

Reference #: [S13]

EPI-SET

Early Psychosis Intervention – Spreading Evidence-based Treatment: Improving early psychosis care through the EPI-SET study

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October 19, 2023



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AGENDA

Overview

Fidelity Outcomes

Patient-Level Outcomes

ECHO EPI-SET

Discussion and Q&A

Learning Objectives

1. Describe the NAVIGATE model for early psychosis care and patient level outcomes following implementation of this model in Ontario.
2. Reflect on barriers and facilitators to implementing the NAVIGATE early psychosis care model across multiple provincial sites.
3. Identify training needs and how evidence-based education models can support capacity building in early psychosis care.

1

Overview

Nicole Kozloff, MD, SM, FRCPC

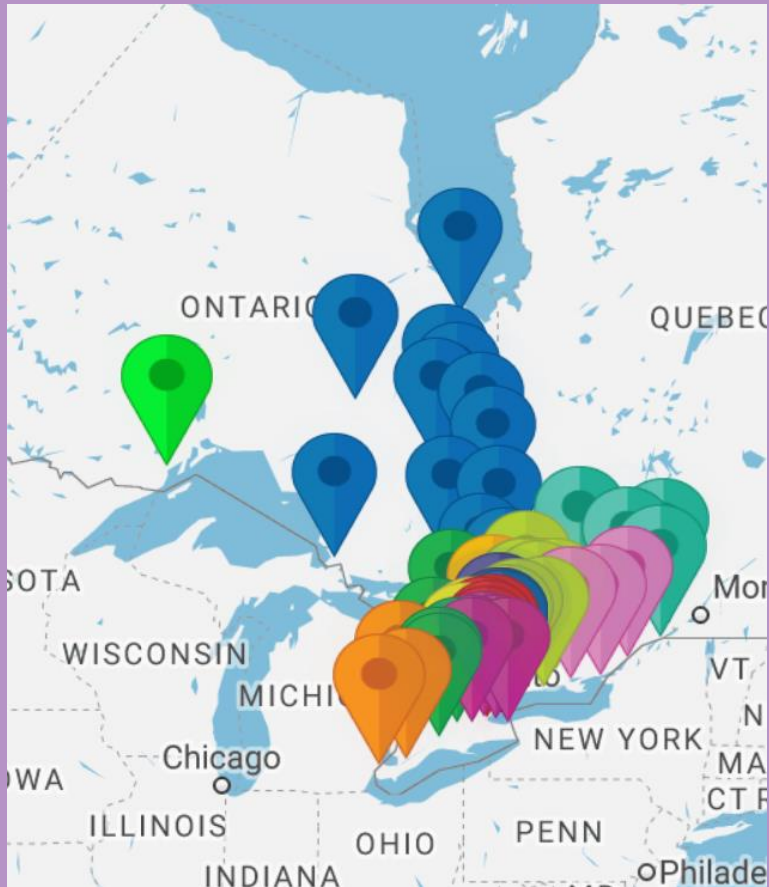
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Centre for Addiction and Mental Health

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The Staggering Toll of Mental Illness in Youth: Conditions with Early Psychosis (Schizophrenia & Bipolar) are the TOP Cause of Disability in Youth

Males		Females		Total	
Cause	Total DALYs (100 000s) (%)	Cause	Total DALYs (100 000s) (%)	Cause	Total DALYs (100 000s) (%)
15-19 years					
1	Unipolar depressive disorders 34 (8.0%)	Unipolar depressive disorders 53 (11.7%)	Unipolar depressive disorders 86 (9.9%)	Unipolar depressive disorders 86 (9.9%)	
2	Road traffic accidents 33 (7.8%)	Schizophrenia 23 (5.2%)	Schizophrenia 46 (5.3%)	Schizophrenia 46 (5.3%)	
3	Alcohol use 30 (7.2%)	Bipolar disorder 22 (4.9%)	Road traffic accidents 46 (5.3%)	Road traffic accidents 46 (5.3%)	
4	Schizophrenia 23 (5.4%)	Abortion 17 (3.8%)	Bipolar disorder 44 (5.1%)	Bipolar disorder 44 (5.1%)	
5	Bipolar disorder 23 (5.3%)	Panic disorder 16 (3.5%)	Alcohol use 34 (4.0%)	Alcohol use 34 (4.0%)	

EPI Services in Ontario



Early Psychosis Intervention Program Standards

March 31, 2011



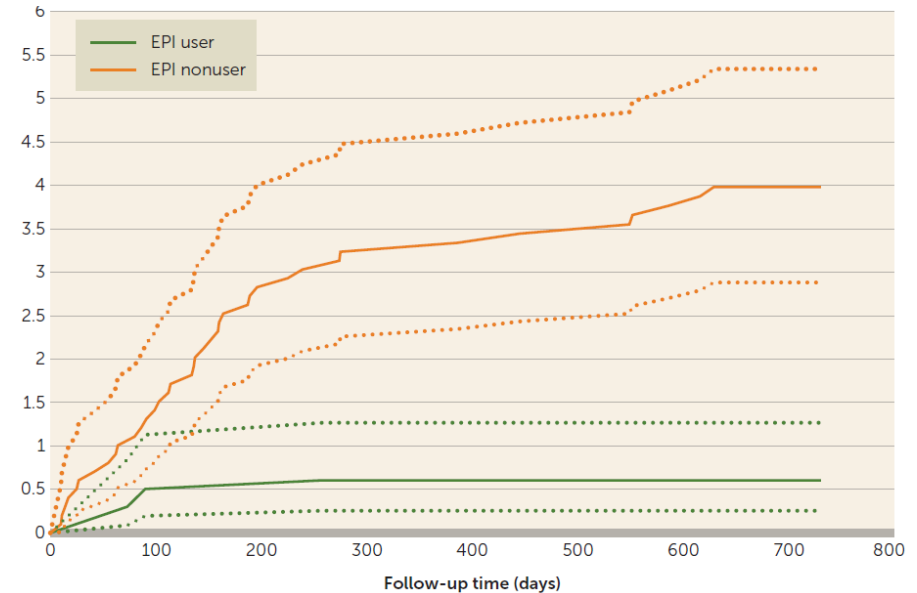
Life-Saving but Recovery Limited

- Outcomes for EPI users:

- More likely to receive care from a psychiatrist
- Reduced burden on emergency departments
- Reduced all-cause mortality

(Anderson, Norman, MacDougall, Edwards, Palaniyappan, Lau, Kurdyak 2018)

- **Despite this**, recovery rates remain low, and associated disability has not improved under routine clinical care (Craig, Garety, Power, Rahaman, Colbert, Fornells-Ambrojo, & Dunn, 2004)



Ontario Studies Identified Three Main Challenges in Delivering High Quality EPI Care

1 → Challenge: Considerable variability, particularly in recovery-oriented care; difficult to deliver all aspects of care; Requests for manualized protocols

2 → Challenge: Need for consistent access to training (and time) for the latest in evidence-based practices

3 → Challenge: Need/interest to bolster a community of practice and receive ongoing access to expertise



NAVIGATE

Individualized Medication Treatment

- Reducing symptoms and preventing relapses in order to help people achieve their desired goals

Individualized Resiliency Training

- Helping clients achieve personal goals by teaching them about their disorder and its treatment
- Reducing self-stigmatizing beliefs
- Helping them learn social and resiliency skills

Supported Employment & Education

- Helping clients to develop education and employment goals related ^{SEP} to their career interests
- Specialists work with clients to help them obtain jobs or enroll in educational programs

Family Education

- Teaching families about psychosis and its treatment
- Reducing relapses by encouraging medication adherence & monitoring signs of relapse
- Reducing family stress via improved communication & problem solving

NAVIGATE



- NAVIGATE recipients remained in treatment longer, experienced greater improvement in quality of life and psychopathology, and experienced greater involvement in work and school compared with community care
- Shorter DUP had greater improvement

Kane et al., *Am J Psychiatry*, 2015

Solutions that Meet the Challenges in EPI Care Across the Province

1 → Challenge: Need to standardize care, particularly recovery-oriented care and manualized protocols

Solution: The four NAVIGATE components are systematically applied in collaboration with the patient and modules are completed in a systematic time-oriented fashion (reducing variability in care among sites). At each patient visit, a contact/progress note is completed including the modules delivered, that the team reviews to assess patient progress, fidelity, and determine need for adjustments.

2 → Challenge: Need for consistent access to training, to investigate and implement new practices

Solution: Regional PSSP teams will support implementation and work closely with NAVIGATE content experts from the Slaight Centre (CAMH's EPI program), and community site leads.

3 → Challenge: Need to bolster a community of practice, provide ongoing access to expertise

Solution: Project ECHO consists of specialist hubs that connect with multiple spoke (learner) teams in remote areas through tele-videoconferencing technology, and thus can bridge the geographic gap required to bolster the Ontario EPI community of practice

Early Psychosis Intervention – Spreading Evidence-Based Treatment (EPI-SET)

1. Implementation and Fidelity Outcomes

Assess whether implementation of NAVIGATE leads to improvement in fidelity to the EPI standard (using the First Episode Psychosis Services Fidelity Scale (Addington et al.)); also assess factors that may impact implementation

2. System Level Outcomes

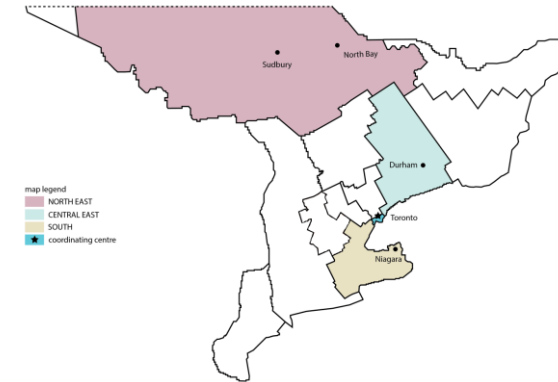
Compare system use – i.e. days in hospital, emergency department visits, suicide attempts, system costs at Ontario EPI NAVIGATE sites (and non-NAVIGATE sites) using data held at ICES

3. Patient Level Outcomes

Determine longitudinal change in functioning and symptoms among NAVIGATE patients

4. Youth and Family Engagement

Evaluate patient and family member engagement according to the SPOR framework



2

Fidelity Outcomes

Janet Durbin, PhD, MSc

Independent Research Scientist, Provincial System Support Program
Centre for Addiction and Mental Health

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EPI-SET Study Objectives

- 1** Assess whether implementation of NAVIGATE leads to improved fidelity to the EPI standards.
- 2** Assess if people getting NAVIGATE have better system-level outcomes (e.g., fewer days in hospital, fewer emergency department visits) than people using non-NAVIGATE services.
- 3** Assess if people getting NAVIGATE services improve over time in their functioning in their lives and experiences of symptoms.
- 4** Assess how do youth and family members feel about their engagement in the study (based on the SPOR framework).

