Early Psychosis Intervention in Louisiana:

Being Progressive to Make Progress

Ashley Weiss, D.O., MPH
Assistant Professor of Clinical Psychiatry
Tulane Department of Psychiatry and Behavioral Sciences
Director of Medical Student Education in Psychiatry
Director/Founder Early Psychosis Intervention Clinic-New Orleans
Forensic Psychiatry Fellow



DISCLOSURES

- No commercial disclosures
- Some slides adapted from Vinod Srihari, my mentor and collaborator at Yale Univerity
- SAMSHA Community Block Grant Funding



OBJECTIVES

- Rationale for early intervention (EI) services
- Early Psychosis Intervention Clinic-New Orleans (EPIC-NOLA)
 - Conceptualization and establishment
 - Approaches to care
 - Fidelity and Outcomes
- Establishing our psychosis early detection campaign

SCHIZOPHRENIA EPIDEMIOLOGY

Mortality risk broken down, compared to general population

- 3.4 times higher for infections
- 3.2 times higher for respiratory illness
- 2.7 times higher for endocrine illness
- 2.5 times higher for GI illness
- 2.3 times higher from CV illness

MOST disturbing

- 50-60% of premature mortality from medical illness in patients with serious mental illness is from CV disease
- They die sooner (on average 20 years) than those without mental illness
- 5-10 % complete suicide

McGrath 2008

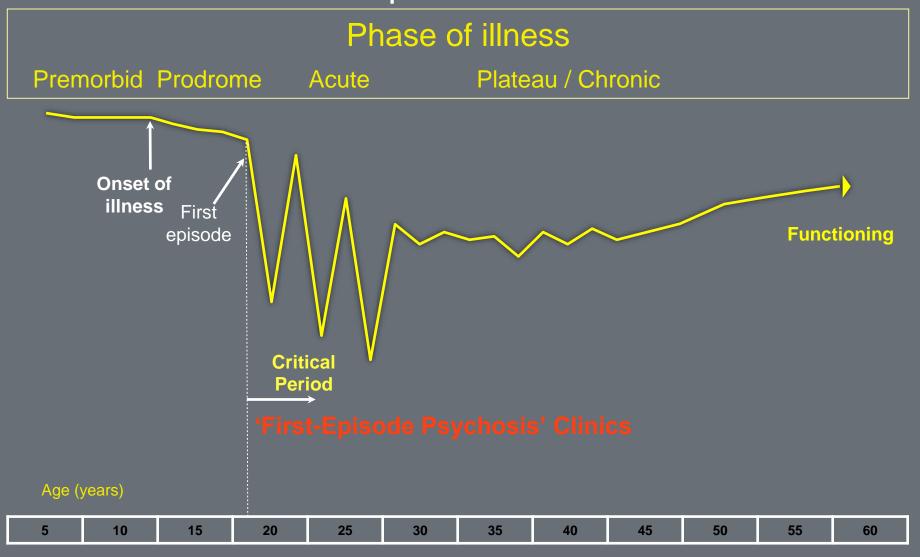
WHY THE SHIFT OF ATTENTION TO FIRST EPISODE PSYCHOSIS (FEP)?

Delays in treatment of a first-episode of psychosis are associated with adverse functional and clinical outcomes

Evidence across the world showing early intervention improves outcomes when compared to standard care.

This comprehensive approach is becoming the 'gold-standard' of care and re-shaping our knowledge of the schizophrenia-spectrum disorders

Course of the Schizophrenia(s): Is there a critical period?



From Srihari et al. Psych Clin of N America, 2012

'EARLY INTERVENTION' (EI) SERVICES FOR PSYCHOTIC DISORDERS: A 2-PRONGED APPROACH

- Intensive Treatment in first 2-5 years (First-Episode Services or Coordinated Specialty Care, "CSC")
 - Intervening <u>intensively</u> after the onset of psychosis improves outcomes over usual care (OPUS Trial, Lambeth Trial, STEP and RAISE studies) at 2+ years (reviewed in Srihari et al., 2012, Srihari et al., 2015)
 - Interventions adapted from chronic SMI to younger patients
 - 'Phase-specific' interventions
 - Focus on reducing relapse & maximizing functioning
- Early Detection ("ED")
 - Intervening earlier (even without enriching care) appears to have durable effects on outcome (Hegelstad et al, 2012). Shorter DUP, better outcomes in RAISE trial.
 - Shortening the Duration of Untreated Psychosis (DUP)
 - This begins to capture people not yet 'help-seeking'

RAISE-Early
Treatment
Program (Is
comprehensive
care better than
treatment as
usual?)



RAISEImplementation
and Evaluation
Study (what are
the best ways to
start using a 'CSC'
program?)



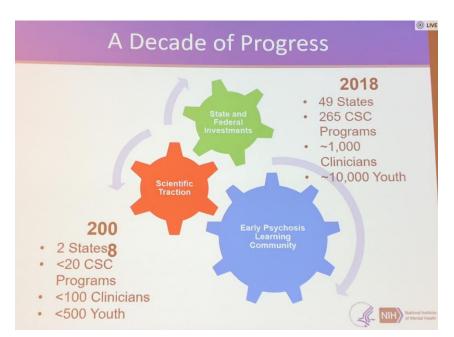
Recovery After an Initial Schizophrenia Episode

CSC treatment:

I. MORE EFFECTIVE than usual care

2. COST EFFECTIVE

3. MOST EFFECTIVE in patients with *lower* **DURATION UNTREATED PSYCHOSIS**





Using the rationale described and evidence-based/informed practices, we began building an EI service in New Orleans:

→ CSC: Establishing Early Psychosis Intervention Clinic (EPIC-NOLA)

→ ED: Began to conceptualize the early detection component (CALM-CLEAR ANSWERS TO LOUISIANA MENTAL HEALTH)

THE LOGISTICS

EARLY 2015:

PUTTING TOGETHER THE COMMUNITY-ACADEMIC **PARTNERSHIP**



LATE 2016:

EXPANSION THROUGH SUPPORT FROM
SAMSHA VIA THE FYI6
OMNIBUS BILL
LEGISLATION



NOVEMBER 2019:

EPIC-NOLA BECOMES PART OF TULANE DEPARTMENT OF **PSYCHIATRY AND** BEHAVIORAL SCIENCES























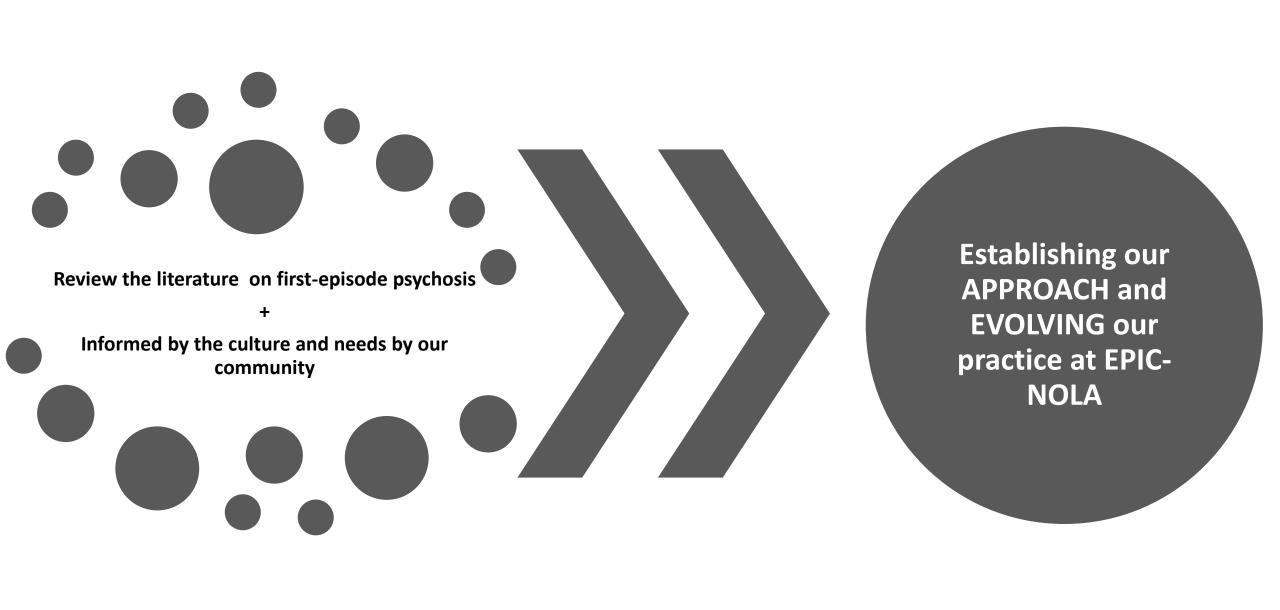








OUR APPROACH AT EPIC-NOLA



Appreciation of developmental milestones Using experience to **Understanding** inform early the science of psychosis detection in the psychosis community **Foundation** of **EPIC-NOLA Facilitating** growth of self, Linking instilling selfscience to compassion, building symptoms family and Linking the community symptoms to a person's experiences

Linking science to symptoms

Linking the symptoms to a person's experiences

DEFICITS/CHANGES IN 4 AREAS OF INFORMATION PROCESSING IN THOSE WITH SCHIZOPHRENIA

I. SENSORY PROCESSING

2. AFFECTIVE PROCESSING

3. COGNITIVE PROCESSING

4. SOCIAL PROCESSING

Adapted from 'Psychosis and Emotions. The Role of Emotions in Understanding Psychosis, Therapy, and Recovery'.

Edited by: Gumley, Gillham, Taylor, Schwannauer

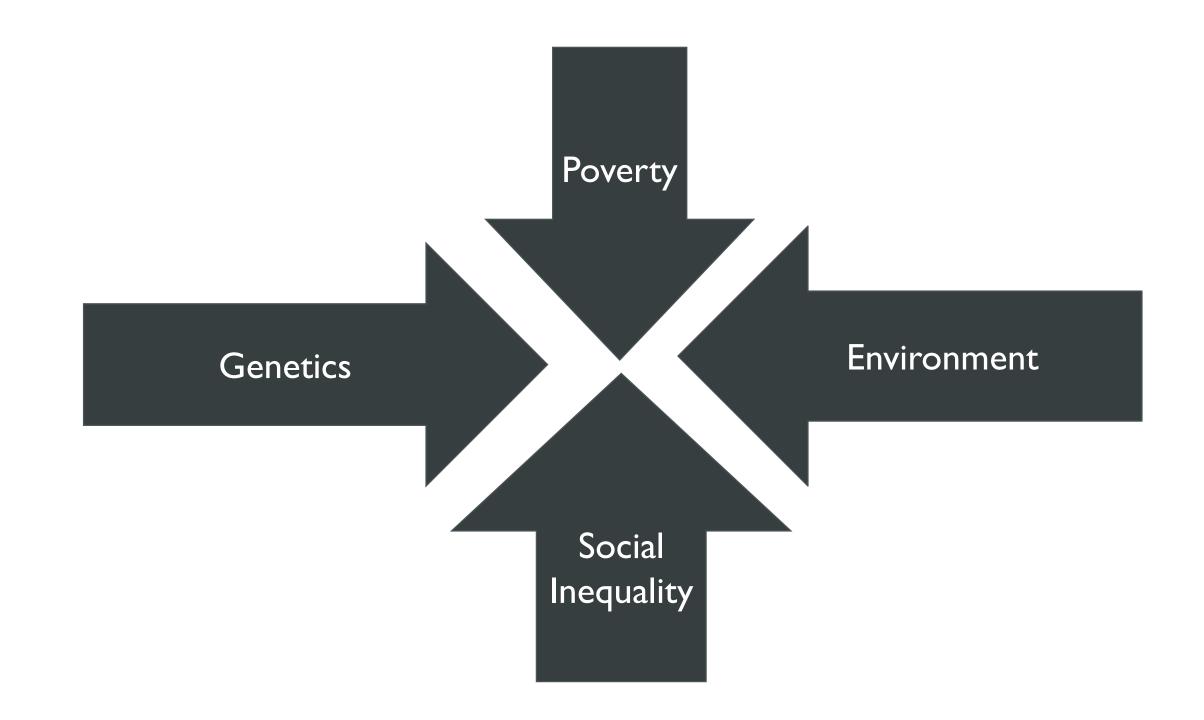
Sensory
Processing:
Sensitivity
to loud
noises

Cognitive
Processing:
Struggles
with
remaining on
task

Affective Processing: Misreading facial cues Social
Processing:
Assuming one knows 100%
what someone else is thinking

With these INFORMATION PROCESSING changes encountered with schizophrenia-spectrum disorders in mind, we appreciate the associated symptoms and are curious about

and
behavioral changes
as one experiences these symptoms.



