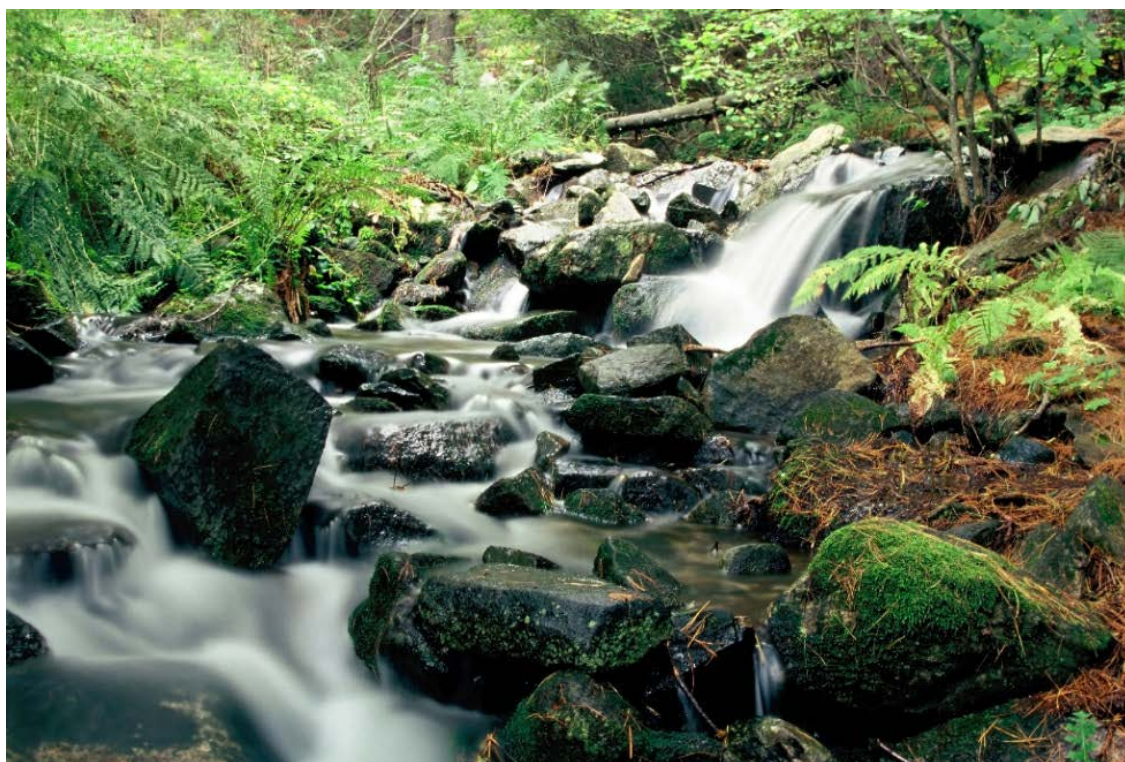




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In Our Own Words

Your lived experience can help change the way mental health services are delivered!

Think back on your early encounters with mental health services.

- What helped you feel hopeful about treatment?
- What would have made those first few mental health visits more comfortable for you?
- What role did you and your family play in shaping the treatment plan?
- Were you offered resources or support to help you stick with services?

Getting good, comprehensive treatment early makes a big difference. The Prodrome and Early Psychosis Program Network (PEPPNET)'s Lived Experience and Peer Support Workgroup is conducting a brief survey to help improve how individuals experiencing early psychosis and their family members find and engage with treatment programs.

If you are an individual or family member with lived experience of psychosis, we want to hear from you!

Please take 5-10 minutes to share your ideas, candid comments and suggestions **by October 31, 2016**. Your anonymous feedback will help more individuals move toward recovery. Thank you!

Survey Link: <http://bit.ly/2bZUVXM>

Questions? Contact harrison123@stanford.edu or 650-725-3772

For participants' rights questions, contact 1-866-680-2906.

