Canadian Consortium for Early Intervention in Psychosis

Marginalized Communities in EPI

Amal Abdel-Baki, MD, MSc, FRCPC
Clinique JAP-Centre Hospitalier de l'Université de Montréal-CHUM
Full Professor, Department of Psychiatry, Université de Montréal
Researcher, CRCHUM
Montreal, QC

Suzanne Archie, MD, FRCPC (she/her)
Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University
Past Chair EPION Research Working Group
Chair Anti-Black Racism Department of Psychiatry & Behavioural Neurosciences
Member of Peter Boris Centre for Addictions Research
Hamilton, ON

Victoria Patterson, PhD, C. Psych
Psychologist (Supervised practice)
Hamilton Health Sciences – McMaster Children's Hospital
Hamilton, ON

Canadian Consortium for Early Intervention in Psychosis

Transgender and Non-Binary Youth in EPI

Victoria Patterson, PhD, C. Psych

Disclosures

Dr Victoria Patterson

- None

Learning Objectives

After participating in this session, participants will be better able to;

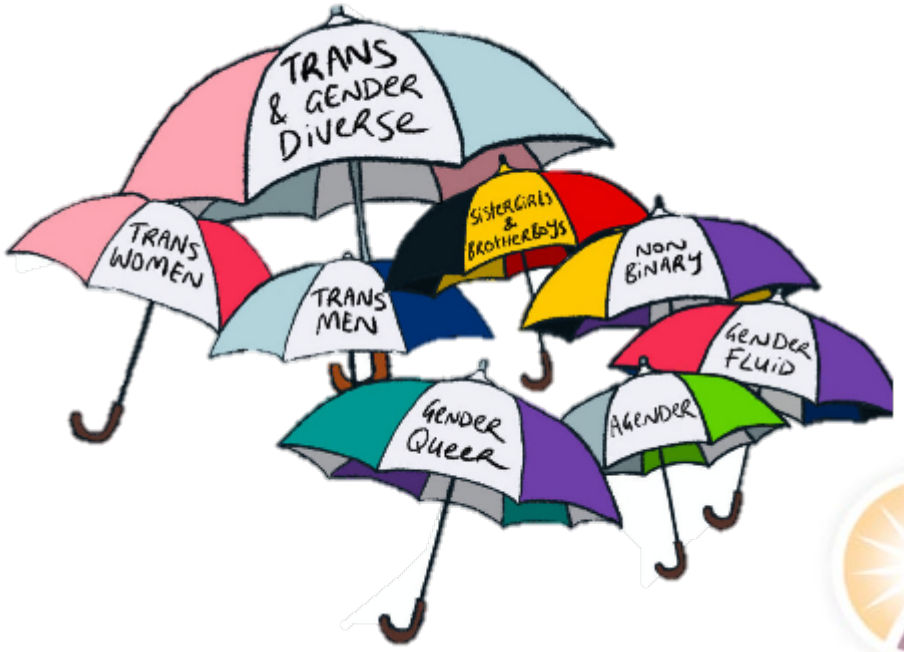
- Evaluate the unique challenges nonbinary and transgender youth face in relation to psychosis and mental health treatment
- Identify biases that may impact care for nonbinary and transgender youth experiencing psychosis
- Apply evidence-based strategies to provide competent and affirming care tailored to the needs of nonbinary and transgender youth with psychosis
- Implement proactive approaches to self-education and ongoing professional development focused on enhancing cultural competence in working with gender-diverse youth

Prevalence Rates

- Poorer mental health among trans people than cis people
  Dhejne et al., 2016; McNeil et al., 2017; Millet et al., 2017; Bauer et al., 2015
- Schizophrenia spectrum disorders: more prevalent among trans and nonbinary people
  Dragon et al., 2017; Becerra-Culqui et al., 2018
- Minority stress related to development of mental illness
  Hendricks & Testa, 2012, Parr & Howe, 2019

Transgender (trans):
Barr, Roberts, & Thakkar, 2021

Adjective describing people whose gender differs from their biological sex; inclusive of identities outside gender binary (e.g., nonbinary, agender, two-spirit)

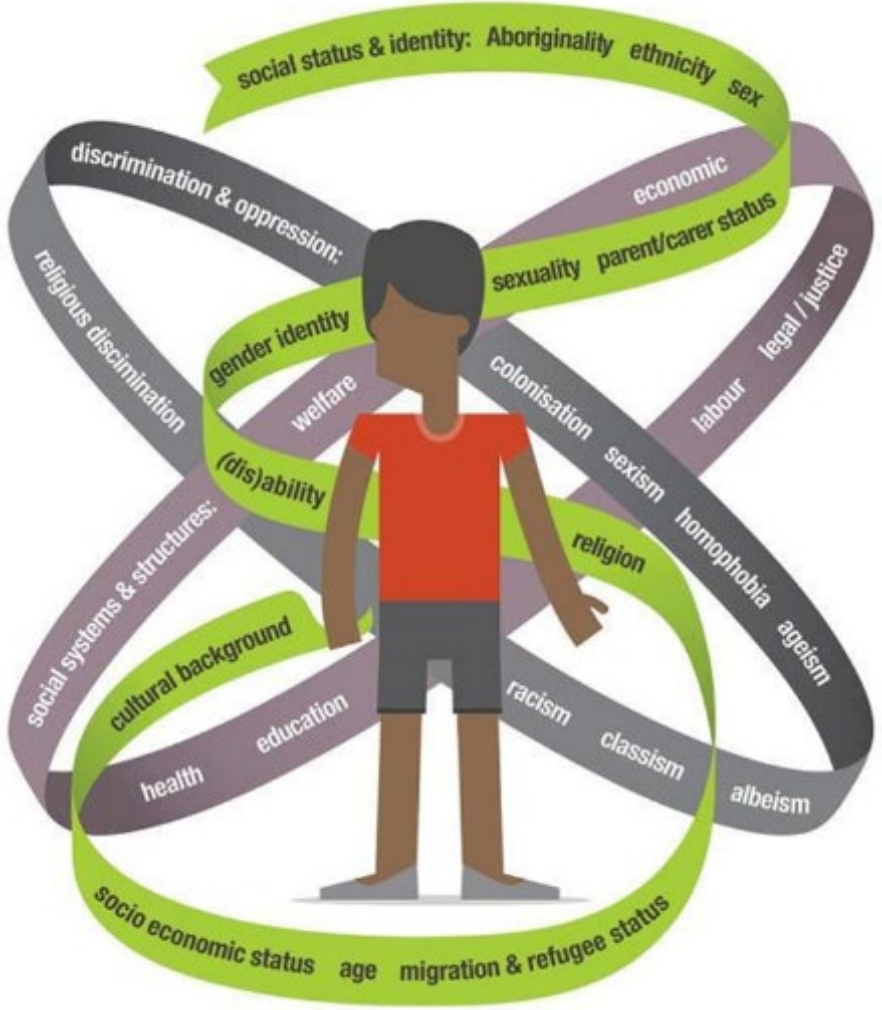


Clinical Issues

- Disentangling identity from psychotic symptoms
  (Barr et al., 2021; Coutin et al., 2018; Kennedy-Olson et al. 2016)
- Delays and difficulties accessing gender-affirming care
  (Petra et al., 2020; Snow et al., 2019; Hunt, 2014)
- Greater risk of suicide and substance use issues
  (Pompili et al., 2011; Adams, Hitomi, & Moody, 2017; Connolly & Gilchrist, 2020; Gonzalez et al., 2017)

Clinical Issues

- Poorer medication adherence
  (Eliasson et al., 2021; Lally & MacCabe, 2015; Day et al., 2005)
- Intersectionality: Multiple marginalized identities
  (Barr et al., 2021)



Crenshaw, 1989

What Can We Do To Help?

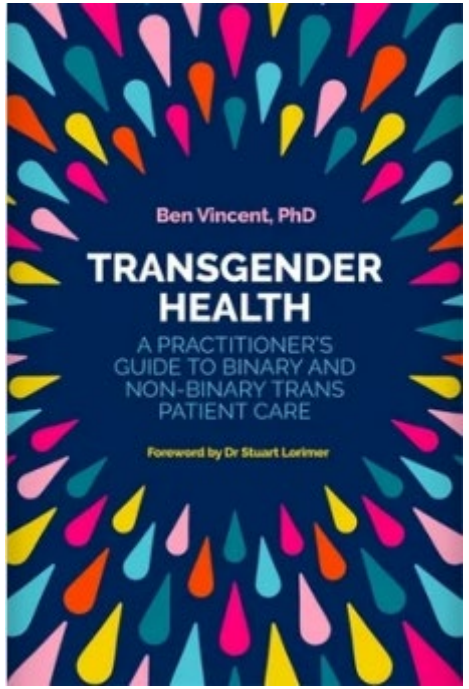
- Obtain education related to gender (e.g., gender development) and trans issues
- Discuss gender openly with clients
- Support connections to community resources/networks

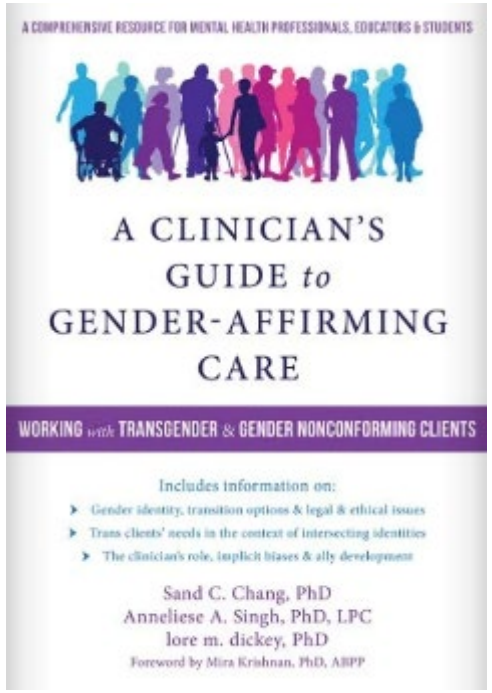
Key Takeaways

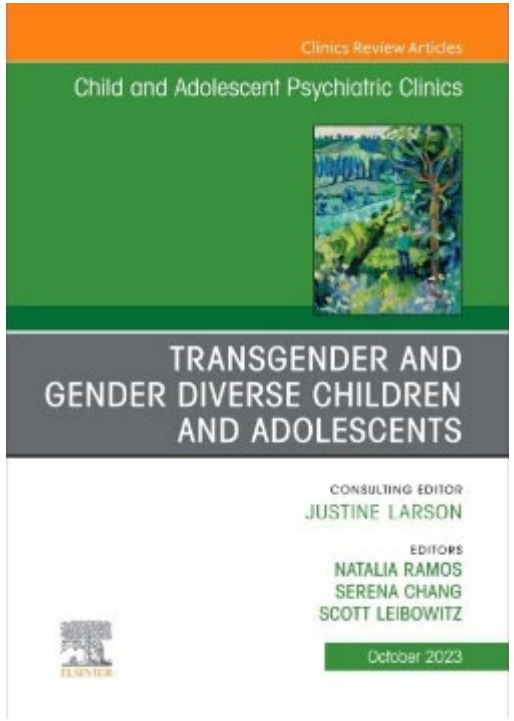
- Trans and nonbinary youth experience greater mental health problems, including higher rates of psychotic disorders
- Trans and nonbinary youth with psychosis are at very high risk for suicide and substance use issues
- These youth often anticipate and experience negative healthcare experiences (e.g., misgendering), and they frequently experience the burden of educating their healthcare providers on gender-related issues
- Individuals with psychotic experiences experience greater difficulties accessing gender-affirming medical interventions (e.g., hormones, surgery)
- Positive relationships with healthcare providers are associated with improved medication compliance

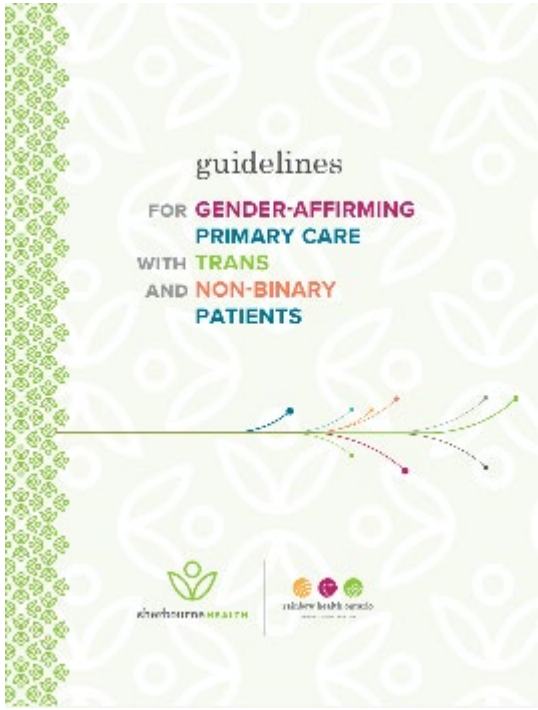
Resources

Books/Guides:









Webinars:

- https://vimeo.com/885243487

Resources

Articles, websites:

- **WPATH Standards of Care** (https://www.wpath.org/)
- **Trans Lifeline's Provider Training Program** – Training sessions for healthcare professionals to help improve cultural competence and crisis intervention skills for transgender and nonbinary patients (https://translifeline.org/)
- **The Trevor Project** – Fee-based training programs focused on the mental health needs of LGBTQ+ youth (https://www.thetrevorproject.org/care-training/)
- **Affirming Evidence-Based Care for Young Patients Who Are Transgender or Gender Diverse** - Practical tips and considerations for clinicians working with transgender and nonbinary youth. (https://www.psychiatrictimes.com/view/affirming-evidence-based-care-for-young-patients-who-are-transgender-or-gender-diverse)
- **National LGBTQIA+ Health Education Center** - A program of The Fenway Institute, offering webinars, learning modules, and publications for healthcare providers on best practices for supporting LGBTQIA+ youth, including those experiencing psychosis. Link: LGBTQIA+ Health Education Center
- **"Guidelines for Psychological Practice with Transgender and Gender Nonconforming People"** - This document by the American Psychological Association provides a framework for psychological practice with transgender and nonbinary individuals. It's a foundational guide for understanding key cultural and mental health considerations. (https://www.apa.org/practice/guidelines/transgender.pdf)
- **GLMA: Health Professionals Advancing LGBTQ Equality** - This organization offers educational resources and conferences on LGBTQ+ healthcare needs, including sessions on mental health, psychosis, and adolescence. (https://www.glma.org/)
- **RAINBOW Mental Health Professional Network** - An online network of mental health professionals dedicated to improving support for LGBTQ+ individuals, with resources on understanding and addressing complex mental health presentations in youth

Thank you!

Dr Victoria Patterson

patterson_vc

vpatterson@dal.ca

Canadian Consortium for Early Intervention in Psychosis

McMaster University
PSYCHIATRY AND BEHAVIOURAL NEUROSCIENCES

TITLE: Black and Racialized Youth with a First Episode of Psychosis & Cannabis Use Disorder

Cannabis experiences

BIPOC Communities

Suzanne Archie, MD, FRCPC (she/her)

Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University

Past Chair EPION Research Working Group

Chair Anti-Black Racism Department of Psychiatry & Behavioural Neurosciences

Member of Peter Boris Centre for Addictions Research

Disclosures

- No conflicts of interest to declare

- Acknowledgements
  - CIHR Catalyst Grant
  - Mental Health Commission of Canada
  - Peter Boris Centre for Addictions Research
  - Michael DeGroot Centre for Medicinal Research
  - St. Joseph's Healthcare Hamilton

EPION
EARLY PSYCHOSIS INTERVENTION ONTARIO NETWORK

Ontario Trillium Foundation / Fondation Trillium de l'Ontario
An agency of the Government of Ontario / Un organisme du gouvernement de l'Ontario

CIHR IRSC
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Peter Boris Centre FOR ADDICTIONS RESEARCH

St. Joseph's Healthcare Hamilton

Michael G. DeGroote CENTRE FOR MEDICINAL CANNABIS RESEARCH

Mental Health Commission of Canada / Commission de la santé mentale du Canada

Learning Objectives: Black & Racialized Youth with a FEP & CUD

After participating in this session, clinicians will be better able to appreciate:

- increased risk of psychosis among Black & racialized immigrants to Ontario
  - role of structural racism & psychosis
  - role of vitamin D deficiency
- Cannabis use among Black & racialized patients with FEP & CUD

McMaster University
PSYCHIATRY AND BEHAVIOURAL NEUROSCIENCES

Outline:

Race & Psychosis

Race, Cannabis & Psychosis

Study: FEP & CUD, particularly those from Black African/ Caribbean descent

Role of Structural Racism

“Race as Biology is Fiction, Race as a Social Problem is Real”

