



EARLY ASSESSMENT AND SUPPORT ALLIANCE (EASA)

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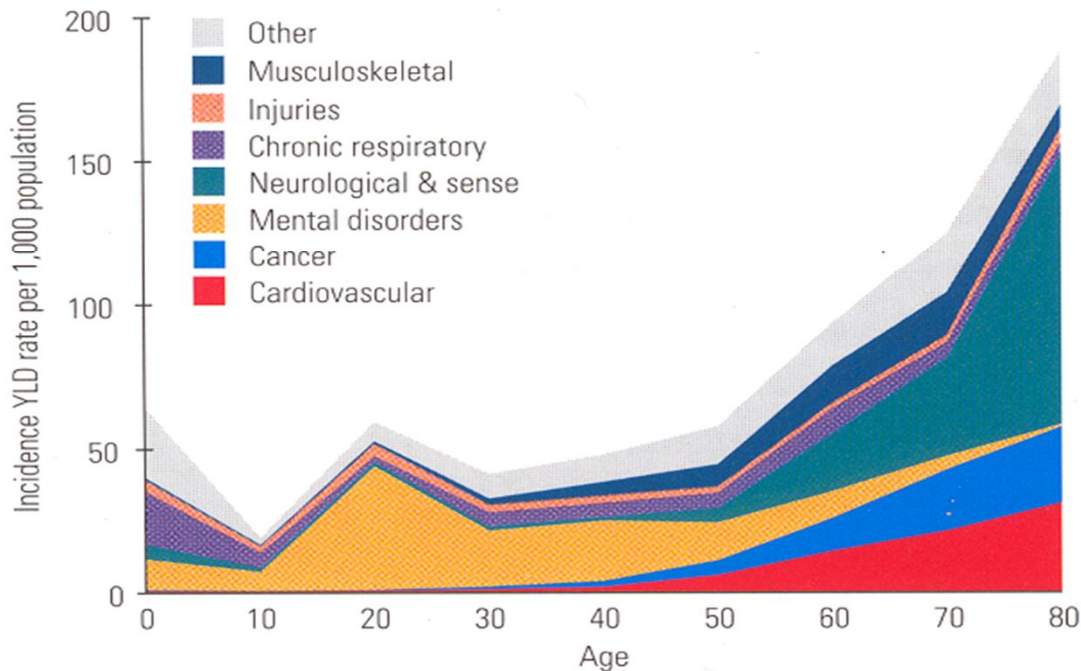
EASA Clinical Coordinator

Keeping young people with the early
signs of psychosis on their
normal life paths

