Introduction:

Psychosis is identified late

• On average, young people are psychotic for approximately 1.5 years before receiving appropriate treatment.1

• Within the first year of illness, youth experiencing psychosis are 12 times more likely to commit suicide than the general population.2

Could Primary Care Play a Larger Role in Early Detection?

• Primary care physicians (PCP) are well positioned to identify emerging serious mental illness because they typically know patients over years or even their lifetimes. They also may be more likely to know the family and family histories of mental illness.

• Prior efforts have shown promise.

• Screening for psychosis would also detect risk for a myriad of serious mental health issues, as even those who do not develop psychotic disorders have increased rates of comorbid behavioral, mood, anxiety, and cognitive disorders, self-harm, and suicide.3

• In a recent analysis from New Zealand of PCP’s attitudes and perspectives regarding screening for serious mental illness (n=140), 94% supported a shared care role with mental health services; 57% considered their role as main case manager to be important.4

Barriers

• Primary care providers, particularly adolescent providers, often have little training in psychopathology.

• Initial symptoms are either private or too mistakable as part of more common developmental disorders or problems.1,2

• 79% of the general practitioners in the study mentioned above expressed they had “insufficient time to manage patients with mental disorders.”4

Aims:

• To highlight a landmark model for psychosis detection in primary care.

• To consider whether the time is right to refocus early detection efforts on psychosis in primary care offices

The Buckingham Project

• Researchers from the United Kingdom in the mid-eighties investigated the efficacy of an integrated care model which involved a direct relationship between the PCP and a mental health professional in several primary care offices.

• They developed a 10 question screening tool to help PCPs screen for emerging psychotic disorders (Figure 1)5

• Individuals who screened positively on the 10-QS would receive an immediate evaluation by the mental health professional working with the PCP, and would receive follow-up treatment for up to two years or until symptoms remitted.

• In a follow-up study of 18 of the participating primary care offices over a four-year period, the incidence rate of schizophrenia was 75 per 100,000 people compared to an historical incidence estimate of 7.4.5

Study 1 Pathways to Care:

• In the Boston Center for Intervention Development and Applied Research study (www.bostoncoar.org), adolescents and young adults at clinical high risk (CHR) or in a first episode schizophrenia (FES) were interviewed about their initial concerns and help-seeking contacts and pathways.

• As can be seen in Figure 2, when asked “When you other people were FIRST concerned about you, did you have any problems with the following [concerns]?” the most often reported initial concerns were troubles with sleeping, learning in school, and making friends. All are concerns commonly queried by and reported to primary care.

• However, out of the entire sample (n=92), only 1 individual went to a PCP at the time of these initial concerns and 13 (14 %) when specifically help-seeking for changes in mental health or concerns about possible psychosis.

Discussion:

• In spite of a promising historical model, screening tool, and research findings for early detection in primary care, PCP’s are surprisingly absent in the help-seeking pathways of New England CHR and FEP youth.

• Increased integration of primary and mental health care may provide the previously missing support for PCP’s and increase the likelihood or openness to developing psychosis-specific expertise within primary care practices.

• Formal training in and screening for psychosis might enhance early detection and direct referrals from PCP’s to specialized psychosis treatment programs.

• It will be important to have population-based normative data for psychosis screens in adolescents and young adults, the age of peak psychosis onset.

References:


