

Disclosures

- I have no personal financial relationships with commercial interests relevant to this presentation
 - The views expressed are my own, and do not necessarily represent those of the NIH, NIMH, or the Federal Government



H.R. 47, 113rd Congress

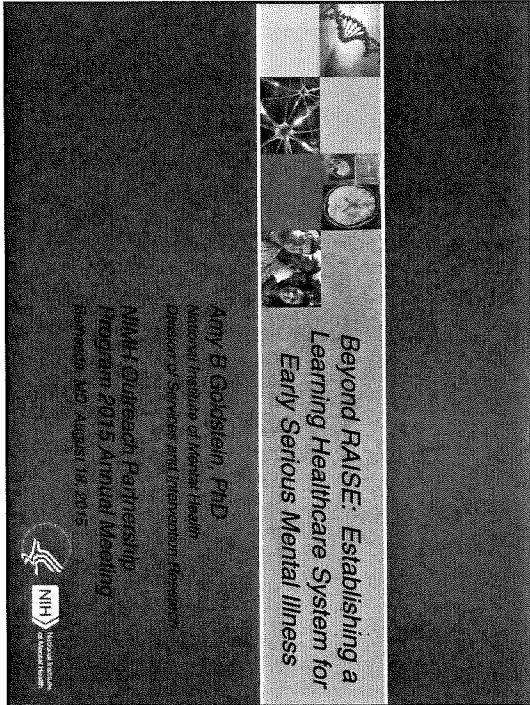
January 17, 2014

- Increased Community Mental Health Block Grant (CMHBG) program by \$24.8M
 - Funds allocated for first episode psychosis (FEP) programs
 - NIMH and SAMHSA to develop guidance for States regarding effective programs for FEP



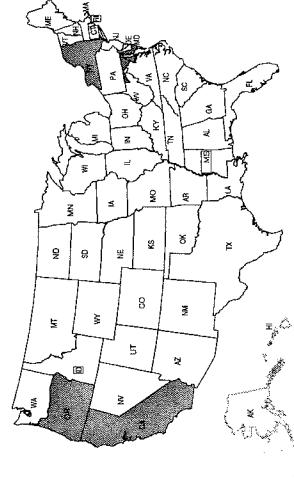
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When we last left off...



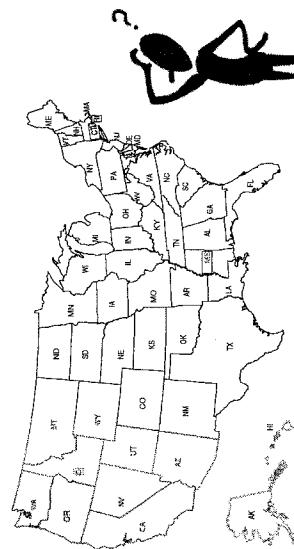
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Innovators and Early Adopters, 2013



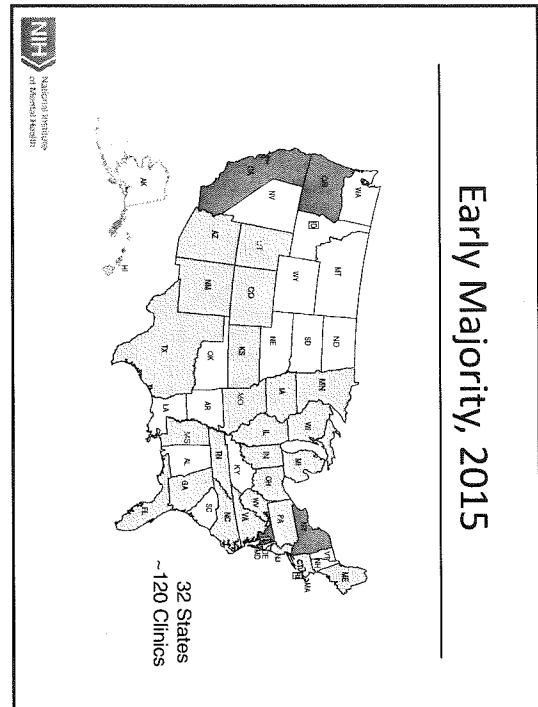
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Potential Impact of H.R. 3547

