

EARLY INTERVENTION SERVICE FOR PSYCHOSIS INITIATIVE IN THAILAND

SUTTHA SUPANYA

SOMDET CHAOPRAYA INSTITUTE OF
PSYCHIATRY, DEPARTMENT OF MENTAL HEALTH
THAILAND

18TH AIMHC, CHIANG MAI

JULY 25, 2019



EPIDEMIOLOGY OF SCHIZOPHRENIA IN THAILAND

- The prevalence of schizophrenia for people ageing 15 to 59 in the Thai population was 0.8 % (95% CI: 0.7- 1.1).
- Male-to-female ratio = 1.1-to-1.

(Phanthunane P,Vos T,Whiteford H, Bertram M, Udomratn P.Schizophrenia in Thailand: prevalence and burden of disease. Population health metrics. 2010;8:24.)

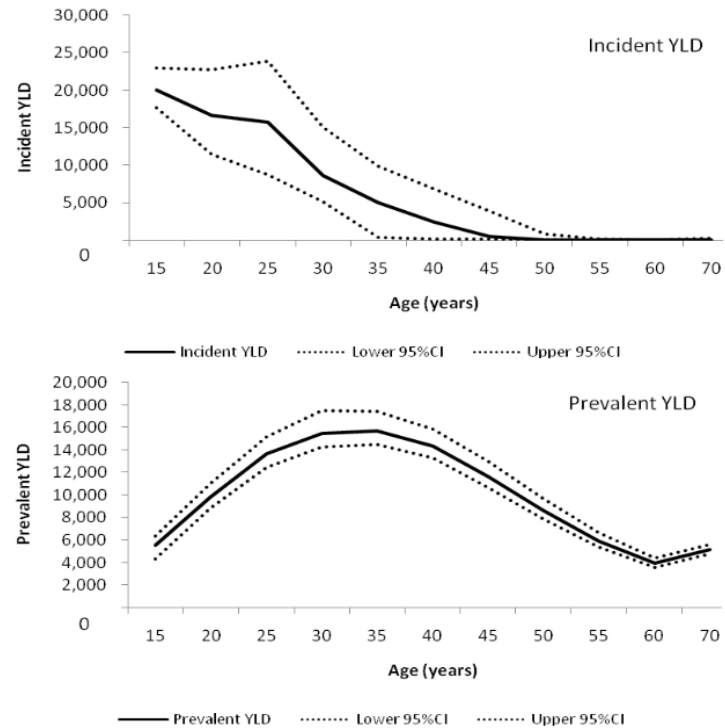


Figure 2 Incident and prevalent YLD in males and their 95% confidence intervals.

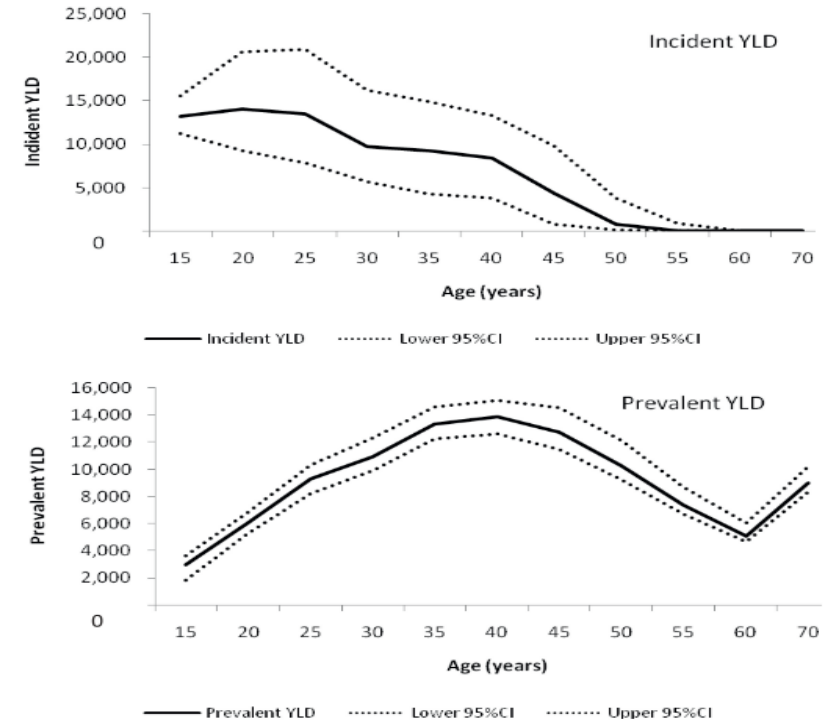
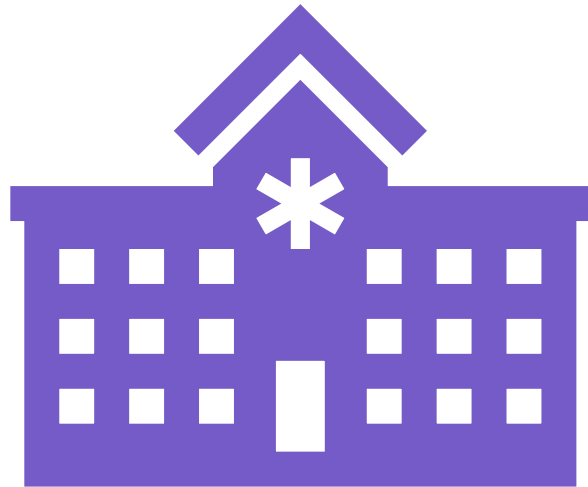


Figure 3 Incident and prevalent YLD in females and their 95% confidence intervals.

