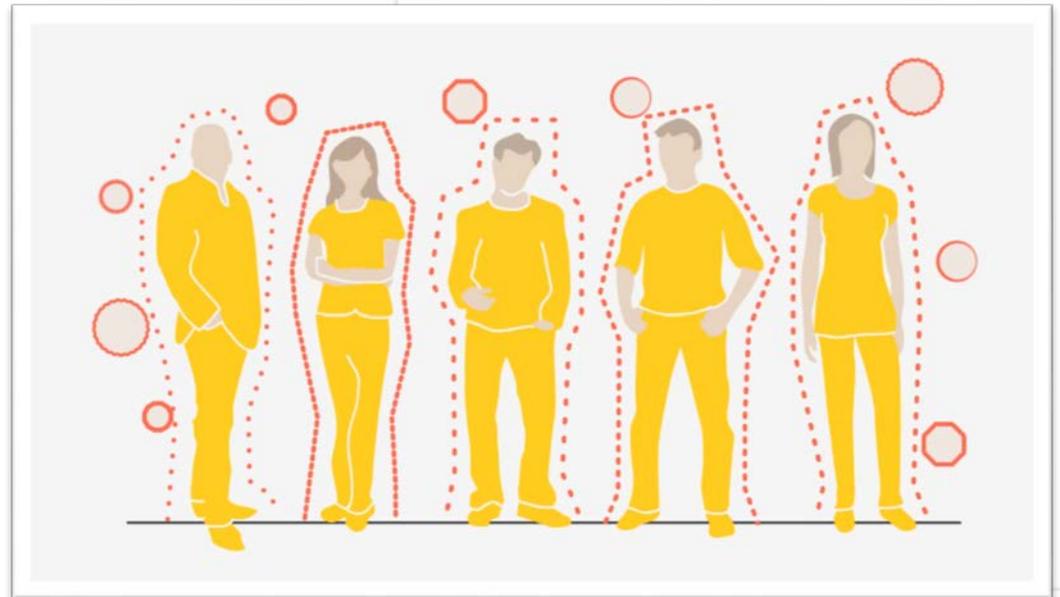


Early Intervention in Psychosis: Introduction and Justice System Intersections

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Introduction

Experience

- Stanford University
- State of California, Prevention & Early Intervention program
- Felton Institute, early psychosis evaluation & QI director
- NASMHPD/SAMHSA & state-level training, technical assistance & consultation