Today's Presentation

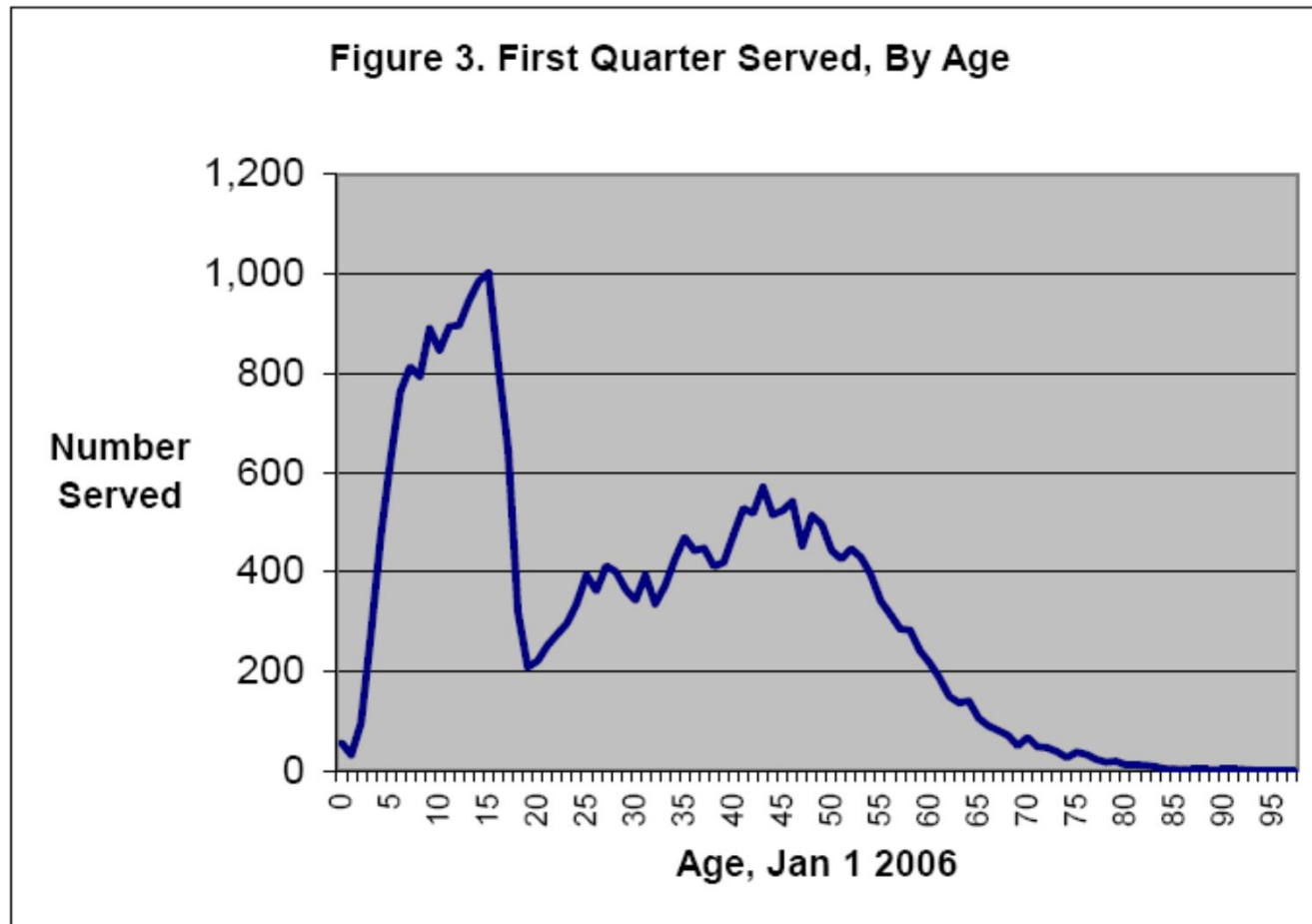
- Prevalence of Mental Health Conditions in Youth
- Oregon's approach
- What is psychosis?
- Importance of early identification and intervention
- A future based on early intervention & what's next?

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996



- ǒ Mental illness and substance use disorders account for 60% of the non-fatal burden of disease amongst young people aged 15-34 (Public Health Group 2005)
- ǒ 75% of mental health problems occur before the age of 25 (Kessler et al 2005)
- ǒ 14% of young people aged 12-17, and 27% of young people aged 18-24 experience a mental health problem in any 12 month period (Sawyer et al 2000, Andrews et al 1999)