- The disease burden in disability-adjusted life years was 70,000 (95% CI: 64,000 -77, 000) and women (75,000; 95% CI: 69,000, 83,000).

(Phanthunane P, Vos T, Whiteford H, Bertram M, Udomratn P. Schizophrenia in Thailand: prevalence and burden of disease. Population health metrics. 2010;8:24.)



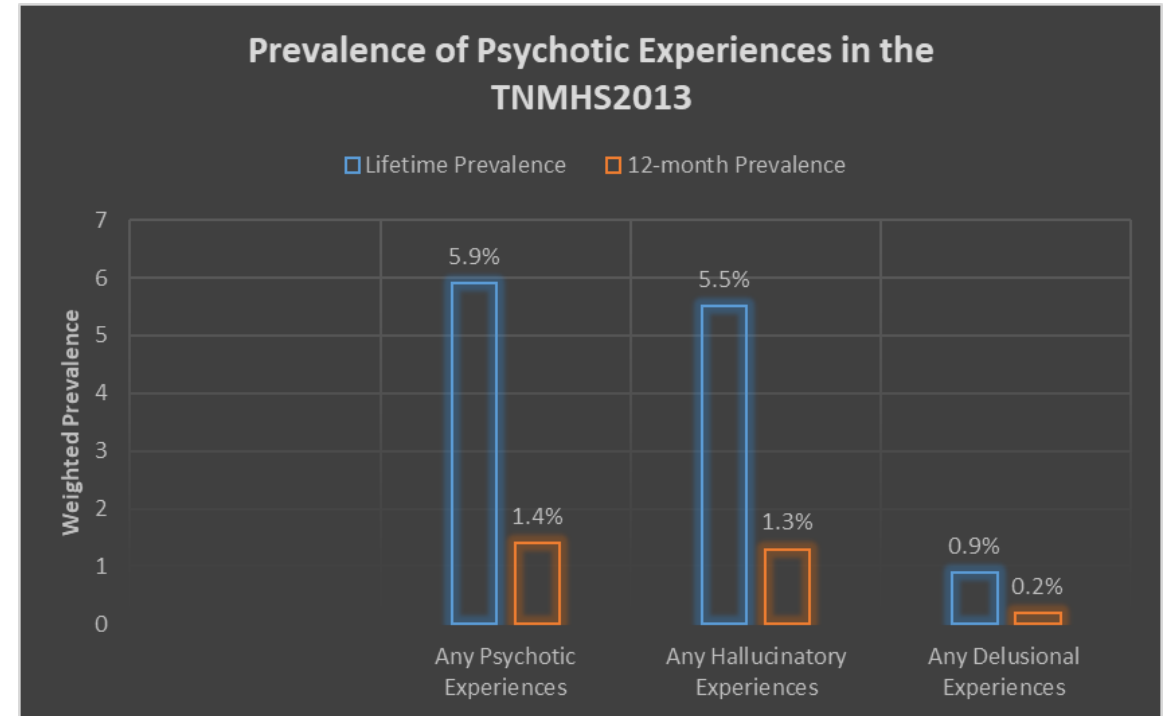
- People with schizophrenia make the greatest number of visits to both psychiatric hospitals and general hospitals belonging to Ministry of Public Health among all psychiatric disorders.
- In 2017
 - 480,266 or 18% of all psychiatric visits overall
 - 99,865 or 31% of all psychiatric visit at psychiatric hospitals

(<https://www.dmh.go.th/report/datacenter/map/>)

PSYCHOTIC EXPERIENCES

- Thailand: 5.9% in the latest National mental health survey

(Supanya, S., et al. Prevalence, type and frequency of psychotic experiences in Thailand: Results from the 2013 Thai National Mental Health Survey (C4). in IEPA 10th International Conference of Early Intervention in Mental Health. 2016. Milan, Italy: Early Interv Psychiatry 2016; 10 (suppl_1):198.)