Smedley, A. and Smedley, BD. American Psychologist, 50 (1), 16-26, 2005

Incidents of psychotic disorders among 1st generation immigrants in Ontario

Anderson KK. CMAJ 2015, 187 (9)

Group	Incident rate per 100,000 persons	Immigrants IRR (95%)	Refugees IRR (95%)
General population	55.6	Ref	Ref
Immigrants (all)	51.7	0.91 (0.71-1.16)	------
Refugees (all)	72.8	-----	1.24 (0.86-1.81)
Caribbean	94.4	1.60 (1.29-1.98)	0.61 (0.02-22.24)
West Africa	96.1	1.66 (0.84-3.28)	1.07 (0.32-3.57)
East Africa	98	1.20 (0.69-2.10)	1.95 (1.44-2.65)
Middle East	57.2	0.75 (0.49-1.15)	1.28 (0.91-1.80)
Southeast Asia	57.2	1.12 (0.86-1.44)	1.51 (1.08-2.12)
Northern Europe	30.3	0.50 (0.28-0.91)	3.23 (0.09-118.79)

“Protest Psychosis” & How schizophrenia became a Black disease Jonathon Metzl

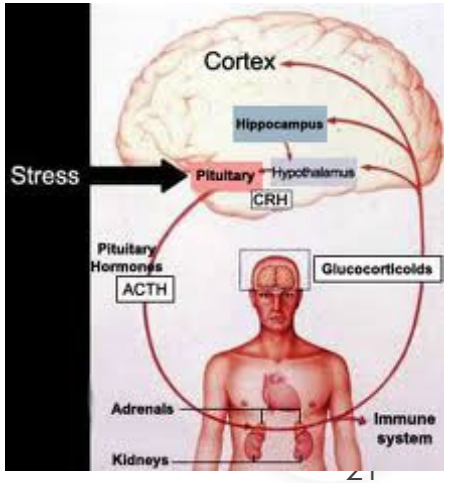
Bromberg, W. Archives Gen Psychiatry, 1968: 19: 155-160

Jarvis, G. The Social Causes of Psychosis in North American Psychiatry: Can J Psychiatry, 2007: 287-94.

March 29, 1968, Memphis Tenessee, US National Guard troops as civil rights marchers pass by.U.S. News by Lydia Chebbine June 12, 2020

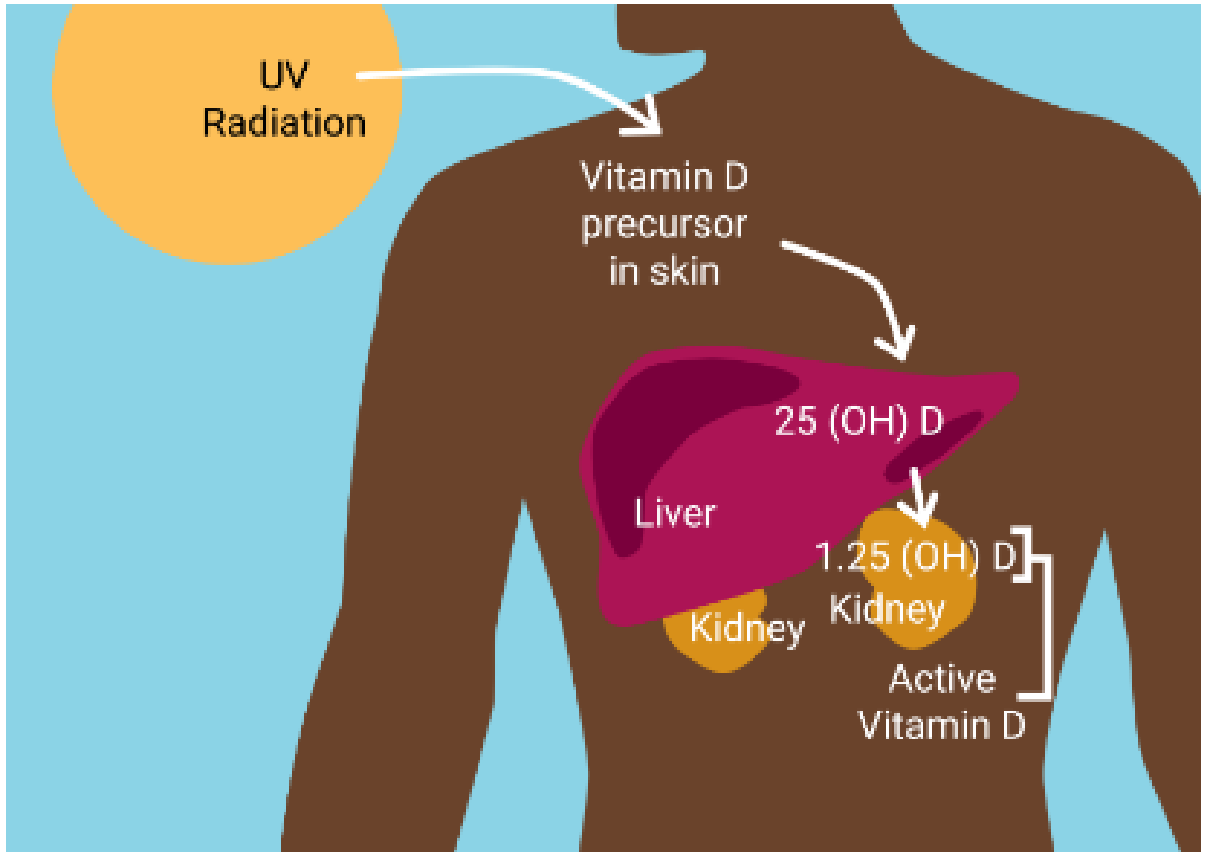
Selten, J.-P. British journal of psychiatry, 2007, 191 [supplement 51], s9-s 12.

- Racism, discrimination & micro aggression may increase toxic stress
  - Chronic activation of the HPA Axis (hypothalamic pituitary axis)
  - increases stress hormones like cortisol and adrenaline
  - contributes to dopamine sensitization in nucleus accumbens, cortex, striatum
  - Elevated blood pressure, lipids, heart disease, diabetes & psychosis



Dark Skin & Vitamin D Insufficiency

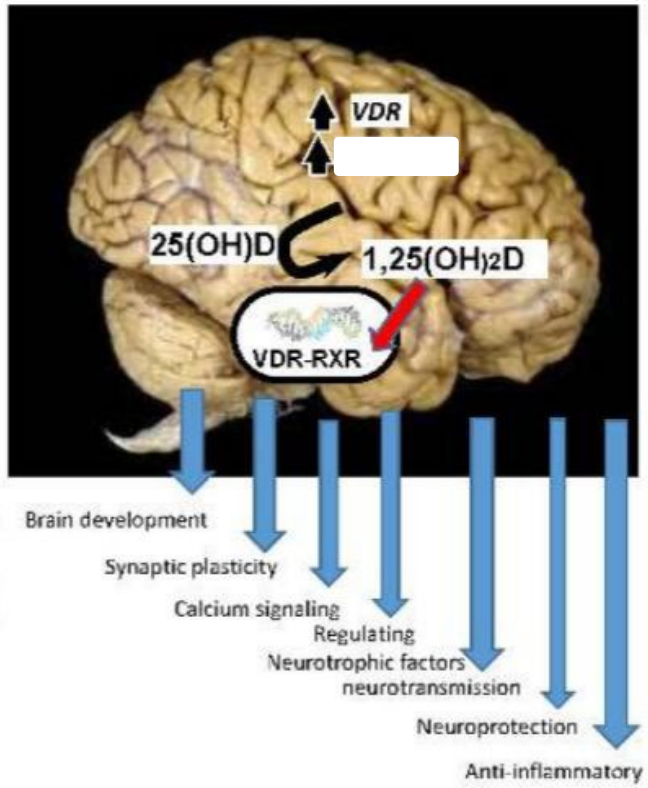
- Deeply pigmented skin can require 5 times the UV exposure in Canada compared to light skin
- Black people often under dosed for Vitamin D deficiency



