

## NEWS RELEASE

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### Opportunity to Develop Early Intervention for Mental Illness Missed in BC Budget

The BC Mental Health Monitoring Coalition notes with alarm that the 2000/2001 budget of the BC government has missed the opportunity to develop early intervention programs for young people with a serious mental illness.

This missed opportunity can only indicate that second-rate care for people who have a mental illness is good enough for this government.

The BC government has not funded early intervention programs despite documentation that the initial response to mental illness in this province is poor, despite compelling evidence from other jurisdictions on the benefits of this new approach and in the face of no real commitment to the Ministry of Health's own Mental Health Plan. This also indicates that the government has no serious interest in "new ideas for delivering better health care."

The Health Ministry estimates contained in the budget state that one of the Health Ministry's goals is "reducing costs by preventing illness and relieving hospital pressures."

Early intervention programs\* have demonstrated that they greatly improve treatment outcomes and reduce the incidence of relapse or prolonged psychosis. A 1999 study done by the Canadian Mental Health Association has documented that the experience in BC is still one of long gaps between the onset of illness and the provision of effective treatment. For example, a young person who shows symptoms of mental illness may wait *as long as seven years* before receiving a diagnosis. Such long gaps are associated with poor outcomes including more frequent relapses, poor response to treatment, increased disability and loss of employment, avoidance of treatment, and need for costly emergency interventions.

The goals of the Ministry to reduce costs by preventing illness and reduce hospital pressures are commendable. Early intervention for mental illness meets those goals by reducing illness and the need for hospitalization.

The Ministry proposes to "bring together health care leaders this spring to map out how care providers, administrators, and other experts can provide new ideas for delivering better health care." The Ministry already has the better ideas. Why wait for spring, lets do it now. ♦

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Early intervention programs are described in more detail in the attached article and supporting documentation.



CANADIAN MENTAL  
HEALTH ASSOCIATION  
L'ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE  
BC Division



British  
Columbia  
Schizophrenia  
Society



Mood  
Disorders  
Association  
of BC

# Early Intervention Programs for Psychotic Illness

### What are Early Intervention Programs?

Early intervention programs target individuals who are having their first episode of a psychotic illness or who are experiencing some of the early symptoms that are now known to precede development of psychosis.

Early intervention programs consist of small, multi-disciplinary teams that specialize in providing effective intervention at the first signs of illness. They provide expert and comprehensive care for both the person with the illness and their family and stay involved for up to two years to make sure that optimal treatment has been provided and that the individual recognizes that ongoing care is essential to their health.

### Why Hasn't Early Intervention Been Used Before?

- A number of factors have resulted in long and well-documented delays between the onset of illness and the provision of effective treatment.
- There has been a reluctance to diagnose psychotic illness or schizophrenia because of the seriousness of this diagnosis. The Diagnostic and Statistical manual for psychiatrists recommends that schizophrenia not be diagnosed until the symptoms have been present for six months. These delays in diagnosis lead to delays in treatment.
- Psychotic illness tends to manifest itself in men in adolescence or early adulthood. Signs of the illness are often attributed to the problems of growing up or to the complications of drug misuse.
- Where drug use is suspected there has been a tendency to wait for the drug use to be under control before any attempt is made to diagnose or treat a psychotic illness. It is now known that this approach does not work and that symptoms of psychosis should be treated immediately.
- Our understanding of the early symptoms that precede the development of a psychotic illness have only been understood relatively recently.

### How Do Early Intervention Programs Work?

Early intervention programs consist of small teams who have a mandate to serve individuals at the first signs of illness. They have the expertise and skills needed to provide a full range of effective interventions within a single, well-coordinated program.

The teams concentrate on:

- Case finding by accepting a wide range of referrals where psychotic illness is suspected,
- Comprehensive assessment and diagnosis, often in the persons home,
- Treatment for psychosis using minimal doses of the most effective drugs, careful attention is paid to both effective control of symptoms and minimizing side effects so that the individual is less likely to stop taking drugs,
- Education and counseling for both the individual and the family,

- Assertive case management to prevent problems from developing and 24 hour emergency intervention by the team,
- Active intervention to prevent suicide,
- Minimal use of hospitalization.

### **What Are the Benefits of Early Intervention?**

The research on early intervention is indicating significant benefits.

Early intervention results in a better response to treatment and in significantly reduced rate of relapse. Early intervention prevents both prolonged periods of active psychosis and repeated relapses. Both of these are associated with poorer response to treatment and increasing negative symptoms or disability. Once stabilized, individuals who have had effective early intervention will need less intensive care in the future, will be less likely to experience the crises that require costly emergency care and will be more likely to maintain normal education and work responsibilities

The supportive approach of the program, avoidance of traumatizing treatment such as hospital seclusion rooms, minimal doses of the best medications and minimization of medication side effects along with education all contribute to high rates of people remaining in treatment voluntarily. This avoids the “non-compliance” that is often associated with mental illness where individuals go off their medications and eventually become psychotic and resist further treatment. Again, this non-compliance leads to further illness which is associated with increased disability and poorer response to future treatment.

Early intervention programs do everything possible to keep people involved in their regular activities. As a result there is much less disruption in school or work and much less impairment of the normal process of becoming a mature adult.

One program has documented a reduction in the rate of suicide from 6% to 0.4% and there is also evidence that early intervention prevents drug misuse. Individuals with a mental illness are at high risk to suicide. They are also at risk of misusing drugs which greatly complicates subsequent treatment and exposes the individual to new risks of serious communicable disease, violent behaviour and incarceration.

Early intervention enables individuals to continue to enjoy the quality of life that they had prior to their illness developing and it provides support and education to relieve the stress on families. ♦

**The Mental Health Monitoring Coalition** was formed to oversee the implementation of the 1998 Mental Health Plan. The Coalition consists of three organizations — the Canadian Mental Health Association, the BC Schizophrenia Society, and the Mood Disorders Association of BC — dedicated to mental health services, advocacy, education, and consumer and family involvement. Together, these three organizations have over 120 years experience helping people with mental illness. John Russell would be pleased to follow up with you on any of the items on this press release. He can be reached at (604) 813-2589.