PSYCHOTIC EXPERIENCES

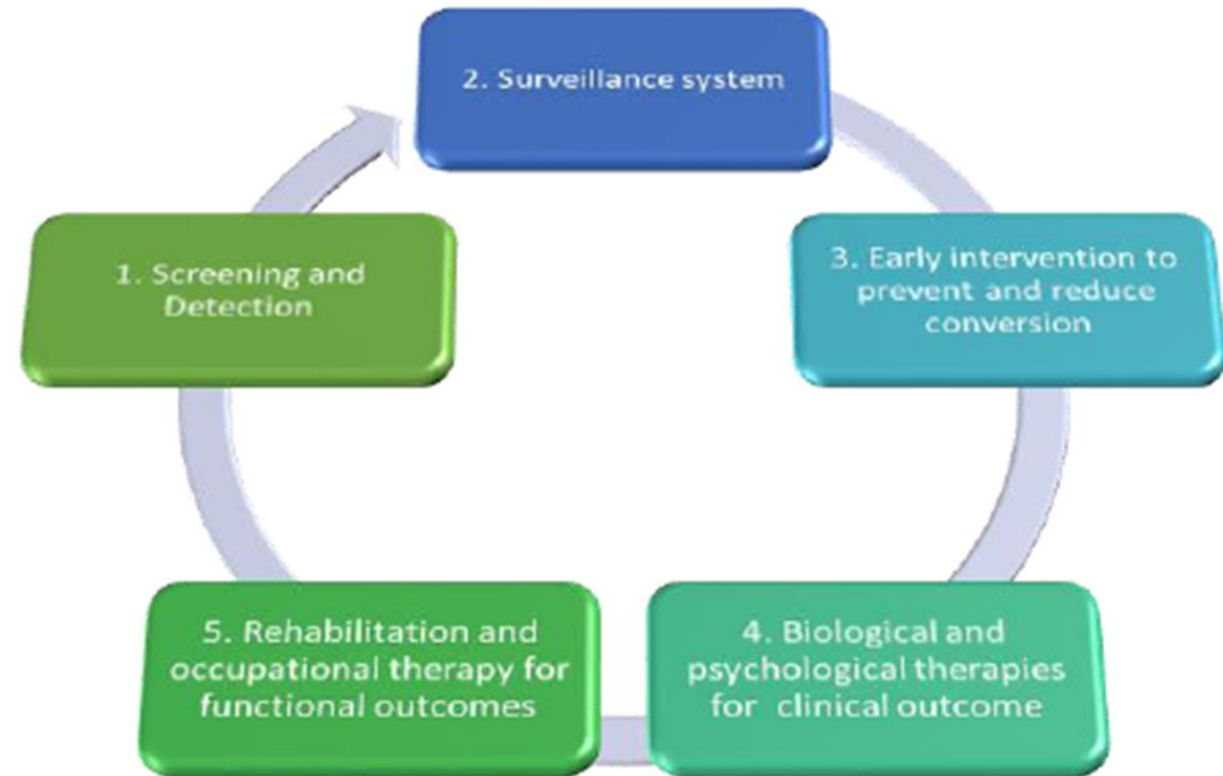
- Increasing evidence indicated that the symptoms of psychosis existed in general population:
 - Prevalence: 7.2% globally
 - Transitory in 80% of those experiencing
- Around 20% go on to develop persistent psychotic experiences and 7% a psychotic disorder, with an annual transition rate below 1%

(Linscott RJ, van Os J. An updated and conservative systematic review and meta-analysis of epidemiological evidence on psychotic experiences in children and adults: on the pathway from proneness to persistence to dimensional expression across mental disorders. Psychol Med 2013;43:1133-49)

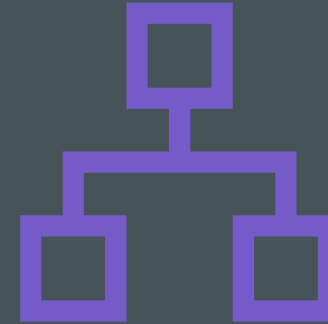
(Kaymaz N, Drukker M, Lieb R et al. Do subthreshold psychotic experiences predict clinical outcomes in unselected non-help-seeking population-based samples? A systematic review and meta-analysis, enriched with new results. Psychol Med 2012;42:2239-53)

CURRENTLY AVAILABLE SERVICE FOR PSYCHOSIS IN THAILAND

- Mostly institution-based.
 - Later phases of illness.
- Biological therapy.
 - No psychological intervention indicated.
- Some rehabilitation and community follow ups.
 - Mostly to prevent violence.

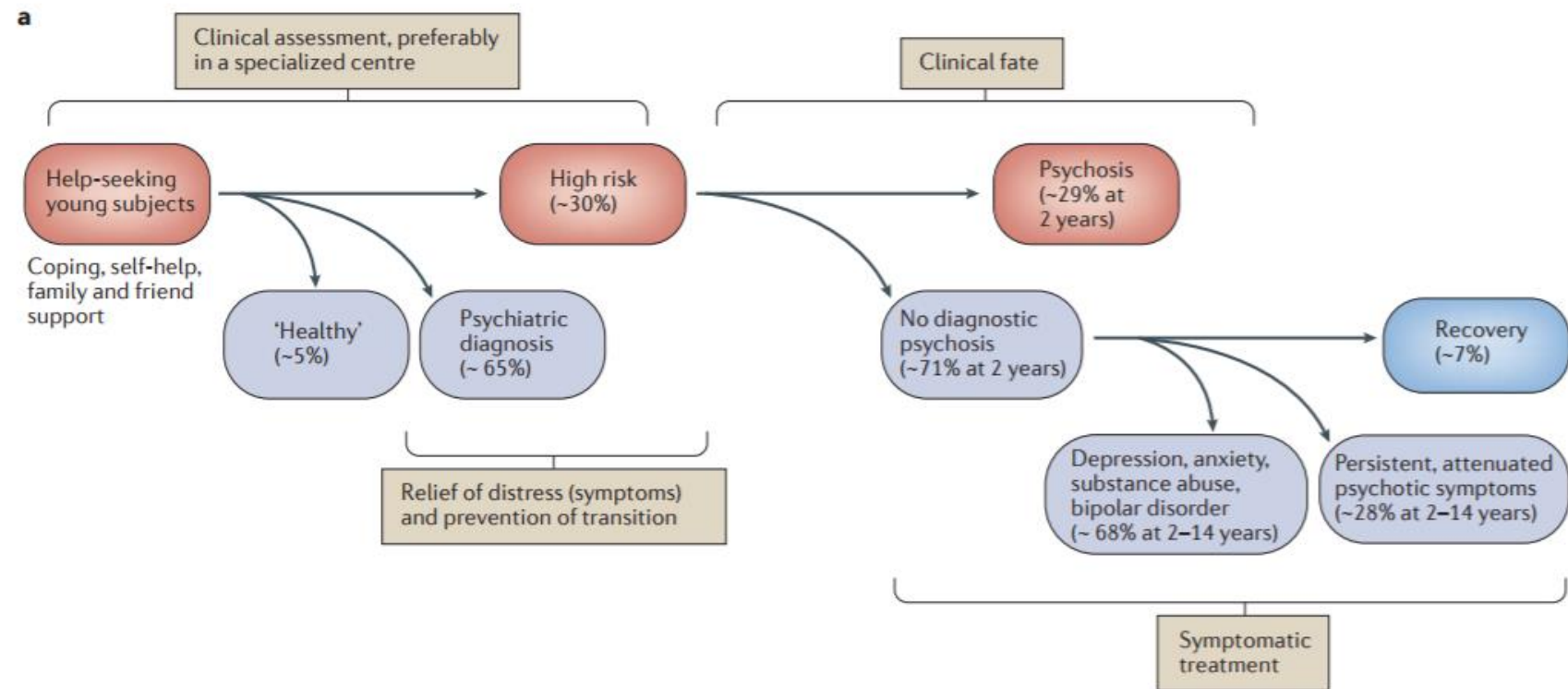


SCHIZOPHRENIA: PROGNOSIS



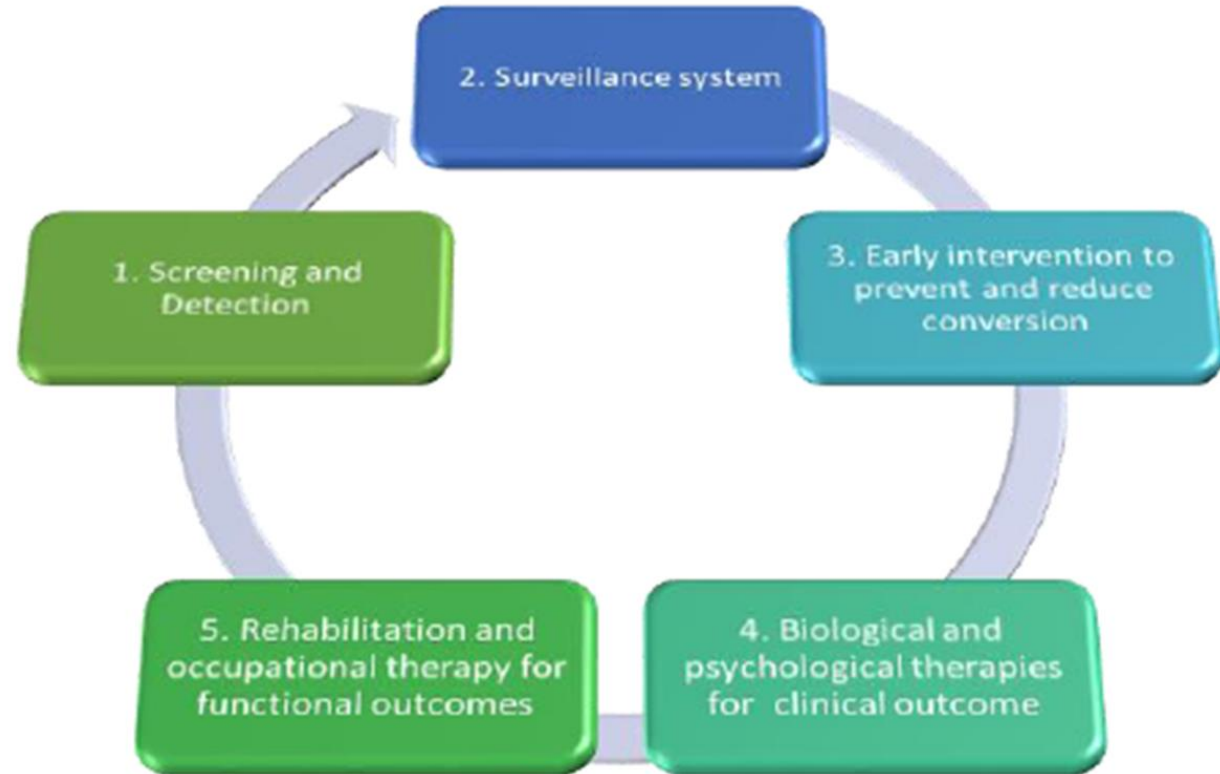
Duration of untreated psychosis
remains a major determinant of
outcomes: clinical, functional, social
and recovery