Vitamin D and Brain Health

VDR- Vitamin D Receptors

VDR –regulates mRNA



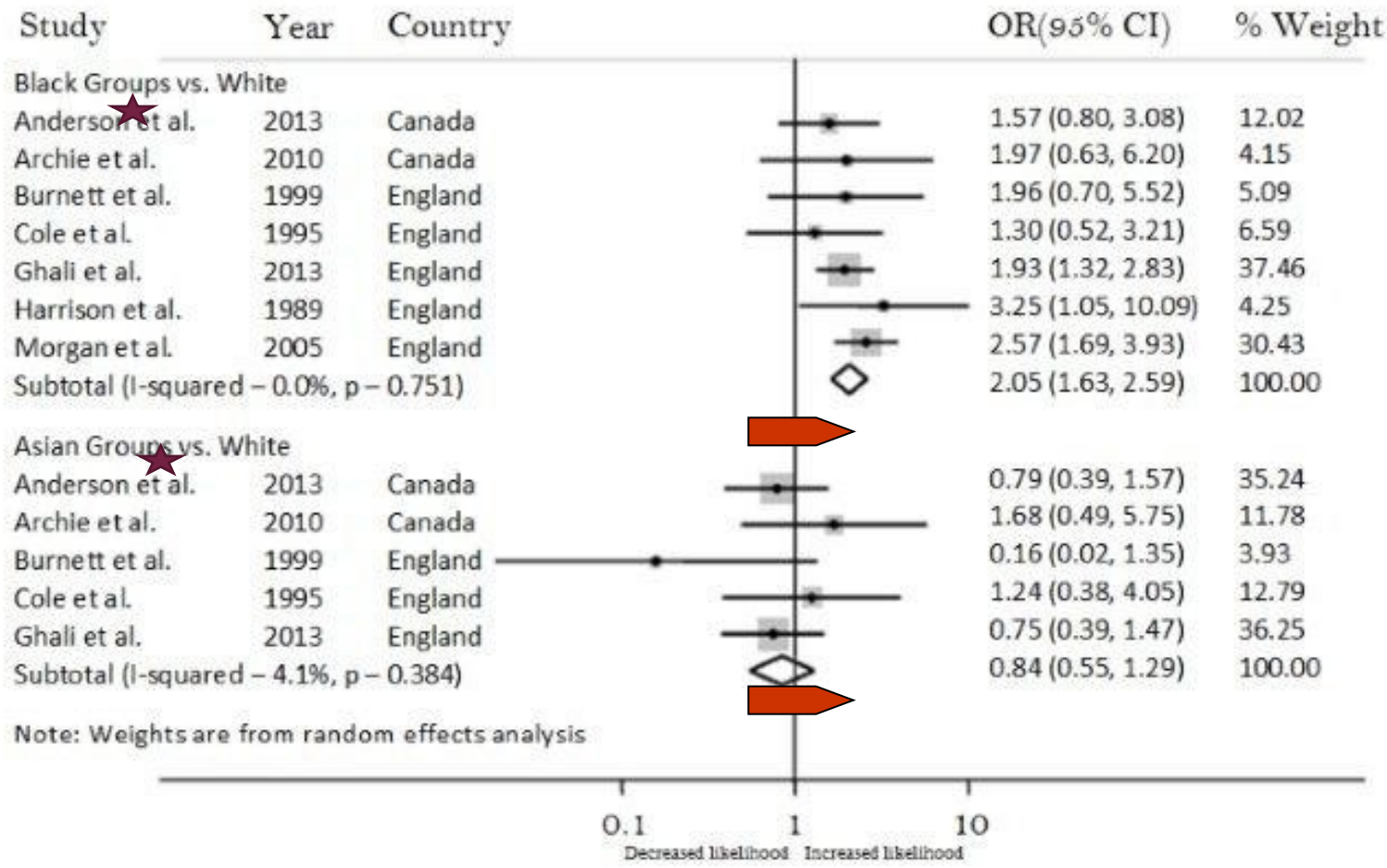
vitamin D deficiency

Cognitive dysfunction
Alzheimer's disease
Schizophrenia
Depression
Multiple sclerosis
Seasonal affective disorder
Parkinson's disease
Autism
Stroke
Epilepsy

Meta-Analysis: Police involvement in the pathway to care

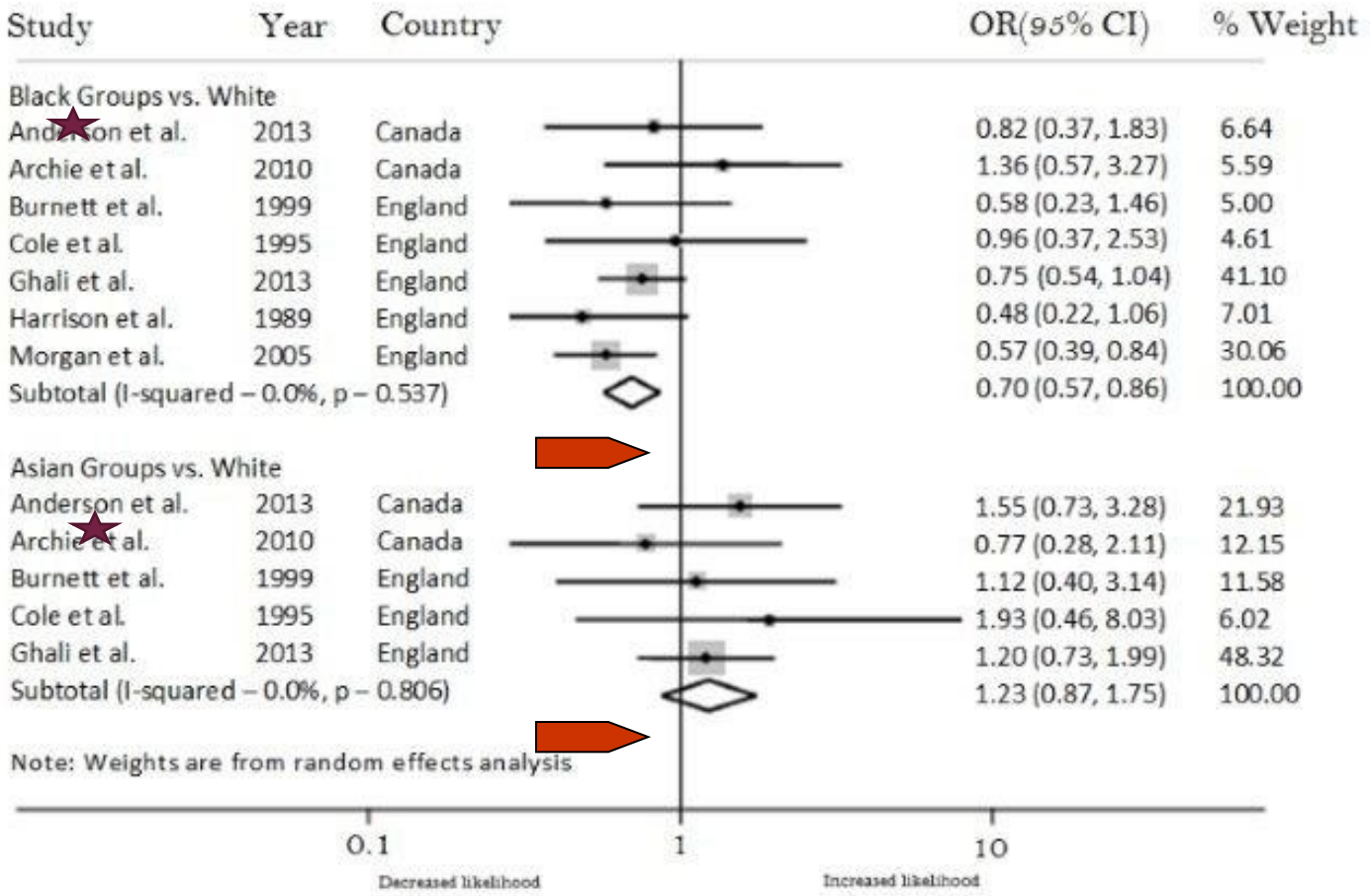
Anderson, Flora, Archie, Morgan, McKenzie Acta Psychiatrica Scandinavica 2014

Police Involvement

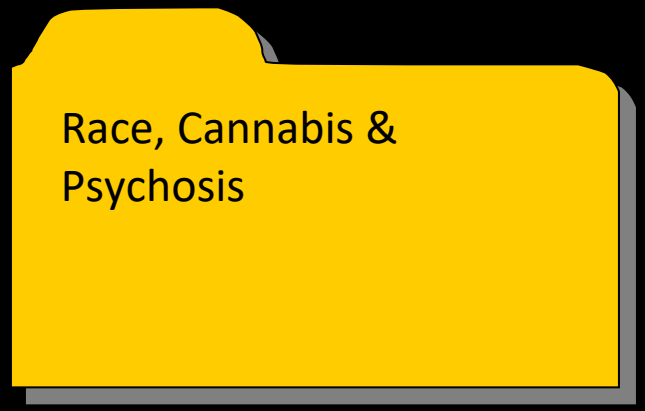


Meta-Analysis Family doctor involvement in the pathway to care
Anderson, Flora, Archie, Morgan, McKenzie, Acta Psychiatrica Scandinavica 2014