PROGRAM COMPONENTS



TREATMENT AT EPIC-NOLA: THE FLOW

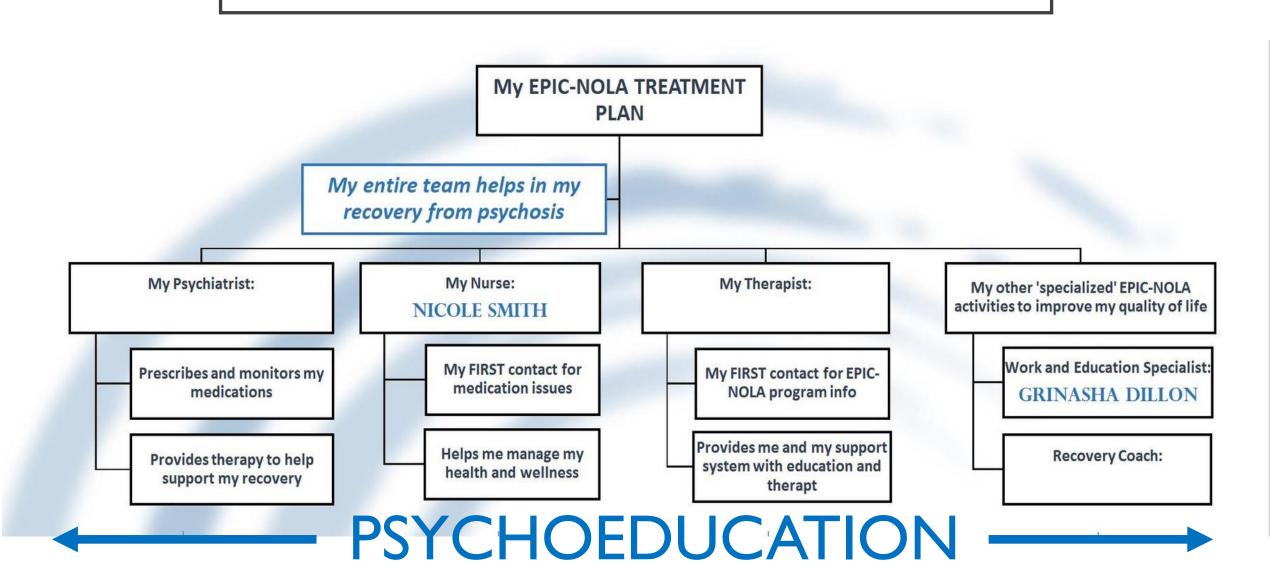
Orientation to the Clinic

Joining

Psychoeducation and Psychotherapy

Creating Community

ORIENTATION TO THE CLINIC



JOINING

- Meeting individuals and families where they are
- Building rapport, concentration on establishing an ALLIANCE
- Identifying and supporting the grieving and acceptance process
- Learning about and observing dynamic issues

ASSESSMENT and **FORMULATION** (Clinical and Structured)

FOUNDATIONS FOR FEP TREATMENT

- We are all on the same page, on the same team
- Dispelling myths about psychosis, addressing stigma
- Psychoeducation is delivered in a therapeutic manner
- All team members participate in some way in therapeutic interventions
- Rapport is priority
- All patients should have access to psychotherapy interventions which are NOT time-limited
 - Approach should be evidence-based and evidenceinformed as well as based on INDIVIDUAL NEED
 - Dependent on case formulation
- Psychotherapy focus will most likely shift over time
 - Inherent need for flexibility

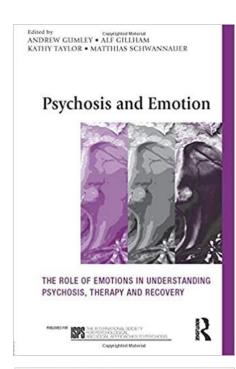
EPIC-NOLA PSYCHOTHERAPEUTIC FRAMEWORK

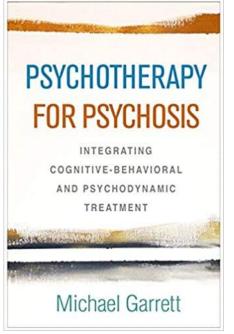
Narrative approaches and meaning making

Attachment and recovery of self

Traumainformed approaches

CBT and metacognition





FAMILY PSYCHOEDUCATION

Growing a Grown-up Brain

Scientists have long thought that the human brain was formed in early childhood. But by scanning children's brains with an MRI year after year, they discovered that the brain

Grav matter: Nerve

fibers that make up the bulk of

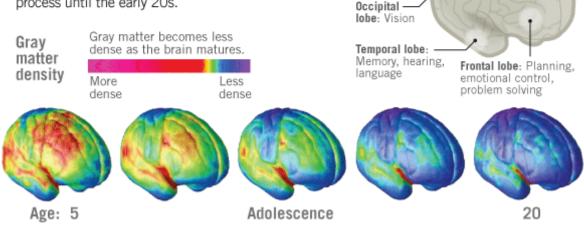
cell bodies and

the brain's

computing power. Parietal lobe:

Spatial perception

undergoes radical changes in adolescence. Excess gray matter is pruned out, making brain connections more specialized and efficient. The parts of the brain that control physical movement, vision, and the senses mature first, while the regions in the front that control higher thinking don't finish the pruning process until the early 20s.



Source: "Dynamic mapping of human cortical development during childhood through early adulthood," Nitin Gogtay et al., Proceedings of the National Academy of Sciences, May 25, 2004; California Institute of Technology

JUST THE FACTS – PSYCHOSIS

What is psychosis?

The word psychosis is used to describe conditions which affect the mind and where there appears to have some loss of contact with reality. When someone has these experiences it is called a "psychotic episode." Psychosis is most likely to occur in young adults and is quite common. Around 3 out of every 100 people will experience a psychotic episode. Psychosis can happen to anyone. Like other illnesses it can be treated.

3 out of every 100 people will experience at least one psychotic episode.

Question:

 What did you and your family member in NAVIGATE know about psychosis before your recent experiences?

Stages of Adolescent Development

Stages of Adolescence	Physical Development	Cognitive Development	Social-Emotional Development Struggle with sense of identity Feel awkward about one's self and one's body; worry about being normal Realize that parents are not perfect; increased conflict with parents Increased influence of peer group Desire for independence Tendency to return to "childish" behavior, particularly when stressed Moodiness Rule- and limit-testing Greater interest in privacy	
Early Adolescence Approximately 11 – 13 years of age	Puberty: grow body hair, increase perspiration and oil production in hair and skin, Girls – breast and hip development, onset of menstruation Boys – growth in testicles and penis, wet dreams, deepening of voice Tremendous physical growth: gain height and weight Greater sexual interest	Growing capacity for abstract thought Mostly interested in present with limited thought to the future Intellectual interests expand and become more important Deeper moral thinking		
Middle Adolescence Approximately 14 – 18 years of age	Puberty is completed Physical growth slows for girls, continues for boys Physical growth slows for girls, continues for girl	Continued growth of capacity for abstract thought Greater capacity for setting goals Interest in moral reasoning Thinking about the meaning of life	Intense self-involvement, changing between high expectations and poor self-concept Continued adjustment to changing body, worries about being normal Tendency to distance selves from parents, continued drive for independence Driven to make friends and greater reliance on them, popularity can be an important issue Feelings of love and passion	
Late Adolescence Approximately 19 – 21 years of age	Young women, typically, are fully developed Young men continue to gain height, weight, muscle mass, and body hair	Ability to think ideas through Ability to delay gratification Examination of inner experiences Increased concern for future Continued interest in moral reasoning	Firmer sense of identity Increased emotional stability Increased concern for others Increased independence and self-reliance Peer relationships remain important Development of more serious relationships Social and cultural traditions regain some of their importance	

Adapted from the American Academy of Child and Adolescent's Facts for Families. © All rights reserved. 2008