IMPLICATIONS FOR TREATMENT



CURRENTLY AVAILABLE SERVICE FOR PSYCHOSIS IN THAILAND: LACKING

- Screening and detection
- Surveillance system
- Early intervention service



EARLY INTERVENTION SERVICE OF PSYCHOSIS



Early recognition



Early assessment



Specialised service

EXAMPLES OF EIS

Norwegian
Initiative



Canadian
Initiative



Irish
Initiative



Australian
Initiative



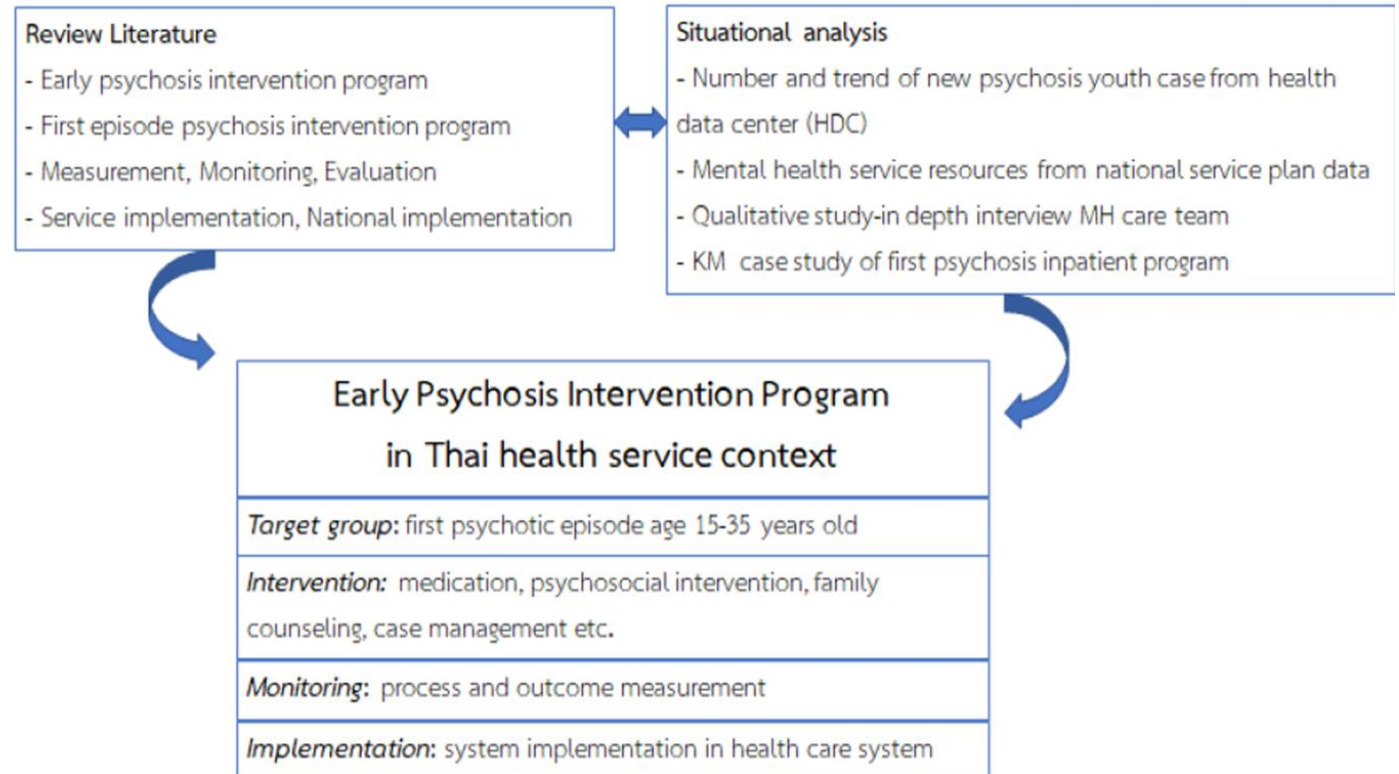
UK
Initiative



<http://www.detect.ie/psychosis-recovery-programme.html>

CONCEPTUAL FRAMEWORK

- From 2017 we have commenced the process of setting up a service for early intervention in Thailand.



LITERATURE REVIEW

- Systematic review for similar service in LMICs

Systematic review of the early intervention services for first-episode psychosis in low- and middle-income countries

Suttha Supanya, Patanon Kwansanit

Citation

Suttha Supanya, Patanon Kwansanit. Systematic review of the early intervention services for first-episode psychosis in low- and middle-income countries. PROSPERO 2016 CRD42016029232 Available from: http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42016029232

Review question

The primary objective of this review is to ascertain what early intervention services (model/method/intervention) are available for people with first-episode psychosis in low- and middle-income countries.

Secondary objectives (1): How effective are these services and how are they measured?

Secondary objectives (2): What are the resources needed for these services?

Secondary objectives (3): What are the economic outcomes for the health system in the countries with these programmes?

Searches

We searched PubMed, Embase, PsycINFO and MEDLINE with predefined search terms for all studies published in English up to December 2015.

Types of study to be included

There is no restriction on the types of study to be included, although we would like to extract data from studies reporting trials of such interventions.

Condition or domain being studied

First episode psychosis or at-risk-mental states.