Measuring Fidelity

- **First Episode Psychosis Fidelity Scale (FEPS-FS-R)***
 - Assesses delivery in relation to current best practice standards for EPI
 - 27 items rated on a 5 point scale: 4 or more indicates good adherence
 - Based on staff interviews (virtual), chart data, program data, team lead survey
- **Fidelity assessed at 3 points in time:**
 - Pre NAVIGATE implementation - 2018-19 (pre COVID) – BL
 - 20 months after implementation – 2020-21 (during COVID) – T1
 - 32 months after implementation – 2021-22 (underway) – T2
- At T1, we met with each team to review their results & discuss reasons for any rating changes
 - NAVIGATE related, COVID related, other
- **Fidelity Domains:**

Team Practice

Access and
Continuity

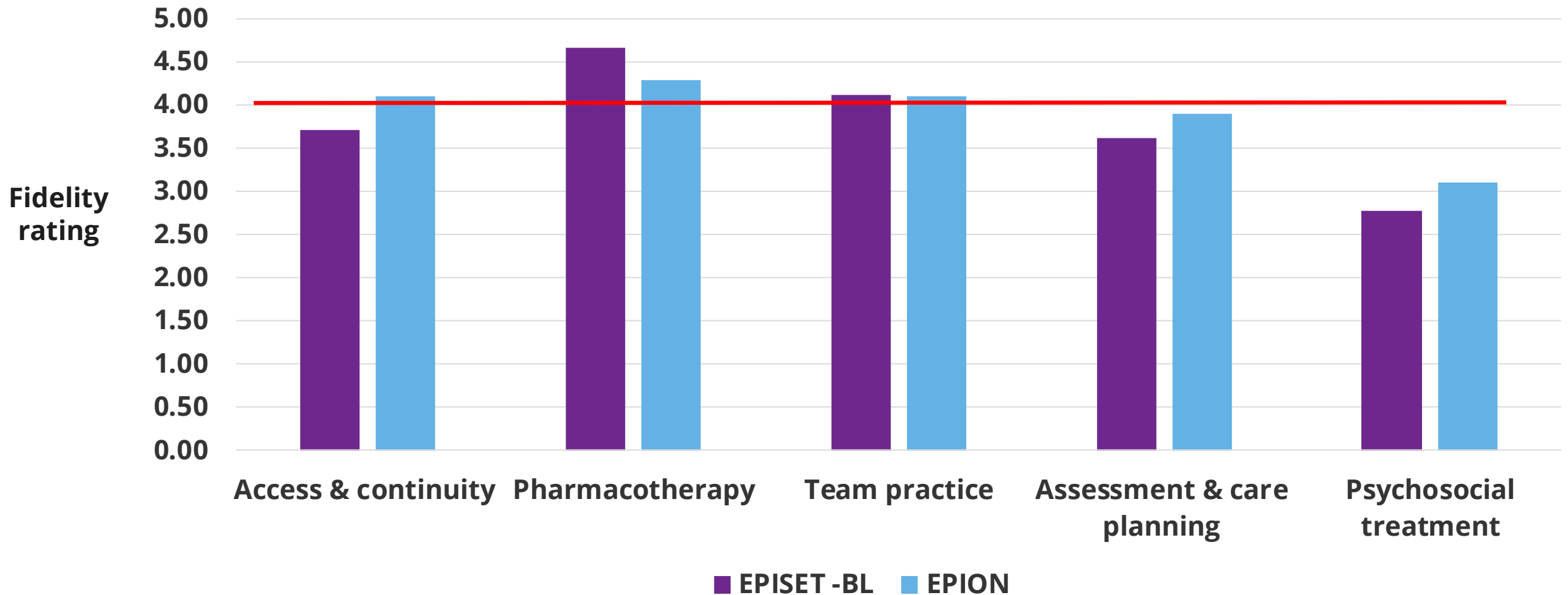
Assessment
and Care
Planning

Medical
Management

Psychosocial
Treatment

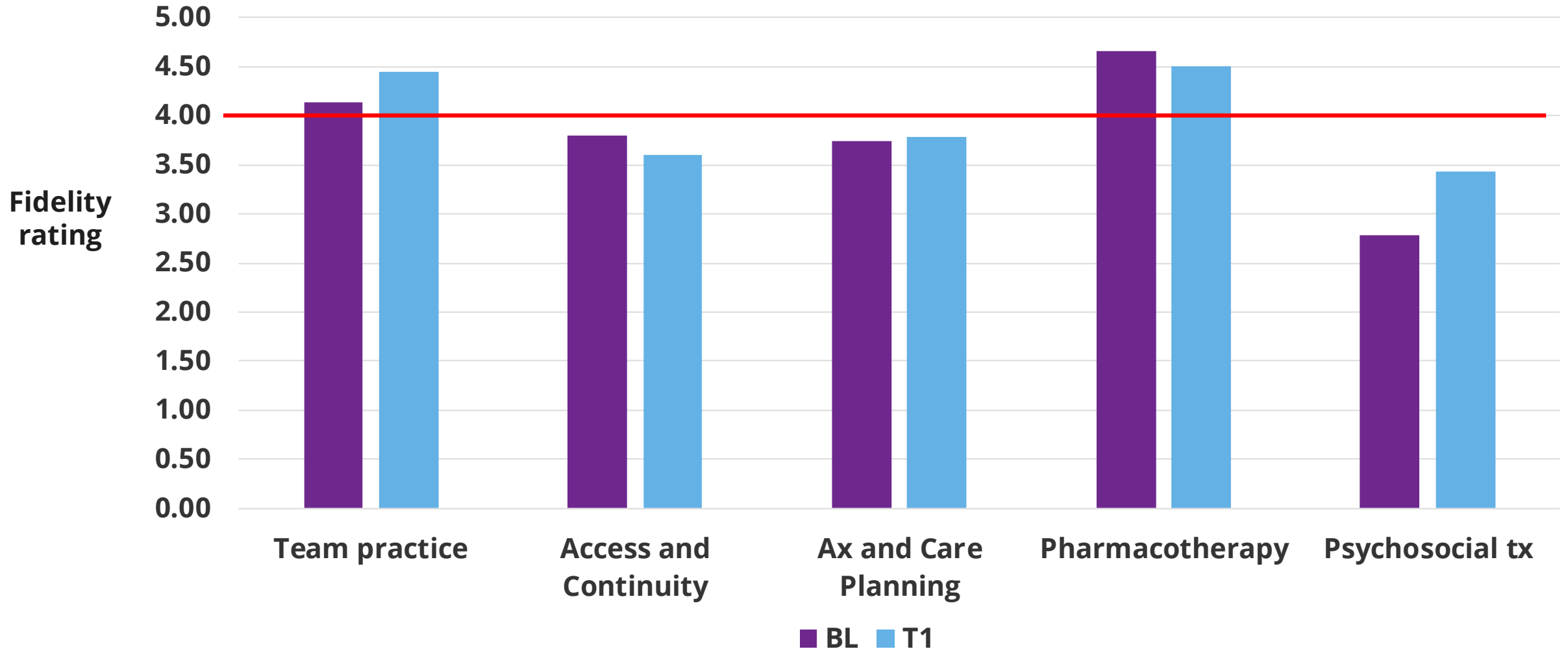
Pre NAVIGATE Domain Ratings*

EPI-SET (6 Sites) and EPION (17 Sites)

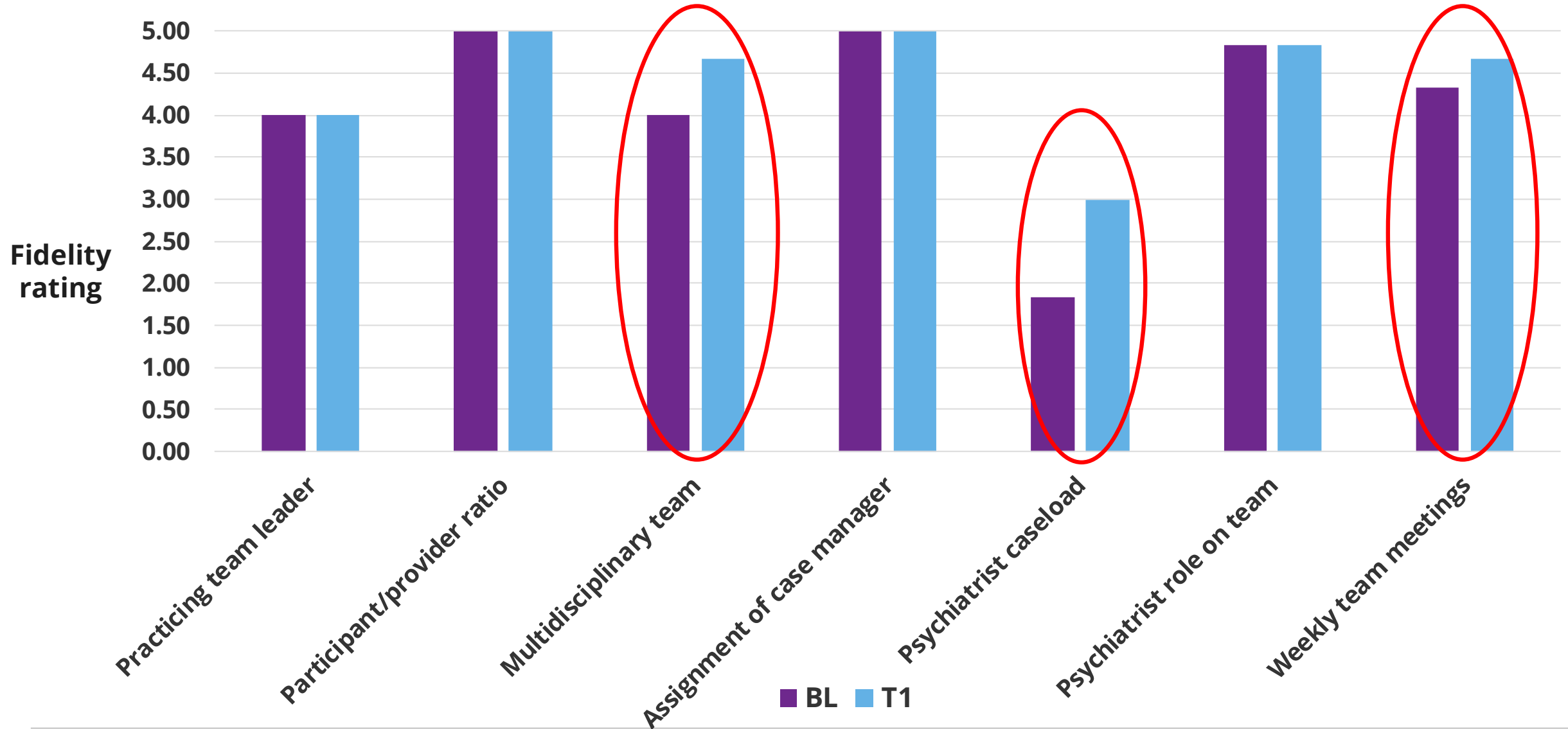


* **Note:** FEPS-FS content has been refined over time, only comparable items are reported.