GROUP INTERVENTIONS: CREATIVELY MOVING FROM WITHIN THE CLINIC INTO THE COMMUNITY

CHALLENGES OF GROUP IN AN FEP PROGRAM

- Common to all groups
 - Struggle to motivate client
 - Another appointment (low attendance)
 - Social anxiety
- Common experiences with our early first-episode psychosis clients:
 - Low motivation
 - Withdrawn and isolated
 - Fearfulness and paranoia

CONNECT WITH YOUR CLIENTS FOOD, MUSIC, SPORTS, SOCIAL, RAFFLE





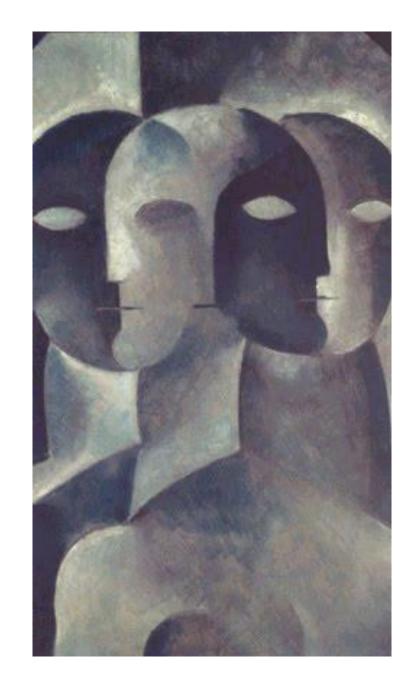


NOT THE TYPICAL HOSPITAL OR CLINIC. WE INTENTIONALLY CREATED AN **INVITING** SPACE.



SOCIAL COGNITIVE INTERACTION TRAINING "SCIT"

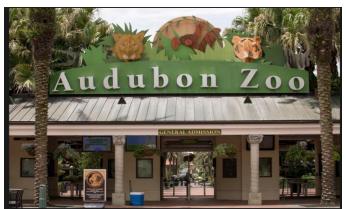
- Training in SCIT from David Roberts, PhD
- AIM
 - Improve social functioning by targeting the mental operations underlying social interaction, known as social cognition
 - Making sense of what others are thinking, feeling and doing
- This approach is promising because social cognition has evidence supporting improved social functioning in schizophrenia and those with psychosis
- Manualized weekly treatment for groups
 - Social Cognition Interactions Lessons ('SCIL') for individuals



SOCIALIZATION GROUPS

- Weekly Outings organized and led by Peer Support Specialist and/or therapist
- Opportunities to navigate social situations and practice social cognition with the support of peers
- Informal group sharing, processing and integration of illness and symptoms









WELLNESS GROUPS

- Boxing
- Yoga
- Meditation and Mindfulness
- Art Group
- Soccer, Basketball series
- For 2020
 - Wellness Coach
 - Music Series

Challenges associated with Covid I 9





\$20 Donation includes wine, cheese, 1 raffle ticket, and class demonstrations!

Body B Fit and CALM are partnering together to fund wellness programming for young people recovering from psychosis.

BODY BE IT



Join us for a fun evening with Body B Fit class demonstrations and open discussions about the critical link between physical and mental well-being. 100% of the money raised goes to personal training to those involved in early psychosis treatment in New Orleans.
Not able to join us?
Donations will gladly be accepted through Venmo. Search @calmnola on Venmo to donate directly.



www.calmnola.org HELPING NEW ORLEANS TO BETTER
UNDERSTAND AND TREAT PSYCHOSIS

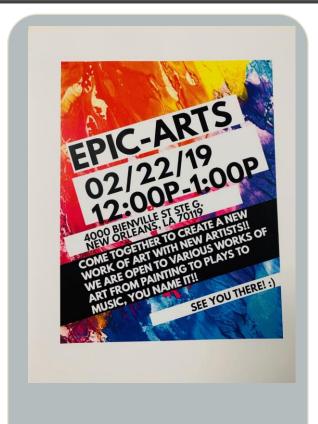




CREATING COMMUNITY IN THE CLINIC



EPIC Fundraisers



EPIC-ARTS



BENCHMARKS: WHAT SHOULD WE AIM FOR AS A PROGRAM TO ACHIEVE MEANINGFUL RESULTS?

- ADDINGTON FIRST EPISODE PSYCHOSIS-FIDELITY SCALE
 - Make-up of the team and caseloads
 - Team coordination (weekly team meetings)
 - Short time from referral to intake
 - Social Functioning
 - # on antipsychotics and clozapine
 - Community relationships
 - Monitoring of labs and other wellness indicators
 - Quality/Quantity of assessments and interventions (#'s visits)
 - Length of program
- Population-based outcomes (based on STEP and Dr. Srihari)
 - Reduction of re-hospitalization
 - Engagement in program
 - Individual
 - Family

First Episode Psychosis Services Fidelity Scale: (FEPS-FS 1.0) ©

March 05, 2015

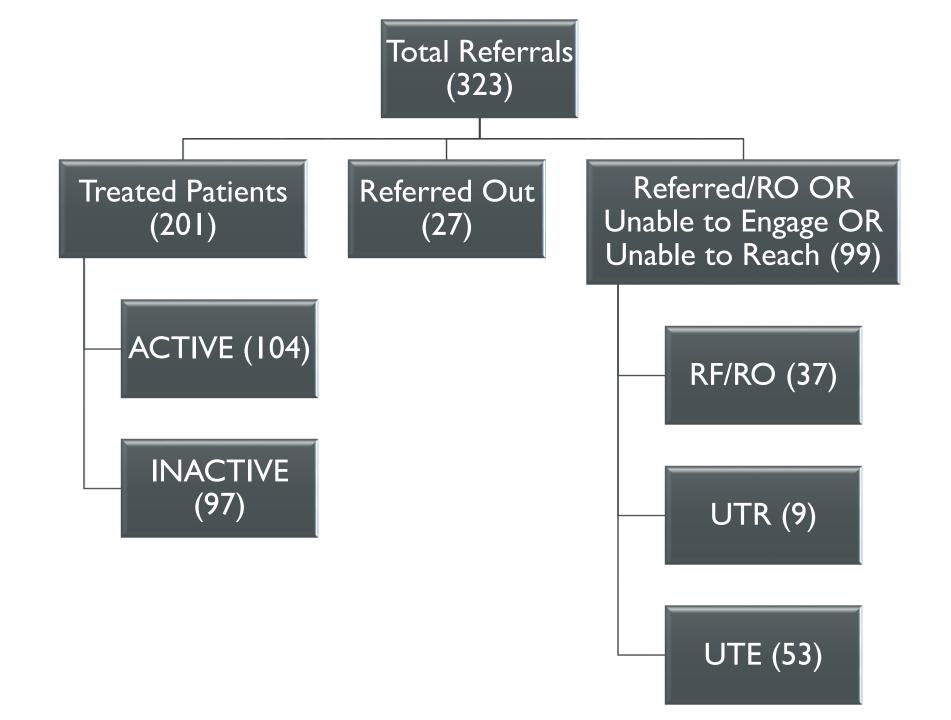
Fidelity Assessor:	Program:	Date of Fidelity Assessment:

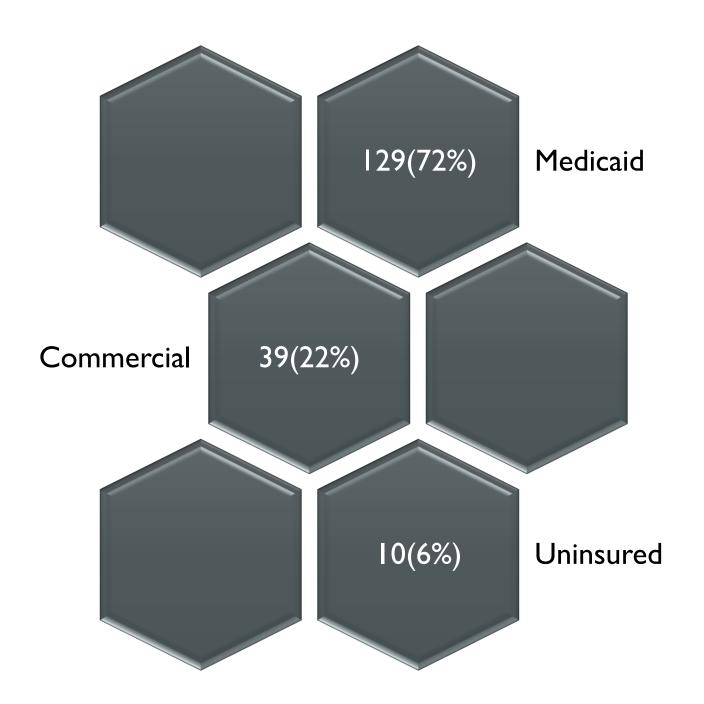
Ratings/Anchor Points

Individual Evidence Based Practices	1	2	3	4	5
1. Timely Contact with Referred Individual: Patient with FEP is offered an in-person appointment within two weeks of service receiving referral.	Target met for in- person appointment for 0- 19% patients	Target met for in- person appointment for 20-39% patients	Target met for appointment for 40-59% patients	Target met for appointment for 60-79% patients	Target met in- person appointment for 80+% patients
2. Patient and Family Involvement in Assessments: Service engages patient and family in initial assessment to improve quality of assessment and engagement	0-19% of families seen during initial assessment	20-39% of families seen during initial assessment	40-59% of families seen during initial assessment	60-79% of families seen during initial assessment	80+% of families seen during initial assessment

EPIC-NOLA EVALUATION 4.3 out of 5

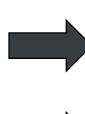
- Psychiatry case load
- Clozapine
- Documented discussion of medication discontinuation at I year post-remission
- Documentation of family participation in treatment
- Documented use of a formal treatment plan



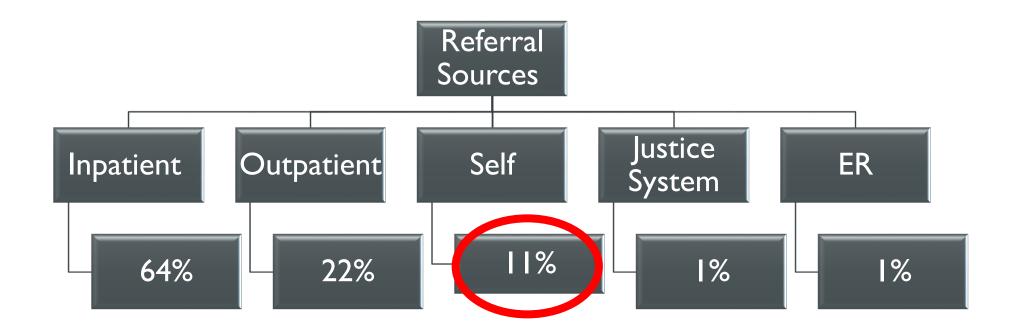


Diagnoses (178)	Schizophrenia (69) 39%
	Schizoaffective Disorder (20)
	Bipolar Disorder (32) 18%
	MDD (8) 4%
	Unspecified Psychotic Disorder (37) 21%
	Schizophreniform (4) 3%
	Brief Psychotic Disorder (1) 1%
	Substance related (3) 2%
	Other (4) 3%

Domain	Measure	Standard		
ACCESS				
Pathway to Care	Proportion admitted to EPIC-	Achievable 50%		
·	NOLA after first hospitalization	Aspirational 75%		
2. Rapidity	DUP 1 < 3 months	Achievable 30%		
		Aspirational 75%		
	DUP 2 < 12 months	Achievable 50%		
		Aspirational 75%		
ENGAGEMENT				
Overall	In contact with EPIC-NOLA at	Achievable 70%		
	one year	Aspirational 90%		
Exposure to family education	Adherence to family sessions	Achievable 75%		
	*At least one caregiver will	Aspirational 90%		
	attend 3 or more meetings			
Exposure to individual	Adherence to individual	Achievable 75%		
psychotherapy	sessions	Aspirational 90%		
	*Patient will attend 3 or more			
	individual sessions			
OUTCOMES				
 Hospitalization 	Admission to psychiatric	Achievable <25%		
	hospital in 1 st year after	Aspirational <10%		
	enrollment in EPIC-NOLA			
2. Recovery	GF-ROLE & SOCIAL	50% are at level 8 or		
		better		
3. General Health using	BMI < 25 at 1 year	Achievable 30%		
BMI as indicator		Aspirational 75%		



