

**Intervento precoce nella psicosi. In che modo può essere utile?
Uno studio catamnestico in un centro di salute mentale italiano**

**Early intervention in psychosis. How can it be useful?
A catamnesic study in an Italian Community Mental Health Center**

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Riassunto

Scopo: L'intervento precoce nell'ambito della psicosi dimostra che, intervenendo immediatamente in presenza di sintomi psicotici, è possibile osservare un tasso di successo terapeutico elevato. Inoltre, questo tipo di trattamento massimizza l'efficacia degli interventi terapeutici includendo non solo la figura dello psichiatra, ma anche quella dello psicologo e di altre figure socio-sanitarie. Questo studio si propone di identificare trattamenti terapeutici e assistenziali innovativi e di indagare gli effetti di un trattamento integrato e multidimensionale a distanza di un anno su soggetti con stato mentale a rischio.

Metodi: Il presente studio catamnestico ha osservato 30 giovani pazienti (suddivisi in due gruppi da 15) durante un anno di trattamento, confrontando il protocollo di cura standard con un intervento precoce specializzato, denominato Programma TR-43. Il trattamento terapeutico e i risultati sono stati valutati attraverso le consultazioni delle cartelle cliniche dei soggetti e della Scala di Valutazione Globale del Funzionamento (GAF) da parte dei clinici.

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Risultati: Il gruppo che ha partecipato al Programma TR-43 ha presentato un aumento del punteggio GAF statisticamente significativo. Tale gruppo ha visto una presenza più consistente di professionisti complementari allo psichiatra come lo psicologico, l'infermiere, l'assistente sociale e/o l'educatore di riferimento.

Conclusioni: L'esito positivo osservato in tutto il gruppo del Programma TR-43 si basa su un'appropriata gestione del paziente. Un trattamento integrato e multidimensionale, come quello proposto, può quindi produrre risultati clinici migliori rispetto ad uno generico che coinvolga principalmente la figura dello psichiatra. Una riduzione della sua presenza, come nel caso del Programma TR-43, può permettere al paziente di sentirsi meno medicalizzato e più coinvolto nel suo percorso di cura.

Parole chiave: intervento precoce nella psicosi, salute mentale, studio catamnestic

Abstract

Objective: Early intervention demonstrates that, when psychotic symptoms are treated early, a higher therapeutic success rate is guaranteed. Besides, this kind of treatment maximizes the effectiveness of the interventions. The study aims to identify innovative therapeutic and assistance treatment and to investigate the effects of an integrated and multidimensional treatment after one year on subjects at risk mental states.

Methods: This catamnestic study observed 30 young patients during one year of treatment, comparing the standard care protocol with a specialized early intervention named TR-43 Project. The therapeutic course and outcome were evaluated through the consultations of subjects' medical records and the administration of the Global Assessment of Functioning Scale (GAF).

Results: The entire group presented a statistically significant GAF score increase. The TR-43 Project staff showed a more consistent presence of professionals complementary to the psychiatrist.

Conclusions: The positive outcome observed in the whole group attested appropriate patient management, while the lower presence of the psychiatrist observed in the TR-43 staff is likely useful to prevent patients' medicalization. An integrated and multidimensional treatment, such as the TR-43 Project, can produce better clinical outcomes than a generic one.

Keywords: early intervention in psychosis, mental health, catamnestic study

Introduction

The specialized early intervention comprises a more efficient option compared to generic care in managing the critical early phase of psychosis, in increasing treatment adherence, and in limiting the duration of untreated psychosis (DUP), as shown in several studies (McGorry, 2008, 2015). Where systematically implemented, early intervention in psychosis services produces better clinical outcomes than generic teams (Singh, 2010). This kind of intervention is particularly productive in young people and is also cost-effective (Aceituno et al., 2019). This is a demonstration that if psychotic symptoms are treated early, then there is a higher success rate.

In recent years, the concept of early intervention has been much discussed. The complex and often heated scientific debate about the real efficacy of this kind of therapeutic approach has taken shape through the publication of various cost-benefit analyses focusing on social and vocational functioning, satisfaction, quality of life, adherence to medication, and symptom improvement (Pelosi, Birchwood, 2003; McGorry, 2012). Some authors have emphasized the lack of clear clinical guidelines as well as the risk of over-treatment connected with such interventions (Pelosi, 2008).

In order to demonstrate the effectiveness of early interventions, a Mental Health Department in Northern Italy established the TR43 Project. It aims to identify the early psychotic onset. This project seeks, in particular, to avoid abandonment as much as possible during the care of patients, from infancy to adulthood. Indeed, there is an integrated team dedicated to children and adult patients. This allows the individual with psychotic onset to be accompanied and followed from childhood to adulthood. Furthermore, TR-43 Project introduces new figures not strictly related to the medical field and provides funding for new structures and facilities dedicated to the care path outside the hospital in order not to medicalize the patient. Tr-43 Project is based on the stepped care model (Haaga, 2000), which represents an attempt to offer an individualized treatment not only on the symptoms, but also on inner resources which may help the individual to manage his problems. Moreover, this approach allows to maximize the effectiveness of a multidimensional treatment.

The current research describes a catamnestic study that observes a one-year treatment followed by two groups of young adults in a Mental Health Department in Northern Italy that introduced the TR-43 Project.

The aim of the study is to identify innovative therapeutic and assistance treatment and investigate the effects of an integrated and multidimensional treatment after one year on subjects at risk mental states.