Participants/population

All participants receiving an early intervention for being identified as having first episode psychosis or being an at-risk-mental state.

Intervention(s), exposure(s)

Any intervention as compared to treatment as usual.

Comparator(s)/control

All other participants receiving treatment as usual.

Context

Primary outcome(s)

Availability and effectiveness of early intervention services for first episode psychosis in low- and middle-income countries.

Secondary outcome(s)

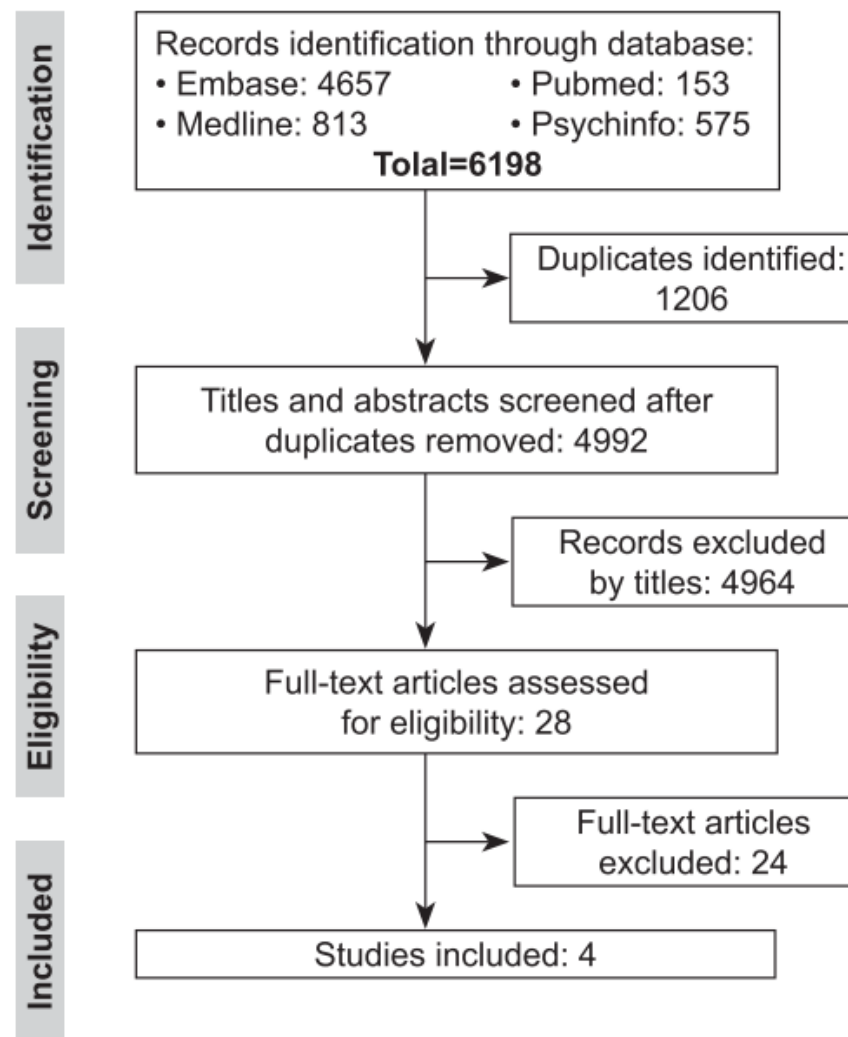
The resources needed and the economic impact of such interventions.

Data extraction (selection and coding)

Risk of bias (quality) assessment

(SUPANYA S, KWANSANIT P. EARLY INTERVENTION FOR PSYCHOSIS SERVICES IN LOW- AND MIDDLE-INCOME COUNTRIES. JOURNAL OF MENTAL HEALTH OF THAILAND. 2018;26(2):142-51.)

Result



(SUPANYA S, KWANSANIT P. EARLY INTERVENTION FOR PSYCHOSIS SERVICES IN LOW- AND MIDDLE-INCOME COUNTRIES. JOURNAL OF MENTAL HEALTH OF THAILAND. 2018;26(2):142-51.)

RESULTS:

- MOST SERVICES AVAILABLE IN LMICS ARE COMMUNITY BASED.
- DELIVERED BY MENTAL HEALTH PROFESSIONALS OTHER THAN PSYCHIATRISTS.
- INTERVENTIONS ARE BASED ON PSYCHOEDUCATION, ADHERENCE PROMOTION AND PSYCHOSOCIAL REHABILITATION.

