

# POSITION ON THE IMPLEMENTATION OF EARLY INTERVENTION PROGRAMMES IN PSYCHOSIS



# THE IMPORTANCE OF EARLY INTERVENTION IN PSYCHOSIS: THE SITUATION IN SPAIN/DUE TO IMPLEMENTATION IN SPAIN

One in four people will suffer from some form of mental health problem at some point in their lives. In its green paper, the European Commission called for the need to make mental health a strategic priority for all countries. The World Health Organization (WHO) and the International Early Psychosis Association (IEPA) recommend the suitability of an early and preventive approach targeting high-risk populations. According to the following facts:

- Psychotic disorders **affect 3% of the population, usually beginning in young people (between 15-25 years of age)**<sup>1</sup>. Aside from the impact on mental and physical health of affected people and also their relatives and caregivers, these disorders involve an annual cost of €94 billion in Europe (including direct and indirect health care costs and expenses for temporary inability to work)<sup>2</sup>.
- The people providing care to these young people must be considered a key element in a comprehensive therapeutic approach for psychotic disorders, for both their supporting role in treatment and the high risk of suffering from some form of mental disorder.
- In most cases, symptoms appear **gradually and slowly**, which makes early detection possible<sup>3-4</sup>. Nevertheless, at present, **two years** may pass between onset of early symptoms and initial treatment contact<sup>5</sup>.

**Reducing the period** that elapses between onset of early symptoms and initial treatment contact contributes—as repeatedly shown—to faster recovery, a better prognosis, less cognitive and functional impairment, better psychosocial development, less disruption to studies and/or work activities, as well as an increase in life expectancy<sup>6-13</sup>.

- Numerous studies based on the experience of early intervention programmes in countries such as Australia, Denmark, the United States, Italy, Norway and the United Kingdom, as well as isolated initiatives in Cantabria, Catalonia, Valencia, Madrid and Basque Country, have shown its **efficacy, efficiency and health care and social cost savings**<sup>14-17</sup>.
- More than 200 entities all over Spain have declared in Proyecto VOZ that **medical and psychotherapeutic treatment and rehabilitation programmes come too late for 1 in 3 people with schizophrenia**<sup>18</sup>.
- **Insufficient investment and political support for the prioritisation of mental health** and, in particular, in relation to young people, despite the commitments made through the WHO Helsinki Declaration and Action Plan (2005), European Pact for Mental Health and Well-being (2009) and Strategy in Mental Health of the National Health System (2009-2013).

The Spanish Association of Child and Adolescent Psychiatry (AEPNyA), Madrid Association of Friends and Relatives of People with Schizophrenia (AMAFE), Biomedical Research Centre for Mental Health Network (CIBERSAM), Spanish Mental Health Confederation, Spanish Society for Health Managers (SEDISA), Spanish Society of Psychiatry (SEP) and the Spanish Society of Biological Psychiatry, as well as Movimiento Rethinking, present the following proposal for the:

## IMPLEMENTATION OF EARLY INTERVENTION PROGRAMMES IN PSYCHOSIS

### STARTING POINT

In order to implement—in a sustained manner over time—the necessary measures for promotion, prevention and improvement of health and social care in early intervention in psychosis, it is essential for the Spanish Government to settle the historical debt arising from the breach of agreements signed in the WHO Helsinki Declaration and Action Plan (2005), European Pact for Mental Health and Well-being (2009) and Strategy in Mental Health of the National Health System (2009-2013). In this context, we believe that priority should be given to providing the necessary resources to the following measures: necesarios a las siguientes medidas:

### 1 FOR THE PREVENTION AND DETECTION OF PSYCHOSIS IN ITS EARLY STAGES

- 1.1. Implementation of **Training Programmes for the Prevention and Early Detection of Psychosis**: awareness campaigns in the media and social networks in language that children and young people can easily understand (involvement of leaders in sports, cinema and music, mobile phone software, video games, etc.) and addressed to them, their relatives and education, primary care and social service professionals.
- 1.2. Increase in **knowledge** of mental disorders in terms of diagnosis, early detection and referral among **primary care professionals**, including updating and distributing clinical guidelines at these centres.
- 1.3. Ensuring a direct link and ongoing coordination between primary care professionals and mental health services.
- 1.4. Promotion of mental health activities in educational services.
- 1.5. Including a more comprehensive and regular evaluation of different parameters in the state of mental health of boys, girls, adolescents and young people, as well as social perception of mental health and evaluation of stigma in the Spanish National Health Survey (ENSE) of the National Statistics Institute (INE).

## 2

## TO IMPROVE HEALTH CARE FOR PSYCHOSIS IN ITS EARLY STAGES

- 2.1.** Creating and launching **specific programmes for people with first-episode psychosis** and their close relatives or caregivers, run by multidisciplinary teams of psychiatrists, clinical psychologists, mental health clinical nurse specialists, occupational therapists, pharmacists, social workers and other professionals involved in mental health, in coordination with primary education centres, secondary schools, vocational training centres and associations of affected people.
- 2.2. Ongoing training for mental health professionals to provide personalised and flexible care adapted** to the needs of people with the first psychotic episode. Ensuring a non-restrictive view of the concept of the first episode - which is sometimes mistakenly considered to be synonymous with schizophrenia - whereas in fact it could apply to all psychotic disorders.
- 2.3.** Ensuring an **integrated, intensive and individualised treatment** with the involvement of the entire treatment team, including the affected person and their family, with regular meetings for shared decision-making regarding the treatment plan.
- 2.4.** Ensuring psychosocial and medical treatment compatible with the **life plan** of the people with psychosis.
- 2.5. Coordination** of social services with health care, education and other services related to care for boys, girls and adolescents with early symptoms or psychotic episodes.
- 2.6. Paying attention to the families' needs**, making workshops on psycho-education, individual and family counselling and mutual support groups at mental health centres and other settings widely available.
- 2.7.** Developing these programmes in physical environments with the technological resources for care adapted to the characteristics of young people, far from the traditional medical model.
- 2.8.** Ensuring quick access to mental health programmes for both initial contact and follow-up, always guaranteeing continuity of care.
- 2.9.** Particularly guaranteeing care during the transition to adult life for people who develop any symptom in childhood/adolescence.
- 2.10.** Setting up and encouraging home care, bearing in mind the structure and workings of the family environment, and the patient's degree of symptomatic and psychosocial severity.

**2.11.** Creating personalised career paths that favour **non-discrimination in the workplace**.

**2.12.** Creating an **evaluation board (at the national and regional level)**, involving the different authorities, associations of affected people and relatives, as well as leading mental health professionals, **to regularly monitor** application of the measures for prevention, early-stage detection and care.

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