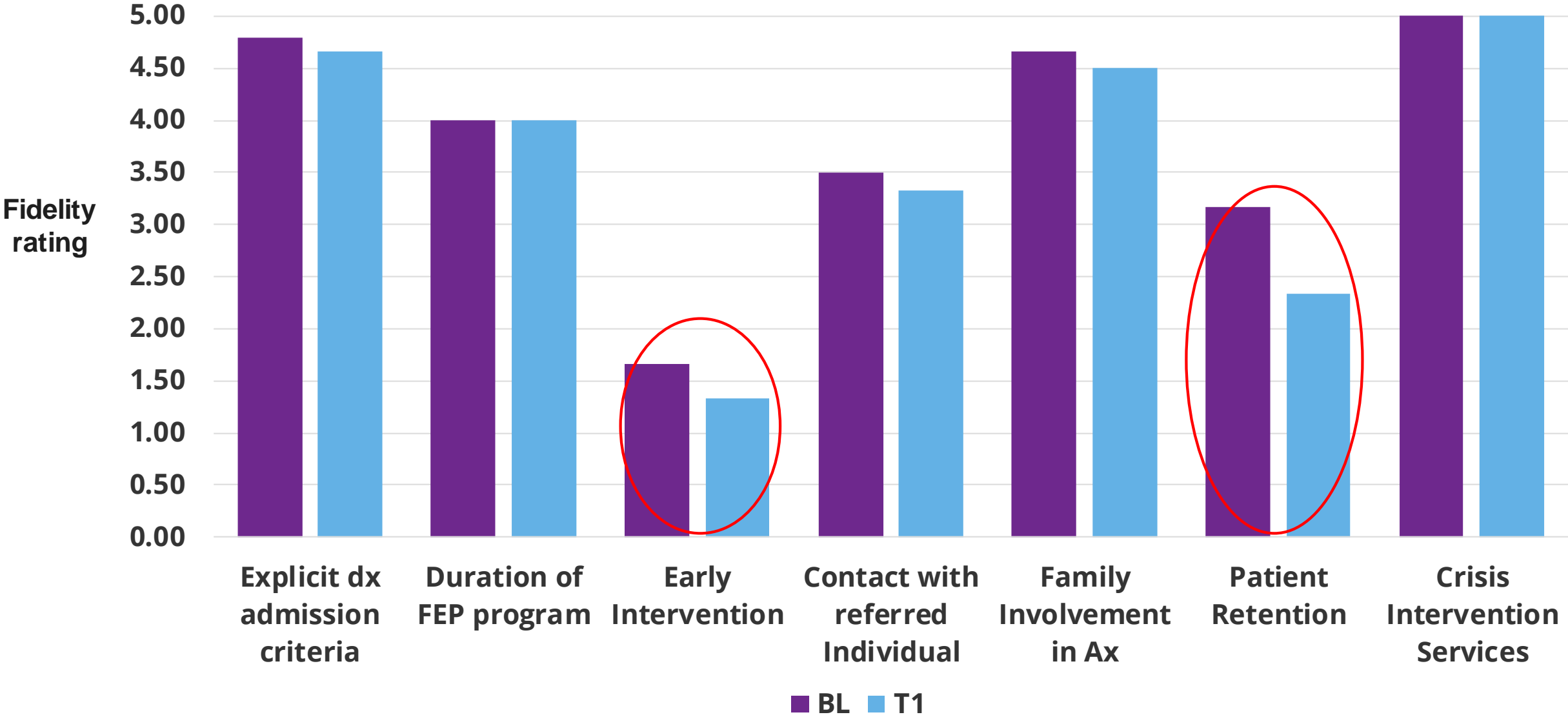
EPI-SET Sites: Domain Ratings BL and T1



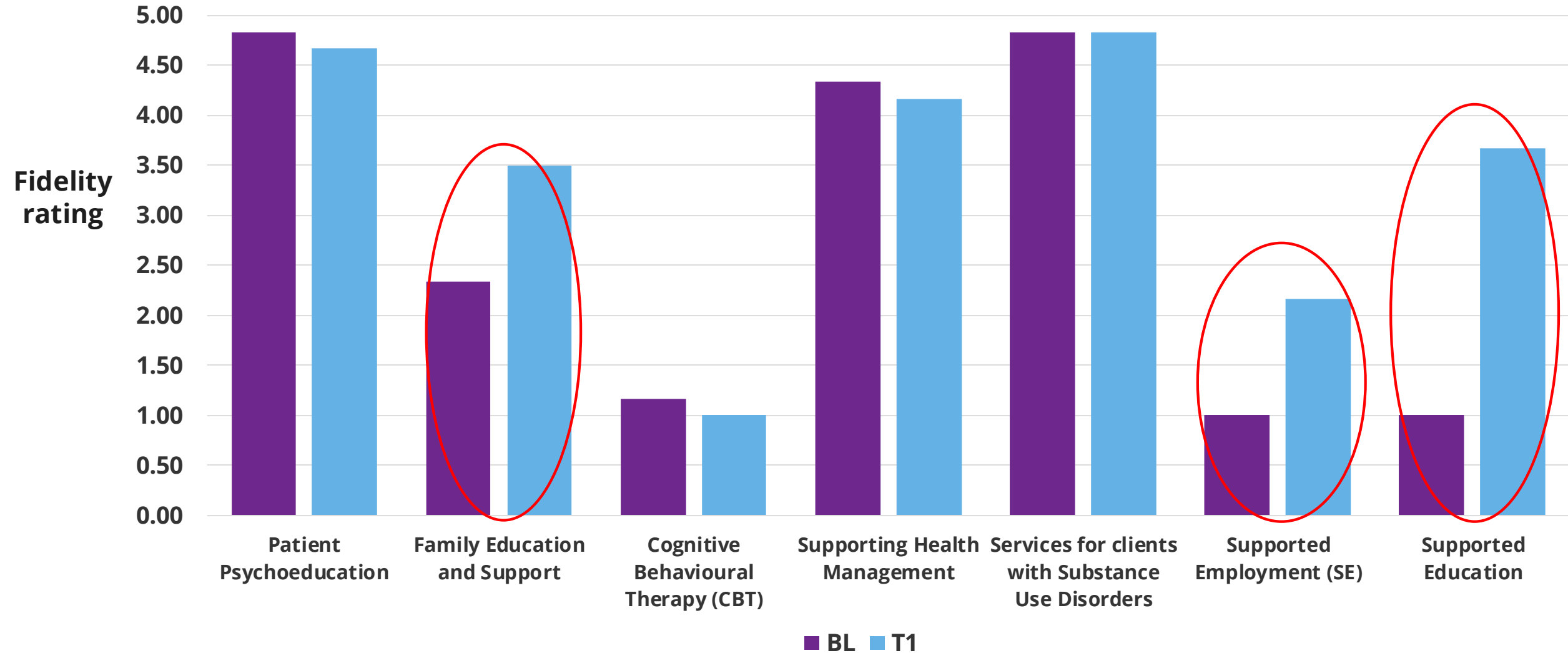
Team Practice Ratings BL and T1



Access and Continuity: BL and T1



Psychosocial Treatments: BL and T1



Staff Survey - Views of NAVIGATE

Snapshot 2 Time Points:

After Initial Training; n = 40

After More Experience 2022; n = 35

- ~60% response rate
- Sample varied in years with team, management and front line
- 35 items, rating 1-7, higher rating more positive implementation environment

Key Findings

- I have a good understanding of the intervention – increased from 53% to 74% of sample
- Motivation (relative advantage, compatibility, observability) – positive & stable (5.4)
- Specific capacity (skills, program support) – positive & stable (5.7)
 - Notable increase in inter-organizational support
 - Variability at program level
- General capacity (climate, leadership, innovation) – decrease although still positive 5.7 - may reflect COVID related turbulence

Discussion

What We Learned

1. NAVIGATE was implemented during a time of extensive health care system turmoil.
2. Despite this, after 20 months, programs reported implementing many NAVIGATE related practice changes and fidelity ratings improved in areas which are a particular focus of the model - team practice and delivery of psychosocial treatments.
3. Nevertheless, continued improvement is needed to reach good fidelity in a number of areas.

Next Steps

1. A third fidelity review will determine whether improvement is sustained and inform continued improvement
2. The fidelity review feedback was generally valued by the programs to guide delivery efforts and stimulated further practice changes.
3. The fidelity scale reflects best evidence on EPI model components and does not specifically measure quality of delivery of NAVIGATE. Study completed initial work to specifically measure NAV delivery.

3

Patient-Level Outcomes

George Foussias, MD, PhD, FRCPC

Scientific Director, Slight Family Centre for Youth in Transition
Chief, Schizophrenia Division
Centre for Addiction and Mental Health

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EPI-SET Study Objectives

- 1 Assess implementation of NAVIGATE and whether it leads to improved fidelity to the EPI standards.
- 2 Assess if people getting NAVIGATE have better system-level outcomes (e.g., fewer days in hospital, fewer emergency department visits) than people using non-NAVIGATE services.
- 3 Assess if people getting NAVIGATE services improve over time in their functioning in their lives and experiences of symptoms.**
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Patient-Level Outcomes

EPI-SET Study Objectives

3

Assess if people getting NAVIGATE services improve over time in their functioning in their lives and experiences of symptoms.

Aim:

Investigate longitudinal change in functioning and symptoms over the first 12 months in youth participants receiving NAVIGATE.

Research Recruitment

Who is Participating?

- Youth ages 14-35 experiencing an early episode of any DSM5 psychotic disorder
- Within the first two years of receiving NAVIGATE at 6 participating sites
- Able and willing to consent to study participation

RESEARCH OPPORTUNITY

Interested in **improving** mental health care in Ontario?

We are **actively recruiting** participants for a research study!

Your participation will help us understand the benefits of the NAVIGATE program for young adults experiencing psychosis. Participation involves answering questionnaires about your health and care experiences. You will be compensated for your time.

You may be eligible if you are:

- Between the ages of 14 and 35
- Have experienced psychosis
- Are receiving care in an Early Psychosis Intervention program

Interested in participating? Let your care provider know that you would like to be contacted by the research team.

For more information about the study, you can contact slightepi.setproject@camh.ca

For more information about programs and services at CAMH, please visit www.camh.ca or call 416-535-8501 (or 1-800-463-6273).

CAMH REB #090/2018
Version #1; 24-Mar-21

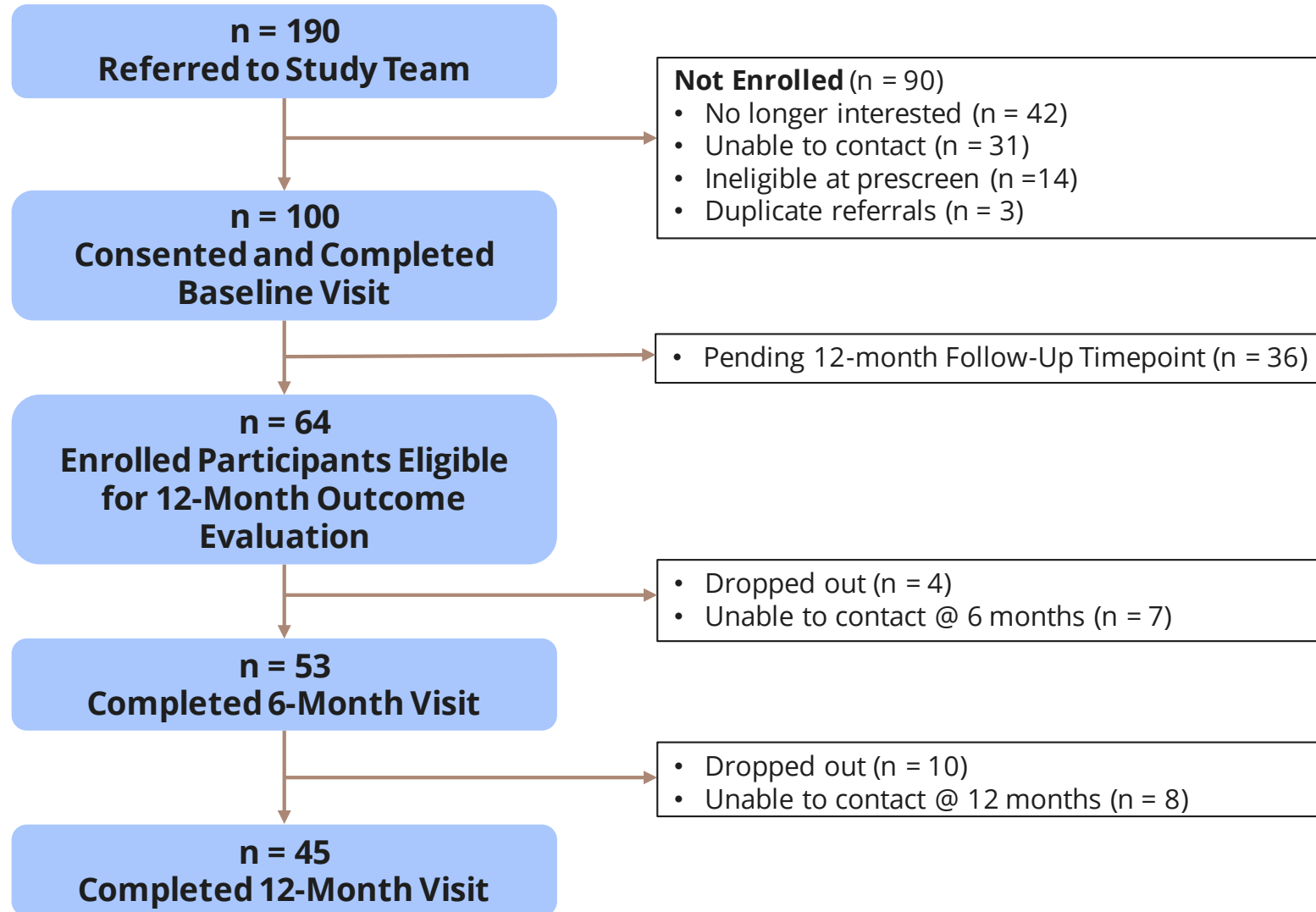
This study is being conducted in partnership with the following programs:



Study Procedures

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

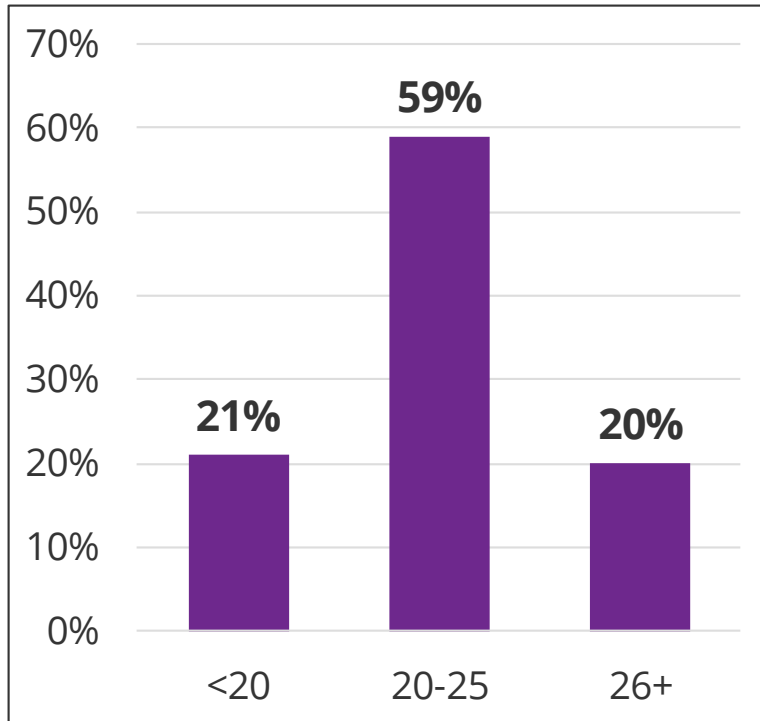
Participant Recruitment and Retention (as of May 2023)



Results:

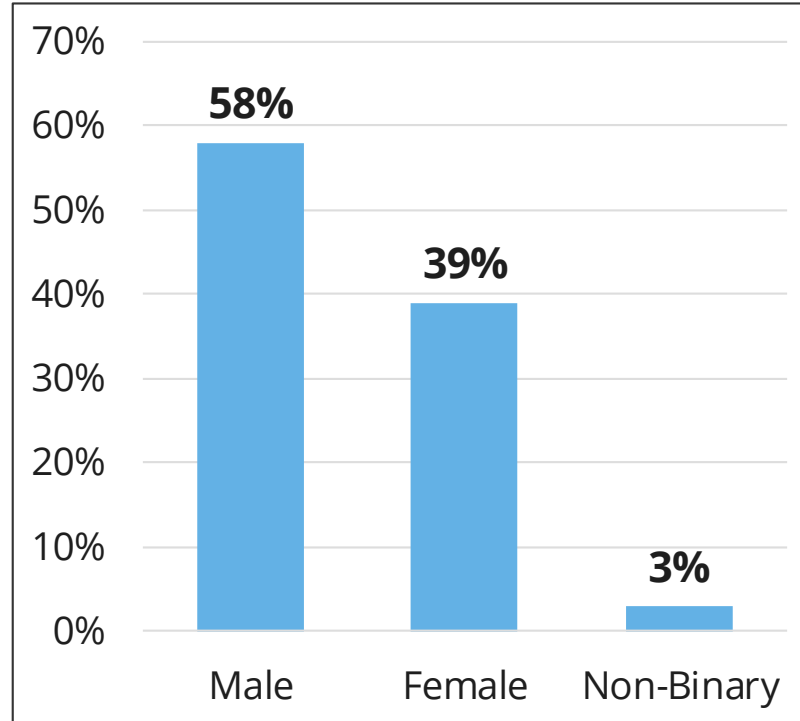
Baseline Youth Participant Characteristics

Age (Years)



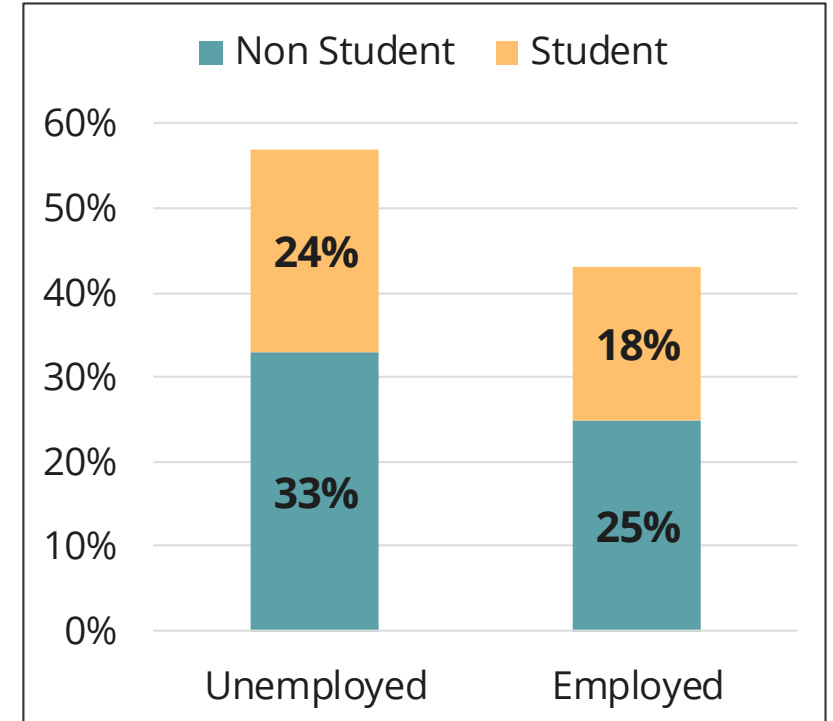
- Youngest participant = 14 years
- Oldest participant = 33 years
- **Mean Age (SD) = 22.7 (4.15) years**
- Median Age = 22 years

Gender



- Birth sex figures essentially the same
- Options not selected by our sample:
 - Trans Man
 - Trans Woman
 - Two-Spirit
 - Intersex
 - Don't Know
 - Other

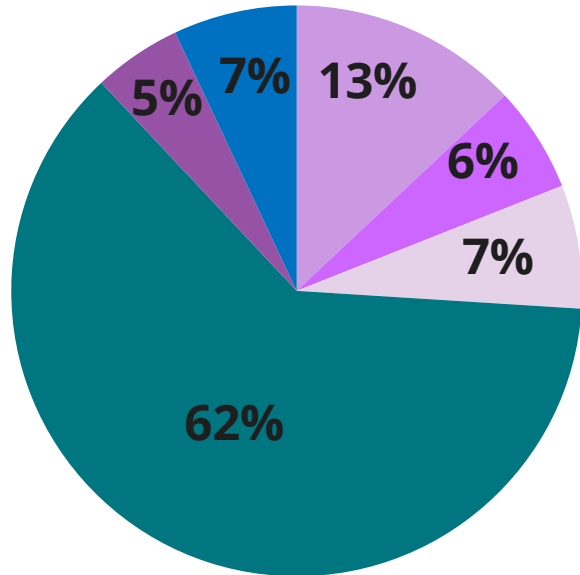
Education & Employment



- **80% completed high school**
- Of these, 20% completed a post-secondary college or university program
- 39% of employed participants are full-time

Results: Baseline Youth Participant Characteristics

Race / Ethnicity

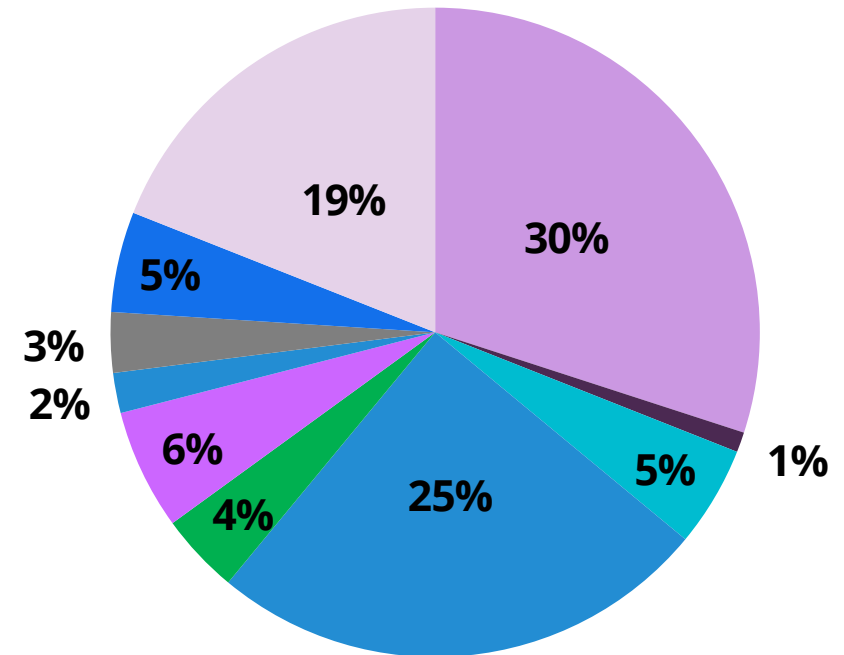


- Black (Caribbean, African)
- Southeast Asian
- First Nations, Indigenous, Aboriginal
- White (North American, European)
- Middle Eastern

Not Represented:

- East Asian
- Latin/Hispanic
- Black (North American)

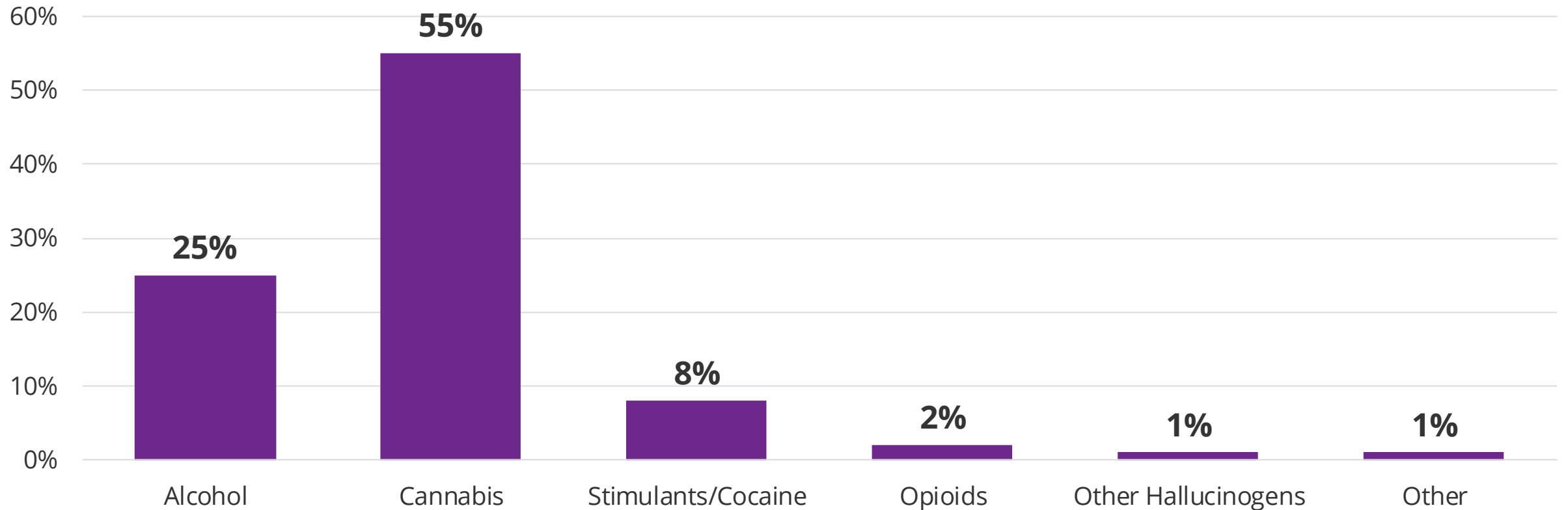
Primary DSM-5 Diagnosis



- Bipolar I Disorder
- Major Depressive Disorder
- Schizophreniform
- Brief Psychotic Disorder
- Substance-Induced Psychotic Disorder
- Bipolar II Disorder
- Schizophrenia
- Schizoaffective Disorder
- Delusional Disorder
- Other Specified Psychotic Disorder

Results: Baseline Youth Participant Characteristics

Comorbid Substance Use Disorders



In total, **63 participants** present with **at least 1** comorbid substance use disorder.

Of these participants, **23 participants** present with **2 or more** comorbid substance use disorders.

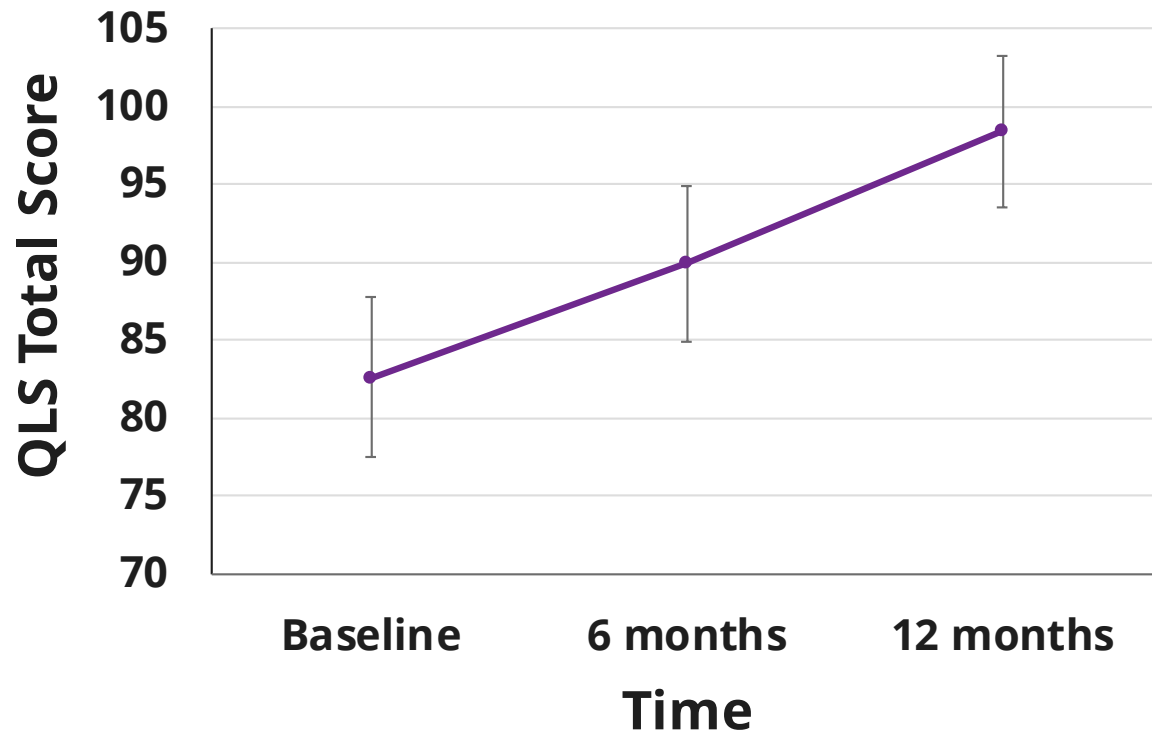
Preliminary 12-Month Outcomes: Participant Characteristics

Baseline Characteristics	Mean (SD) N=64
Age	22.8 (4.0)
Sex (% Female)	42%
Gender (% Female)	42%
Primary DSM5 Diagnosis Schizophrenia Spectrum, Affective Psychosis (N)	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)

Preliminary 12-Month Outcome Findings

Quality of Life Scale

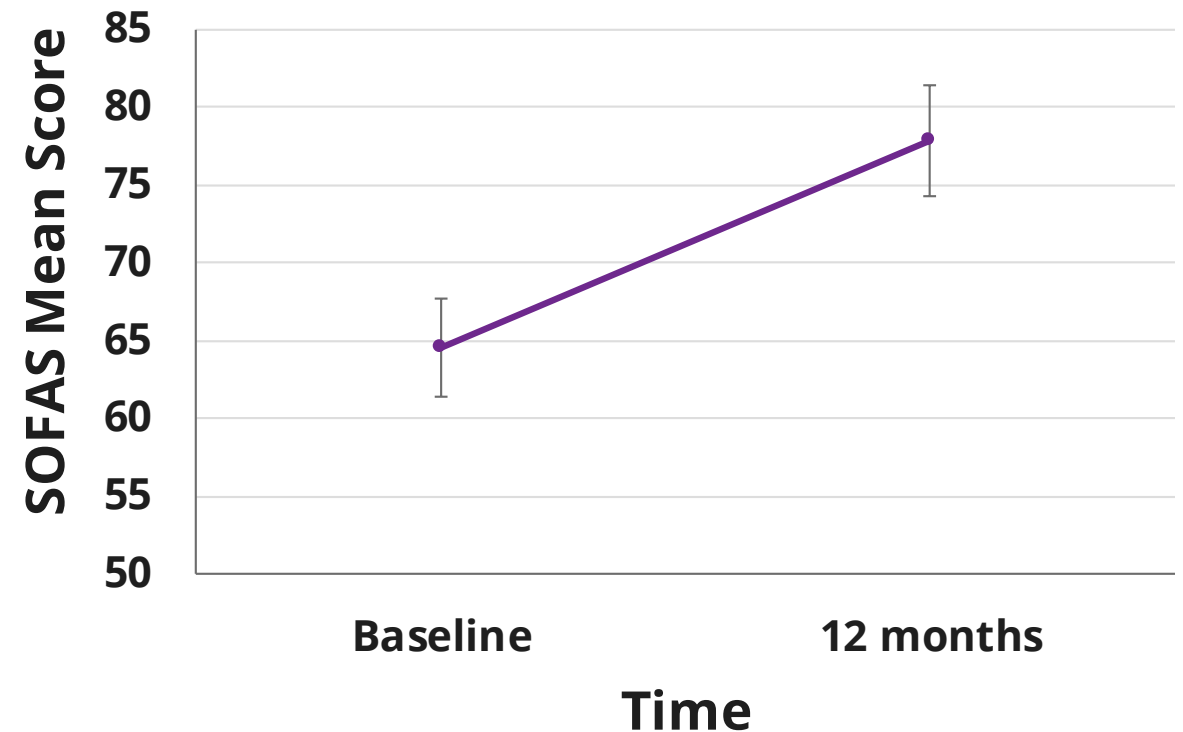
$F(82.2,2) = 13.129, p < .001$



- Total scores range from 0 to 126, with higher scores indicating improved functioning

