



# Screening for psychosis in primary care: a new frontier for early detection and intervention?



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## Introduction:

### Psychosis is identified late

- On average, young people are psychotic for approximately 1.5 years before receiving appropriate treatment.<sup>1</sup>
- Within the first year of illness, youth experiencing psychosis are 12 times more likely to commit suicide than the general population <sup>2</sup>

### 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.<sup>3</sup>
- 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.<sup>4</sup>

### Barriers

- Primary care providers, particularly adolescent providers, often have little training in psychosis.
- Initial symptoms are either private or easy to mistake as part of more common developmental problems or disorders.<sup>1,2</sup>
- 79% of the general practitioners in the study mentioned above expressed they had "insufficient time to manage patients with mental disorders."<sup>4</sup>

## Aims:

- To highlight a landmark model for psychosis detection in primary care.
- Examine the role of primary care in the help-seeking pathways of New England youth at risk for or in a first episode of psychosis (FEP)
- To consider whether the time is right to refocus early detection efforts on primary care settings, and if so, pose strategies for overcoming barriers.

## 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)<sup>5</sup>
- 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** <sup>5</sup>

Figure 1:

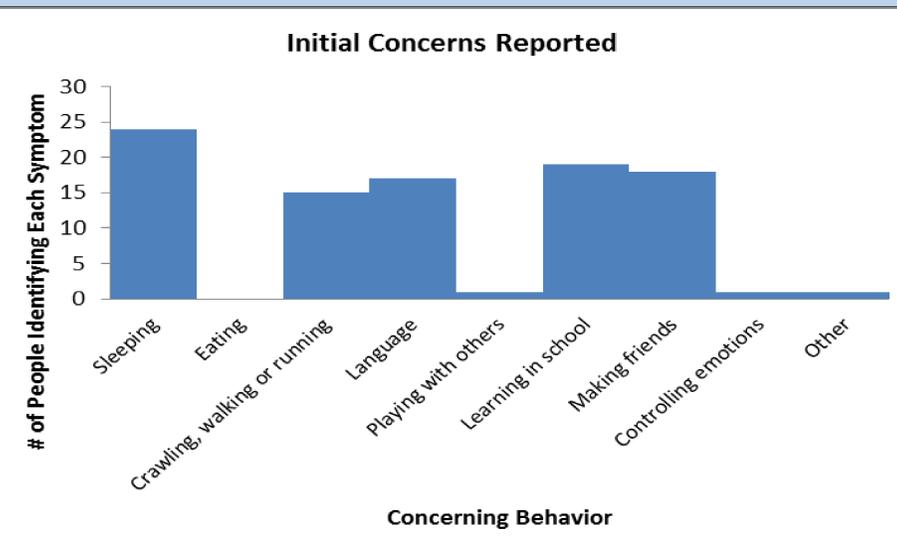
Table 1. A 10-question screening (10-QS)

- How have you been sleeping in the past week? Any difficulties getting to sleep? Waking early?
- Have you lost your appetite recently? Weight loss of 2 or more kilograms?
- Have you experienced loss of energy or interests recently?
- Have you been worrying a lot about everyday problems?
- Have you had difficulty concentrating on reading or watching television? Have you been more forgetful than usual?
- How do you see the future? Do you ever feel that life is not worth living? Have you ever felt you would like to end it all?
- Have you any odd habits, like checking or cleaning more than other people?
- Do you ever have attacks of palpitations, sweating, shaking, or dizziness accompanied by feelings of intense fear?
- Has anybody commented that your speech has become odd or difficult to understand?
- Have you ever had the experience of hearing people's voices speaking when nobody seems to be around?

## Study 1 Pathways to Care:

- In the Boston Center for Intervention Development and Applied Research study (www.bostoncidar.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.

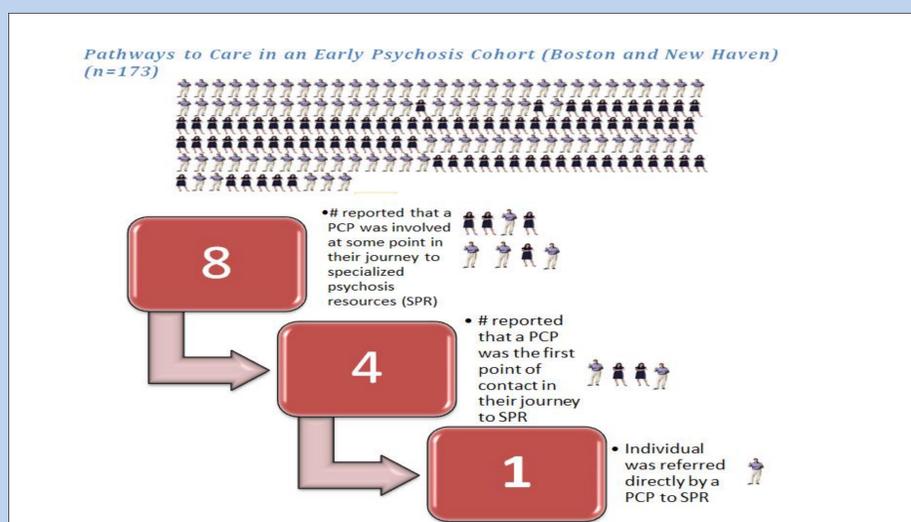
Figure 2:



## Study 2 Pathways to Care:

- In an ongoing study testing a comprehensive model for reducing the duration of untreated psychosis in New Haven, CT, relative to treatment as usual in Boston, MA,<sup>6</sup> patients of FEP programs in each city were systematically interviewed about all help-seeking episodes prior to referral or presentation to two specialized psychosis programs.<sup>6</sup>
- Extensive histories were collected about the people from whom help was sought (e.g., mental health professionals, teachers, or general medical professionals), their helpfulness, and their role in referring the participants to specialized psychosis resources (SPR).<sup>6</sup> (Figure 3)

Figure 3:



## 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

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