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Introduction

- Early psychosis intervention (EPI) services aim to reduce barriers to accessing care and improve recovery from a first episode of psychosis through the delivery of coordinated multidisciplinary care in the critical early years of psychosis onset.
- Despite the existence of EPI treatment standards, province-wide evaluations of fidelity to EPI standards in Ontario, Canada found that EPI services struggle to consistently deliver coordinated individual and family psychosocial and recovery-based interventions.^{1,2}
- EPI services also lacked a structured or manualized process for delivering recovery-oriented care, and cited a need for tools to support service delivery, access to staff training, and guidance on implementation of new practices.^{1,2}
- NAVIGATE, developed through the NIMH RAISE initiative, is an effective evidence-based, manualized model of coordinated EPI care that operationalizes current EPI standards across four key pillars: 1) individualized medication management; 2) individual resiliency training; 3) supported employment and education; and 4) family education.³
- The Early Psychosis Intervention – Spreading Evidence-based Treatment (EPI-SET) study⁴, a multisite non-randomized effectiveness-implementation trial evaluating the implementation of NAVIGATE in six diverse EPI sites across Ontario, has four overall objectives:
 - To assess implementation of NAVIGATE and whether this leads to improved fidelity to EPI standards
 - To determine longitudinal change in functioning and symptoms in patients receiving NAVIGATE
 - To compare system-level outcomes among patients receiving NAVIGATE compared to patients at non-NAVIGATE EPI sites and patients with early psychosis not enrolled in EPI
 - To evaluate youth and family member engagement in this implementation trial

Aims

- Within the EPI-SET study, we sought to investigate longitudinal change in functioning and symptoms over the first 12-months in youth participants receiving NAVIGATE.

Methods

Participants

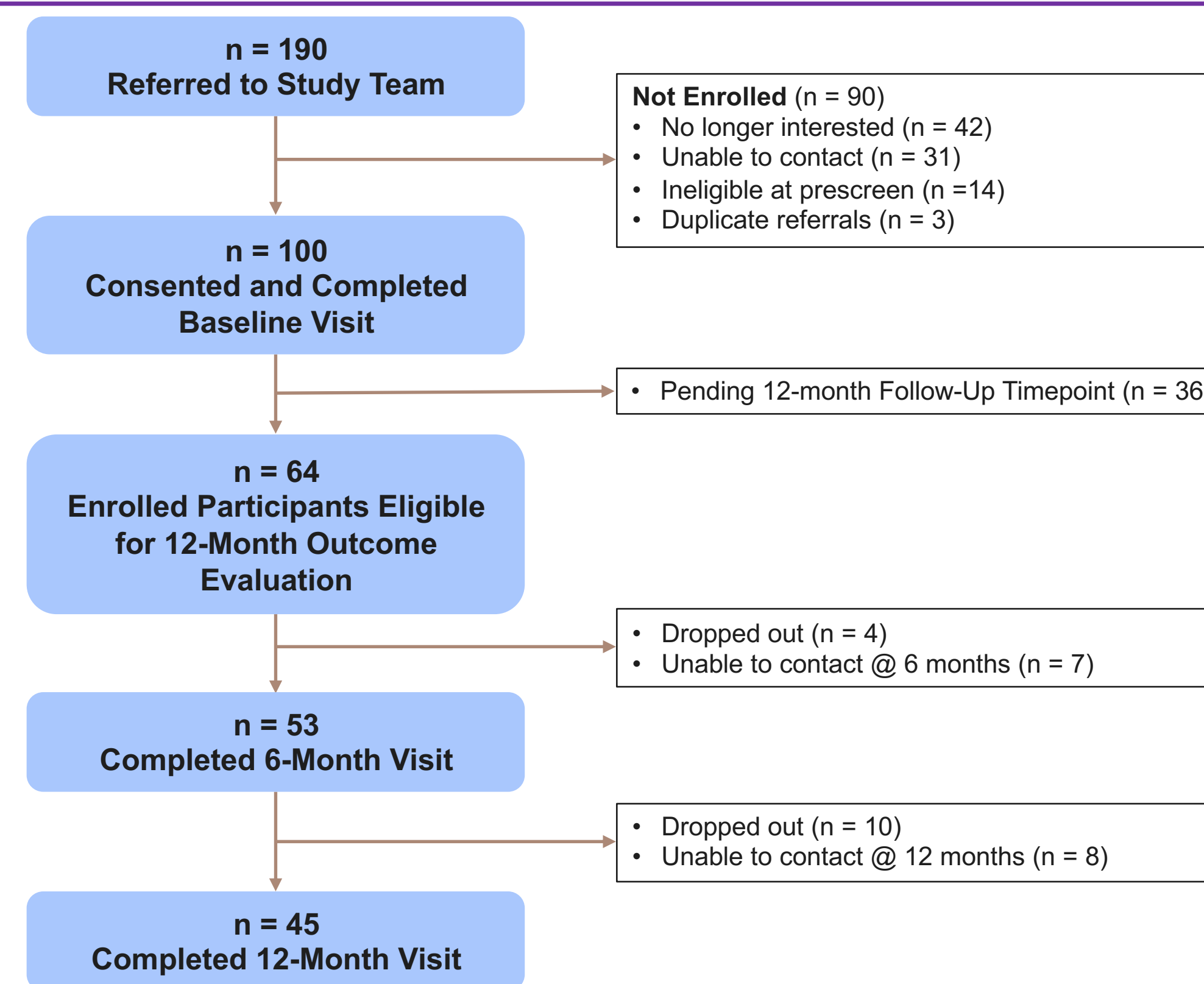
- 14 - 35 years old receiving care in one of six geographically diverse EPI services participating in this study
- Any DSM-5 diagnosis that can manifest as a first episode of psychosis (schizophrenia, schizoaffective disorder, schizophreniform disorder, bipolar I disorder with psychotic features, major depressive disorder with psychotic features, substance-induced psychotic disorder, or unspecified psychotic disorder)
- Within the first two years of treatment at a participating EPI site
- Participants were excluded if they did not meet criteria for a psychotic disorder, or were unable to provide informed consent to participate