[[In the News](#)] [[From the Research](#)] [[Spotlight On](#)] [[New Resources](#)]

In the News



NAMI, the National Alliance on Mental Illness, Developing State Advocacy Toolkit for *Early Psychosis: Powered by Hope* project.

The toolkit will be released mid-November to NAMI state organizations and will also be available for all interested in expanding FEP programs in states. The State Advocacy Toolkit will address key strategic areas, including: background and research updates; strategic partners and allies; legislative advocacy with sample witness testimony, legislative alerts, and sample messages to legislators; media strategies with sample press alerts and social media; and a financing section covering Medicaid funding, private insurance and the Mental Health Block Grant funding.

The toolkit will include valuable information and tips shared by leaders in states with broad FEP program expansion. It will cover how to effectively address challenges in FEP program expansion.

The toolkit will be user-friendly and provide practical advice on how best to target state leaders.

NAMI will provide training and technical assistance after the toolkit is released through conference calls and a webinar. To learn more about NAMI's *Early Psychosis: Powered by Hope* project, please visit their website at: www.nami.org/earlypsychosis

From the Research Front



By: Melissa Yanovitch, MSc, MS

Exercise & Cognition

In people diagnosed with schizophrenia, deficits in cognitive functioning can lead to significant functional impairment and long-term disability (Green, Kern, Braaff & Mintz, 2000). A recent meta-analysis of 10 controlled trials studying the effects of exercise on cognitive functioning in people with schizophrenia found that exercise significantly improved global cognition, working memory, social cognition and attention/vigilance (Firth et al., 2016). The researchers found that higher doses of exercise were correlated with greater improvement in cognitive functioning. Another important finding from the meta-analysis was that exercise supervised by physical activity professionals was more effective (Firth et al., 2016). Potential implications of these findings include the promise of improved interventions for the deficits in cognitive functioning of people diagnosed with schizophrenia. This, in turn, holds the promise of mitigating the often devastating functional impairment that can be the result of such deficits.

References:

Firth, J., Stubbs, B., Rosenbaum, S., Vancampfort, D., & Malchow, B. (2016). *Aerobic Exercise Improves Cognitive Functioning in People With Schizophrenia: A Systematic Review and Meta-Analysis*, 1–11. doi:10.1093/schbul/sbw115

Green MF, Kern RS, Braff DL, Mintz J. *Neurocognitive deficits and functional outcome in schizophrenia: are we measuring the 'right stuff'?* *Schizophrenia Bulletin* 2000; 26:119–136.

Risk Calculator

For patients who meet criteria for psychosis risk syndrome, as determined by the Structured Interview for Prodromal Syndromes (SIPS), researchers Cannon et al. (in advance) have developed an individualized risk calculator to estimate the probability of conversion to psychosis in clinical high-risk patients. The study followed 596 clinical-high risk individuals for 2 years, and saw a 16% probability of conversion to psychosis within the sample. The researchers looked at functioning, clinical and neurocognitive predictor variables for conversion to psychosis and found that “higher levels of unusual thought content and suspiciousness, greater decline in social functioning, lower verbal learning and memory performance, slower speed of processing, and younger age at baseline each contributed to individual risk for psychosis” (p. 1). The variables that did not significantly predict conversion were trauma, stressful life events and family history of schizophrenia, which have been theorized as being predictive of psychosis in previous studies (Holtzman, Shapiro, Trotman, et al., 2012). A study by Carrion et al. (in advance) provided external validation of the risk calculator and supported the tool as a “meaningful step toward early intervention and the personalized treatment of psychotic disorders” (p. 1).