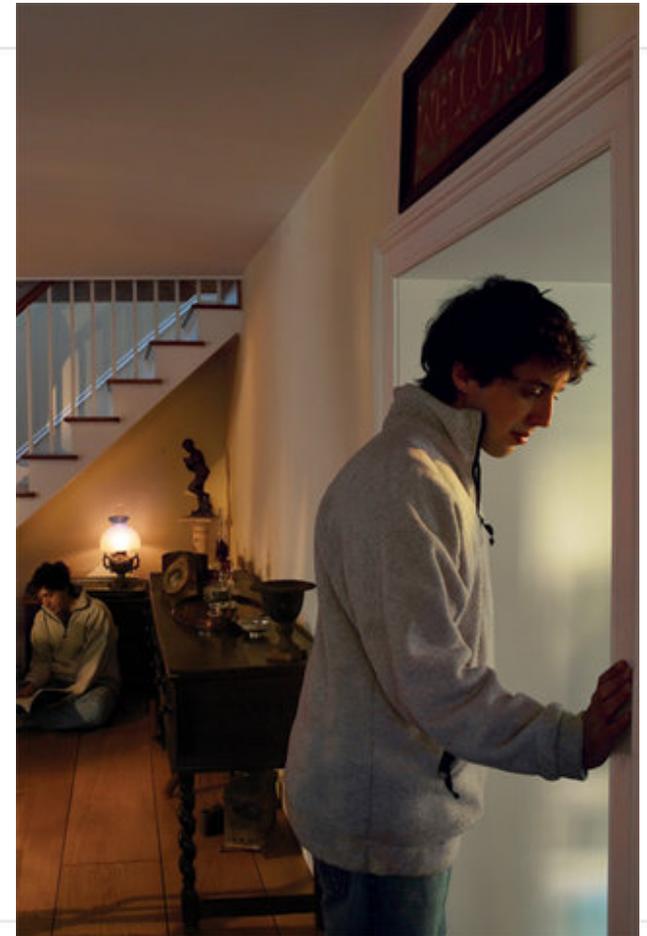


Agenda

1. Setting the stage: Why early psychosis –justice system intersections matter
2. Strategies
 1. Earl(ier) detection
 2. Specialized early psychosis services
 3. Strengthening existing systems

But First... Psychosis?

- Variety of symptoms:
 - Hallucinations
 - Unusual beliefs
 - Paranoia, persecution
 - Changes in perceptual experience
 - Derealization/'unreality'
 - Dissolution of self-other boundaries
 - Bizarre or disorganized behavior
 - Affective changes
- Prodrome to first episode
 - Symptoms may be transient, subtle, episodic
 - Intact insight
- *Psychotic symptoms cut across all major diagnoses*



Early Psychosis & Justice Involvement

Early psychosis over-represented in the CJ system

- 57% of an Atlanta/DC first episode psychosis sample previously incarcerated (Broussard et al., 2013)
- 37% incarcerated between initial onset & first treatment (Ramsay et al., 2011, 2014)
- Aggression prior to initial treatment
 - UK sample, 20.8% referred to early psychosis services due to physical aggression (Dean et al., 2007)
 - Second UK sample, 38% prevalence of violence in the 12 months before a first episode, 12% causing bodily injury (Coid et al., 2013)



Indirect Intersections

- Single highest risk psychiatric group for:
- Homelessness/housing instability
 - Unemployment/under-employment (>80%)
 - Victimization
 - Reduced morbidity (15-20 years)
 - Includes Hep C, STDs, HIV
 - Suicide
 - Enormous direct & indirect societal costs
 - ~165 billion direct (welfare & services)
 - Indirect = family burden, lost economic productivity



Predictors

- **Familiar Patterns** (Jones et al., 2017):
 - **Violence/aggression in FEP associated with:**
 - Family housing instability
 - Foster care
 - Removal from family home for neglect
 - Past sexual abuse
 - Substance use
 - Gender (male)
 - Race (African American)
 - *Mediated by disadvantage*



Role of Symptoms

- Violence in FEP mediated by anger stemming from: (Coid et al., 2013)
 - Persecutory delusions
 - Belief that one is being spied on
 - Conspiracies
 - *Also predicated by social & neighborhood disadvantage*
- Non-violent offenses
 - Derealization
 - Loss of social context
 - Bizarre beliefs/behaviors



Narratives of Intersection

I was on heroin—on dope and heroin. Pile of cocaine, alcohol. Early years I was in a gang. I got into trouble. I've been in jail. They gave me a choice. Go to the military or face somethin' else. At that time they had the draft. I went into the military.. Sold up for about six months before the United States started pullin' out. I came back home. I was on leave and I got into trouble. They came and got me and locked me up. I stayed locked up for about nine months. Then I started havin' problems. My mother, she was a heroin addict. I had a problem with her 'cause people wanna take advantage of her. That's where most my problems start. They pissed me off 'bout my mother. I started stickin' up, stealin' to start supplyin' my mother's heroin so she wouldn't have to go out there in the streets. ...All that's to say is that I never had no chance [coughing] to life—[no] childhood or life. Then I committed a robbery. I went to state bill. I was in a state bill for about nine months. Then I got news that my mother had OD'd and died. The administration program warden, security warden they denied me to go to the funeral 'cause my gang affiliation and the influence I had in the cell house. Two days later this—call it the chow hall, mess hall. It was a dining room. The lieutenant that walked up to me walkin' down the aisle lookin' at me laughin'. He's the one that recommend that I shouldn't go. If he say yes, I would go 'cause he had a lot of the influence at the administration. He walked up to me and said, "I'm sorry but I couldn't let you go." With a smile on his face. I ain't see nothin' that was so funny. They have a stick with plastic spoon, knife and fork. I pick up the plastic knife and stuck it in his neck. I meant to find him. I stayed up for about four months. The state pressed charges. I was goin' back and forth to court. They found me not guilty of reasonable insanity. They took me out of the corrective system, put me in another hospital. I come out. I didn't have nothin' to go to. No family.

