

Reduced hospitalization and improved functioning in community based early psychosis treatment for transition age youth

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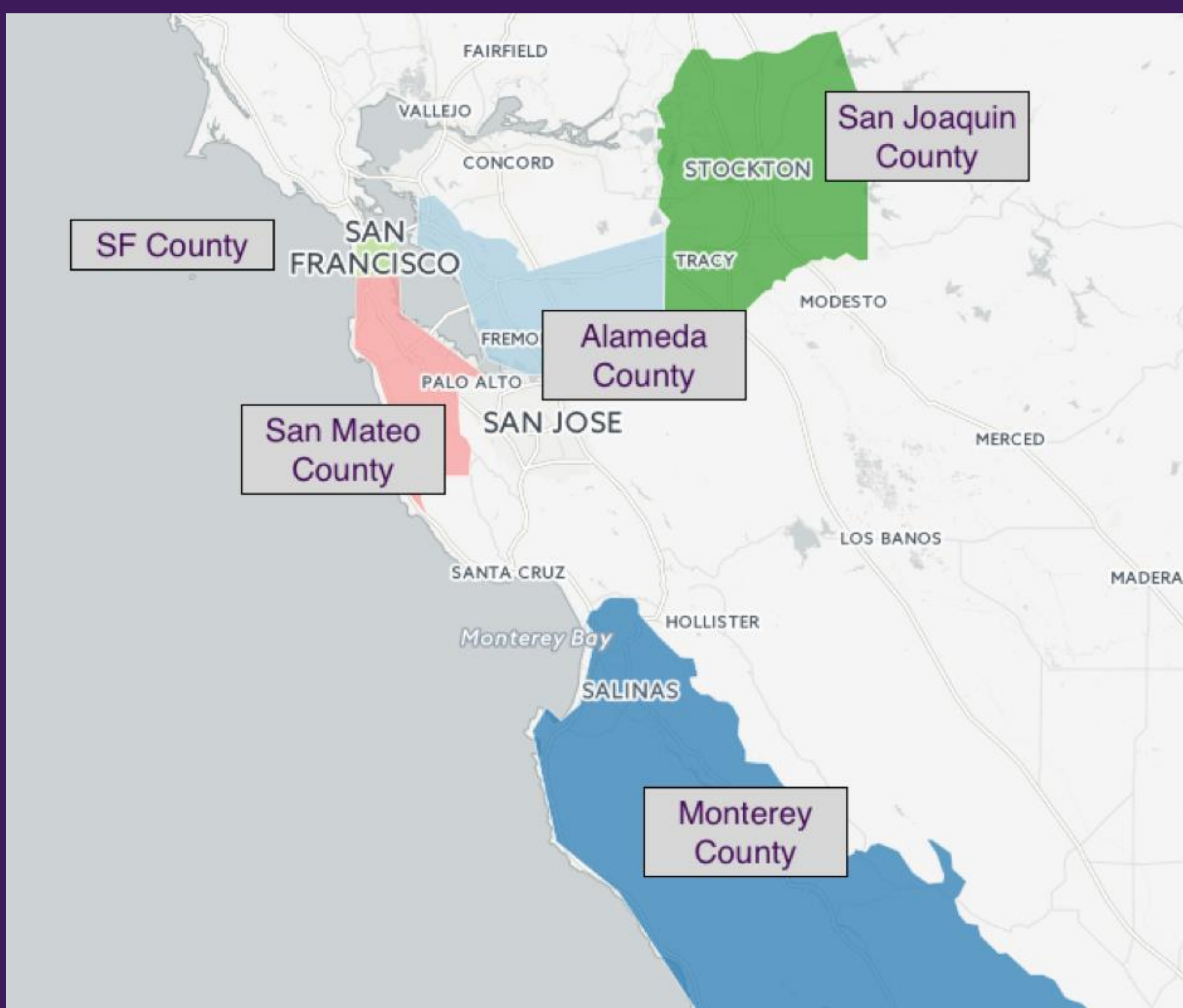
INTRODUCTION

Schizophrenia

- 2.5 million people in the US suffer from schizophrenia resulting in tremendous personal, social, and economic burdens.
- Schizophrenia begins in youth, lasts a lifetime, and results in ongoing cognitive decline, repeated psychiatric crises, and frequent hospitalization.
- It is estimated that the total costs of treating schizophrenia are as high as 3% of all health expenditures in the US.
- About 79% of the direct costs of schizophrenia are a result of repeated psychiatric hospitalizations, emergency room visits, or other residential care. There are also considerable indirect costs of schizophrenia such as decreased social functioning.
- Providing treatments during the critical period following the onset of schizophrenia offers major advantages in relapse prevention and restoring individuals' functional capacity to lead satisfying and productive lives.^{1,2}

PREP

- PREP (Prevention and Recovery in Early Psychosis) provides evidence-based interventions for individuals with a recent-onset of psychosis in a community setting.³
- PREP is primarily aimed at transition age youth (TAY), age 16-25 years, experiencing early onset of psychosis.
- Since its inception, PREP has provided diagnostic and/or referral services to 842 individuals and treated 482 individuals in 5 Northern California counties.