Family doctor Involvement



Outline:



Learning Objectives: Black & Racialized Youth with a FEP & CUD

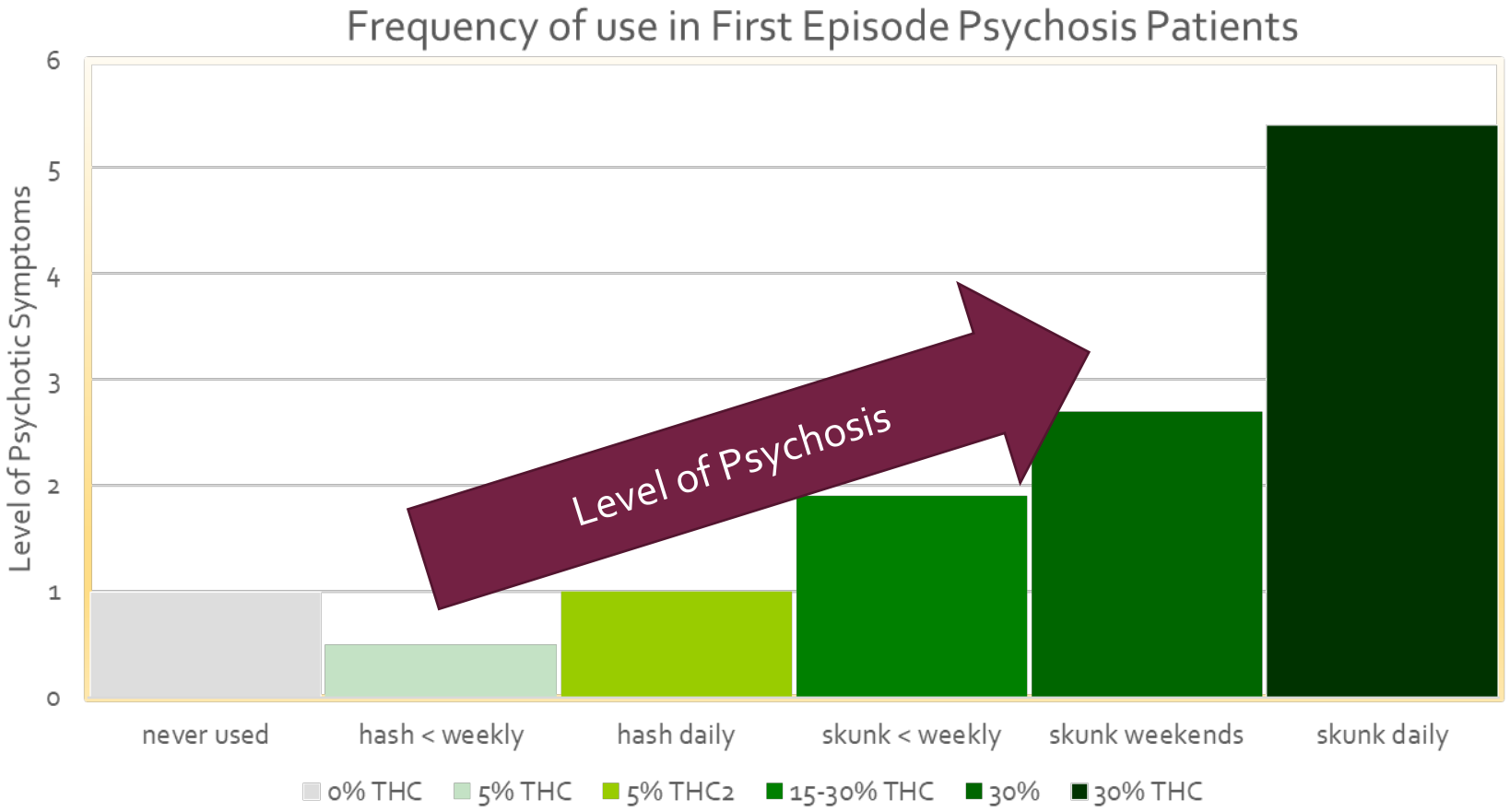
After participating in this session, clinicians will be better able to appreciate:

- increased risk of psychosis among Black & racialized immigrants to Ontario
  - role of structural racism & psychosis
  - role of vitamin D deficiency
- Cannabis use among Black & racialized patients with FEP & CUD

McMaster University
PSYCHIATRY AND BEHAVIOURAL NEUROSCIENCES

Frequency of Use & THC Content in Patients

Di Forti Lancet Psychiatry 2015:, Vo l 2,: 233-238



Past Year Cannabis Use and Problematic Use by Ethnicity in Ontario

Tuck A, Drug & Alcohol Dependence, 179 (2017) 93-99

Past Year Cannabis Use (n=11,560)	
Adjusted OR (95%CI)	
OR decreased with age	
General population	1.00
Caribbean	1.70(1.04-2.79)*
African	0.68 (0.35-1.31)
Northern Europe	1.27 (0.76-2.13)
South European	0.89 (0.68-1.18)
South Asian	0.42 (0.27-0.66)***

Adults 18-64 years of age. Past year alcohol use associated with cannabis use

Black Racialized Youth Epidemiological

Past Year Cannabis Use and Problematic Use by Ethnicity in Ontario

Tuck A, Drug & Alcohol Dependence, 179 (2017) 93-99

Past Year Cannabis Use (n=11,560)	
Adjusted OR (95%CI)	
OR decreased with age	
General population	1.00
Caribbean	1.70(1.04-2.79)*
African	0.68 (0.35-1.31)
Northern Europe	1.27 (0.76-2.13)
South European	0.89 (0.68-1.18)
South Asian	0.42 (0.27-0.66)***

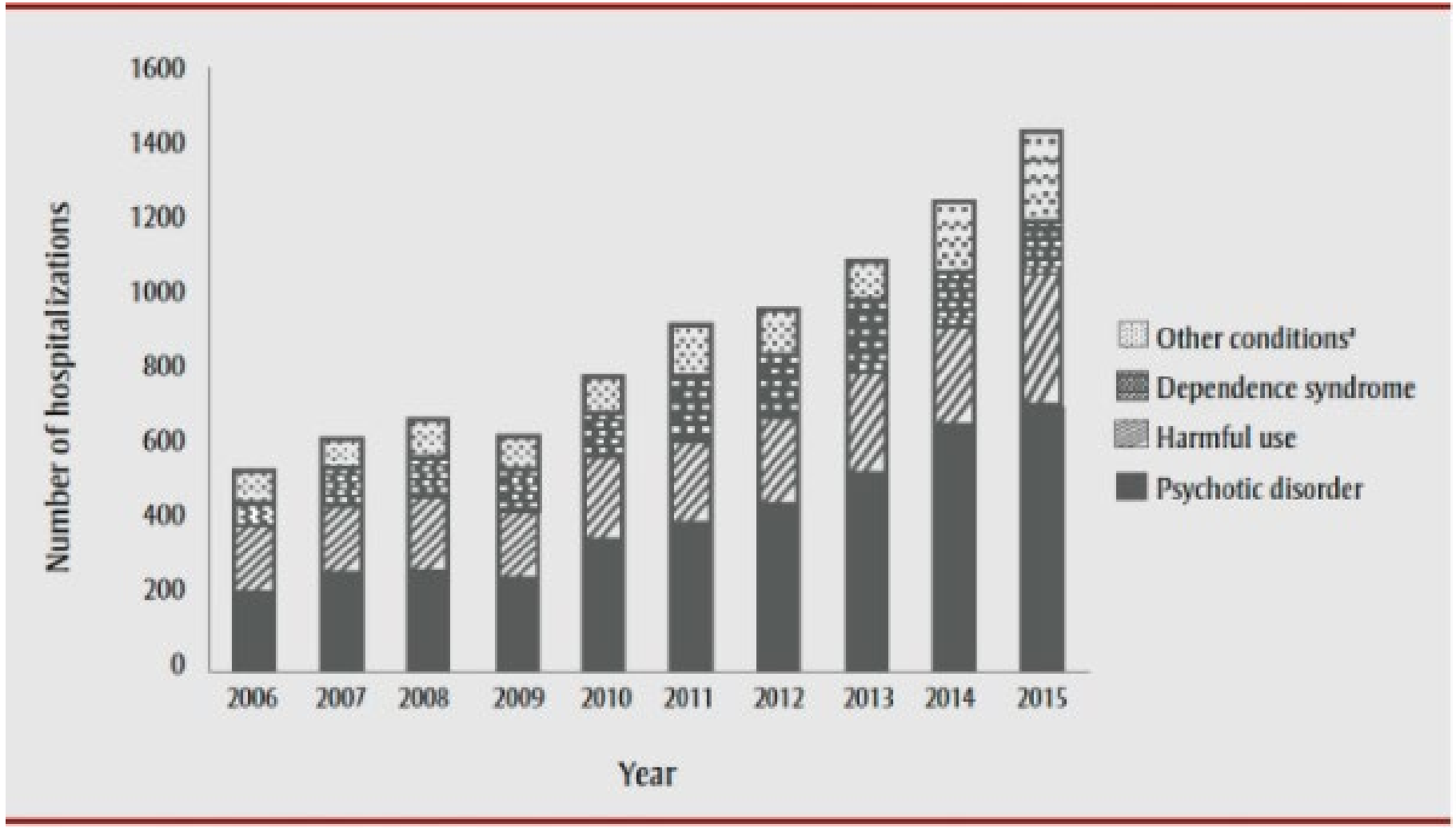
Problematic Cannabis Use (n=11,560)	
Adjusted OR(95%CI)	
OR decreased with age	
General population	1.00
Caribbean	2.76 (1.24-6.12)*
African	1.76 (0.66-4.66)
Northern Europe	3.26 (1.51-7.02)**
South European	0.92 (0.53-1.60)
South Asian	0.63 (0.26-1.53)