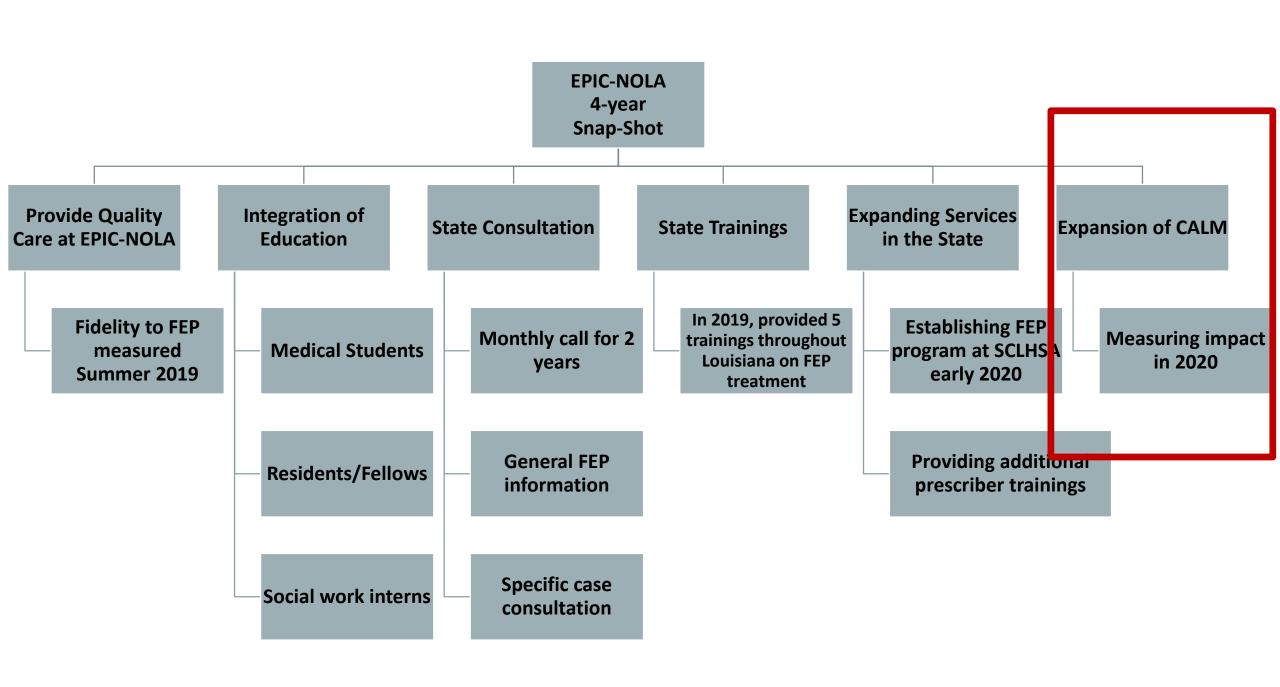
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ENGAGEMENT			
Overall	In contact with EPIC-NOLA at	Achievable 70%	
	one year	Aspirational 90%	
Exposure to family education	Adherence to family sessions	Achievable 75%	~73%
	*At least one caregiver will	Aspirational 90%	13/0
	attend 3 or more meetings		
Exposure to individual	Adherence to individual	Achievable 75%	0.40/
psychotherapy	sessions	Aspirational 90%	~94%
	*Patient will attend 3 or more		
	individual sessions		
OUTCOMES			
Hospitalization	Admission to psychiatric	Achievable <25%	130/
	hospital in 1 st year after	Aspirational <10%	~13%
	enrollment in EPIC-NOLA		
2. Recovery	GF-ROLE & SOCIAL	50% are at level 8 or	
		better	
General Health using	BMI < 25 at 1 year	Achievable 30%	
BMI as indicator		Aspirational 75%	



Zero from PCP

PROGRAM ASSESSMENT





PSYCHOSIS EARLY DETECTION

'EARLY INTERVENTION' (EI) SERVICES FOR PSYCHOTIC DISORDERS: A 2-PRONGED APPROACH

1. <u>Intensive Treatment in first 2-5 years (First-Episode Services or Coordinated Specialty Care, "CSC")</u>

Intervening <u>intensively</u> after the onset of psychosis improves outcomes over usual care (OPUS Trial, Lambeth Trial, STEP and RAISE studies) at 2+ years (reviewed in Srihari et al., 2012, Srihari et al., 2015)



- Focus on reducing relapse & maximizing functioning
- Interventions adapted from chronic SMI to younger patients
 Goal of 'phase-specific' intervention
- Early Detection ("ED")

Intervening earlier (even without enriching care) appears to have durable effects on outcome (Hegelstad et al, 2012)

Shortening the Duration of Untreated Psychosis (DUP)

"What happens to individuals with psychosis in Louisiana?" Complicated Networks deliver suboptimal Pathways



X BAYOUHEALTH

Bayou Health Plans

extra benefits and choose one plan for each family member

Questions? Call 1-855-BAYOU-4U (1-855-229-6848)

LOUISIANA

For Children

• \$25 in Bonus Rewards for annual

Extra EpPen and/or rescret inhaler to

habits during your pregnancy

Access to our Start Searct for Your Baby

For President Women: extra support to keep your Us to \$145 in Bones Reserts for healthy



aetna ACTIVATE THE HINT IS OF LOUIS AND

1-855-242-0802 | TTY 711

Receive officerds after completing annual adult wellness visits: \$25 welness visit; \$15 welness visit; \$25 welness visit; \$15 dishetic district one earn; \$15 woman's nammagram; \$15 dishet closed testing; \$15 cervical cancer screening; \$25 initial colonoscopy

Destal care for adults: twice a year exam and cleaning annual set of x-rays, a \$225 value Eyeglasses for adults: tree annual eye esam and \$80 toward eyewer iframes, glasses or

Promise program for pregnant members:

Care4Life diabetes couching program: text.

Stop smoking kelp industing medications &

1-800-600-4441 | TIY 1-800-855-2880

Dental Care, Adult
 DRAL EXAM once every six months.
 X-rays Once per year
 Teeth cleaning once every six months.

Vision Care, Adult

• EYE EWM once every year

• Frames and lenses once every year

• \$40 allowance the earl the cost of received and in the cost of Healthy Rewards: dollars put onto a gift card to

help you earn rewards:
• \$20 for well-child visit ages 0.9 \$25 for well-child visit ages 10-20
 \$15 for adult wellness visits
 \$10 for diabetic screening
 \$10 for sexually transmitted infection sce

Pregnant Members and New Mores:

- Up to \$75 in gift cards

FREE Portable crib, car or booster seat for

Community coverage to care: Access to care and services beyond what is traditionally covered by

eligible members ages 6-18

FREE Weight Witchers* meetings. Eligible to members age 18 and older

Up to 250 minutes and unlimited monthly leds on Satellin* proces

FREE Over-the-counter medicine with a

AmeriHealth Caritas Louisiana

1-888-756-0004 | TIV 1-866-428-7588

Adult dental: Two exams with deaning & one set of x-rays per year. United fillings and/or extractions. of x-rays per year. Umited fills (Padkage Value—\$600 /year). Circumoisions for newborn hors

with in fact 50 days 4 children ages 3-21 kms granual well with:

Up to \$70 in git cards for completing expected prenatal 4 prosperturn visits.

FREE Receiving Blanket & matching cap along with "Reppeted Bady on the Blook" DND or Blook for calling us when you know you are pregnent.

