Early Psychosis Intervention (EPI) Services

Division of Family Practice- Vernon 2025

Land Acknowledgement

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené, Ktunaxa, Nlaka’pamux, Secwépemc, St’át’imc, syilx, and Tŝilhqot’in Nations, where we live, learn, collaborate and work together.

Outline for today

- Early Psychosis Intervention Services
- Phases and Symptomology of Psychosis
- Psychosis and Substance Use
- Referring to EPI Services

What is Early Psychosis Intervention?

Early Psychosis Intervention (EPI) is an evidenced-based approach to providing services to individuals affected by first episode psychosis.

– *IH Brief Overview of Provincial Framework, 2022*

Who is appropriate for EPI?

- 19-30 years old
- First episode of psychosis
- Ideally within the first 2 years of 1st episode

Program Details

- Prompt response to referrals
- Community outreach
- Person and family centered
- Education and engagement
- Interdisciplinary team
- Groups, PSR skill building

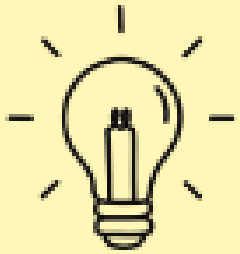
Vernon's Interdisciplinary Team:

- Psychiatrist(s)
- Occupational Therapist (1)
- Social Worker (1)
- Nurses (3)
- Life Skills Workers (2)
- Vocational Counsellor (1)
- Peer Support (1)
- Dietitian (Regional)
- Educator (Regional)

Why is **early** intervention important?

'Early' refers to identifying and providing services to young people and their families/caregivers as soon as possible

Duration of untreated psychosis (DUP) refers to the *time* from when symptoms of psychosis first appear to the time when effective treatment is received. A shorter DUP is associated with better outcomes.



One of the main goals of early intervention is to reduce the length of time a person remains psychotic in order to improve their chances of a good recovery.

Who gets psychosis?

- Approximately 3% of people
- A first episode usually occurs in adolescence or early adult life
- All cultures, levels of socioeconomic status and genders
- Risk is greater if another biological relative has had psychosis
- Use of marijuana or other street drugs may trigger

Three Phases

Prodrome

Acute

Recovery

Recognizing Early Warning Signs

The most common early warning sign:

a dramatic loss of functioning

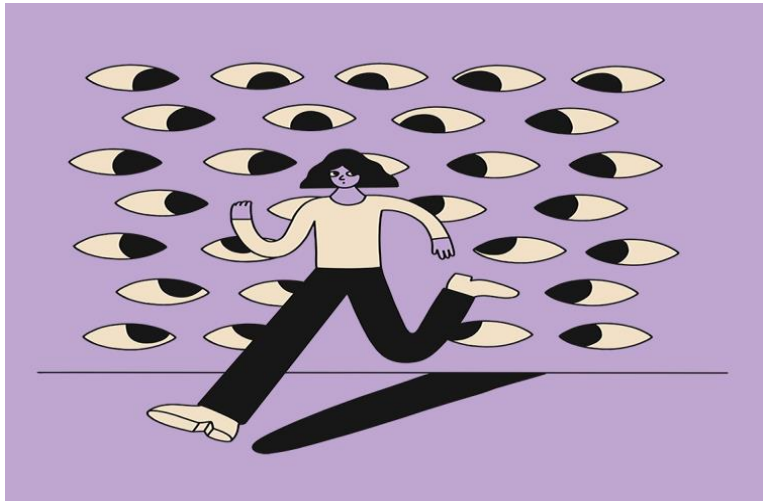
Recognizing Early Warning Signs

Common early warning signs that indicate or accompany loss of functioning include:

- Severe problems with sleep
- Severe problems with eating and hygiene
- Anhedonia, or loss of ability to enjoy things previously found enjoyable

Recognizing Early Warning Signs cont.

- Loss of affect
- Social isolation



- Perceptual distortions
- Cognitive decline
- Significant and bizarre changes in behavior or speech

Barriers to Early Intervention

Social Aspects

- Stigma and fear
- Not recognizing early warning signs

Illness Variables

- Paranoia
- Impaired judgement /poor insight
- Decline in cognitive functioning.
- Decreased ability to concentrate and remember

Fear of The Unknown

- Fear of being admitted to a hospital
- Perception that psychosis is a “life sentence”

System Limitations

- Lack of resources
- Poorly defined referral paths
- “Wait and see” approach

Psychosis and Substance Use

A high percentage of people with psychosis due to substance use will go on to develop a major mental disorder such as schizophrenia or bipolar disorder.