Adults 18-64 years of age. Past year alcohol use associated with cannabis use

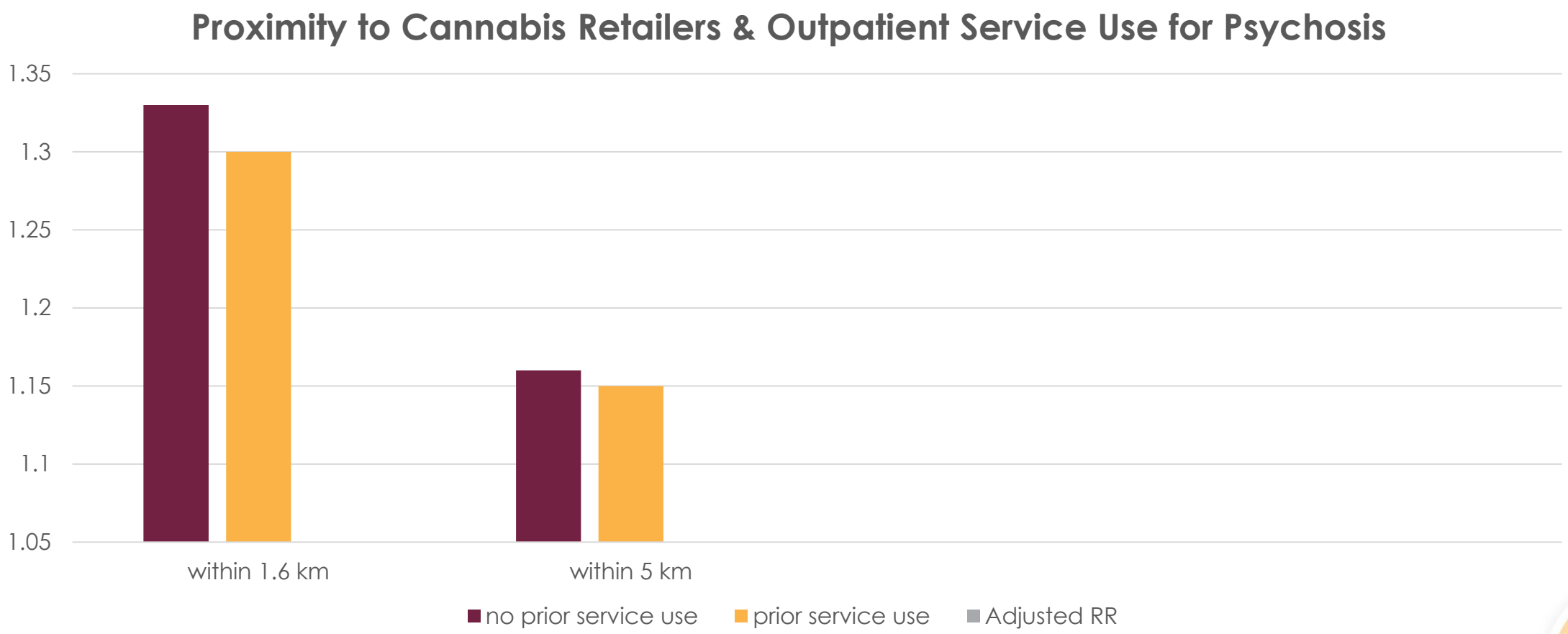
Black Racialized Youth Epidemiological

Hospitalizations for Cannabis-Related Psychotic Disorders in Canada, 2006-2015

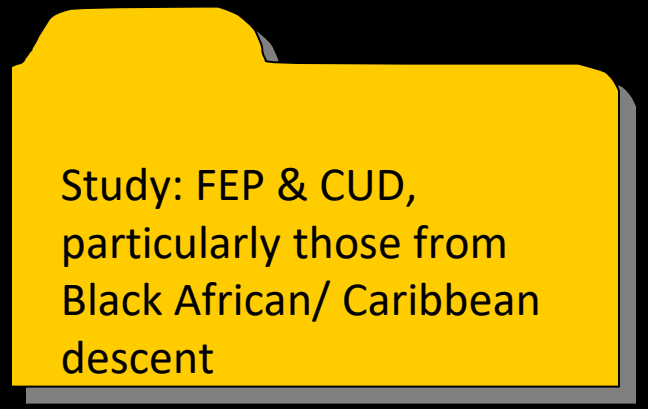
Maloney-Hall Health Promotion Chronic Disease Prevention Canada 2020



Effect of Cannabis Retailer proximity on use of mental health services for psychosis Wootten, J….Anderson, KK. International Journal of Social Psychiatry, 2023



Outline:


Study: FEP & CUD, particularly those from Black African/ Caribbean descent

CIHR Catalyst Grant

Insights about Cannabis and Psychosis:
How do young people with early psychosis conceptualize the link between cannabis and psychosis, particularly those from Black racialized backgrounds?

Suzanne Archie	Principal Investigator
Gord Langill	Principal Knowledge User
Kelly Anderson	Co-Applicant
Oyedeji Ayonrinde	Co-Applicant
Alexandra Baines	Co-Applicant
Andrea Bardell	Co-Applicant
Chiachen Cheng	Co-Applicant
Brian Cooper	Knowledge User
Manuela Ferrari	Co-Applicant
Natasha Johnson	Co-Applicant
Nicole Kozloff	Co-Applicant
Andrew Olagunju	Co-Applicant
Lena Palaniyappan	Co-Applicant
Elham Sadeh	Co-Applicant

Ashely Assam	Collaborator
Kaelen Boyd IAM former SSO	Collaborator
Bishop David Green FFAF	Collaborator
Angela Jaspan	Collaborator
Michael Serravalle	Collaborator

Suzanne Archie, MD, FRCPC

Professor, Dept. Psychiatry & Behavioural Neurosciences, McMaster University
Peter Boris Centre for Addiction Research, McMaster University
EDI Director Post-Graduate Medical Education
Chair Anti-Black Racism Task Force: Department of Psychiatry & Behavioural Neurosciences, McMaster University

Project Objectives:

- Examine perceptions of mental health effects of cannabis on psychosis among people of Black African & Caribbean descent with first episode psychosis & cannabis use disorder

- Establish feasibility of knowledge acquisition after playing the Back to Reality SERIES versus a Control Game

Raising awareness of the impact of cannabis on psychosis

- Young people experiencing a first episode of psychosis and cannabis use disorder

