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 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
I was on heroin—on dope and heroin. Pile of cocaine, alcohol. Early years I was in a gang. I got into trouble. 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.
Does treatment make a difference?

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

1. Earl(ier) Detection
2. Specialized Early Intervention Services
3. Improve Existing Services
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

- Intercept 1: Law Enforcement - 911
  - Local Law Enforcement
  - Initial Detention/Initial Court Hearings
  - First Court Appearance

- Intercept 2: Jails/Courts
  - Specialty Court
  - Dispositional Court

- Intercept 3: Reentry
  - Prison Reentry
  - Jail Reentry
  - Parole

- Intercept 4: Community Corrections
  - Probation

Detection

• Principles of Engagement
  – Reducing shame
  – Depathologizing

• Addressing power dynamics

• Baker Act diversion/minimization & post-vention
2. Specialized Early Intervention Services

<table>
<thead>
<tr>
<th>Usual Services</th>
<th>Early Intervention</th>
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<tbody>
<tr>
<td>Lengthy wait to access services</td>
<td>Rapid access</td>
</tr>
<tr>
<td>Fragmented care</td>
<td>Comprehensive coordinated services</td>
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<tr>
<td>No/minimal family support</td>
<td>Extensive family support components</td>
</tr>
<tr>
<td>Disability must be established to access most services</td>
<td>Intensive services provided for any early psychosis client</td>
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<tr>
<td>No access to supported education/employment (SEE)</td>
<td>SEE from service outset</td>
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<tr>
<td>Staff with minimal training in psychosis</td>
<td>All staff receive intensive training in psychosis-focused interventions</td>
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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
Questions???
Select Resources & References