INTERVIEWER: Were voices involved?

When the lieutenant was talking to me, my mother was talking to me too. See what I'm sayin'? I think if I wouldn't had heard voices I probably wouldn't have stabbed him. My mother said, "He no good. He no good. Do somethin' to him." I couldn't take it. I had to pick up and stab him in the neck. I feel bad about it. I try to put it behind me. I try to move on. I try to not let it interfere in my recovery.

Early Psychosis & Justice Involvement cont'd

Does treatment make a difference?

- Rate ratio of homicide in untreated FEP 15.5 times the annual rate of homicide after treatment (Nielsen & Large, 2010)
- Significant reductions in substance abuse (Archie et al., 2007)
- Reduced criminal accusations & suicide attempts (Randall et al., 2016)



Strategies

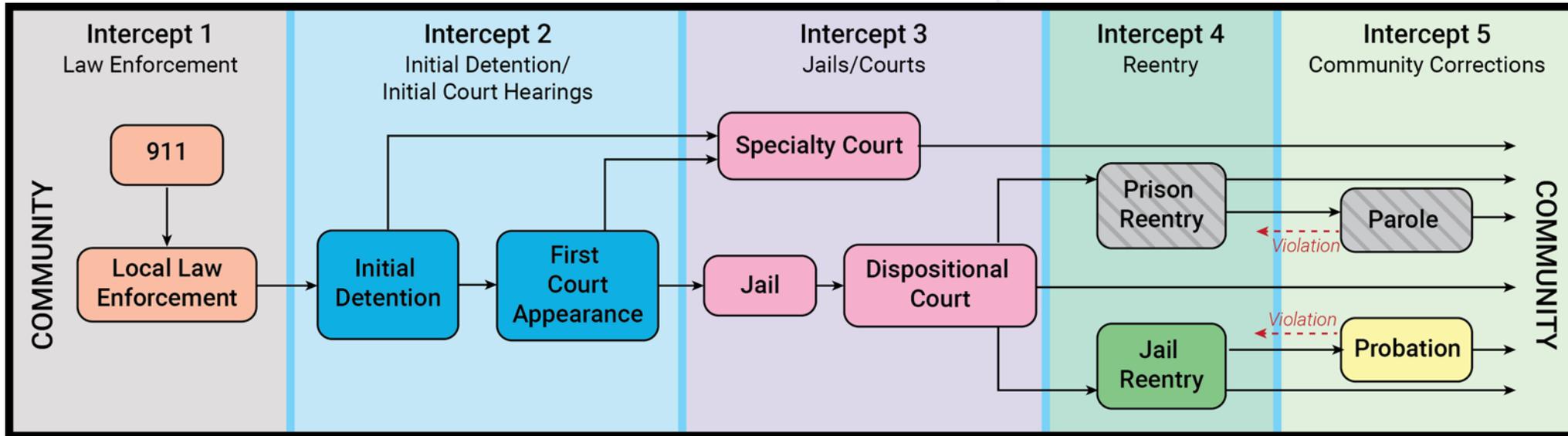


1. Detection

- Screening
 - Prodromal symptoms (Prodromal Questionnaire, Brief Version; Yale PRIME Screen)
 - Universal or targeted screening
 - Early psychosis
 - Auditory hallucinations/voices
- Awareness
 - Community members
 - Schools
 - Police force
 - Child welfare
 - Youth organizations