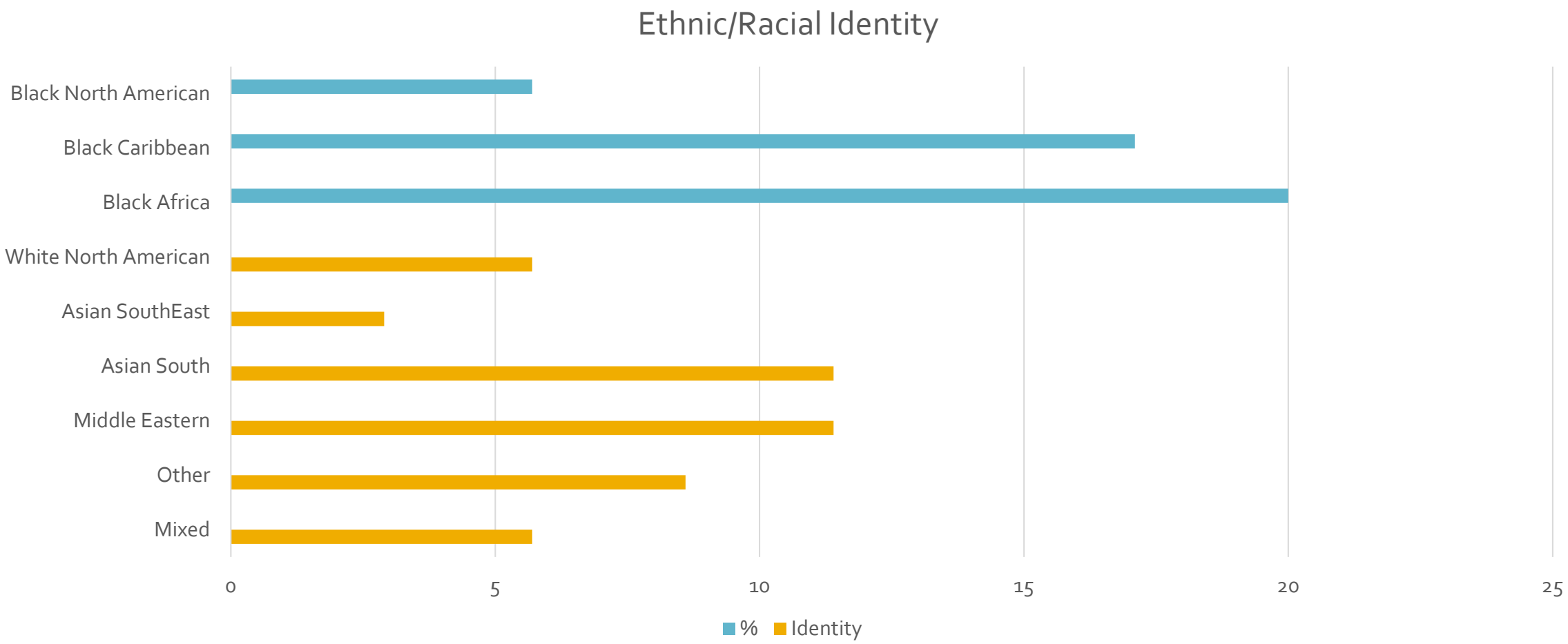
Qualitative & Quantitative Assessments about lived experiences of psychosis & cannabis use

Qualitative & Quantitative Assessments knowledge acquisition after the Back to Reality Series

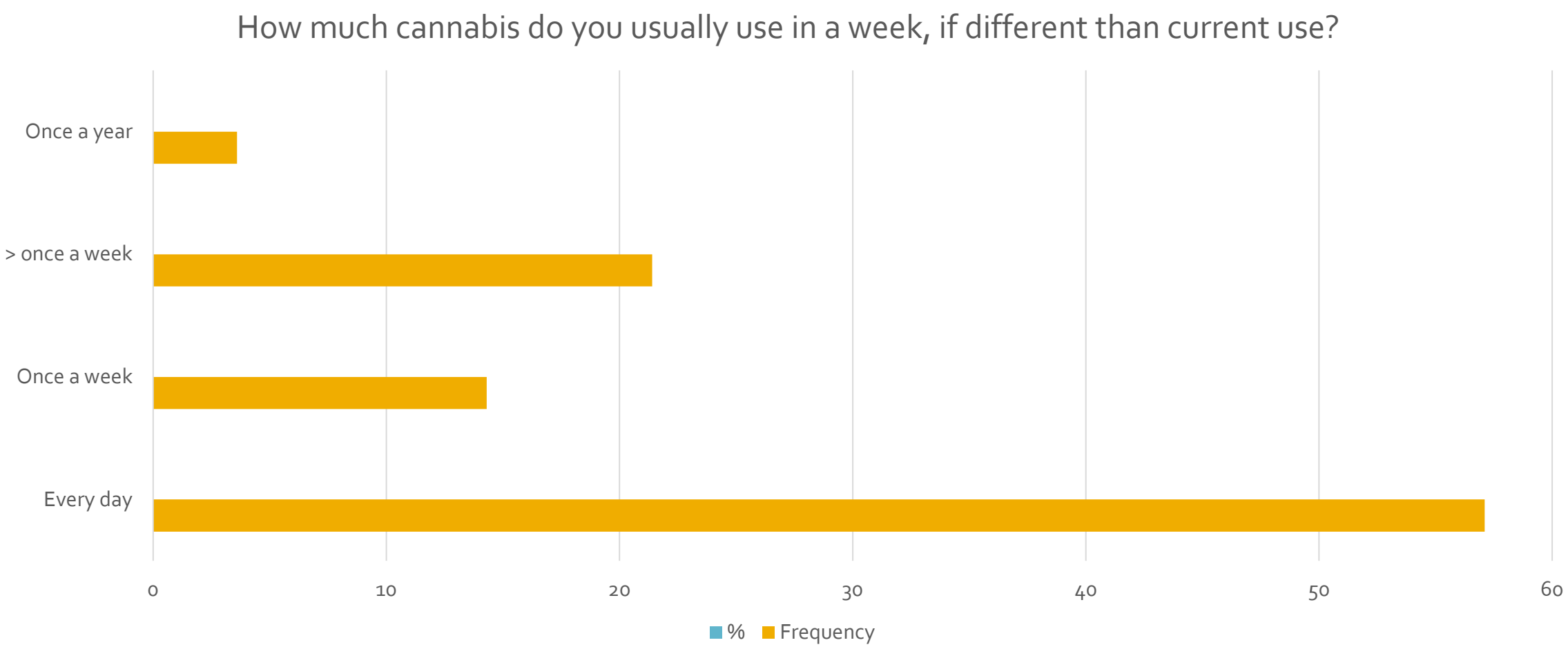
Participant Demographic Results:

Characteristics	
Age Categories	
16-18 years	8.8%
19-21 years	29.4%
20-25 years	35.3%
26-30 years	26.5%
Gender	Men (71%); Women (28.6%); Trans/Gender Fluid (0%)
Immigrant Status	62.9% Born outside of Canada
Highest Education Level	
Less than high school	2.9%
Some high school	11.4%
Graduated from high school	45.7%
Some post secondary	22.9%
Graduated post secondary	17.1%

