeth Early Onset Service, South London and Maudsley Trust, UK

Background. Despite the increasing development of early intervention services for psychosis, little is known about their cost-effectiveness. We assessed the cost-effectiveness of Outreach and Support in South London (OASIS), a service for people with an at-risk mental state (ARMS) for psychosis.

Method. The costs of OASIS compared to care as usual (CAU) were entered in a decision model and examined for 12- and 24-month periods, using the duration of untreated psychosis (DUP) and rate of transition to psychosis as key parameters. The costs were calculated on the basis of services used following referral and the impact on employment. Sensitivity analysis was used to test the robustness of all the assumptions made in the model.

Results. Over the initial 12 months from presentation, the costs of the OASIS intervention were £1872 higher than CAU. However, after 24 months they were £961 less than CAU.

Conclusions. This model suggests that services that permit early detection of people at high risk of psychosis may be cost saving.

Received 5 June 2008; Revised 18 February 2009; Accepted 26 February 2009; First published online 9 April 2009

Key words: At-risk mental state, cost-effectiveness, early detection, early intervention, psychosis.

Cost-effectiveness of an early intervention service for people with psychosis[†]

Paul McCrone, Tom K. J. Craig, Paddy Power and Philippa A. Garety

Background

There is concern that delaying treatment for psychosis may have a negative impact on its long-term course. A number of countries have developed early intervention teams but there is limited evidence regarding their cost-effectiveness.

Aims

To compare the costs and cost-effectiveness of an early intervention service in London with standard care.

Method

Individuals in their first episode of psychosis (or those who had previously discontinued treatment) were recruited to the study. Clinical variables and costs were measured at baseline and then at 6- and 18-month follow-up. Information on quality of life and vocational outcomes were combined with costs to assess cost-effectiveness.

Results

A total of 144 people were randomised. Total mean costs were £11 685 in the early intervention group and £14 062 in the standard care group, with the difference not being significant (95% CI -£8128 to £3326). When costs were combined with improved vocational and quality of life outcomes it was shown that early intervention would have a very high likelihood of being cost-effective.

Conclusions

Early intervention did not increase costs and was highly likely to be cost-effective when compared with standard care.

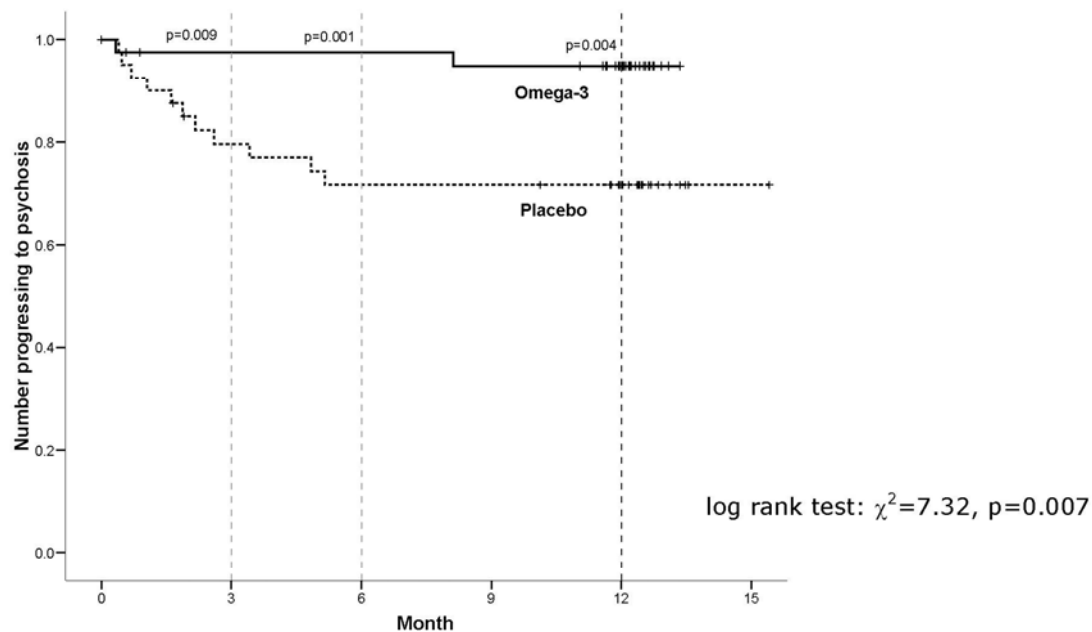
Declaration of interest

None.