Who Oregon is serving



Early Psychosis Programs

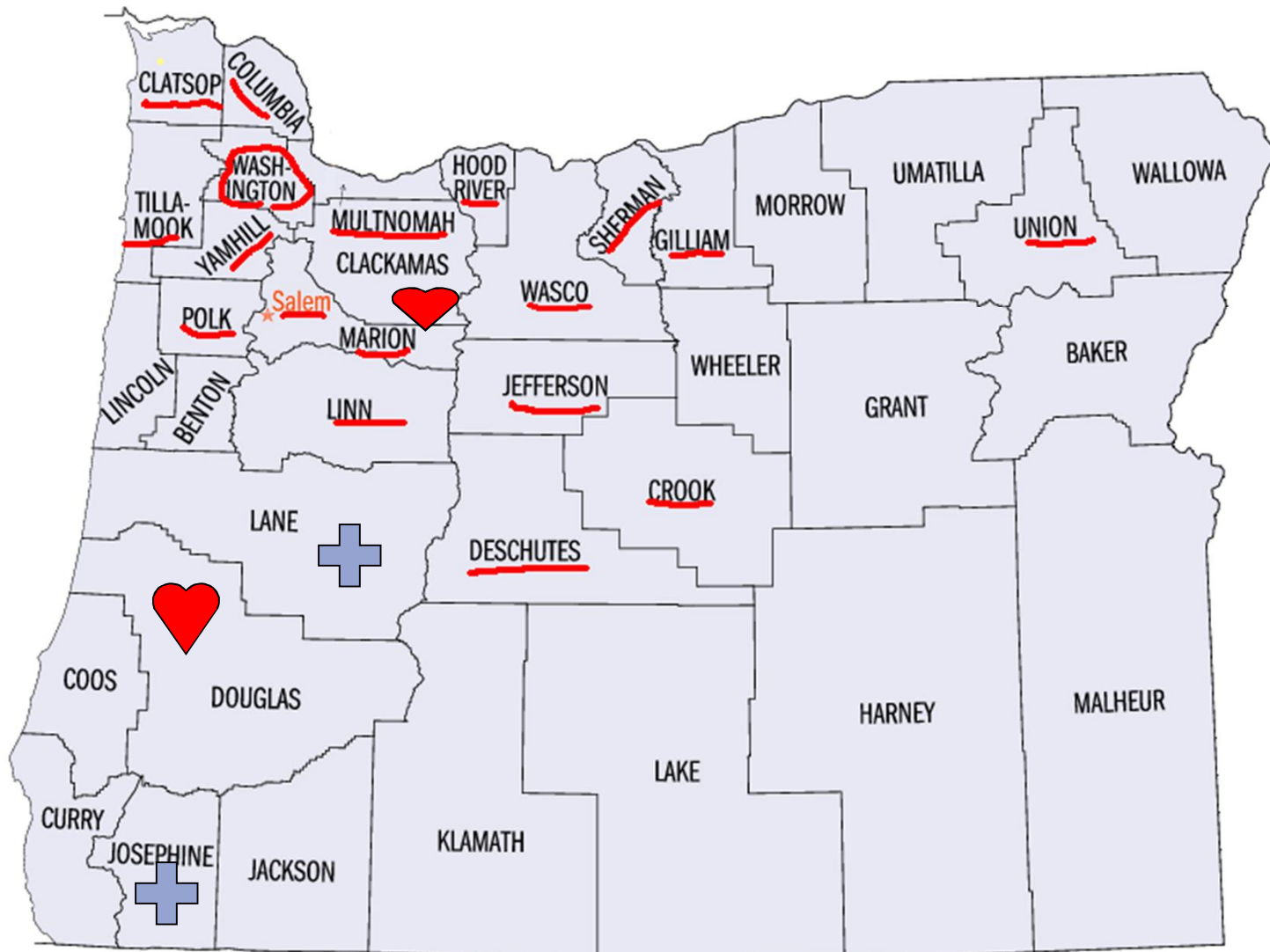
- First programs began around 1990
- Early psychosis intervention `standard of practice` in Australia, Great Britain, Canada, & Scandinavia
- Early psychosis intervention came to Oregon in 2001, with Mid-Valley Behavioral Care Network's Early Assessment and Support Team (EAST)
- 2007 Oregon legislature allocated \$4.3 million to disseminate EAST; the Early Assessment and Support Alliance was created in 2008

Mission of the Early Assessment and Support Alliance (EASA)

- Keep young people with the early signs of psychosis (schizophrenia) on their *normal life paths*, by:
 - Building community awareness and
 - Offering easily accessible, effective treatment and support
 - Network of educated community members & highly skilled clinicians
 - Most current evidence-based practices
 - Within community mental health programs



Early Assessment and Support Alliance Counties 2011



EASA

- We serve Individuals who have had a first episode of schizophrenia related psychosis within the last 12 months
 - EASA also provides earlier services to 'high risk' individuals with symptoms that are not yet acute
- IQ over 70
- Referrals can come from anyone; insurance is not a barrier

EASA (continued)