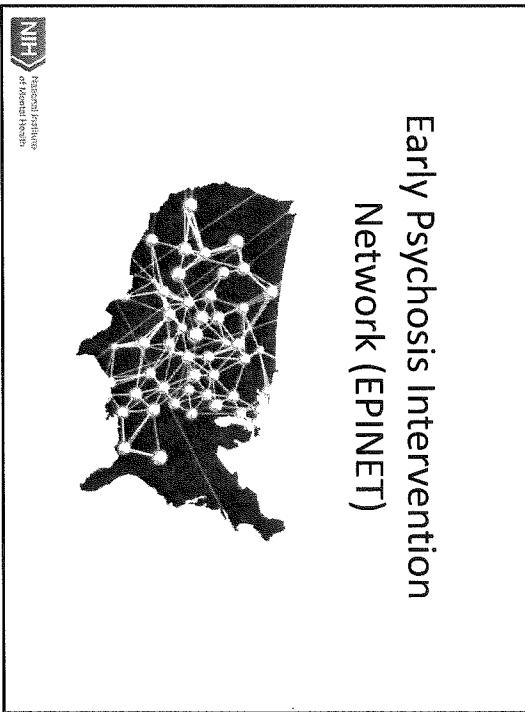


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Early Majority, 2015

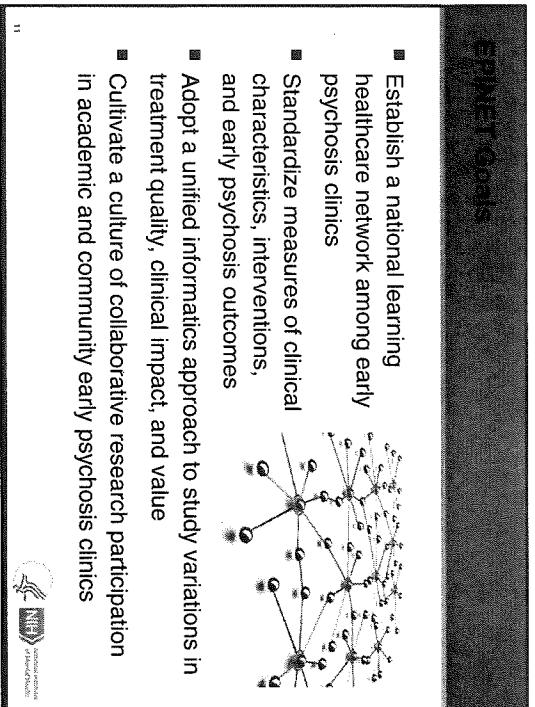
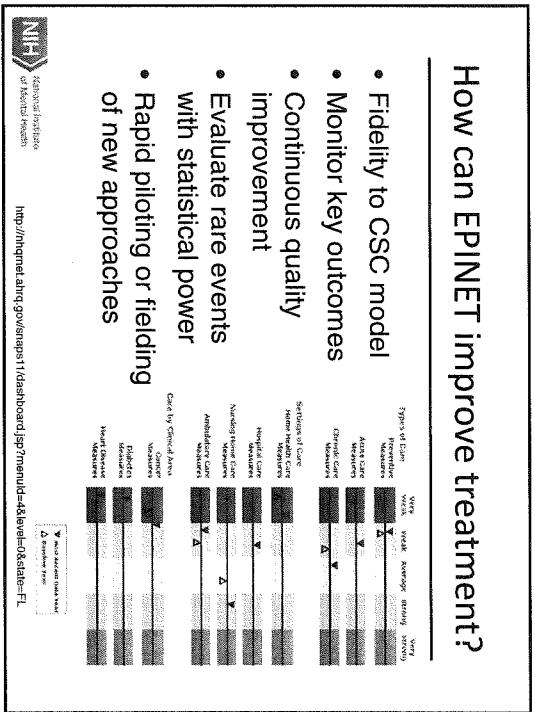


Early Psychosis Intervention Network (EPINET)



How can EPINET improve treatment?