Diagnosis of substance induced psychosis often leads to no treatment

Substance Induced Psychosis

- Challenging differential diagnosis
- Main feature is time- onset and persistence for more than one month

Potential other features:

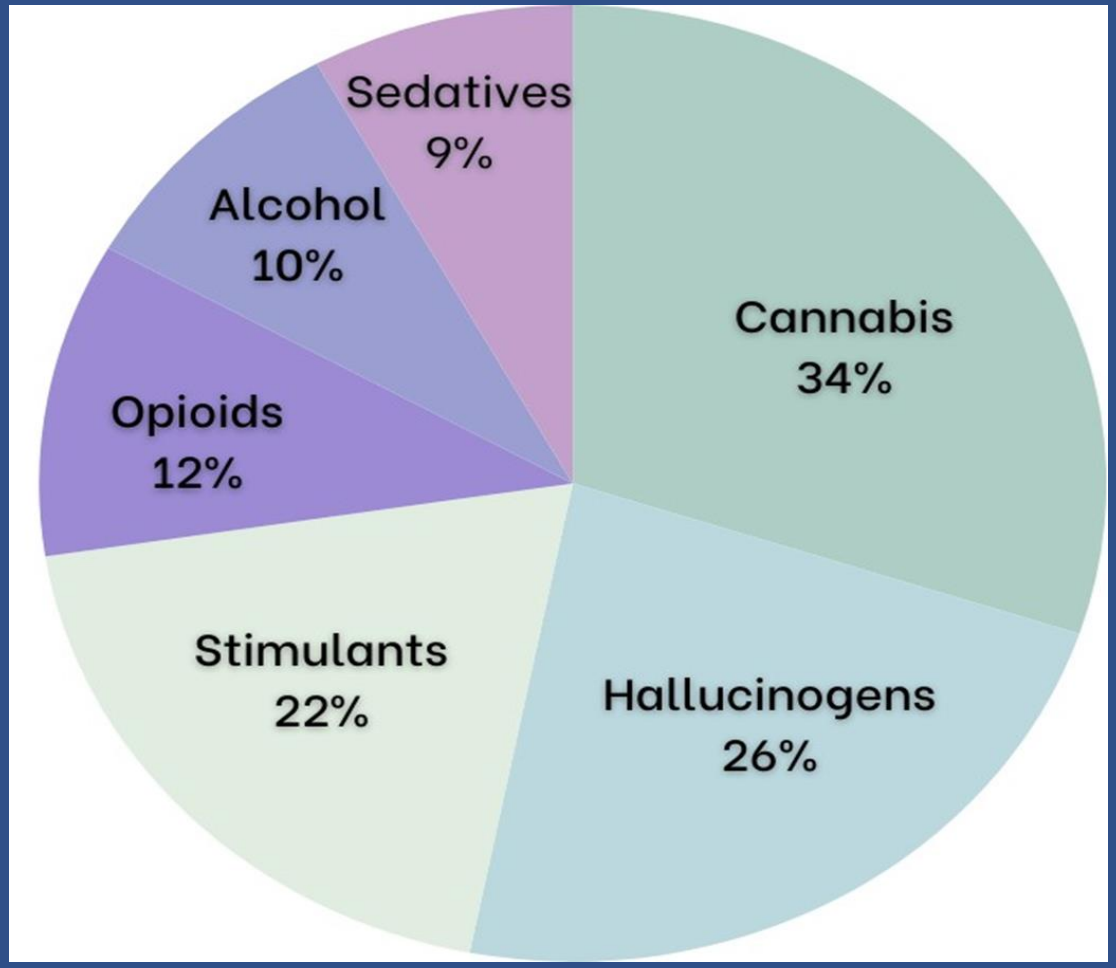
* Presence of negative symptoms
* Response to antipsychotic medications in chronic phase

Substances That Pose The Highest Risk For Psychosis

Cannabis
- High THC products (ex. Shatter, oils for dabbing) pose the highest risk but all cannabis poses a risk

Stimulants
- Methamphetamine
- Cocaine
- Amphetamines (example prescription ADHD medications)

Hallucinogens (Psychedelics)
- LSD
- Psilocybin
- PCP
- MDMA/Molly



Substance Induced Psychosis

Substances that carry the highest risk for future transition to a primary diagnosis such as schizophrenia or bipolar disorder

Okay, but Cannabis has been around forever… why is it a problem now?

