Clinical Staging and Stepped Care: Lessons from early psychosis to youth mental health services

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Stepped Care in Early Psychosis and YMH: Lessons Learned

- **What is stepped care?**
  - “Getting the right treatment to the right patient at the right time”
  - “Matching treatments to needs”
  - “A system of delivering health technologies so that the most effective yet least resource-intensive treatment is delivered to patients first” (Richards et al, 2012)
  - Relies on ‘least burden’ and ‘scheduled review’

- **Stepped care is**
  - Valuable (in theory)
  - But requires careful implementation (in practice)
Clinical Staging and Stepped Care

- A starting point for discussion

- Infrastructures represented
  - PEPP-Montréal: a specialist center of excellence
  - ACCESS Open Minds: community youth mental health settings

- Lessons learned: Stepped care infrastructures for youth mental health should consider...
  - The natural course of mental health symptoms and presentations in youth
  - The need for a culture of robust measurement-based care
  - What “stepped care” is being provided for
  - How steps of care are organized and provided
  - The diversity of settings and contexts within a health system

- Conclusions
INFRASTRUCTURES:
From early psychosis (PEPP-Montréal) to youth mental health (ACCESS Open Minds)
Early Intervention in Psychosis: The ‘Critical Period’

- Early signs/symptoms last months-years
- Specific focus on youth
- Delays in treatment are problematic
- Developmentally-aware, phase-specific treatment

(Birchwood et al 1998)
Clinical Staging and Stepped Care: PEPP-Montréal

- Internationally recognized clinical research infrastructure for the early phases of psychotic illness
  - Catchment area of 350,000 in southwest Montreal
  - All youth aged 14-35 with early psychosis
  - 80-90 new clients/year, followed for 2y of continuous CHR or FEP treatment
  - Early identification: community-based outreach activities
  - Rapid access: <72h to initial assessment, open referrals
  - Appropriate care: phase-specific treatment
  - Continuity in care: no age-based transitions
  - Goal of youth and family engagement

- Iterative measurement → service transformation → measurement

- 2y versus 5y? Guidelines versus recent evidence
Stepped Care at PEPP-Montréal

Clinical High-Risk
- Case Management (optional)
- Medications (not antipsychotics)
- Family services
- CBT
- IPS
- Groups

First Episode Psychosis:
- Case Management
- Antipsychotic + other medications
- Family services
- CBT
- IPS
- Groups...
ACCESS Open Minds

- Most mental illness begins in youth
- The challenge: Ensuring that Canadian youth truly receive the right care, at the right time, in the right place
- Little is known about what approaches work, especially for youth in Canada
- A national research and evaluation network transforming youth mental health care across Canada through:
  - All youth seeking help for mental health difficulties
  - Youth 11-25 years old; high-quality, timely, appropriate care
ACCESS Open Minds Service Sites:

A: Ulukhaktok, NT
B: Edmonton, AB
C: University of Alberta, AB
D: Sturgeon Lake First Nation, SK
E: Chatham-Kent, ON
F: Puvirnituq, QC
G: Cree Nation of Mistissini, QC
H: Dorval-Lachine-LaSalle, QC
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J: RIPAJ-Montréal, QC
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Stepped Care at ACCESS Open Minds

- No ‘one size fits all’ stepped care model
- Diverse sites/contexts, from small rural communities to major urban centers
- Instead, adherence to core principles that interface with stepped care
ACCESS Open Minds: Model of Service Transformation

- Transforming from within, not creating parallel systems of care
- Transformation is different in each context, yet addresses ACCESS OM objectives
ACCESS Open Minds: Staffing and Service Components

ACCESS Clinicians/ACCESS Youth Workers

- Integrated Youth Space
- Existing local youth mental health service
- Research and Evaluation Staff
- Engagement, Targeted Outreach, Specific Programming

ACCESS Clinician

- Accessible by phone, text, or drop-in
- Registered professionals from mental health backgrounds (SW, RN, OT etc)
- Dedicated to providing mental health assessments within 72 hours of help seeking by youth
- Provide support to youth while they await access to another service if required
- Flexible and youth-friendly, and can meet youth outside of the service space
LESSONS
The fundamental issue:

Effective stepped care relies on knowing where individuals lie along a continuum of illness.
Stepped care infrastructures for youth mental health should consider...

_The natural course of mental health symptoms and presentations in youth_
1. The natural course of mental health symptoms and presentations in youth

- Symptoms change week over week
- Many potential clinical endpoints
Undifferentiated Mental Health Difficulties

Early Distress, Symptoms

YMH Services

Specific CHR States

Psychosis CHR State

Conversion

First Episode Psychosis

Serious Mental Illnesses

Specialized Services

Increasing severity, distress, differentiation, impaired functioning

Shah et al, 2017
Undifferentiated Mental Health Difficulties

Early Distress, Symptoms

YMH Services

General At-Risk Stage

Sub-threshold Symptoms:
- Anxiety
- Bipolar
- Depression
- Psychosis
- Etc

Conversion

Increasing severity, distress, impaired functioning

Serious Mental Illnesses

Specialized Services

- OCD
- Bipolar Disorder
- Severe Depression
- First Episode Psychosis
Early Distress, Symptoms

**YMH Services**

**Undifferentiated Mental Health Difficulties**

- Anxiety CHR State
- Bipolar CHR State
- Depression CHR State
- Psychosis CHR State

**Conversion**

**Specific CHR States**

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**Serious Mental Illnesses**

**Specialized Services**

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**Increasing severity, distress, impaired functioning**
1. The natural course of mental health symptoms and presentations in youth

- Diagnosis-specific care may hinder needs-based care
Stepped care infrastructures for youth mental health should consider...