Procedures

- Trained interviewers completed remote video-based assessments at baseline, and every six months over the course of one year
- Functioning outcomes consisted of the Quality of Life Scale (QLS), the Social and Occupational Functioning Assessment Scale (SOFAS), and the self-report World Health Organization Disability Assessment Schedule 2.0 (WHODAS)
- Symptom outcomes were evaluated using the Brief Psychiatric Rating Scale (BPRS), the Patient Health Questionnaire (PHQ-9), and the Clinical Global Impression (CGI) scale.

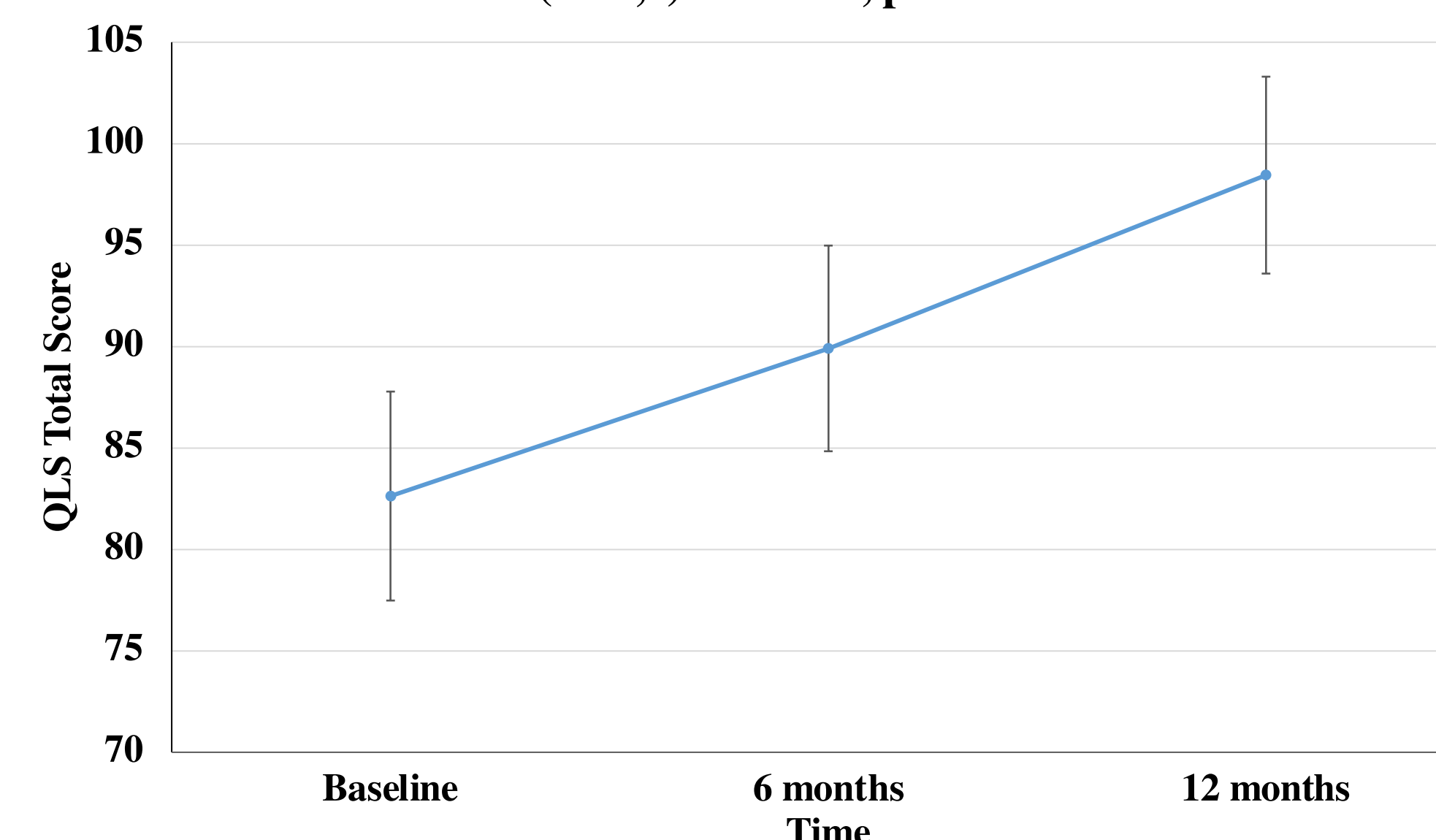
Statistical analyses

- Across the 100 participants recruited in this study, analysis focused on the first 64 participants who have reached their 12-month assessment time-point.
- Change in outcome measures were evaluated using linear mixed models.