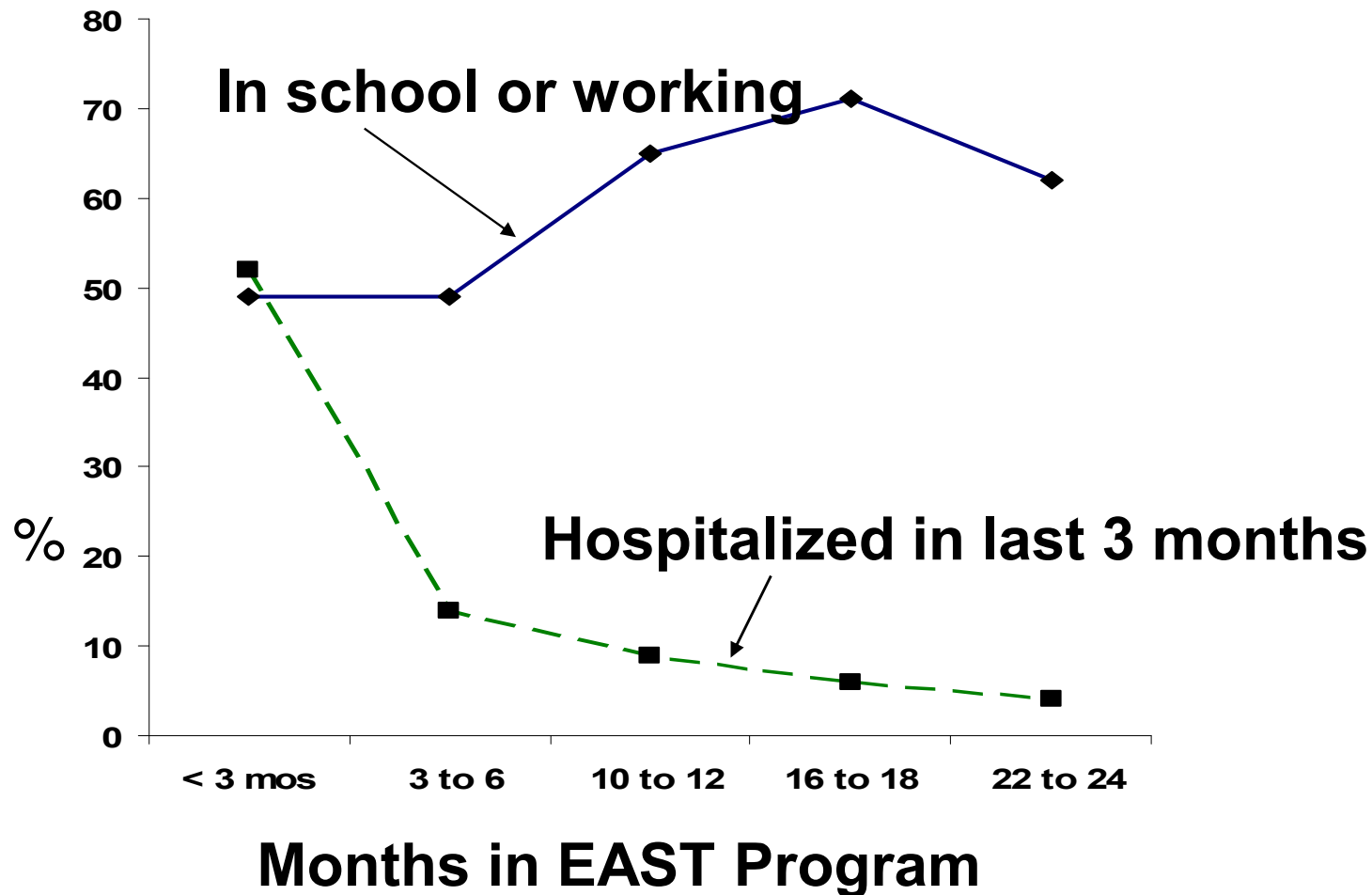
- We try to prevent the biopsychosocial consequences of major mental illness associated with psychotic disorders
- Why major psychotic disorders?
 - WHO says bi-polar and schizophrenia are leading causes of disability worldwide
 - Early intervention has been shown to help reduce symptoms and reduce costs
 - One of the leading causes of disability

Since March 2001

- EASA:
 - 700 individuals and families served
 - 1800 referred & assisted
 - 200+ currently in service
- 74% symptom remission or only mild disruption by 1 year
- 91% maintain strong family support & involvement
- 2% legal involvement
- 64% not considering disability application

Vocational & Hospital Outcomes prior to Service Enhancements

(Intensive Staffing Standards & Universal Access to SE)



Components of Prevention and Detection of Mental Illness

- Community Awareness
- Engagement
- Evidenced based developmentally & culturally appropriate treatment

Symptoms of Acute Psychosis

- ➔ Hallucinations
- ➔ Delusions
- ➔ Speech & movement problems
- ➔ Cognitive & sensory problems
- ➔ Inability to tell what is real from what is not real



Slide 13

TS4

Describe what each of these things mean; give examples

Tamara Sale, 3/24/2008

What is Psychosis?