Social & Occupational Functioning Assessment Scale

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



- Total scores range from 0 to 100, with higher scores indicating improved functioning

Preliminary 12-Month Outcome Findings

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

Discussion

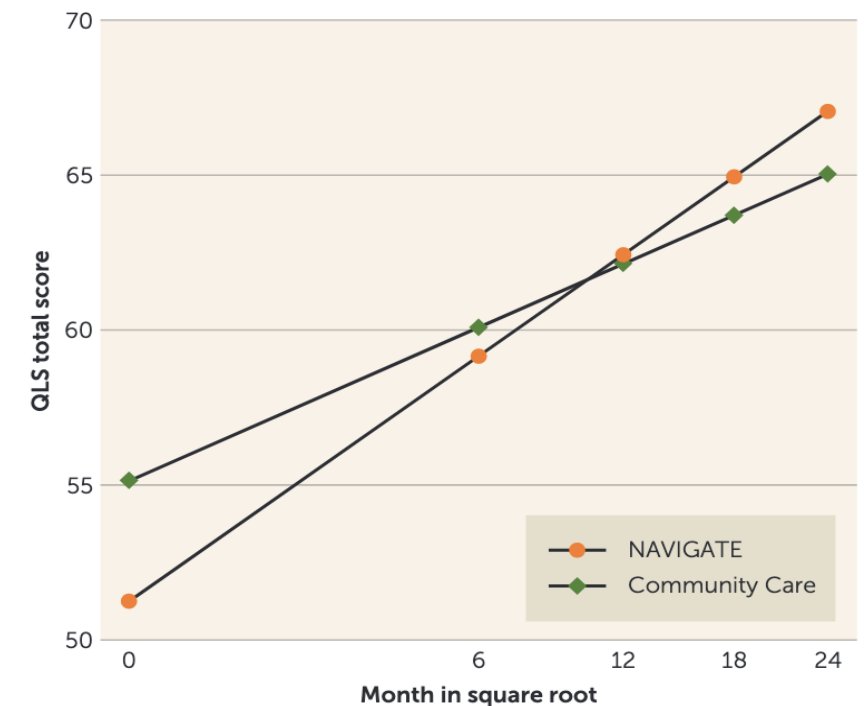
- Preliminary findings suggest that youth experiencing an early episode of psychosis who received NAVIGATE through their EPI service experienced significant improvements in functioning over the first year of treatment.
- The QLS improvements seen in these preliminary findings of NAVIGATE implementation in Ontario are of similar magnitude to those seen in the NIMH RAISE trial.
- 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.

Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program

John M. Kane, M.D., Delbert G. Robinson, M.D., Nina R. Schooler, Ph.D., Kim T. Mueser, Ph.D., David L. Penn, Ph.D., Robert A. Rosenheck, M.D., Jean Addington, Ph.D., Mary F. Brunette, M.D., Christoph U. Correll, M.D., Sue E. Estroff, Ph.D., Patricia Marcy, B.S.N., James Robinson, M.Ed., Piper S. Meyer-Kalos, Ph.D., L.P., Jennifer D. Gottlieb, Ph.D., Shirley M. Glynn, Ph.D., David W. Lynde, M.S.W., Ronny Pipes, M.A., L.P.C.-S., Benji T. Kurian, M.D., M.P.H., Alexander L. Miller, M.D., Susan T. Azrin, Ph.D., Amy B. Goldstein, Ph.D., Joanne B. Severe, M.S., Haiqun Lin, M.D., Ph.D., Kyaw J. Sint, M.P.H., Majnu John, Ph.D., Robert K. Heinsen, Ph.D., A.B.P.P.

Am J Psychiatry 173:4, April 2016

A. QLS total score^b



4 ECHO EPI-SET

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Vice President Education, Chief Medical Officer, and Senior Scientist
Co-Chair, ECHO Ontario Mental Health
Centre for Addiction and Mental Health

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Project ECHO

Project ECHO is a **“hub and spoke”** technology enabled education and capacity building model.

ECHO Core Principles:

- » Use technology to leverage scarce resources
- » Share best practices
- » Utilize case-based learning
- » Improve and monitor outcomes
- » *“All teach, all learn”*

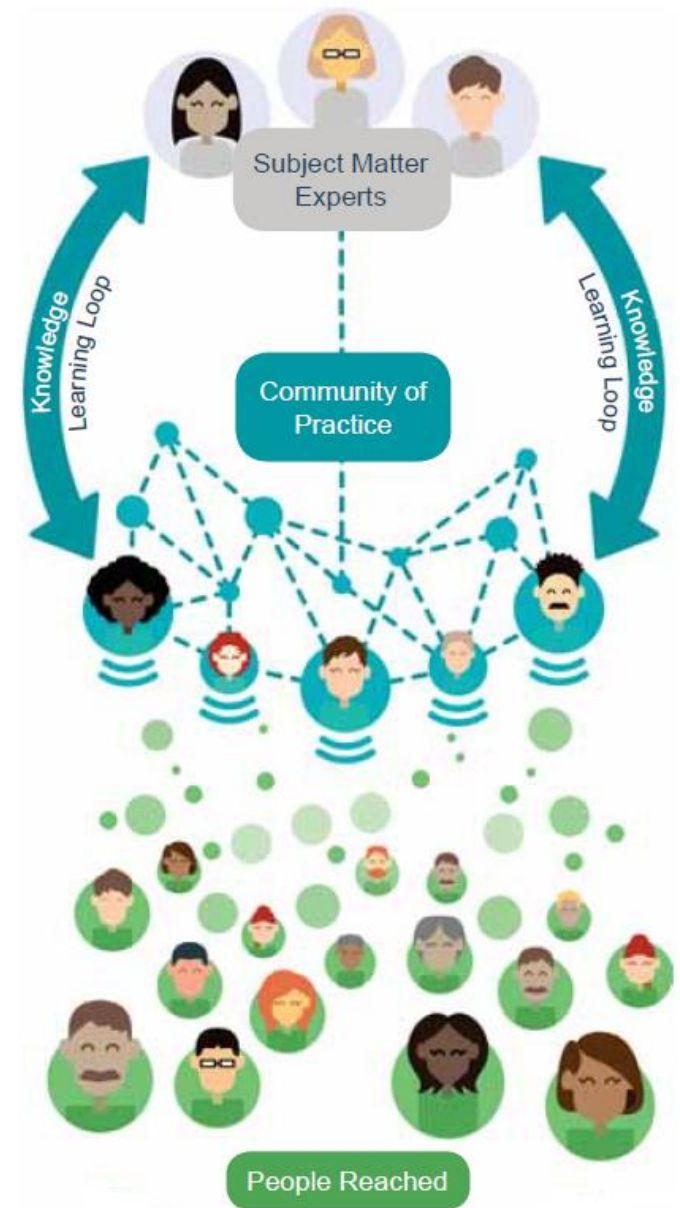
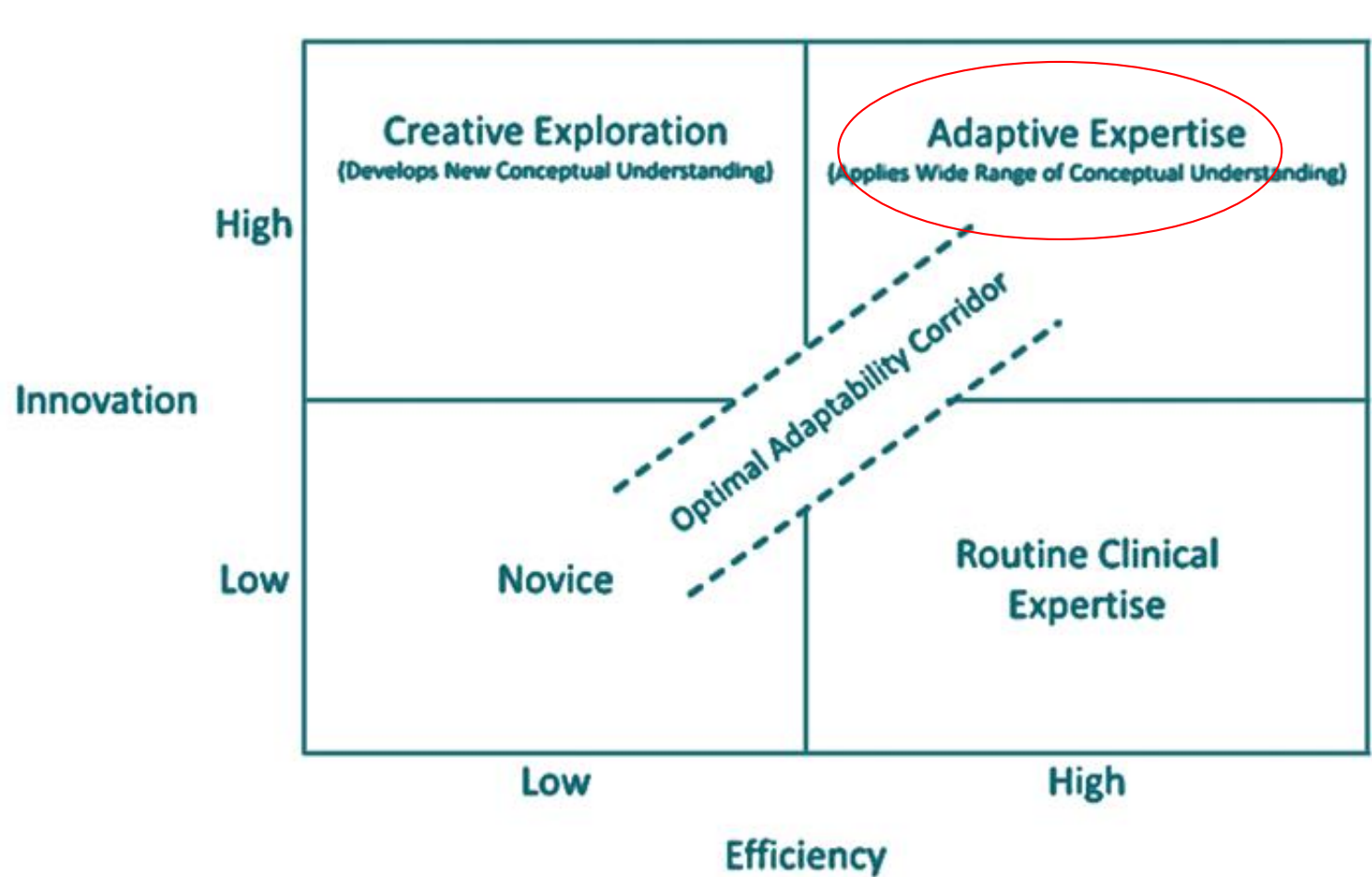


Figure 1. Project ECHO Model. From University of New Mexico School of Medicine.

Learning in ECHO

- » Individual and collective self-efficacy (Bandura)
- » Situated learning and communities of practice (Wenger)
- » Adult learning principles (Knowles)
- » Adaptive expertise (Schwartz)
- » Lifelong learning
- » Transformative learning



Socolovsky C et al. Prog Community Health Partnersh 2013
Carlín L, Zhao J, Dubin R, Taenzer P, Sidrak H, Furlan A. Pain Med 2018
Sockalingam S, Rajaratnam T, Zhou C, Serhal E, Crawford A, Mylopoulos M JCEHP 2021
Sheehan KA, Chaput J, Bond V, Alloo J, Soklaridis S, Zhang M, Sockalingam S. JACLP 2023

ECHO Ontario Mental Health (ECHO-ONMH)

ECHO Ontario Mental Health has expanded from 1 ECHO in 2015, to **15** operational ECHOs in 2022.



- Sept. 2015 ● Mental Health
- Mar. 2017 ● First Nations, Inuit and Métis Wellness
- Apr. 2018 ● Addiction Medicine and Psychosocial Interventions
- Apr. 2018 ● Obsessive Compulsive Disorder
- May. 2018 ● Trans and Gender Diverse Healthcare
- Oct. 2018 ● Psychotherapy
- Jan. 2019 ● Integrated Mental and Physical Health
- Aug. 2019 ● Early Psychosis Intervention (ECHO EPI-SET)
- Jan. 2020 ● Adult Intellectual and Developmental Disabilities
- Mar. 2020 ● Coping with COVID
- Nov. 2020 ● Canada Adult Intellectual and Developmental Disabilities
- Feb. 2021 ● Canadian Suicide Prevention Services
- June 2021 ● Arctic Youth Wellness Network
- June 2021 ● Coping with COVID for Leaders in the Developmental Sector
- Oct. 2022 ● Critical Care and Emergency Nurse Wellbeing

ECHO EPI-SET

- ECHO has a growing body of evidence to change knowledge, increase confidence, and to support practice change
 - Provides a community of practice
 - Resource sharing
- **Curriculum:** The NAVIGATE model for First Episode Psychosis treatment for youth and emerging adults
 - **Didactic Presentations:** Sharing of best practices of the NAVIGATE model of care
 - **Case Discussions:** Opportunity to apply NAVIGATE to real-world contexts
- Learning from and with one another, including youth/families with lived experience
 - **Hub Team:** Psychiatrists, Individual Resiliency Trainers (IRT), Family Clinician (FE), Supported Employment (SEE), Peer support, Research Analysts, Youth and Family Advisory Committee Representatives
 - **Spokes:** Partner sites

Zhou C, Crawford A, Serhal E, Kurdyak P, Sockalingam S. Acad Med 2016

ECHO EPI-SET Session Format

ECHO Session Component	Time
Introductions	10:00 – 10:05 AM
Case Presentation Discussion	10:05 – 10:35 AM
<i>Presentation of case by a partner site member</i>	<i>10:05 – 10:10 AM</i>
<i>Questions – Partner sites and Hub</i>	<i>10:10 – 10:20 AM</i>
<i>Recommendations – Partner sites and Hub</i>	<i>10:20 – 10:30 AM</i>
<i>Summary of Recommendations</i>	<i>10:30 – 10:35 AM</i>
Didactic Presentation, Q&A	10:35 – 10:58 PM
Wrap-Up, Closing Remarks	10:58 – 11:00 AM

ECHO EPI-SET Cycle 4 Curriculum (Sample Sessions)

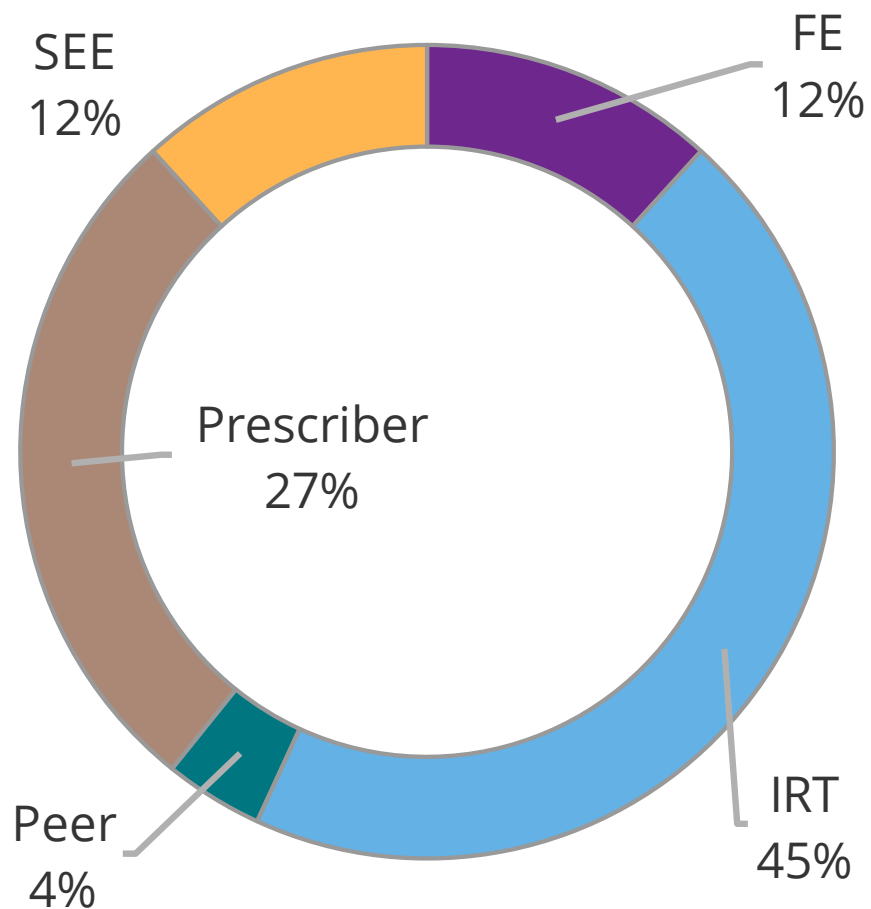
Weeks	Curriculum Topics
11	Digitization of IRT Manuals
12	Transitioning out of EPI Programs
13	IRT: Behaviour Activation
14	Prescriber – Side Effects and Discontinuation of Medication
15	Family Advisory Committee – Family Perspectives in Early Psychosis Care
16	Addictions
17	IRT: Groups

ECHO EPI-SET Evaluation

Moore's Evaluation Framework	Evaluation Measures
Level 1: Participation	<ul style="list-style-type: none"> • Number of sessions attended • Number of professions/disciplines participating
Level 2: Satisfaction	<ul style="list-style-type: none"> • Monthly satisfaction evaluation survey (IT, format, learning environment)
Level 3 and 4: Learning/Competence	<ul style="list-style-type: none"> • Changes in perceived confidence in participant's ability to perform core competencies related to NAVIGATE role (Measured at baseline + 2 other time points)
Level 5: Performance	<ul style="list-style-type: none"> • Degree to which attendees perform what ECHO intended them to do
Level 6: Patient Health	<ul style="list-style-type: none"> • How much does mental health of patients change as a result of ECHO
Level 7: Community Health	<ul style="list-style-type: none"> • Degree to which mental health in the community of patients changes due to ECHO-related changes in practice

ECHO EPI-SET Participation

Participant Role Breakdown

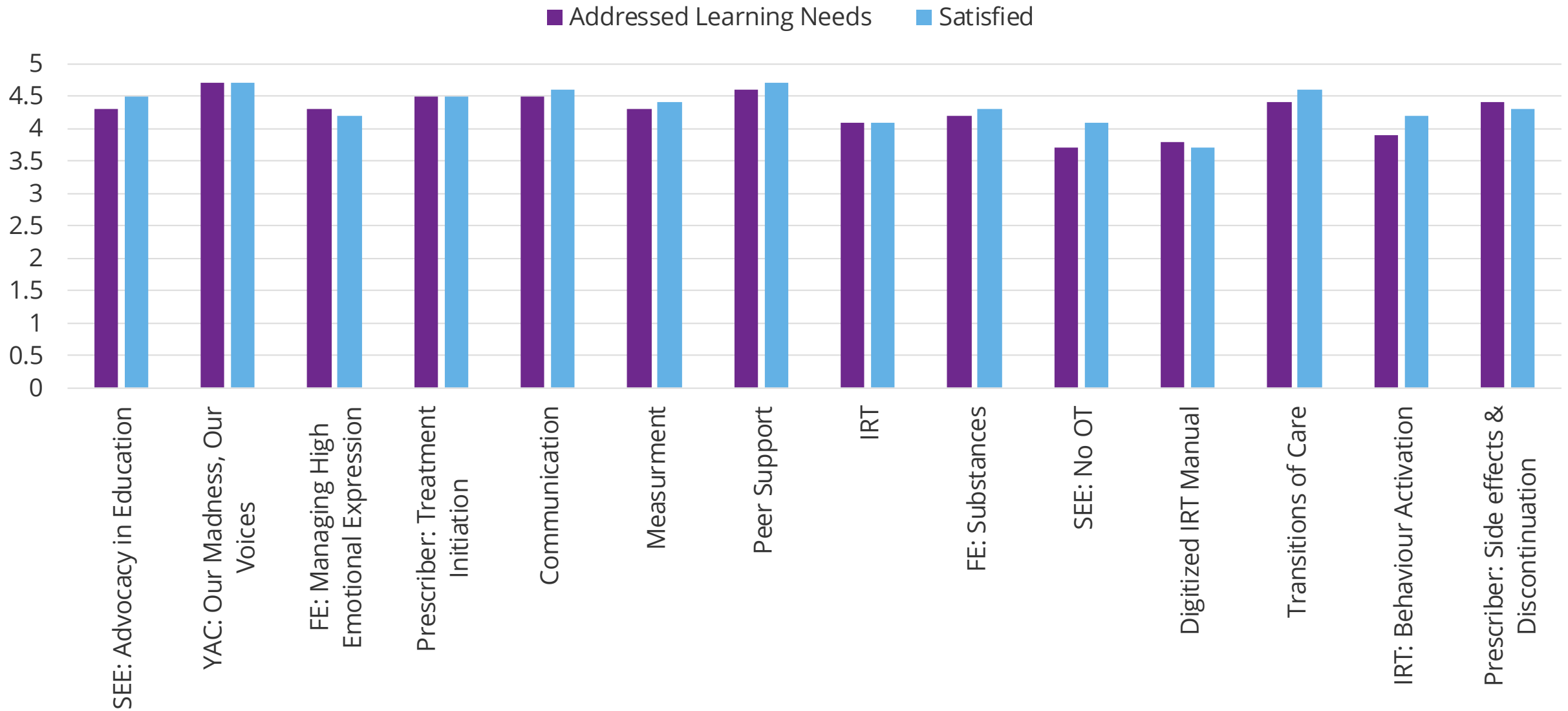


2 sessions per month | **67** sessions held to-date

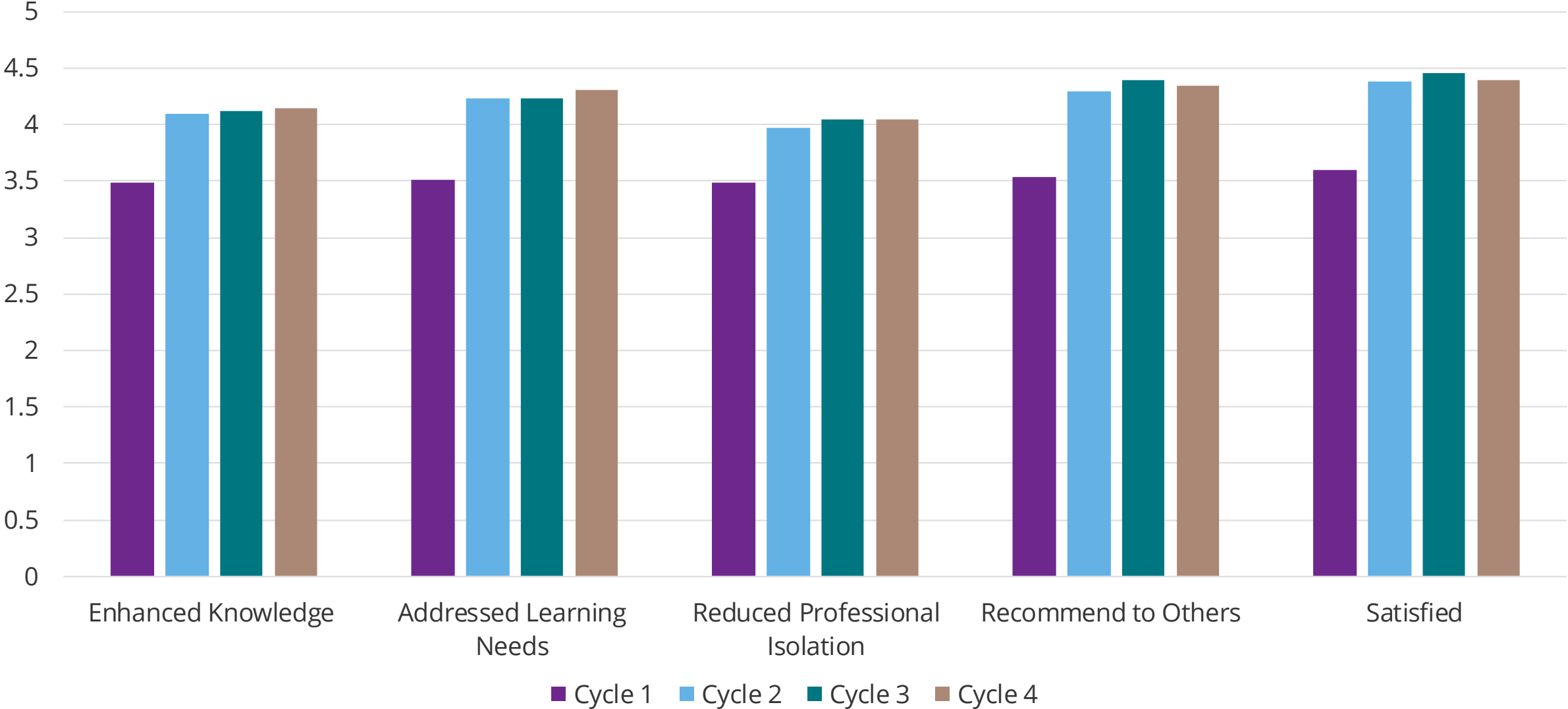
78 registered participants | **5** sites

Mean attendance per session:
23 participants (spokes) | **5** sites

Average Satisfaction of and Learning from Cycle 4



Feedback from ECHO EPI-SET Cycles

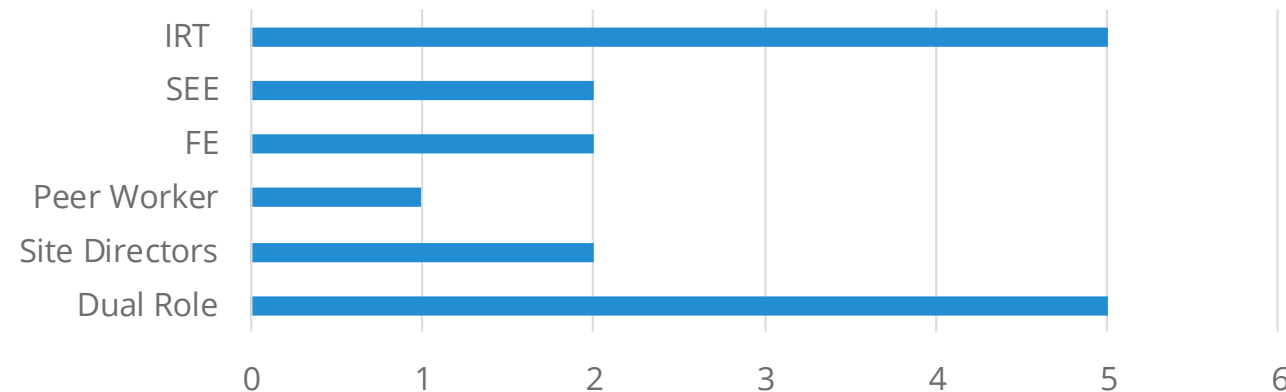


ECHO EPI-SET Qualitative Interviews

PURPOSE

- To measure the impact of ECHO EPI-SET on learning, change in practice, and communities of practice
- Assessing sustainability through uptake of the ECHO model, which will be measured by qualitative interviews of staff that attend the ECHO sessions

RECRUITMENT (n = 17)



THEMES

Impact of ECHO Structure

- Accessible
- Improvement opportunities

Change in Practice

- Application of knowledge and skills into clinical settings

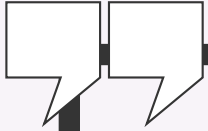
Creating a Community

- Reducing professional isolation
- Fostering inclusivity

Sharing New Knowledge and Skills in EPI Care

- Interprofessional learning
- Valuing lived experience
- Gaining new knowledge and skills

Creating a Community of Practice



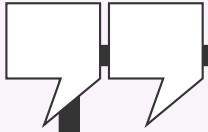
It gives us that common language, a common purpose, where even though we have different service areas with different needs, there are still those commonalities and how to connect with those who are experiencing a first episode of psychosis and their families.

So I think **it's definitely a unique community of clinicians to be in**, so we can understand the challenges of working with the population. [...] we have our family group, with our family education around early psychosis.

We have a team of IRTs and SEE workers and they're nurses and they're child and youth workers, but there is specific education around psychosis. **So it just adds that specialty of service that I think is really important.**

- Family Education (FE) Clinician

Sharing New Knowledge and Skills in EPI Care



It's been a rich experience. Being able to learn about the case, and not only that, but people have questions and then the recommendations from everybody, it's interesting to see other's perspectives. **Everybody has great ideas and great recommendations.** I think it's a lot of professionals that have a lot of good skills and knowledge, so it's really great to hear from all of them and learn from them.

One part that is as important if not more is the people with lived experience. FAC and YAC, I mean, gosh, their questions and the points they bring back are so valuable, and we just couldn't do it without them.

- Site Lead

5

Discussion and Q&A

Aristotle Voineskos, MD, PhD, FRCPC

Vice President Research
Director, Campbell Family Mental Health Research Institute
Centre for Addiction and Mental Health

camh

Self-Assessment Quiz: Question 1

1. A role within NAVIGATE is NOT:

a) Individual Resiliency Trainer

b) Prescriber

c) Therapist

d) Supported Employment and Education Worker

Self-Assessment Quiz: Question 1

1. A role within NAVIGATE is NOT:

a) Individual Resiliency Trainer

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Self-Assessment Quiz: Question 2

2. Which is NOT true of an early psychosis intervention program?
- a) They have been shown to reduce mortality
 - b) They are a relatively new model of care in Canada and no standards have been developed
 - c) Only around 50% of people with psychotic disorders in Ontario who are indicated for these programs actually access them
 - d) One of their objectives is to reduce duration of untreated psychosis

Self-Assessment Quiz: Question 2

2. Which is NOT true of an early psychosis intervention program?
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 - c) Only around 50% of people with psychotic disorders in Ontario who are indicated for these programs actually access them
 - d) One of their objectives is to reduce duration of untreated psychosis

Self-Assessment Quiz: Question 3

3. The Project ECHO model is an evidence-based capacity building model that has been used in mental health including early psychosis. Which of the following is a core component to the ECHO model:

- a) Didactic lectures
- b) Case-based learning
- c) Online polling
- d) Repetition of materials

Self-Assessment Quiz: Question 3

3. The Project ECHO model is an evidence-based capacity building model that has been used in mental health including early psychosis. Which of the following is a core component to the ECHO model:

- a) Didactic lectures
- b) Case-based learning**
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Closing Remarks

camh