Quality of Life Scale

$F(82.2,2) = 13.129, p < .001$

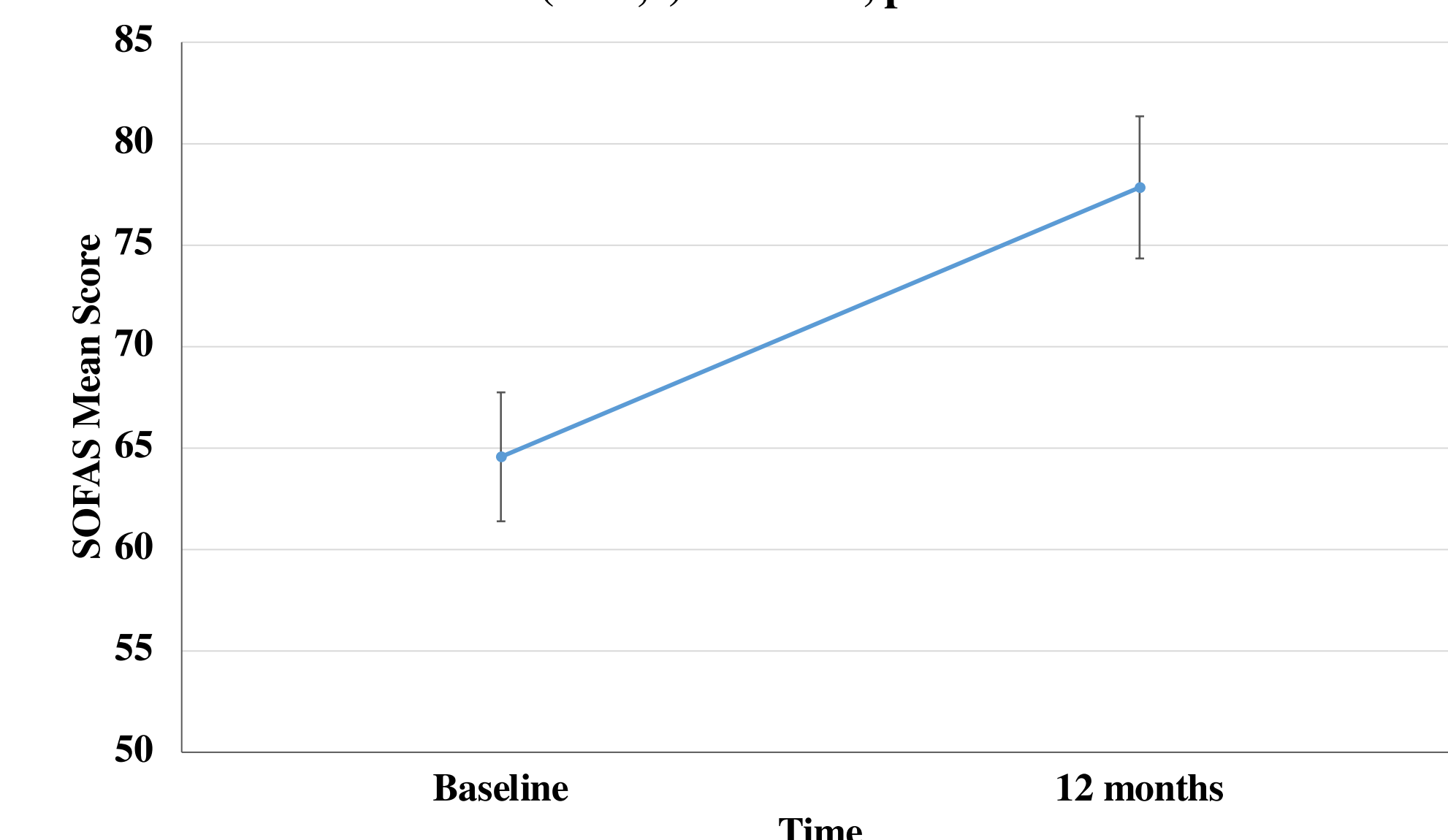


Results

Baseline Characteristic	Mean (SD) N=64
Age	22.8 (4.0)
Sex (% Female)	42%
Gender (% Female)	42%
Primary DSM5 Diagnosis (Schizophrenia Spectrum : Affective Psychosis)	41 : 23
Student (%)	44%
Employed (%)	39%
QLS Total Score	82.6 (20.6)
SOFAS Score	64.6 (12.8)
WHODAS Total Score	58.9 (22.3)
BPRS Total Score	34.8 (8.7)
PHQ-9 Total Score	5.3 (5.4)
CGI-Severity	2.5 (1.3)

Social & Occupational Functioning Assessment Scale

$F(53.9,1) = 47.890, p < .001$



Outcome Measure	Baseline	Month 6	Month 12	Estimated Change From Baseline to Month 12
	Estimated Mean (SE)	Estimated Mean (SE)	Estimated Mean (SE)	Estimate, SE (95% CI), p
QLS Total Score	82.6 (2.6)	89.9 (2.5)	98.5 (2.4)	15.8, 3.1 (9.7, 21.9), p < .001
Interpersonal relations	30.6 (1.4)	33.2 (1.4)	35.7 (1.1)	5.1, 1.5 (2.2, 8.0), p < .001
Instrumental role	13.0 (0.8)	15.3 (1.0)	18.0 (1.0)	4.9, 1.3 (2.4, 7.4), p < .001
Intrapsychic foundations	31.4 (0.9)	32.9 (0.8)	35.7 (0.8)	4.4, 1.1 (2.2, 6.6), p < .001
Common object and activities	7.6 (0.2)	8.5 (0.2)	8.9 (0.2)	1.3, 0.3 (0.8, 1.8), p < .001
SOFAS Score	64.6 (1.6)		77.8 (1.7)	13.3, 1.9 (9.5, 17.1) p < .001
WHODAS Total Score	58.9 (2.6)	55.3 (2.7)	53.2 (2.9)	-5.7, 3.1 (-11.7, 0.40), p = .07
BPRS Total Score	34.8 (1.1)	35.2 (1.1)	32.6 (0.9)	-2.2, 1.3 (-4.7, 0.4) p = .09
PHQ-9 Total Score	5.3 (0.7)	5.3 (0.6)	4.9 (0.8)	-0.4, 0.9 (-2.1, 1.3), p = .64
CGI Severity	2.5 (0.2)	2.4 (0.2)	2.3 (0.2)	-0.2, 0.2 (-0.5, 0.2) p = .25

- Participants exhibited a significant improvement in functioning on the QLS, and across all QLS subdomains, as well as on the SOFAS.
- A non-significant trend towards improvement was seen in the WHODAS and BPRS total scores.
- No significant improvements were seen in PHQ-9 or CGI scores over the first 12-months of follow-up.

Conclusions

- Preliminary findings suggest that youth experiencing an early episode of psychosis who received NAVIGATE through their EPI service experienced significant improvements in functioning over the first year of treatment.
- The QLS improvements seen in these preliminary findings of NAVIGATE implementation in Ontario are of similar magnitude to those seen in the NIMH RAISE trial.³
- Continued evaluation of outcomes for the entire sample over the full two years of treatment stands to further evidence on the effectiveness of NAVIGATE, and inform opportunities for EPI service design to provide comprehensive evidence-based care to enhance outcomes for youth experiencing early psychosis.

References

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Disclosures

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