Materials and Methods

Participants

The sample consists of 30 young adults (16 males and 14 females) selected from patients in a Community Mental Health Center for Early Intervention near Milan during 2020. Treatment and other information were recruited by directly checking medical records. Participants, at the time of their first admission to the Center, were aged 18-33 ($M = 24,6$; $SD = 4,69$). They had prevalent diagnoses of ICD-10 schizophrenic disorders ($N = 20$), personality disorders ($n = 8$), affective disorders ($N = 1$), and disorders due to multiple drug use and use of other psychoactive substances ($N = 1$).

Of 30 participants, 15 subjects (standard group) were treated according to the standard protocol and 15 subjects (TR-43 group) took part in the TR-43 Project, designed by the Regional Health Service to prevent, identify and early treat severe mental diseases in young people. At the time of the assessment, all participants were capable and willing to give informed consent for assessment and data processing authorization. The study complies with the guidelines of the 1995 Declaration of Helsinki and its revisions (World Medical Associations, 2013).

The sample was monitored for one year from the beginning of their therapeutic course. Figures 1-2 shows the different professionals involved in the two groups.

Figure 1. Professionals involved in the Standard Group

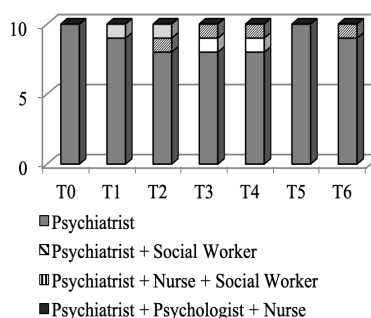
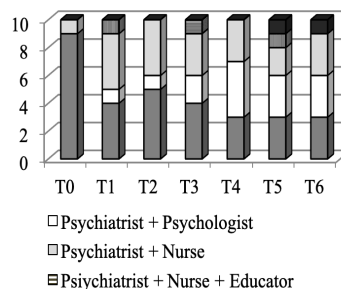


Figure 2. Professionals involved in the TR-43 Group treatment



Figures 1-2 - Comparison of the treatment between the two groups

Measures

Data were collected directly from the medical records of the routine assessment of the Community Mental Health Center. Patients were diagnosed via clinical assessment using ICD-10 criteria. The study is mostly focused on the severity of the illness measured with the GAF scale.

Global Assessment of Functioning Scale (GAF; Frances, Pincus & First, 1994; Moos et al., 2000) is structured as a comprehensive assessment a patient's functioning in the individual, social and occupational areas, from positive mental health to severe psychopathology. This instrument was created to be a generic rating system, not linked to any specific diagnosis. Higher scores reflect a healthier functioning of the patient, while lower scores indicate a patient with more severe illness. Psychiatrists rated the GAF score of each participant during the first assessment phase (T0) and after one year of treatment (T6).

The *consultation of subjects' medical records* allowed them to assess their therapeutic course every two months regarding the following parameters: occurrence and time of drop out, types of interventions employed, types of professional involved, classes and dosages of psychopharmacological agents administered.

Results

The two groups were homogeneous regarding subjects' age (standard group: M = 25.13; SD = 3.85 - TR-43 group: M = 24.07; SD = 5.50), gender (they were both formed by 8 males and 7 females), familiarity with mental illness and presence of previous episodes of psychopathology. Most of the participants were schizophrenic patients (standard group: N = 12; TR-43 group: N = 8) and the experimental group was characterized by the presence of more subjects suffering from personality disorders (N = 6) in respect to the control one (N = 2).

The same number of patients (N = 5) within each project dropped out of therapy during the year taken into consideration, after a period that varied from a minimum of 1 month to a maximum of 7 (TR-43 group) or 8 (standard group) months.

From T0 to T6, the prevalent ICD-10 diagnostic categories showed stability both in the control group and in the experimental one; furthermore, the entire group presented a statistically significant GAF score increase, with no significant difference between the two groups (Tables 1-2).

Tab. 1 - *GAF scores means (M) and standard deviation (SD) during one year of therapy*

	N	M	SD
Assessment phase (T ₀)	30	49.63	10.65
First year of therapy (T ₆)	30	64.63	10.55

Note. T=-6.58; p=.000

Tab. 2 - *GAF scores means (M) and standard deviations (SD) during one year of therapy in Standard Group and in TR-43 Group*

	Assessment phase (T ₀)		First Year of therapy (T ₆)	
	M	SD	M	SD
Standard Group	47.33	11.47	55	9.82
TR-43 Group	62.69	8.32	66.43	12.32

Note. T0: t=-1.97; p>.05; T6: t= -.916; p>.05

Both the types of intervention were characterized by the constant presence of a psychiatrist throughout the therapeutic course. This specialist remained the predominant figure of the generic care protocol, while the TR-43 staff showed a more consistent involvement of other professionals (especially psychologists and nurses), starting from T2. From medical records consultation, some important differences between the two groups of treatments emerged. They are summarized in Figures 1-2.

Discussion

The positive outcome observed in the entire group globally attested an appropriate patients management. The lower presence of the psychiatrist within the TR-43 staff during the therapeutic course is likely useful to prevent patients' medicalization, an essential aspect to take into consideration when dealing with young people.

Involving non-medical and less linked to psychiatry professionals (such as psychologist, nurse, educator, social worker) implies a reduction of psychiatrist's presence in the course of treatment and promotes the avoidance of psychiatric stigma in a patient's life.

Results of this research show preliminary evidence of the utility of early intervention in psychosis which introduces a new perspective of psychiatric care.

The current study was limited to a small sample; future research with a broad sample is suggested. Another limitation is that data were collected by checking medical reports and not directly from the patients.

Even in light of these limitations, the current study is innovative in its attempt to underline the importance of interventions (as Tr-43 Project) that may be more appropriate for optimizing the resources of patients with at-risk mental states by creating an integrated and multidimensional treatment.

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