OBJECTIVE

- The current project examined the effects of PREP intervention on (1) inpatient psychiatric care utilization and (2) vocational and educational engagement.

METHODS

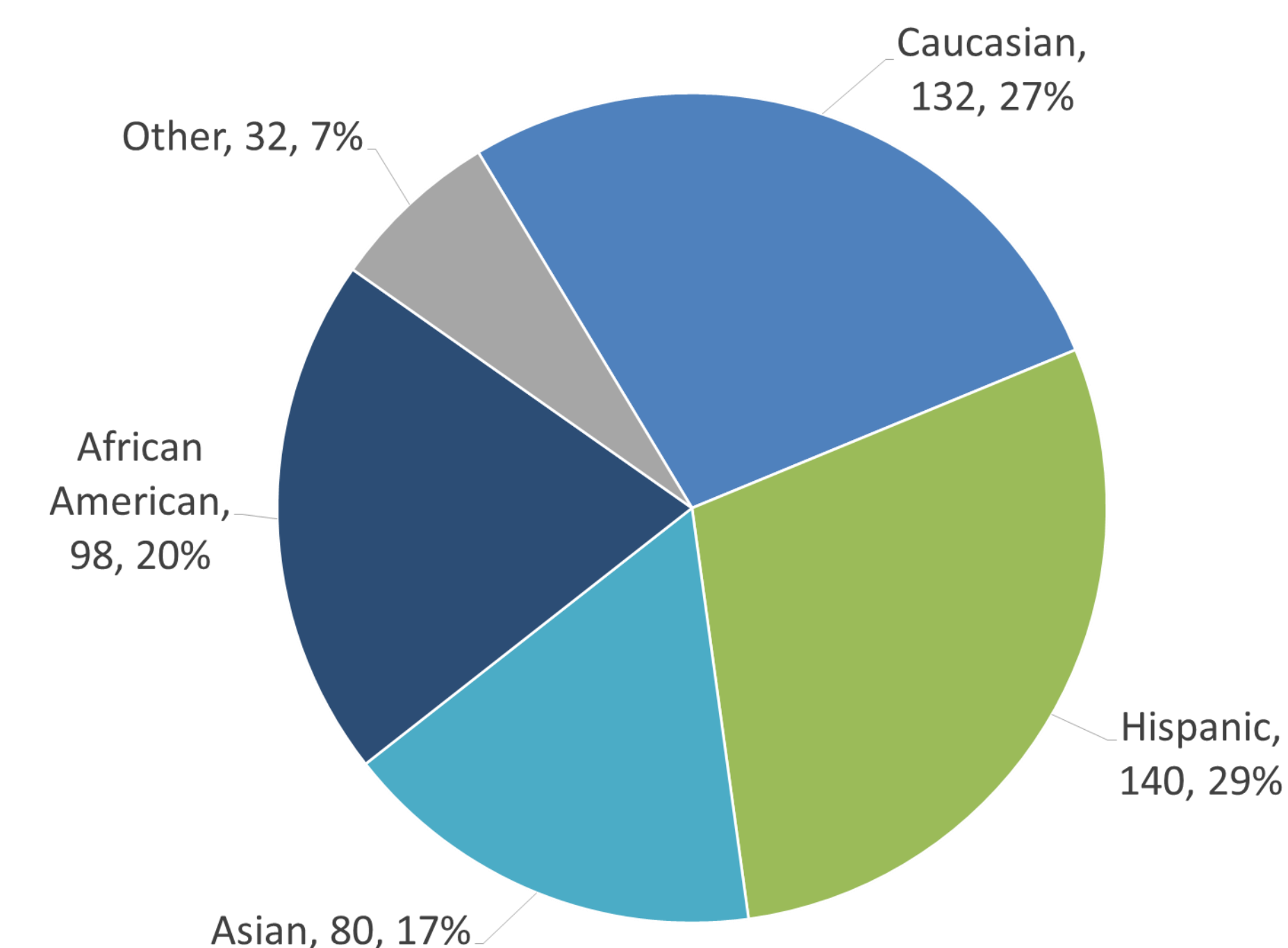
- Data from TAY participants enrolled in PREP treatment were collected through client evaluation and counties' mental health electronic record databases.
- Paired t-tests were used to assess changes in ER visits and acute psychiatric hospitalizations. These analyses used county data from participants who were actively enrolled in FY14-15 for at least 1 year.
- McNemar's tests were used to evaluate the program's impact on vocational and educational engagement. These analyses used baseline and semi-annual evaluation data collected by PREP.