Detection Intercepts



SAMHSA's GAINS Center. (2013). *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model* (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

Detection

- Principles of Engagement
 - Reducing shame
 - Depathologizing
- Addressing power dynamics
- Baker Act diversion/minimization & post-vention



2. Specialized Early Intervention Services

Usual Services

Lengthy wait to access services

Fragmented care

No/minimal family support

Disability must be established to access most services

No access to supported education/employment (SEE)

Staff with minimal training in psychosis

Early Intervention

Rapid access

Comprehensive coordinated services

Extensive family support components

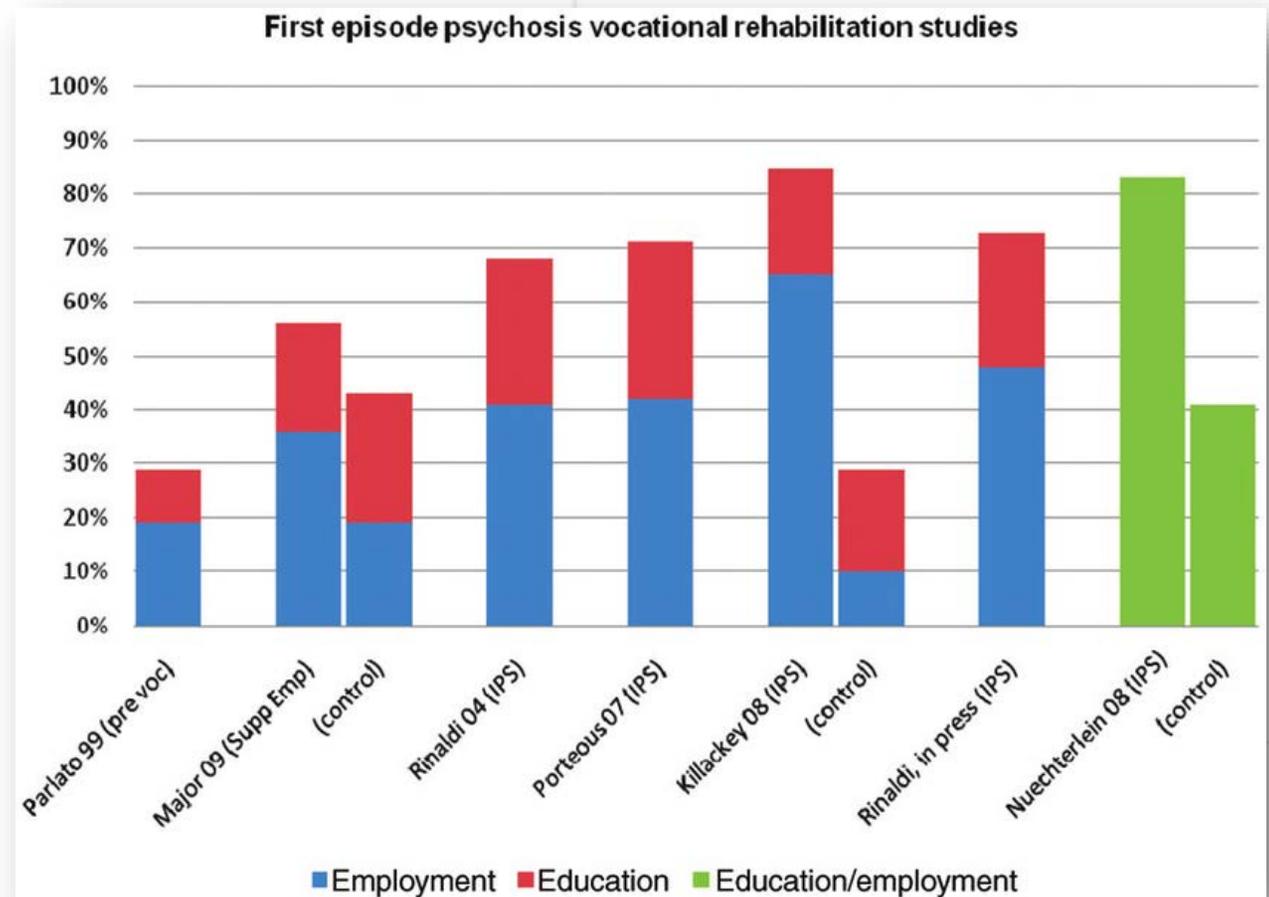
Intensive services provided for any early psychosis client