สถานที่	ประชากร (จำนวน:คน)	ประชากร เทียบ (จำนวน:คน)	การรักษาที่ให้	ผู้ให้การรักษา	ดัชนีชี้วัด	ระยะเวลา รักษาและ ติดตาม	ผลการรักษา
ชุมชน	ผู้ที่มีกลุ่มอาการโรคจิต* (256)	ไม่มี	community-based intervention package comprising psychotropic medications, psychoeducation, adherence management, psychosocial rehabilitation and support for livelihoods	นักจิตสังคม บำบัดจิตแพทย์	ไม่มี	<ul style="list-style-type: none">ให้การรักษา 4 สัปดาห์ติดตาม 5 ปี	<ul style="list-style-type: none">มีอาการดีขึ้น อย่างชัดเจน ร้อยละ 50 (95% CI=43.7–56.3; n=118)ดีขึ้นปานกลาง ร้อยละ 40 (95% CI=34.2–46.6; =95)
ชุมชน	ผู้ป่วยจิตเภท (187)	ผู้ป่วยจิตเภท (95)	Facility-Based Care (FBC) combined with a Collaborative Community-Based Care intervention (CCBC)	กลุ่มสาธารณสุข ชุมชน	PANSS IDEAS (Indian disability evaluation assessment scale)	<ul style="list-style-type: none">แบ่งการรักษาเป็นสามระยะ ใน 12 เดือนติดตาม 12 เดือน	<ul style="list-style-type: none">ระดับ PANSS เฉลี่ยลดลง 3.75 แต้ม (95% CI=-7.92 to 0.42; =0.08)คะแนน IDEAS ลดลง 0.95 (95% CI=-1.68 to-0.23; p=0.01)คะแนน GHQ ลดลง 4.2 คะแนน (S.D.=3.3) ในปีแรก และลดลง 8.3 คะแนน S.D.=3.2) ในปีที่สอง
ชุมชน	ผู้ที่มีกลุ่มอาการโรคจิต* (117)	ผู้ป่วยจิตเภท (307)	Community-based care called Mental Health Development (MHD)	พยาบาลจิตเวช แพทย์เวชปฏิบัติ เจ้าหน้าที่สาธารณสุข ชุมชน	GHQ-12 WHOQOL	รักษาและติดตามหนึ่งถึงสองปี	WHOQOL เปลี่ยนแปลงไปร้อยละ 15.3 ใน 10 เดือน และร้อยละ 27.5 ใน 20 เดือน
โรงพยาบาล	ผู้ป่วยจิตเภท (33) ผู้ดูแล (30) จิตแพทย์ (15) นักจิตวิทยา (14)	ไม่มี	CBT	เจ้าหน้าที่สาธารณสุข ชุมชน	ไม่มี	เป็นการศึกษาแบบตัดขวาง	ผู้ป่วยและผู้ดูแล มีความพึงพอใจ

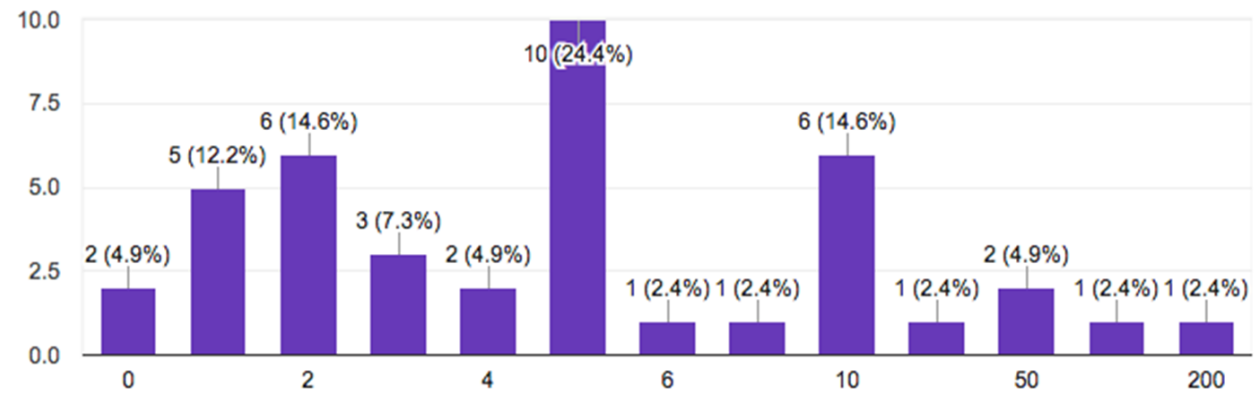


SITUATIONAL ANALYSIS

- Questions for mental health personnel:
 - The prevalence of first or early psychosis cases seen
 - What are the services available in Thailand for early psychosis
 - What is the understanding among