Average THC potency in Cannabis plants:
1980 = 3%
1995 = 4%
2014 = 12%
Present day = 15% - 30%

Cannabis concentrates such as waxes, dabs, edibles, shatter etc. can range from 60% - 90%+ THC levels

Psychosis Screening

F **FUNCTIONING:** *Functional decline*
- Decline in performance at school/work
- Withdrawal from family, friends, and usual activities
- Changes in sleep patterns

A **ATYPICAL:** *Atypical perceptual experiences*
- Seeing things not there: e.g., shadows, flashes, figures, people, or animals
- Hearing things others do not: e.g., clicking, banging, wind, mumbling, or voices
- Seeing or hearing everyday experiences as unfamiliar, distorted, or exaggerated

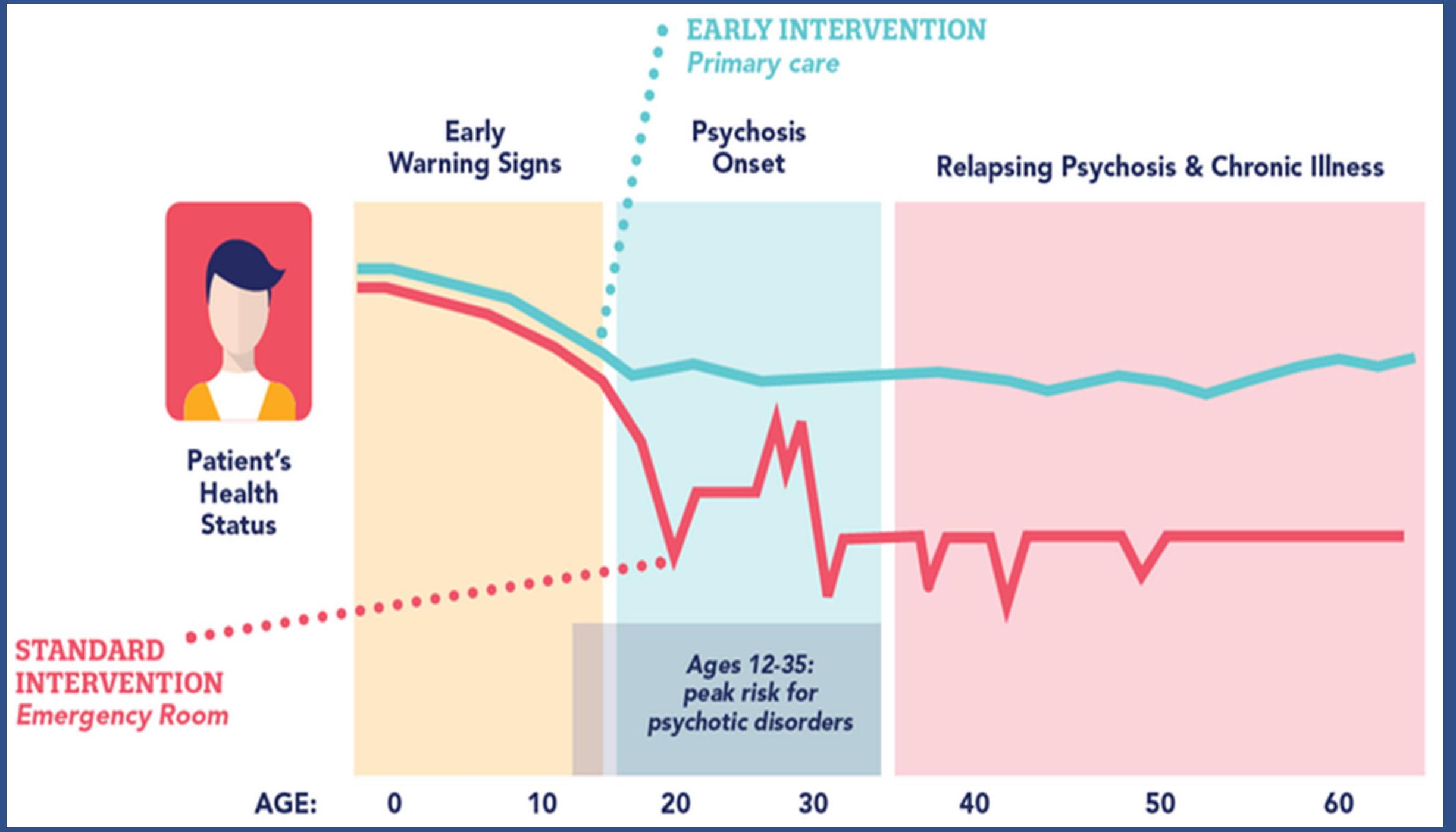
C **COGNITION:** *Cognitive difficulties*
- Memory, attention, organization, processing speed
- Understanding abstract concepts, social cues, complex ideas