SEE from service outset

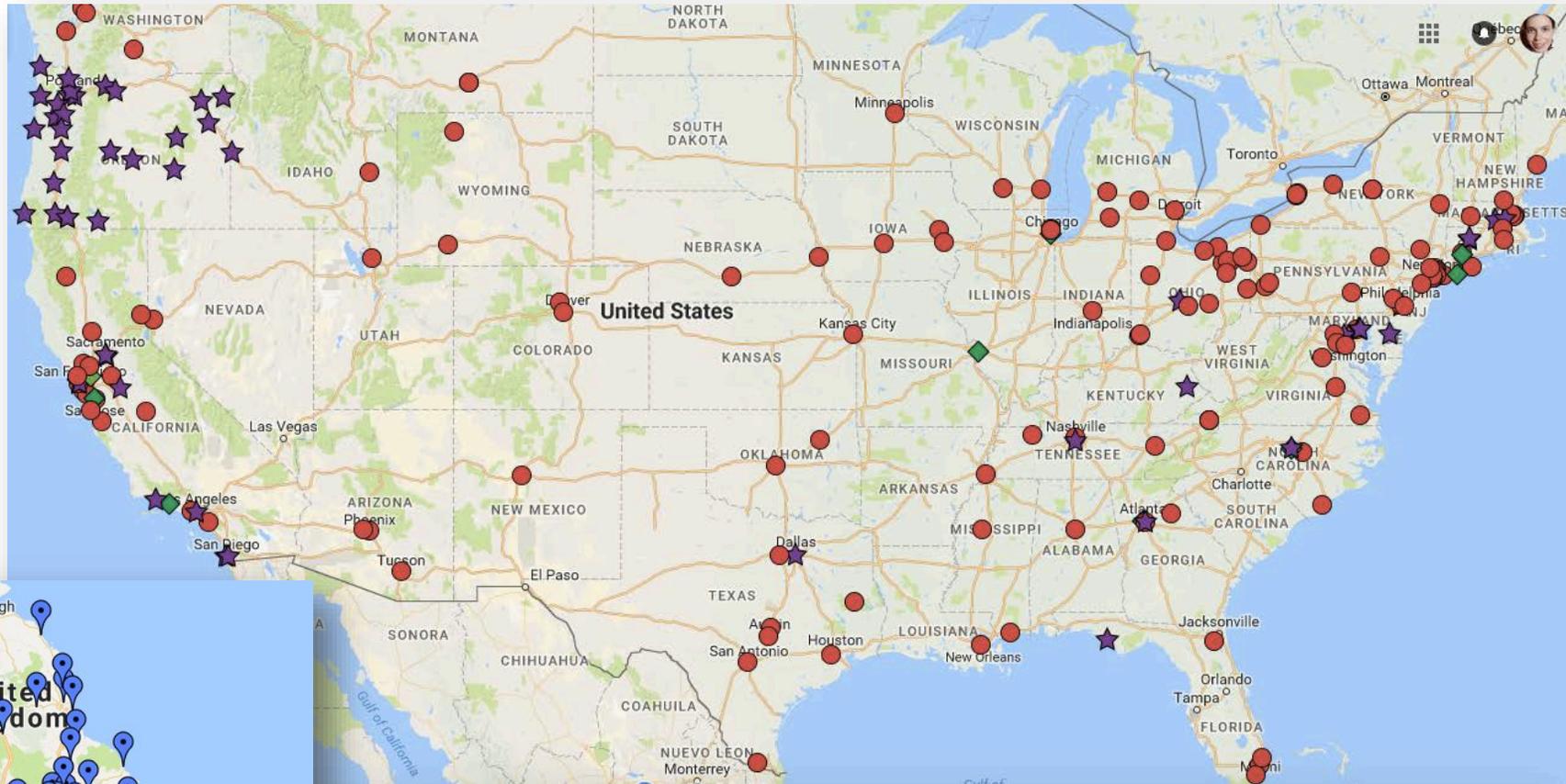
All staff receive intensive training in psychosis-focused interventions