Extra Medication Help
School Supply - Second inhaler, EpiPen* & diabeles testing meters for school
Reduced Pharmacy Copayments for Certain

Health Genters, including exams, cleanings, s-tays and more (2 visits/year) High School GED Program - Reimbursement of Adult Vision Benefits for eye exams and one petr messages and calls to plan

FREE Support to Stop Smoking - Sporsorship of courseling by March of Dires Baby & Me Tobacco

UnitedHealthcare'

\$20 gift card for adults who complete a PCP visit

Adult Dental: Routine dental examp, x-rays, Wind

Adult Pain Hanastement: 6 visits per year to an

Annual Asthma Home Assessment for qualified

Diabetic Screening Incentive: Complete Ht/AL

First psychosis experience 1-3% annually

Identification of illness

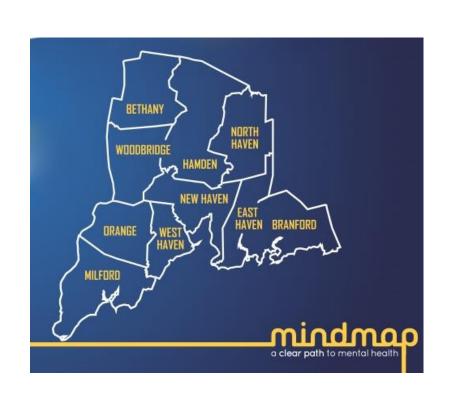
Help-seeking

Diagnosis/Referral

Treatment

DUP INCREASES

STEP-ED: Integrate Networks, Transform Pathways and Measurably Improve Outcomes



First psychosis experience ~80-100/yr

Identification of psychosis

Help-seeking

Referral or Enter care

Engage with First Episode Psychosis Service

DUP DECREASES

STEP-ED: 3-pronged Early Detection (Slide courtesy of Dr. Srihari)

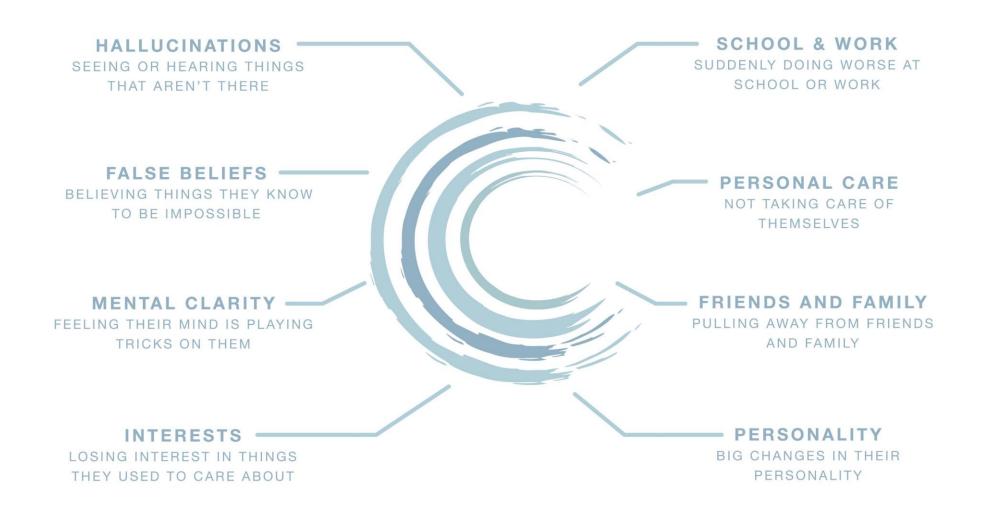
- 1. Media Campaign (targets Demand > Supply)
 - -Messaging targeting
 - (i) patients
 - (ii) friends/ peers
 - (iii) family/ adult caregiver using a variety of *Channels*
 - -Multiple *Channels* (social and traditional media, professional and advocacy networks)
 - social vs. mass media
- 2. Professional Outreach & Detailing (targets Supply side DUP)
- 3. Rapid Access to STEP (targets Supply >> Demand)



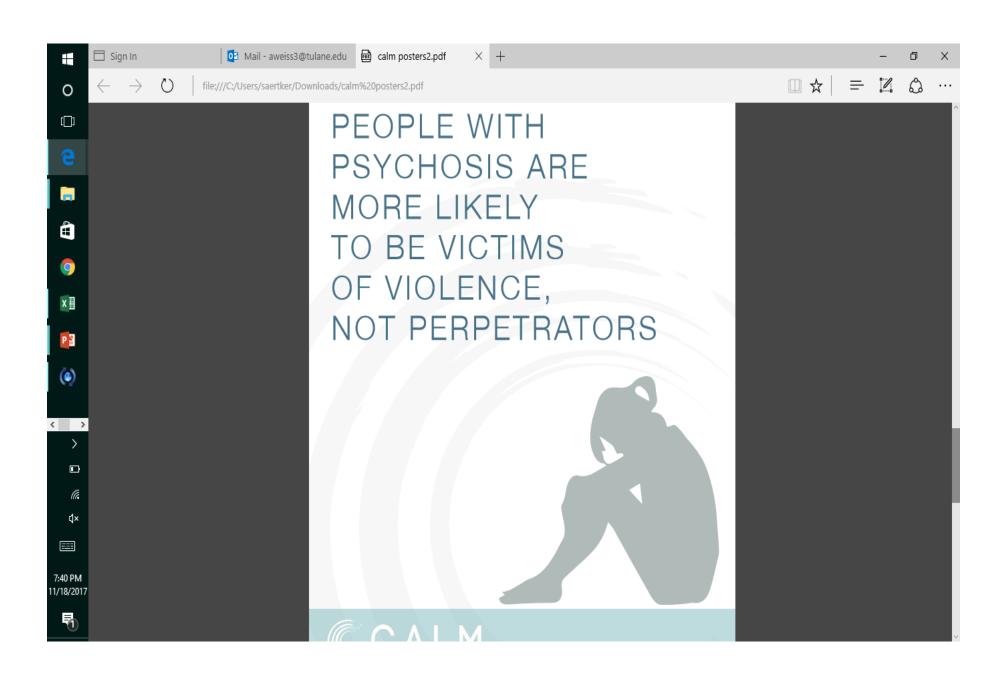
Helping New Orleans to Better

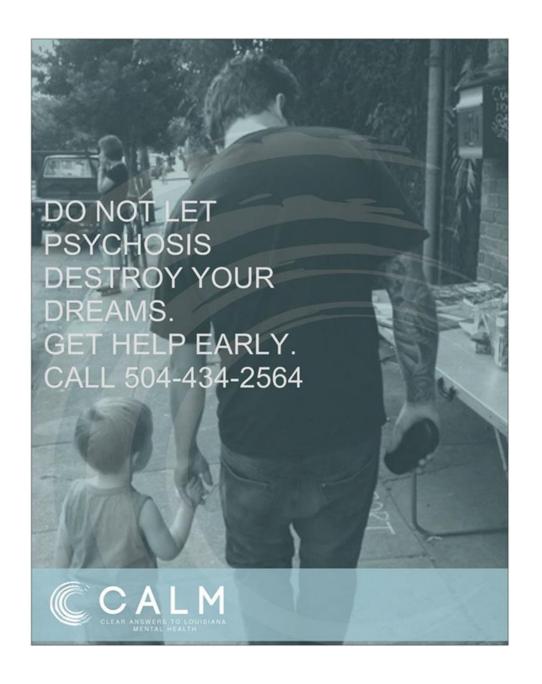
Understand and Treat

Psychosis



What is psychosis?