The need for a culture of robust measurement-based care
2. The need for a culture of robust measurement-based care

- **Service Planning**
  - Strengths-based planning process, tools, and ongoing support that builds on a community's existing resources to transform youth mental health services

- **Service Delivery**
  - Staffing model, service delivery framework, and training to provide youth with an initial assessment within 72 hours of seeking help, and if needed, referral to external services within 30 days.

- **Service & Program Evaluation**
  - Assessment toolkit that provides real-time, relevant information at multiple levels: for clinicians and other professionals providing front-line services to youth, for administrators to inform service planning and delivery, and for policy makers to inform ongoing investment.

- **Research & Advancing Knowledge**
  - Data collected through the ACCESS OM project will create a national data set of common indicators that will help fill current gaps in knowledge about what works in youth mental health care in Canada.

- Mental healthcare settings have shied away from measurement-based care
- A shift in culture, not just new tasks
- Requires deep commitment to evaluation alongside service transformation
- Also requires strong capacity (or support) for data analysis and translation
- Furthers ongoing service transformation
ACCESS Open Minds: Staffing and Service Components

- Work in collaboration with the ACCESS Clinician
- Work closely with youth and family members/carers to collect data related to the ACCESS OM Evaluation Protocol
- Integrate this information into the care that the youth receives
- The site team works together to ease transitions of care, if necessary
- The site team also produces reports for service staff and management to ensure responsive service design and delivery
ACCESS Open Minds: Building in Research/Evaluation

- Generating evidence: How and to what extent does service transformation work?
  - Community settings across a range of contexts

- Best-practice:
  - In which contexts are certain aspects of the transformation most beneficial?
  - In which contexts are they not?

- Essential not just for research grants, but for a robust “learning system” of care
Stepped care infrastructures for youth mental health should consider...

*What is actually being “stepped”?*
Stepped Care at PEPP-Montréal

Phase of illness

- Premorbid
- Prodrome
- Acute
- Plateau / Chronic

Onset of illness
First episode
Critical Period
Functioning

Age (years)

5 10 15 20 25 30 35 40 45 50 55 60
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Early Distress, Symptoms

YMH Services

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Conversion

Increasing severity, distress, impaired functioning

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Increasing severity, distress, impaired functioning

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3. What is actually being “stepped”?

- Changing diagnoses?
- Fluctuating symptoms?
- Fluid presenting problems?
- Functioning?
- Other features?
- Requires a consistent (versus impressionistic) approach in order for the system to be cohesive (versus fragmented)
- All require a commitment to measurement
- Especially important to consider if integrating mental health with social services (a common language)
Stepped care infrastructures for youth mental health should consider...

*How steps of care are organized and provided*
4. How steps of care are organized and provided

- What will trigger a ‘step up’ to more intensive care?
- How to manage ’stepping down’ with the potential for subsequent worsening or relapse?
- How to ensure that this is reliable and replicable?
- Will measurement-based care feed into decisions about stepping up or down?
- ‘Stepped services’ or ‘personalized medicine’?
Stepped care infrastructures for youth mental health should consider...

The diversity of settings and contexts within a health system
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- **E:** Chatham-Kent, ON
- **F:** Puvirnituq, QC
- **G:** Cree Nation of Mistissini, QC
- **H:** Dorval-Lachine-LaSalle, QC
- **I:** Parc-Extension, QC
- **J:** RIPAJ-Montréal, QC
- **K:** New Brunswick: P.E.E.R. Saint John, Péninsule Acadienne, Elsipogtog First Nation)
- **L:** Eskasoni First Nation, NS
Conclusions

- Stepped care approaches may be a promising advance for mental health services and systems.

- Particularly for youth mental health, their success is contingent on careful considerations of an interlocking set of issues:
  - Fluctuating symptoms and unpredictable course of youth mental health difficulties
  - Historical resistance to measurement-based care in psychiatry
  - Capacity/uptake for embedding comprehensive evaluation within service reform
  - Current lack of clarity on why, how and on what basis ‘stepping up’ or ‘stepping down’ will occur
  - Need for flexibility in stepped care models depending on size, resources, contexts (e.g. indigenous communities versus urban centers), while maintaining equity in access to care.
Thank you! Wela’lin! ᕥᑯᓈᓐᒥᑎᐣ!
Qujannamiik! Meegwetch! ṭ豳Ȁヵ십시오!
धन्यवाद! Tiniki! Merci!

For more information:

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