OMEGA-3 FATTY ACIDS REDUCE THE RISK OF EARLY TRANSITION TO PSYCHOSIS IN ULTRA-HIGH RISK INDIVIDUALS

A double-blind randomized, placebo-controlled treatment study
Amminger et al (Arch Gen Psych in press)

Figure 2. Kaplan-Meier estimates of the rate of progression of transition from prodromal state to psychosis in patients assigned to omega-3 fatty acids (n= 41) or placebo (n=40).



Footnote. Pre-specified z-test comparisons for the difference in the proportions converting to psychosis at 3 months (p=0.009), 6 months (p=0.001) and 12 months (p=0.004)

Vocational intervention in first-episode psychosis: individual placement and support v. treatment as usual

Eóin Killackey, Henry J. Jackson and Patrick D. McGorry

Background

Unemployment is a major problem for people with first-episode psychosis and schizophrenia. This has repercussions for the economy, social functioning and illness prognosis.

Aims

To examine whether a vocational intervention – individual placement and support (IPS) – which has been found to be beneficial in populations with chronic schizophrenia, was a useful intervention for those with first-episode psychosis.

Method

A total of 41 people with first-episode psychosis were randomised to receive either 6 months of IPS + treatment as usual (TAU) ($n=20$) or TAU alone ($n=21$).

Results

The IPS group had significantly better outcomes on level of employment (13 v. 2, $P<0.001$), hours worked per week

(median 38 v. 22.5, $P=0.006$), jobs acquired (23 v. 3) and longevity of employment (median 5 weeks v. 0, $P=0.021$). The IPS group also significantly reduced their reliance on welfare benefits.

Conclusions

Individual placement and support has good potential to address the problem of vocational outcome in people with first-episode psychosis. This has economic, social and health implications.

Declaration of interest

This research was supported by a National Health and Medical Research Council Program Grant (ID: 350241) and an unrestricted study grant from Bristol Myers Squibb. ORYGEN Research Centre is supported by the Colonial Foundation.

Early intervention for adolescents with borderline personality disorder using cognitive analytic therapy: randomised controlled trial

Andrew M. Chanen, Henry J. Jackson, Louise K. McCutcheon, Martina Jovev, Paul Dudgeon, Hok Pan Yuen, Dominic Germano, Helen Nistico, Emma McDougall, Caroline Weinstein, Verity Clarkson and Patrick D. McGorry

Background

No accepted intervention exists for borderline personality disorder presenting in adolescence.

Aims

To compare the effectiveness of up to 24 sessions of cognitive analytic therapy (CAT) or manualised good clinical care (GCC) in addition to a comprehensive service model of care.

Method

In a randomised controlled trial, CAT and GCC were compared in out-patients aged 15–18 years who fulfilled two to nine of the DSM-IV criteria for borderline personality disorder. We predicted that, compared with the GCC group, the CAT group would show greater reductions in psychopathology and parasuicidal behaviour and greater improvement in global functioning over 24 months.

Results

Eighty-six patients were randomised and 78 (CAT $n=41$; GCC $n=37$) provided follow-up data. There was no significant difference between the outcomes of the treatment groups at 24 months on the pre-chosen measures but there was some evidence that patients allocated to CAT improved more rapidly. No adverse effect was shown with either treatment.

Conclusions

Both CAT and GCC are effective in reducing externalising psychopathology in teenagers with sub-syndromal or full-syndrome bipolar personality disorder. Larger studies are required to determine the specific value of CAT in this population.

Declaration of interest

None. Funding detailed in Acknowledgements.

Early intervention for adolescents with borderline personality disorder using cognitive analytic therapy: randomised controlled trial

Andrew M. Chanen, Henry J. Jackson, Louise K. McCutcheon, Martina Jovev, Paul Dudgeon, Hok Pan Yuen, Dominic Germano, Helen Nistico, Emma McDougall, Caroline Weinstein, Verity Clarkson and Patrick D. McGorry

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Declaration of interest

None. Funding detailed in Acknowledgements.

First-episode mania: a neglected priority for early intervention

Philippe Conus, Patrick D. McGorry

Objective: While first-episode (FE) psychosis has become an important field of research, FE affective psychoses, and mania in particular, have been relatively neglected. This paper summarizes current knowledge about FE mania and explores the potential for early intervention.

Method: The main computerized psychiatric literature databases were accessed.