- 3 in 100
- Usually starts in teens or early adulthood
- Devastating without the right help



Slide 14

TS5

This is lifetime prevalence for psychosis

Tamara Sale, 3/24/2008

West Salem High, 1620 students

49 likely to develop psychosis



Almost 1 in every classroom!

What Can Cause Psychosis?

- Genetic vulnerability
- Thyroid
- Frontal lobe epilepsy
- LOTS of medical conditions
- Schizophrenia
- Bipolar disorder
- Depression
- Anxiety disorder
- Steroids
- Stimulants
- Methamphetamine
- Brain tumors
- Sleep deprivation
- Severe stress
- Sensory deprivation
- And othersŧ .



Slide 16

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Goal here is to emphasize anyone can develop psychosis, many causes

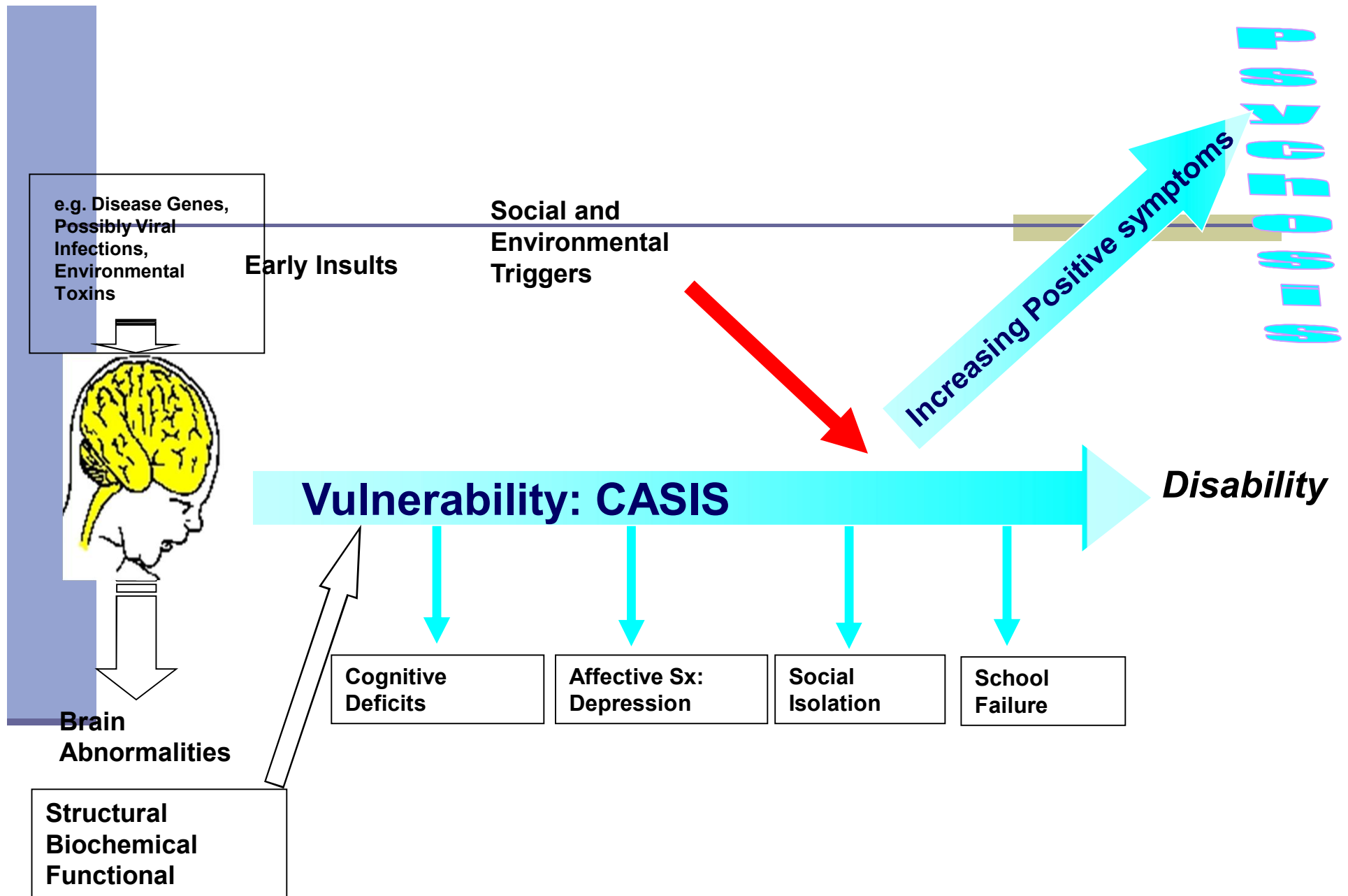
Tamara Sale, 3/24/2008

Why is early intervention so important?