PSYCHOSIS IS AN ILLNESS LIKE ANY OTHER MEDICAL ILLNESS AND EARLY TREATMENT WORKS





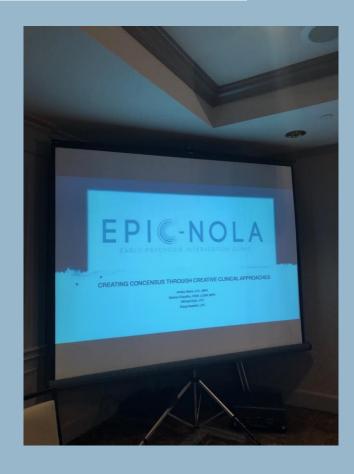
CLEAR ANSWERS TO LOUISIANA MENTAL HEALTH

CALMNOLA.ORG







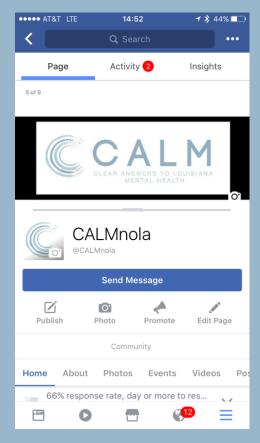








@CALIMnola





Rebranding Our Clinic

PROGRESSING PSYCHOSIS EARLY DETECTION IN 2020







GOAL:

To utilize CALM, a psychosis early detection program, to increase the number of inquiries about psychosis and increase the number of referrals to treatment for young people first experiencing psychosis.

Multi-Media Outreach

- Data Analytics
- Tracking Hits

Detailing to target demographic

- Social venues
- Schools
- Healthcare service providers

Engagement with Key Stakeholders

- Educational leaders
- Spiritual leaders
- Law Enforcement

Gathering data from all levels of outreach



Gathering data from calls that are received and referrals made



Assessing Pathways to Care for patients coming in for treatment

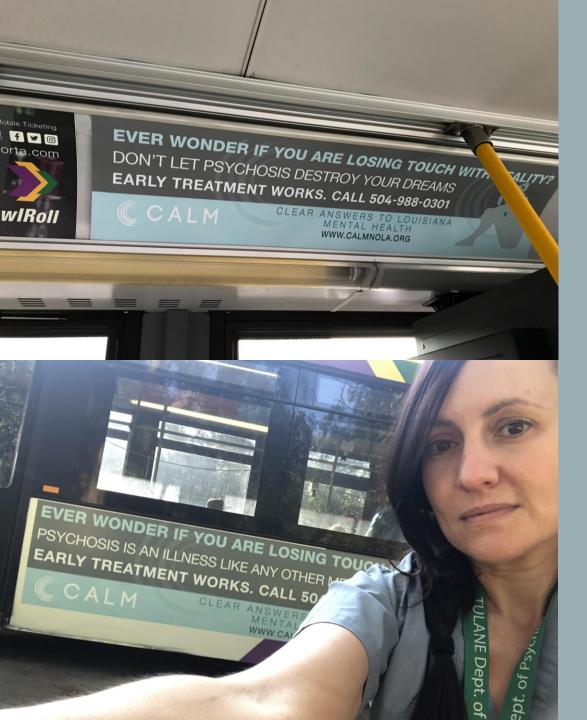
COMMUNITY OUTREACH

- 4 focus groups at EPIC-NOLA
- 3 Townhall meetings
 - Intersections between psychosis and:
 - Spirituality
 - Education
 - Law enforcement
- We have had tables at multiple health events
- We held large Mardi Gras event, detailing to hundreds



POTENTIAL IMPACT ON SELF-REFERRALS

Overall EPIC-NOLA Referrals						
	Baseline as of Dec 2019	Q1 (Jan/Feb/March)	Q2 (April/May/June)			
Total Number Referrals		36	34			
Number Self Referrals		6	9			
Number of Self Referrals/CALM		2	6			
Percentage Self Referrals	11.00	16.6666667	26.47058824			
Percentage Self Referrals from CAL	1.00	33.33333333	66.6666667			



PRELIMINARY RESULTS: MASS MARKETING

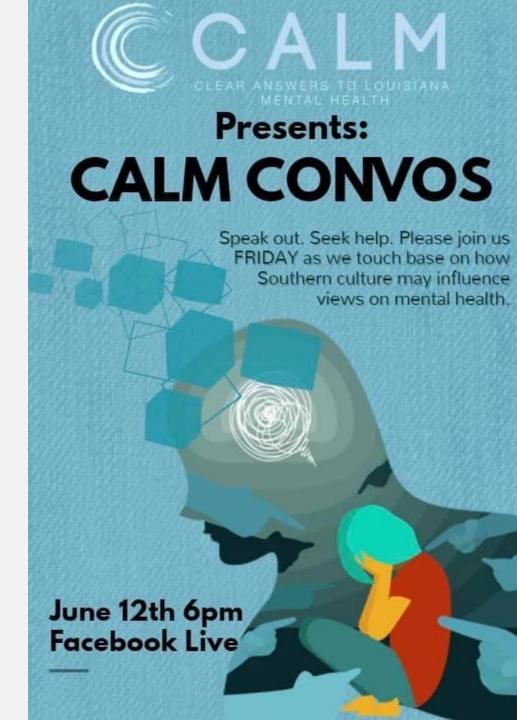
ONE referral received from bus ad running in Gentilly. He was riding bus, and he saw the bus interior. Is currently an EPIC-NOLA patient, Bipolar | Disorder



OUR YOUNGEST CALM AMBASSADOR (MY DAUGHTER) OUTSIDE OF THE BUS SHELTER

PRELIMINARY RESULTS: SOCIAL MEDIA

- Instagram
 - As of Jan 1, 2020: 200 followers
 - As of June 30, 2020: 323 followers
 - This is an increase of ~62%
- Facebook
 - As of Jan I 2020→300 page likes
 - As of June 30, 2020 → 665 page likes
 - 70% women, 28% men, 345 likes from New Orleans
 - Majority 35-44 yr old age group ~30%
 - Followed by 25-34 year olds ~20%
 - In the last 28 days
 - 261 new page views
 - 5379 Page Reach



ADDITIONAL SOCIAL MEDIA INSIGHTS

- Increase online relationships with psychosis social media influencer
- When these groups follow us, our content is then visible to their followers.
 - Initial connections to psychosis social media influencers: I
 - SchizophrenicNYC (22.3 K followers)
 - Connections to social media influencers as of June 30, 2020:
 - Examples:
 - Schizophrenia Awareness (7106 followers)
 - PsychosisPsositivity (1392 followers)
 - Students With Psychosis (3272 followers)
 - LivingWellWithSchizophrenia
 - TellMyStoryNYC (2651 followers)
 - Cecilia Anne McGough (5530 Followers)







HELPING LOUISIANA BETTER UNDERSTAND & TREAT PSYCHOSIS

First episode of psychosis

Identification of illness

Help-seeking

Referral or enter care at an early intervention clinic

Engage with EPIC-NOLA

Goals:

- 1. Shorten DUP
- 2. Decrease help-seeking episodes



THANK YOU

AWEISS3@TULANE.EDU

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