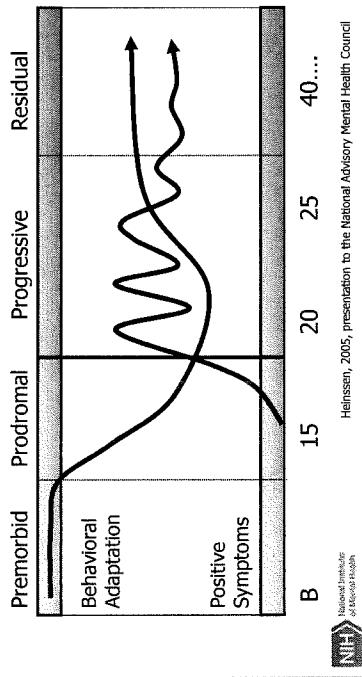
- Establish a national learning healthcare network among early psychosis clinics
- Standardize measures of clinical characteristics, interventions, and early psychosis outcomes
- Adopt a unified informatics approach to study variations in treatment quality, clinical impact, and value
- Cultivate a culture of collaborative research participation in academic and community early psychosis clinics



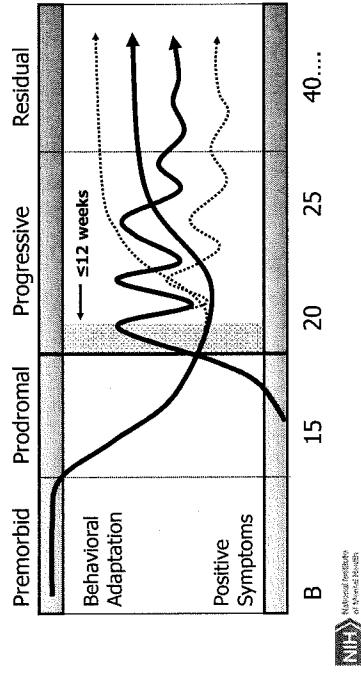
What do we know about preventing psychosis onset?



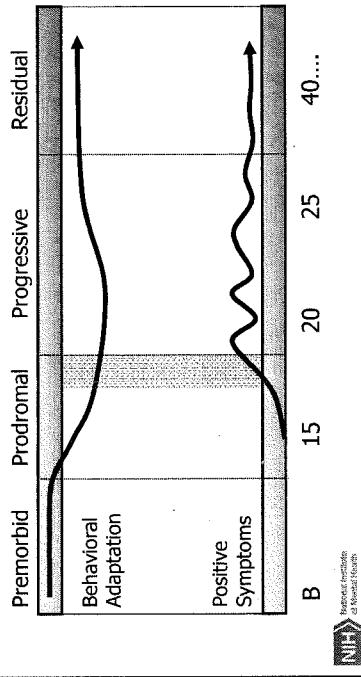
Clinical course of schizophrenia



Treatment at psychosis onset



Hypothesized impact of treatment before FEP





2013; 346:f185

Early interventions to prevent psychosis: systematic review and meta-analysis

Margot R Stafford, Hannah Jackson, Evan Mayo-Wilson, Anthony P Maruff, Tim Kendall

- 11 randomized control trials
 - 4 CBT vs. supportive counselling/monitoring
 - 3 CBT + Risperidone vs. comparison group
 - 2 pharmacotherapy (olanzapine, amisulpride)
 - 1 omega-3 fatty acid vs. placebo
 - 2 integrative therapy vs. comparison group
- 1,246 participants

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Evidence-Based Care for CHR

Comparison	# Trials	Quality of Evidence	12-month Transition to Psychosis	Risk Ratio
Cognitive Behavioral Therapy vs. Supportive Counseling	4	Moderate	CBT < SC	0.54
Integrated Psychotherapy vs. Standard Treatment	1	Low	IP < ST	0.24
Omega-3 Fatty Acids vs. Placebo	1	Low	Ω-3 < Placebo	0.18

Source of data: Stafford, Jackson, Mayo-Wilson et al, 2013.

Where more data are needed:

- Goals (RFA-MH-14-210/211/212):
 - Test the effectiveness of interventions targeting symptomatic and functional difficulties associated with clinical risk states for psychosis
 - Test hypotheses regarding intervention mechanisms of action
 - Create an evidence base to inform stepped-care models of early psychosis treatment
 - Determine feasibility for implementing approaches in community treatment settings

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Research to Improve the Care of Persons at Clinical High-Risk for Psychotic Disorders

Where more data are needed:

- Early identification and rapid referral from schools, primary care, and child/youth mental health programs
- Reliable, sustainable, and scalable methods for diagnosing psychosis risk states in community clinic settings
- Risk stratification and targeted interventions to interrupt symptom progression