- It's effective!!
- School success vs. failure & drop-out
- Self advocacy vs. inability to care for self
- Empowerment vs. trauma
- Family understanding vs. conflict
- Avoids self medication through drugs
- Reduces suicide risk!
- Reduces risk of accidental death or harm



- Keep identity in life versus forming around psychosis
- Insight still preserved
- Can use lower doses over shorter periods
- Better, faster recovery
- Cut symptom progression short
- Avoid homelessness
- Avoid legal involvement
- Avoid hospitalization
- Increased likelihood of keeping job & being successful adult



Performance Changes to Watch For

- New trouble with:

- Reading or understanding complex sentences
- Speaking or understanding what others are saying
- Coordination in sports (passing ball, etc.)
- Attendance or grades



Behavior Changes

- Extreme fear for no apparent reason
- Uncharacteristic, bizarre actions, statements or beliefs
- Incoherent or bizarre writing
- Extreme social withdrawal
- Decline in appearance and hygiene
- Sleep (sleep reversal, sleeping all the time, not sleeping)
- Dramatic changes in eating



Perceptual Changes



- Fear others are trying to hurt them
- Heightened sensitivity to sights, sounds, smells or touch
- Statements like, 'I think I'm going crazy' or 'My brain is playing tricks on me'
- Hearing voices or sounds others don't
- Visual changes (wavy lines, distorted faces, colors more intense)
- Feeling like someone else is putting thoughts in your brain or taking them out

Core Values of Engagement

- Hope & relationship are essential!
- The person is the expert in his or her own experience of `symptoms`.
- Personal choice for the person and family is paramount.
- Practitioners are not `experts` but collaborators.
- Respect

Typical Mental Health Assumptions

- You must be 100% compliant and 100% abstinent from illicit drugs.
- You must accept your illness and make the effort to attend your appointments.
- You must never work harder than your client.
- Close clients that do not show for appointments.
- A clear exit from the system is never a goal.
- Stability is the goal.
- Therapists should not do service coordination.
- Maintain strict boundaries with your client.
- Some people just can't be helped.
- Adults and Children should be in different systems.
- Families are a barrier to treatment.

I'M Sorry but you need to go back
through intake!



Instead Engage!