T **THOUGHTS:** *Thought disturbance or unusual beliefs*
- Unwarranted suspiciousness about friends, family or strangers
- Unfounded concern something is wrong with their bodies
- Thinking that their body or mind has been altered by an external force
- Believing others can read their mind or control their thoughts

S **SPEECH:** *Speech or behavior that is disorganized*
- Trouble putting thoughts into words
- Speaking in jumbled or hard to follow sentences
- Dressing inappropriately for the weather or behaving oddly

Key Take Aways

- Early intervention to maintain function or reduce decline
- Try to avoid where possible periods of active psychosis
- Don’t attribute all psychosis in people using substances to the drugs
- Longer DUP associated with poorer outcomes

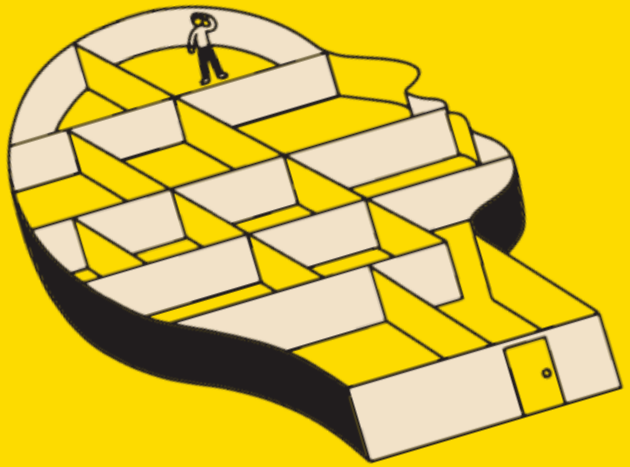

EARLY INTERVENTION
Primary care
Early Warning Signs
Psychosis Onset
Relapsing Psychosis & Chronic Illness
Patient's Health Status
STANDARD INTERVENTION
Emergency Room
Ages 12-35: peak risk for psychotic disorders
AGE:
0
10
20
30
40
50
60

How to access EPI

- Self Referral through 310-MHSU
- GP/Psychiatrist Referral
- Community Partner Referral

Psychosis is treatable, recovery is expected.

EPI seeks to dispel myths and outdated beliefs about psychotic disorders while generating realistic hope about the benefits that can result from early treatment.



CONFUSED THINKING AND BEHAVIOUR.

One of the early signs of psychosis.

Time Counts. Treat Psychosis Early.
Get help at Earlypsychosis.ca

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SOCIAL ISOLATION.

One of the early signs of psychosis.

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FEELING SUSPICIOUS AND WORRIED.

One of the early signs of psychosis.

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Early Psychosis Intervention

Reference List

British Columbia Ministry of Health. (2010). Standards and Guidelines for Early Psychosis Intervention (EPI) Programs. Ministry of Health Services. https://www.health.gov.bc.ca/library/publications/year/2010/Standards-and-guidelines-for-early-psychosis-intervention-(EPI)-programs.pdf

Early Psychosis Intervention. (2022). Resources and Downloads. Early Psychosis Intervention. https://www.earlypsychosis.ca/resources-and-downloads/

Fraser EPI Program. (2003). What is psychosis. Early Psychosis Intervention Program. www.earlypsychosis.ca

Fraser Health. (2018). Early Psychosis Intervention Program. In YouTube. https://www.youtube.com/watch?v=YUKES_xShE4