Results: When functional as well as symptomatic variables are considered, the outcome of mania is not as good as was formerly believed, a characteristic which is already present from the first episode. Various factors (lower socio-economic status, younger age at onset of illness, poor adherence to treatment, presence of comorbidity) have been identified as possible predictors of poor outcome. The prognostic value of the presence of psychotic symptoms and their congruence to mood, as well as the diagnostic subgroup, is less well established. This literature review also reveals striking similarities between manic and schizophreniform first episodes. Poor functional outcome in a significant proportion of patients following the first episode, high risk of suicide, high prevalence of comorbid diagnoses, worse outcome with a younger age at onset and with longer delay until treatment is initiated, and finally early presence of neuro-anatomical changes, are observed in both syndromes.

Conclusions: This pattern justifies the development of early intervention strategies for FE manic patients and supports more exploratory research to identify prodromal symptoms, which might ultimately lead to even earlier focus on preventive interventions.

Key words: early intervention, first-episode, mania, outcome, psychosis.

Australian and New Zealand Journal of Psychiatry 2002; 36:158–172

Review Article

The proximal prodrome to first episode mania – a new target for early intervention

Conus P, Ward J, Hallam KT, Lucas N, Macneil C, McGorry PD, Berk M. The proximal prodrome to first episode mania – a new target for early intervention. *Bipolar Disord* 2008; 10: 555–565. © 2008 The Authors Journal compilation © 2008 Blackwell Munksgaard

Objective: Affective psychoses and bipolar disorders have been neglected in the development of early intervention strategies. This paper aims to gather current knowledge on the early phase of bipolar disorders in order to define new targets for early intervention.

Methods: Literature review based on the main computerized databases (MEDLINE, PUBMED and PSYCHLIT) and hand search of relevant literature.

Results: Based on current knowledge, it is likely that an approach aiming at the identification of impending first-episode mania is the most realistic and manageable strategy to promote earlier treatment. During the period preceding the onset of the first manic episode, patients go through a prodromal phase marked by the presence of mood fluctuation, sleep disturbance, and other symptoms such as irritability, anger, or functional impairment. Additionally, various risk factors and markers of vulnerability to bipolar disorders have been identified.

Conclusions: In the few months preceding first-episode mania, patients go through a prodrome phase (proximal prodrome) that could become an important target for early intervention. However, considering the low specificity of the symptoms observed during this phase, criteria defining high-risk profiles to first-episode mania should also include certain risk factors or markers of vulnerability. While more research is needed in high-risk groups (e.g., bipolar offspring), retrospective studies conducted in first-episode mania cohorts could provide valuable information about this critical phase of the illness.

Philippe Conus^{a,b}, Janine Ward^b,
Karen T Hallam^b, Nellie Lucas^b,
Craig Macneil^b, Patrick D
McGorry^{b,c} and Michael Berk^{b,c}

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Key words: bipolar disorder – early intervention – mania – prodrome

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Prevention of Depression in At-Risk Adolescents

A Randomized Controlled Trial

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DEPRESSION IS A COMMON AND episodic condition that is associated with difficulties in relationships, impaired school and work performance, and increased risk for substance abuse and suicide.¹ Adolescent-onset depression is strongly associated with chronic and recurrent depression in adulthood,^{2,3} which is a leading cause of morbidity and mortality.⁴ Despite substantial progress in the treatment of adolescent depression (ie, acute response and remission rates are about 60% and 30%, respectively),⁵ only about 25% of depressed youth receive treatment⁶ and at least 20% develop recurrent, persistent, and chronic depression that is very difficult to treat.^{3,7} The serious developmental consequences of adolescent depression and the associated treatment challenges once it has developed underscore the need for programs aimed at prevention.⁸

Context Adolescent offspring of depressed parents are at markedly increased risk of developing depressive disorders. Although some smaller targeted prevention trials have found that depression risk can be reduced, these results have yet to be replicated and extended to large-scale, at-risk populations in different settings.

Objective To determine the effects of a group cognitive behavioral (CB) prevention program compared with usual care in preventing the onset of depression.

Design, Setting, and Participants A multicenter randomized controlled trial conducted in 4 US cities in which 316 adolescent (aged 13-17 years) offspring of parents with current or prior depressive disorders were recruited from August 2003 through February 2006. Adolescents had a past history of depression, current elevated but subdiagnostic depressive symptoms, or both. Assessments were conducted at baseline, after the 8-week intervention, and after the 6-month continuation phase.

Intervention Adolescents were randomly assigned to the CB prevention program consisting of 8 weekly, 90-minute group sessions followed by 6 monthly continuation sessions or assigned to receive usual care alone.

Main Outcome Measure Rate and hazard ratio (HR) of a probable or definite depressive episode (ie, depressive symptom rating score of ≥ 4) for at least 2 weeks as diagnosed by clinical interviewers.