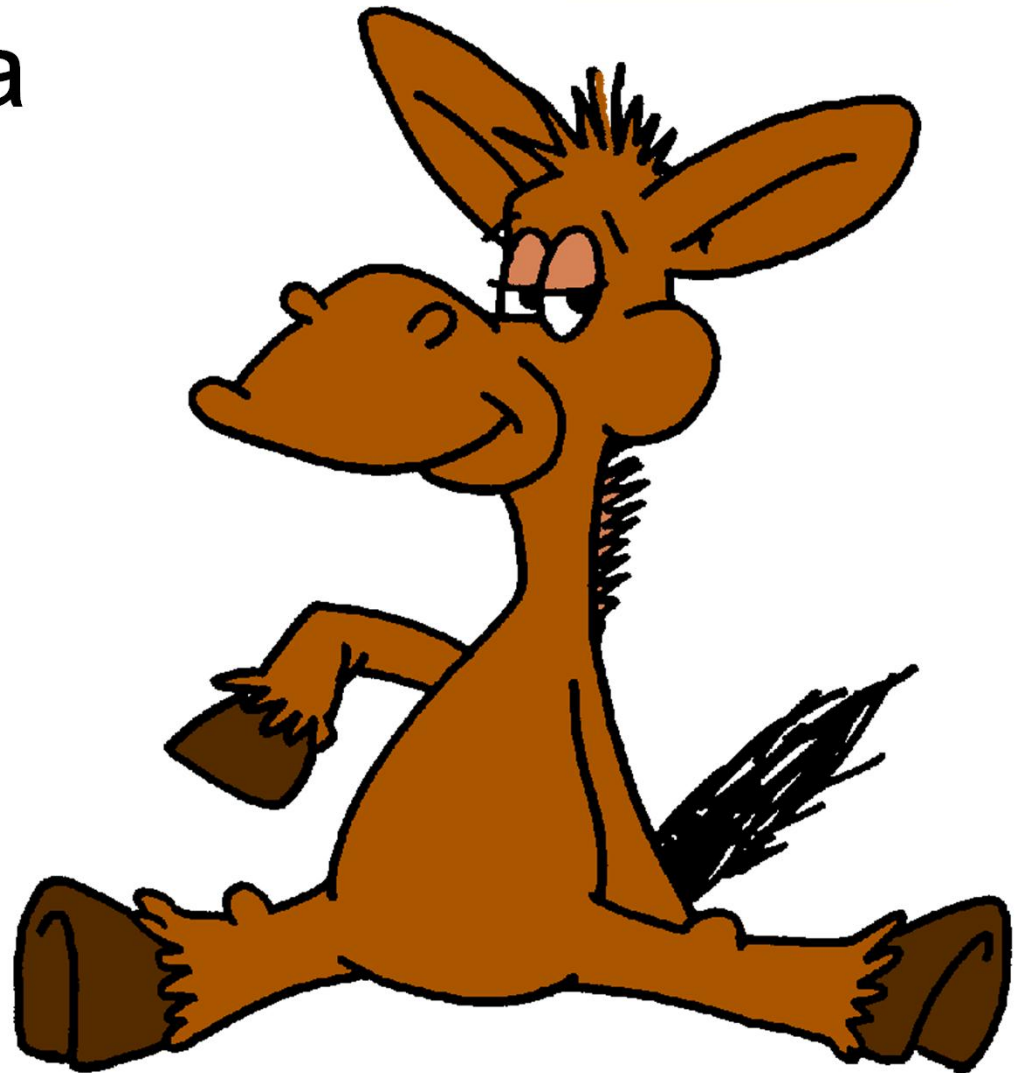
- Put person at ease.
- Meet in a location that is comfortable for the client.
- Try side-by-side.
- Non-threatening body posture despite what is said
- Acknowledge viewpoint/collaborative language
- Be flexible, active and helpful.
- Spend time socializing, focus on interests, especially those you have in common. Identify common ground or create it.
- Explain procedures & write things down with clear instructions.
- Worry about assessment at later time, it is recommended to gather information gradually and in the form of story telling (aids in memory and identifying negative cognitions and stigma.)
- Try to stay up on the times.

Do you knowŮ

- The relevance of Angry Birds
- When you have been `De-Faced_?
- Team Edward vs. Team Jacob
- How to interpretŮ
 - BFF
 - BRB
 - PAW
 - BCNUL8R
 - ADIEM

Why Focus on Engagement?

- Anosognosia
- Stigma
- Side effects



Stigma in Media and Culture



`Real_ People with Mental Illness

- Can you name any well-known people who have a mental illness?
 - Artist
 - President
 - Author
 - Actor
 - Nobel Prize Winner
 - Musician

Stigma and Discrimination

- Less access to health care & education. More likely to be singled out based on stigma that under estimate their abilities.
- Cannot ask for help without others assuming they will need help with everything.
- Can expect to pay more for cars, homes and furniture due to increased risk of being exploited or mislead.
- Less likely to be taken seriously and more likely to be treated like children or considered violent.
- More likely to segregated into living, education, work and sport programs, less likely to have access to accommodations necessary.

Family-aided Assertive Community Treatment (FACT):

- Clinical and functional intervention:
 - ǒ Rapid, crisis-oriented initiation of treatment
 - ǒ Psycho-educational multifamily groups
 - ǒ Key Assertive Community Treatment methods
 - Integrated, Trans-disciplinary team; community outreach; rapid response; continuous review, and accountability
 - ǒ Supported employment and education
 - ǒ Collaboration with schools, colleges and employers
 - ǒ Cognitive assessments, completed by OT used in school or job
 - ǒ Substance abuse treatment, as indicated
 - ǒ Counseling (CBT, Strengths based/solution focused)
 - ǒ Individual involvement in decision making

Where From Here

- Sustainable business model
 - Reduce % uninsured
 - Increase % services covered
- Continue statewide expansion
- Collaborate with national efforts
- Follow-up (after 2 years) data and service development
- Integration of new knowledge about at-risk and evidence-based services

Working together

- The devastation caused by untreated psychosis will become less and less common.
- These young people will have a future as contributing, healthy members of society.
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