

Early intervention for psychosis services

An opportunity to promote recovery amid concerns on health care sustainability¹

1. McDaid, D. et al. PSSRU LSE. (2016)

Psychosis

Psychosis is a mental health problem, manifested through eg, schizophrenia, causing people to perceive things differently from those around them. This might involve hallucinations or delusions. Early intervention in psychosis is a clinical approach to those experiencing symptoms of psychosis for the first time.²

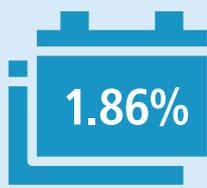
2. Schizophrenia society of Canada. Available at: www.schizophrenia.ca/learn_more_about_schizophrenia.php March 2017.

Schizophrenia affects 21 million people worldwide and 352,000 people in Canada (1-1.5% of population).^{1, 3, 4} It has a huge impact both on the individual affected, their families and society. In Canada, it's responsible for:



0.98% of all disability adjusted life years (DALYs)⁵

1. McDaid, D. et al. PSSRU LSE. (2016)
3. World Health Organization. 2016. Schizophrenia factsheet. Available at: www.who.int/mediacentre/factsheets/fs397/en/ Last accessed March 2017.
4. Countries in the world by population 2017. Available at: www.worldometers.info/



1.86% of all years lived with disability (YLDs)⁵

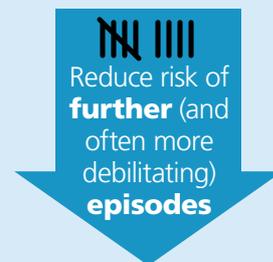
5. Institute for Health Metrics and Evaluation. 2015. Global Health Data Exchange. Available at: ghdx.healthdata.org/gbd-results-tool Last accessed March 2017.



1.1% of national health expenditure⁶

6. Charrier, N. et al. URC Eco. (2013) world-population/population-by-country/ Last accessed March 2017.

Early intervention (EI) to support people with psychosis can help to:¹



...as well as social and functional outcomes, such as completing education and staying in employment

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Whilst there is limited availability of EI psychosis services across Europe, Canada has good availability of services. However, some programmes lack essential administrative and organisation elements¹

- A key challenge is lack of funding
- Funding may be linked to research and time limited
- Programmes are not always fully staffed or implemented
- Basic variation in services is offered by programmes – limited availability of educational, employment or physical health related offerings

Key:

- Little or no provision of services
- Some services but limited coverage
- Multiple services available

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FACILITATING SERVICE DEVELOPMENT LOCALLY: 10 RECOMMENDATIONS¹

Healthcare system change



1. Pilot evaluation of different EI models, taking account of different system infrastructure.



2. Encourage collaboration with primary care services.

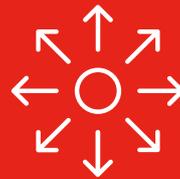


3. Modify payment mechanisms to encourage development of EI services.

Service planning



4. Innovation in planning eg, developing predictive modelling tools.



5. Strengthen and utilise evidence on cost effectiveness of EI.



6. Beyond benchmarking: action to encourage fidelity in implementation.

Widening access and coverage



7. Widen service-user access to over 40s and under 18s.



8. Broaden focus of service provision to cover social functioning.



9. Co-locate or host services in less stigmatising surroundings.

Communication



10. Identify champions to raise awareness of evidence demonstrating the effectiveness of EI services.

1. McDaid, D. et al. PSSRU LSE. (2016)