Results Through the postcontinuation session follow-up, the rate and HR of incident depressive episodes were lower for those in the CB prevention program than for those in usual care (21.4% vs 32.7%; HR, 0.63; 95% confidence interval [CI], 0.40-0.98). Adolescents in the CB prevention program also showed significantly greater improvement in self-reported depressive symptoms than those in usual care (coefficient, -1.1; $z = -2.2$; $P = .03$). Current parental depression at baseline moderated intervention effects (HR, 5.98; 95% CI, 2.29-15.58; $P = .001$). Among adolescents whose parents were not depressed at baseline, the CB prevention program was more effective in preventing onset of depression than usual care (11.7% vs 40.5%; HR, 0.24; 95% CI, 0.11-0.50), whereas for adolescents with a currently depressed parent, the CB prevention program was not more effective than usual care in preventing incident depression (31.2% vs 24.3%; HR, 1.43; 95% CI, 0.76-2.67).

Conclusion The CB prevention program had a significant prevention effect through the 9-month follow-up period based on both clinical diagnoses and self-reported depressive symptoms, but this effect was not evident for adolescents with a currently depressed parent.

Trial Registration clinicaltrials.gov Identifier: NCT00073671

JAMA. 2009;301(21):2215-2224

www.jama.com

One of the most potent and clinically salient risk factors for the development of depression in youth is parental depression.⁹ Offspring of de-

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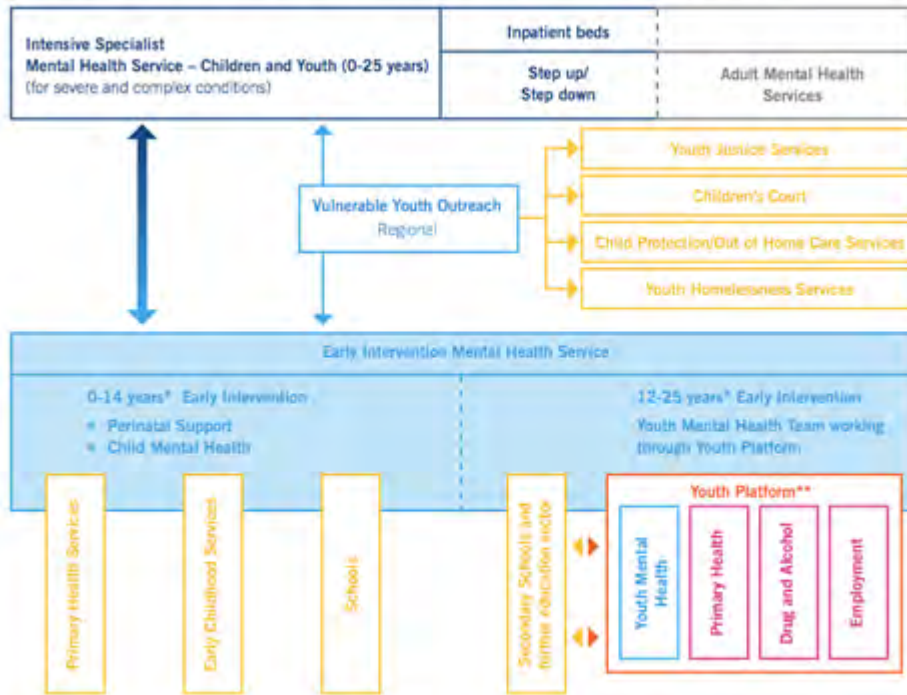
Reform direction 10.1

We propose that a youth friendly community-based service, which provides information and screening for mental disorders and sexual health, be rolled out nationally for all young Australians. The chosen model should draw on evaluations of current initiatives in this area – both service- and internet/telephonic-based models. Those young people requiring more intensive support can be referred to the appropriate primary health care service or to a mental or other specialist health service.

Reform direction 10.2

We propose that the Early Psychosis Prevention and Intervention Centre model be implemented nationally so that early intervention in psychosis becomes the norm.

Figure 12: A new area-based service configuration: Child and Youth Mental Health Services (CYMHS)



* The overlap in age between child and youth early intervention services recognises the need for flexibility in deciding the most appropriate service response for the 12-14 group.

** This could be a headspace site or a similar collaboration between state and Commonwealth-funded services.

New Structure for Expanded Child and Youth Mental Health Services for Victoria, Australia 2009

Resources

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1 OCTOBER 2007

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Early Intervention in Youth Mental Health



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