References:

Cannon, T. D., Yu, C., Addington, J., Bearden, C. E., ... Cadenhead, K. S. (n.d.). *An Individualized Risk Calculator for Research in Prodromal Psychosis*, (4), 1–9. doi:10.1176/appi.ajp.2016.15070890

Carrión, R. E., Cornblatt, B. A., Burton, C. Z., & Tso, I. F. (n.d.). *Personalized Prediction of Psychosis: External Validation of the NAPLS-2 Psychosis Risk Calculator With the ECIPPP Project*. Doi: 10.1176/appi.ajp.2016.15121565

Holtzman CW, Shapiro DI, Trotman HD, et al: *Stress and the prodromal phase of psychosis*. *Current Pharmaceutical Design* 2012; 18:527–533

Spotlight On



EDAPT Clinics

By: **Satinder Gill, Psy.D.**

Founded in 2004 by Cameron Carter, M.D., the UC Davis Early Psychosis Programs are nationally recognized as a leading provider of early psychosis care. Our programs have a strong and diverse

interdisciplinary team of physicians, clinicians, support staff, consumer and family advocates with unique expertise in state of the art assessments and evidence-based practices for early identification and intervention for psychotic disorders. We provide coordinated specialty care (CSC) in an outpatient setting that incorporates targeted medication management, individual, family and group psychosocial interventions, case management services, and supported education and employment with the goals of early diagnosis, treatment, and disability prevention.

The EDAPT clinics serve individuals with first-episode psychosis (FEP) who are within two years of onset, as well as individuals who are at clinical high risk (CHR) for developing psychosis based upon the presentation of subthreshold psychotic symptoms or significant deterioration in combination with genetic risk for psychosis. In 2011, with the support of Sacramento County Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding, the EDAPT Clinic expanded and opened the SacEDAPT clinic in order to provide early psychosis services to residents of Sacramento County ages 12-30 who have Medi-Cal, are uninsured or undocumented.

The EDAPT clinic has demonstrated success in efforts to improve daily functioning for clients. Prior to intake, 63% of individuals had sought care at an ER or been hospitalized. At 6 month follow-up, only 31% of individuals had been treated in a hospital or ER, which represented a significant reduction in hospital-related care. At intake, 71% of EDAPT participants reported that they were currently in school or wanted to attend school. Similarly, 26% reported that they were currently working or wanted to work. At follow-up, 63% of EDAPT participants were in school (full-time or part-time) and 14% were working (full time or part time). These data speak to the impact of coordinated treatment that strives to improve outcomes and well as reduced symptoms.

The EDAPT clinic strives to continue improving functional outcomes and improve the lives of individuals with psychotic disorders. The clinic is committed to meeting its mission to provide high-quality, evidence-based care to individuals with psychotic disorders and their families in effort to promote recovery, resiliency, and wellness. Learn [more: http://earlypsychosis.ucdavis.edu](http://earlypsychosis.ucdavis.edu)

New Resources



New First Episode Program Training Directory

Thanks to the efforts of the PEPPNET Training and TA Workgroup, the PEPPNET website now hosts a map with organizations conducting FEP training throughout the United States. The training directory (as

well as the national directory of FEP programs) can be viewed on the map or in a drop-down menu. Full PDFs of both directories are also available for download:

http://med.stanford.edu/content/dam/sm/peppnet/documents/PEPPNET_directory-earlypsychosis.html

New NAMI Resources

The National Alliance on Mental Illness recently developed several new resources relevant to early psychosis, including:

Engagement: A New Standard for Mental Health Care

www.nami.org/engagement

What Is Early and First-Episode Psychosis?

(Fact sheet for families and other stakeholders)

http://www.nami.org/getattachment/Learn-More/Infographics-Fact-Sheets/tipsheet_earlypsychosis_01v3.pdf

Early Psychosis, What's Going On and What Can You Do?

(Fact sheet for youth and young adults)

http://www.nami.org/getattachment/Learn-More/Infographics-Fact-Sheets/tipsheet_earlypsychosis_02v3.pdf

First Episode Bulletin is a quarterly newsletter produced by the Prodrome and Early Psychosis Program Network (PEPPNET).

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