Impact

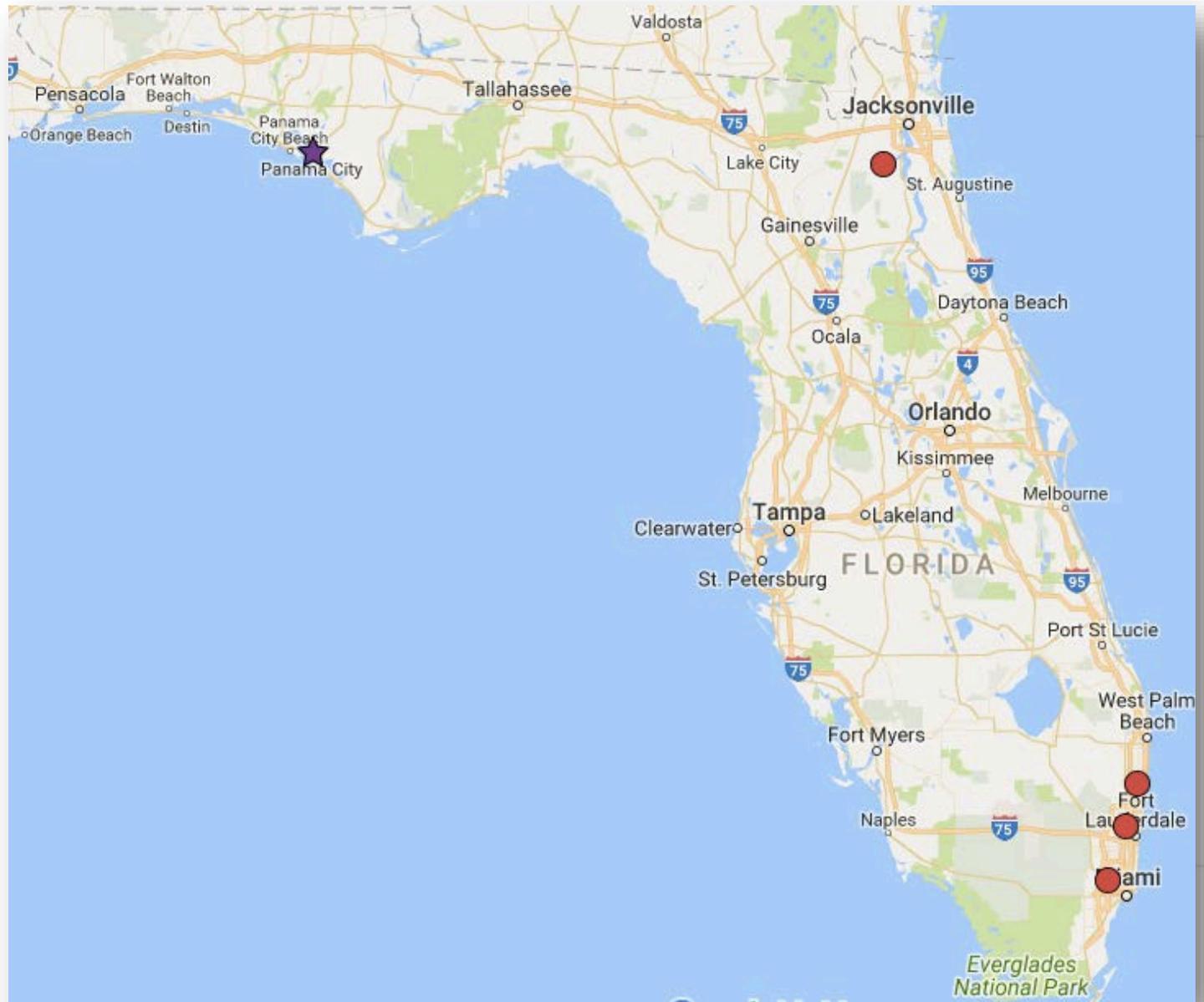
- Significant improvements in:
 - Service engagement
 - Relapse
 - Global functioning
 - Substance use
 - Physical health
 - Independent living
 - Work/school outcomes