PREP DEMOGRAPHICS (N=482)

Age and Gender

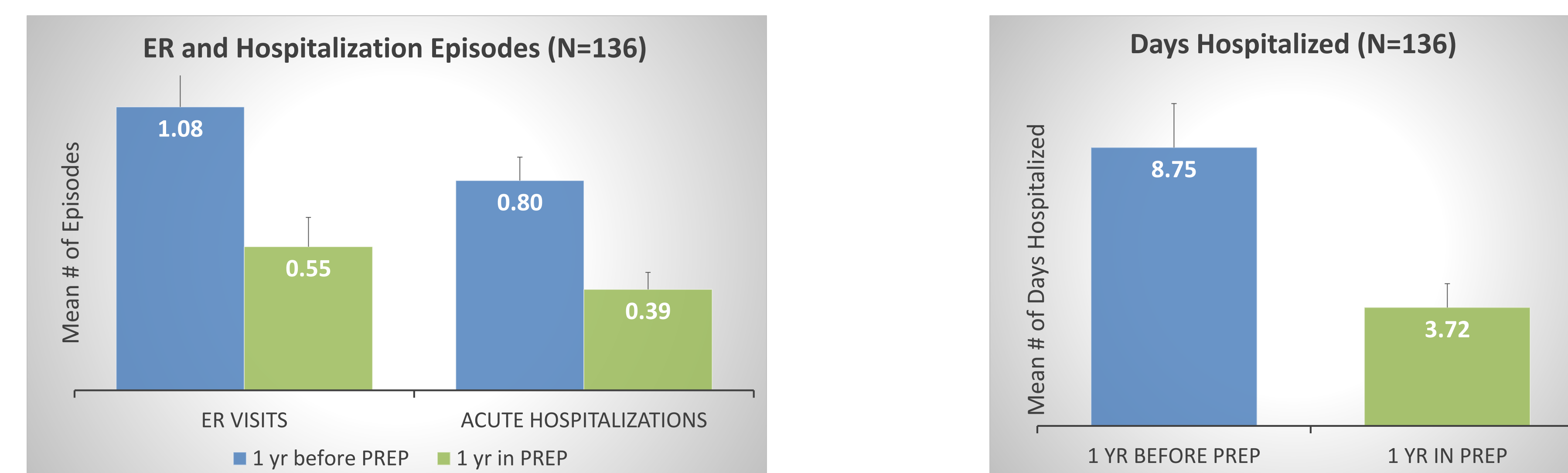
		# treated	percentage
Age Group	<16 yr old	25	5%
	TAY	424	88%
	>25 yr old	33	7%
Gender	Male	348	72%
	Female	133	28%
	Transgender	1	0%

Ethnicity



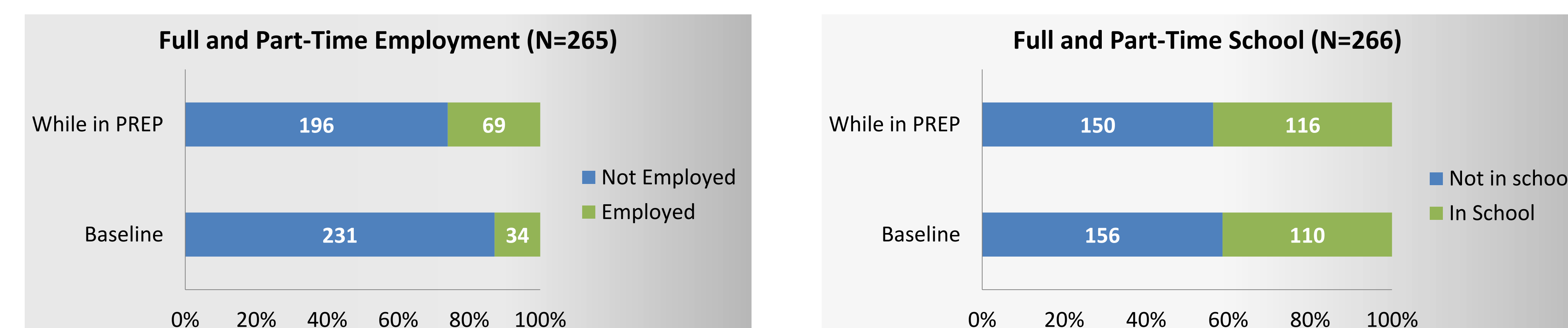
RESULTS

Inpatient Psychiatric Care Utilization



In the first year of treatment, there was a 49% reduction in the number of ER visits, a 52% reduction in the number of acute hospitalization episodes, and a 57% reduction in the number of days hospitalized. Paired samples t-tests showed that all reductions were highly statistically significant ($p=.000$).

Vocational and Education Engagement



During the course of treatment, there was a 103% increase in full- and part-time employment. An exact McNemar's test indicated that increase was highly statistically significant ($p=.000$). An increase in school participation was not statistically significant.

DISCUSSION

- PREP participants demonstrated strong reductions in ER visits (49%), acute hospitalizations (52%), and the overall number of days hospitalized (57%) during their first year in the program.
- PREP also showed strong impact on vocational engagement as the number of participants who had a part- or full-time employment increased by 103% during their time in the program. Increase in part- or full-time school participation was limited.
- The results indicate that providing treatment during the critical period following the onset of schizophrenia offers major advantages for TAY population by reducing inpatient psychiatric care utilization and increasing functional capacity to lead productive lives.
- Further research is necessary to identify best practices that will specifically target educational engagement.

References

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- Norman RMG, Lewis SW, Marshall M. (2005). Duration of untreated psychosis and its relationship to clinical outcome. *Br J Psychiatry* 2005; 187(48): 19-23.
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FOR MORE INFORMATION CONTACT

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