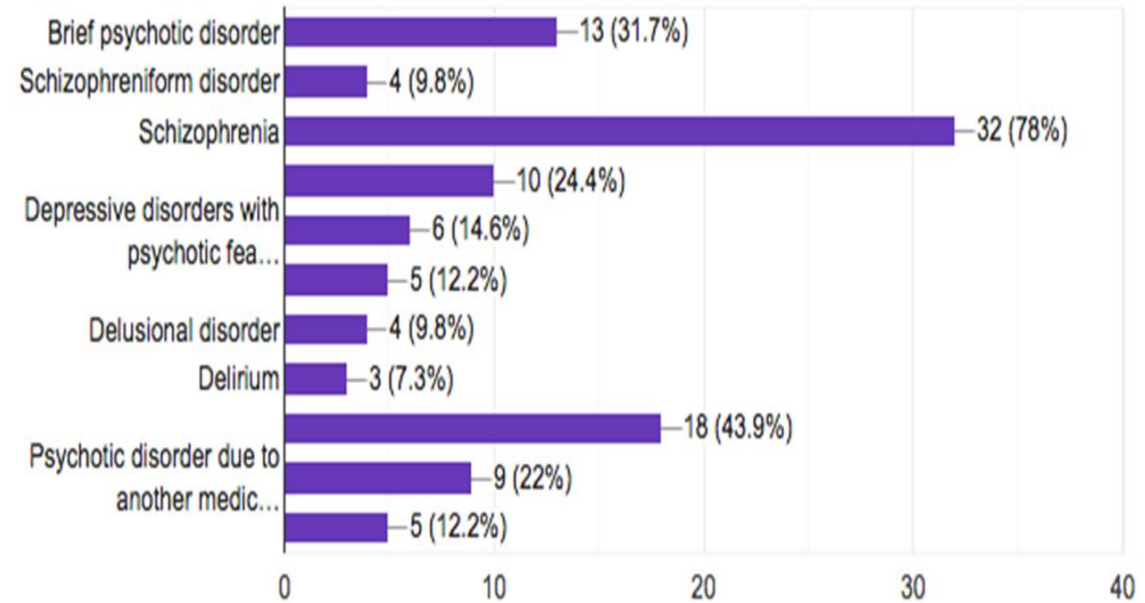
RESULTS

- Among mental health personnel in Thailand: about a quatre saw 10 FEP cases per month



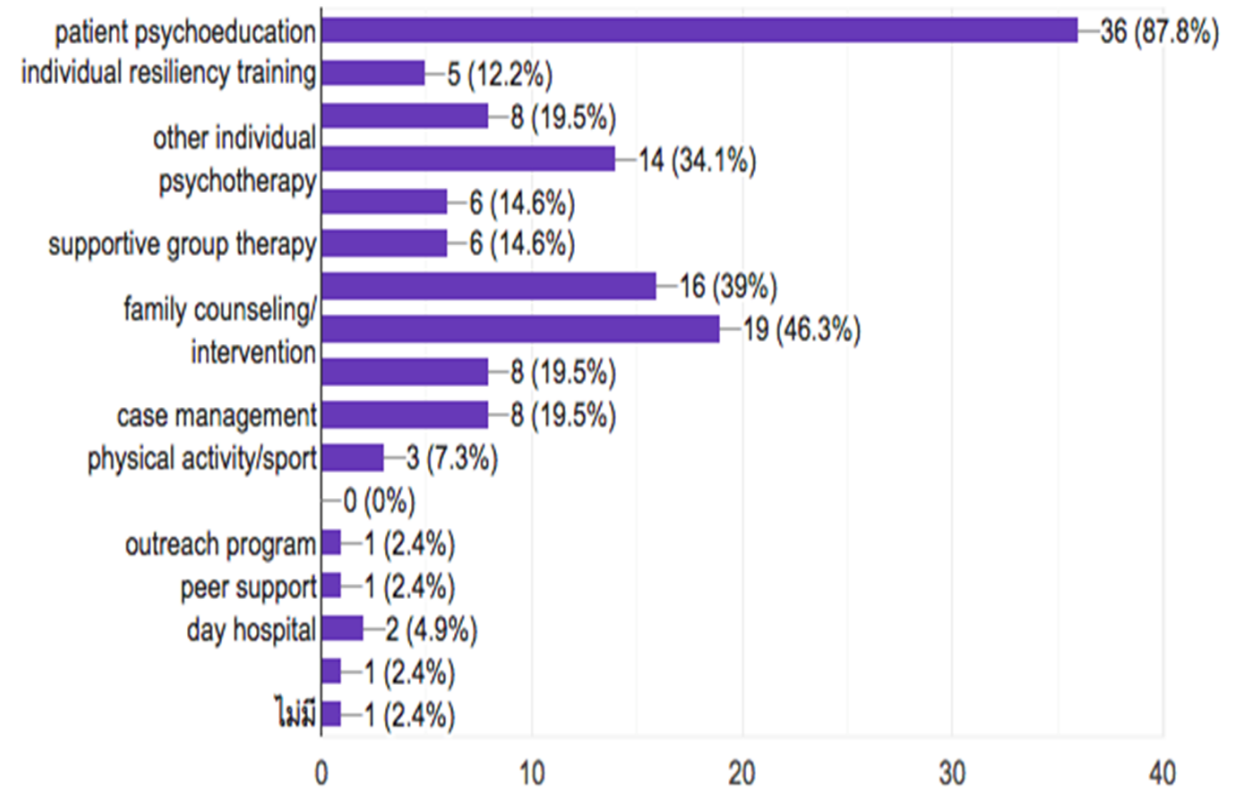
RESULTS

- 78% of which, when followed for two years received the diagnosis of schizophrenia



RESULTS

- Almost 90% of which only received individual psychoeducation.



WHAT'S NEXT?

- Feasibility study:
 - Two large psychiatric hospitals; two small psychiatric hospitals
 - Help seeking individuals, first and early psychosis cases and high-risk population, i.e. family member of people with schizophrenia, bipolar mania and psychotic experiences.
 - Possible addition: cannabis using adolescence with psychosis
- Intervention:
 - Rapid assessment
 - In high resources setting: CBTp, family therapy, case manager, psychoeducation and close follow-up
 - In lower resources setting: case manager, psychoeducation and close follow-up
- Duration: two years.



QUESTIONS?

suttha.supanya@hotmail.com