National & Intl Landscape

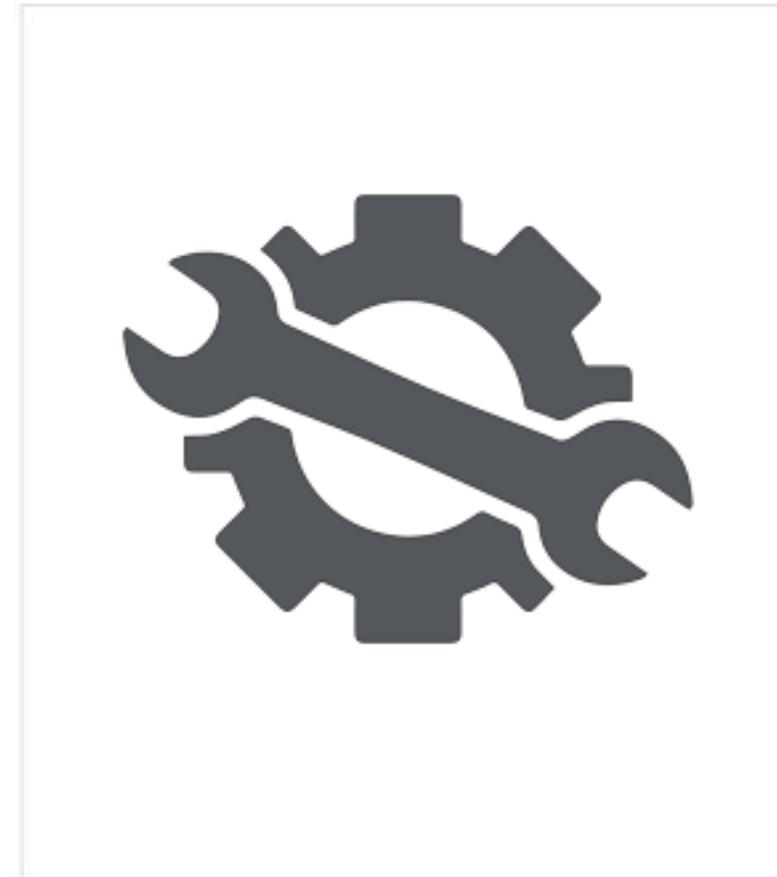


Florida Landscape



3. Improve Existing Services

- **Psychosis-focused:**
 - Trainings & continuing education for providers
 - Includes psychosis-trauma links
 - Academic program requirements
 - Assessment/counseling/therapy in MH & J settings
 - Screening tools



Improving Services

- Virtual consultation center(s)/telepsychiatry
- Resources & supports for
 - Families/foster families
 - Teachers/educators
 - Youth residential facilities

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Questions???

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Select Resources & References

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