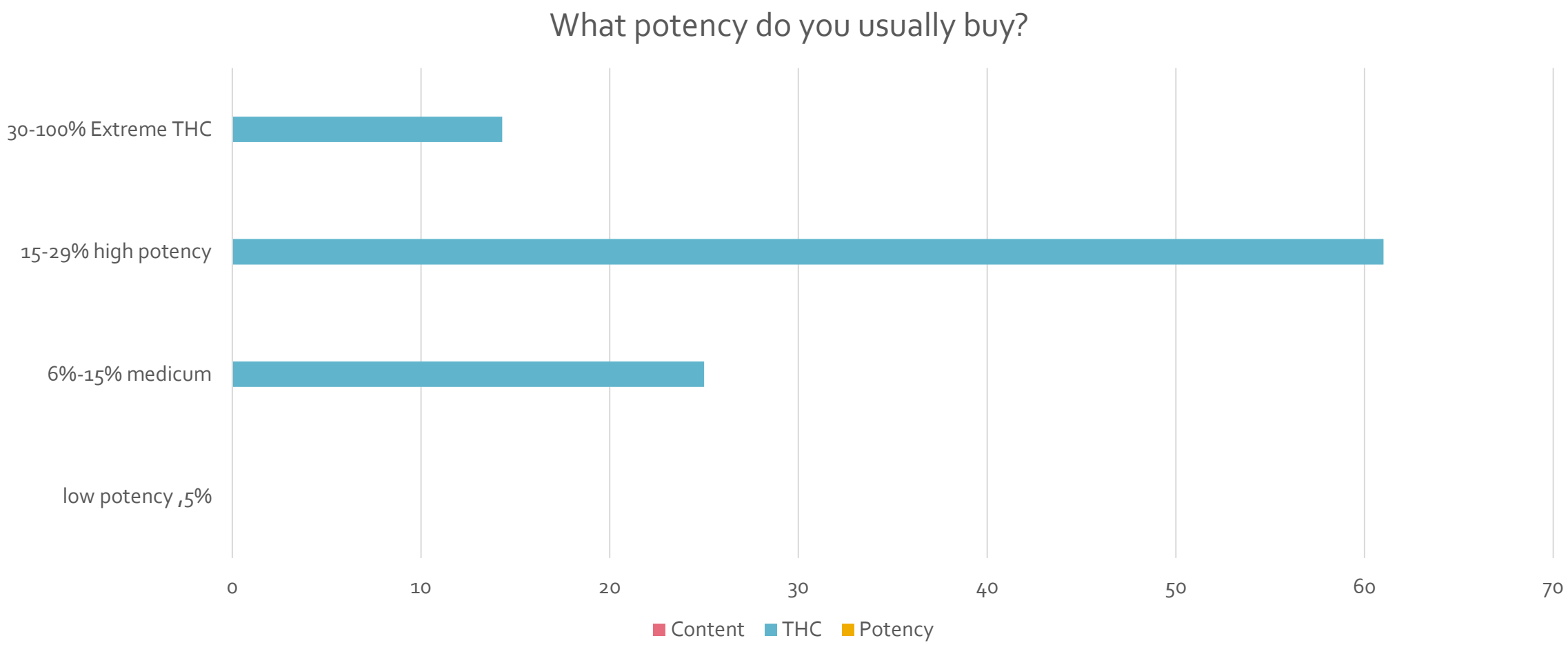
Participant Demographics Characteristics



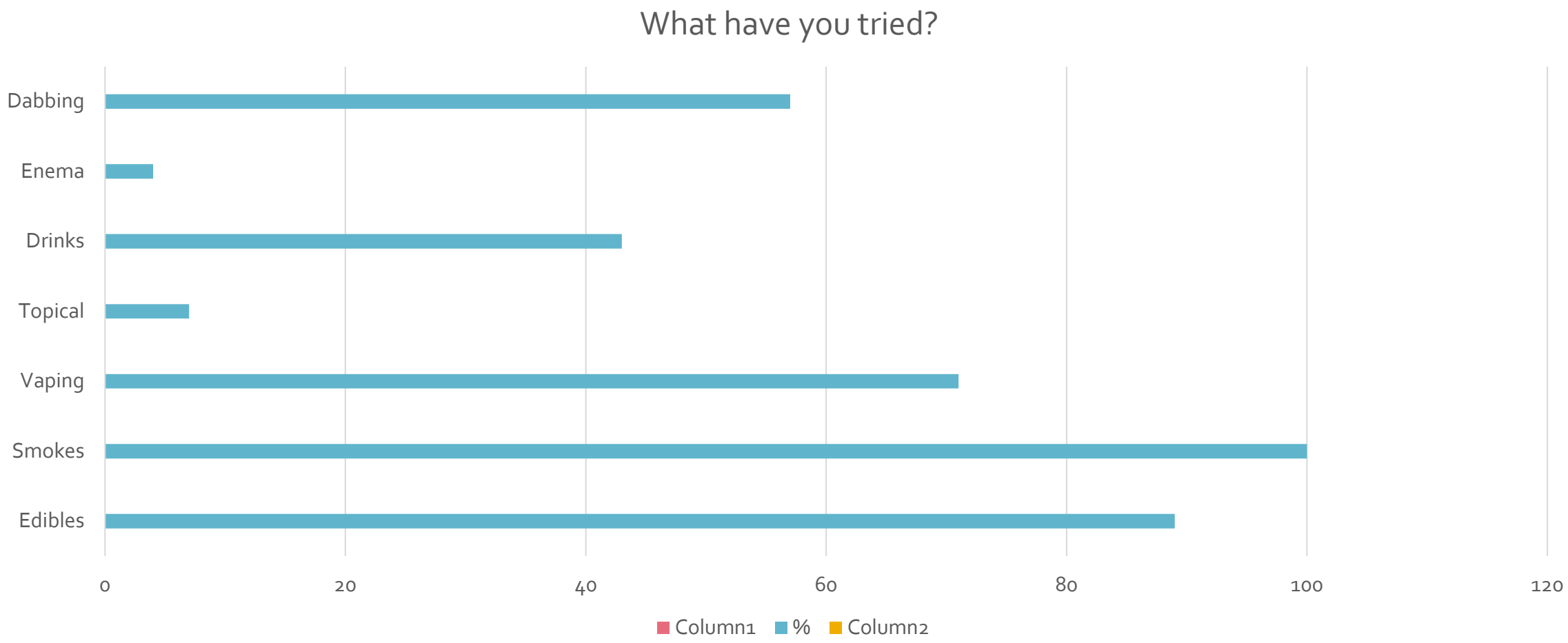
Results: Usual Frequency of Cannabis Use



Results: Cannabis Potency Used



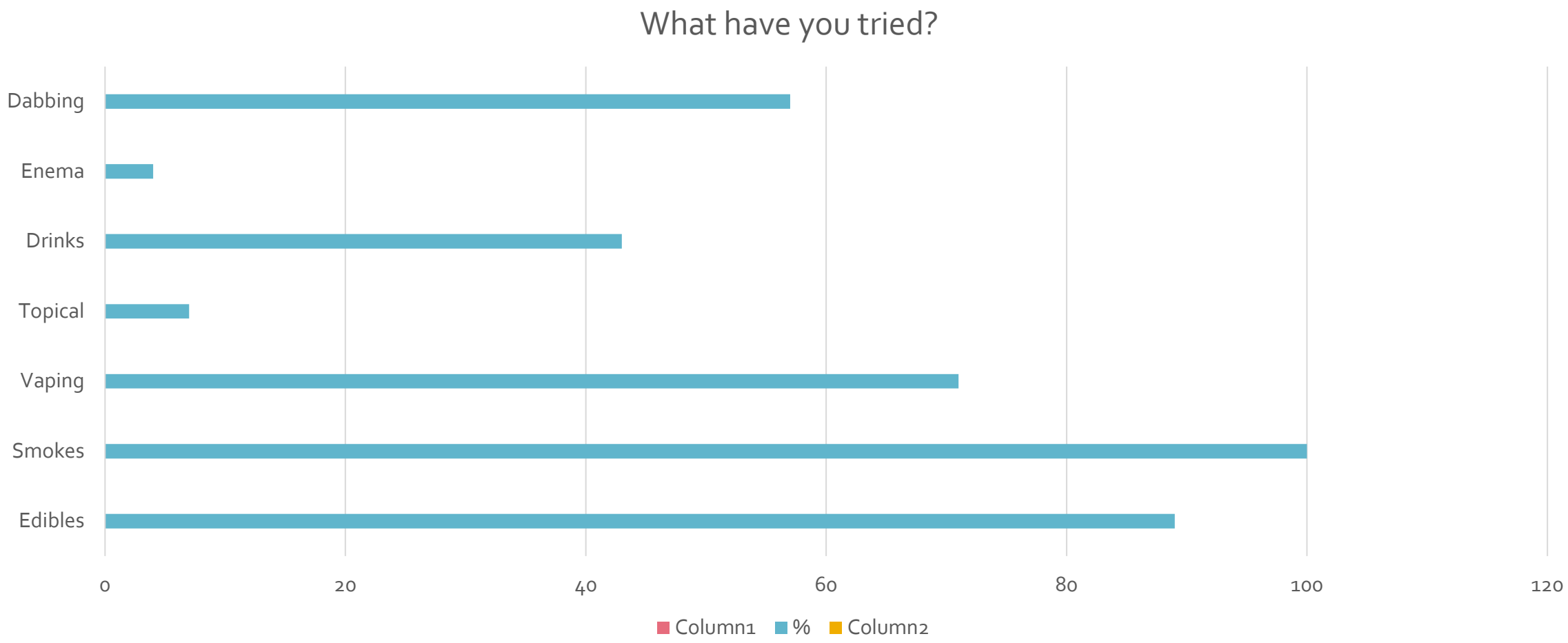
Results: Cannabis Product Tried



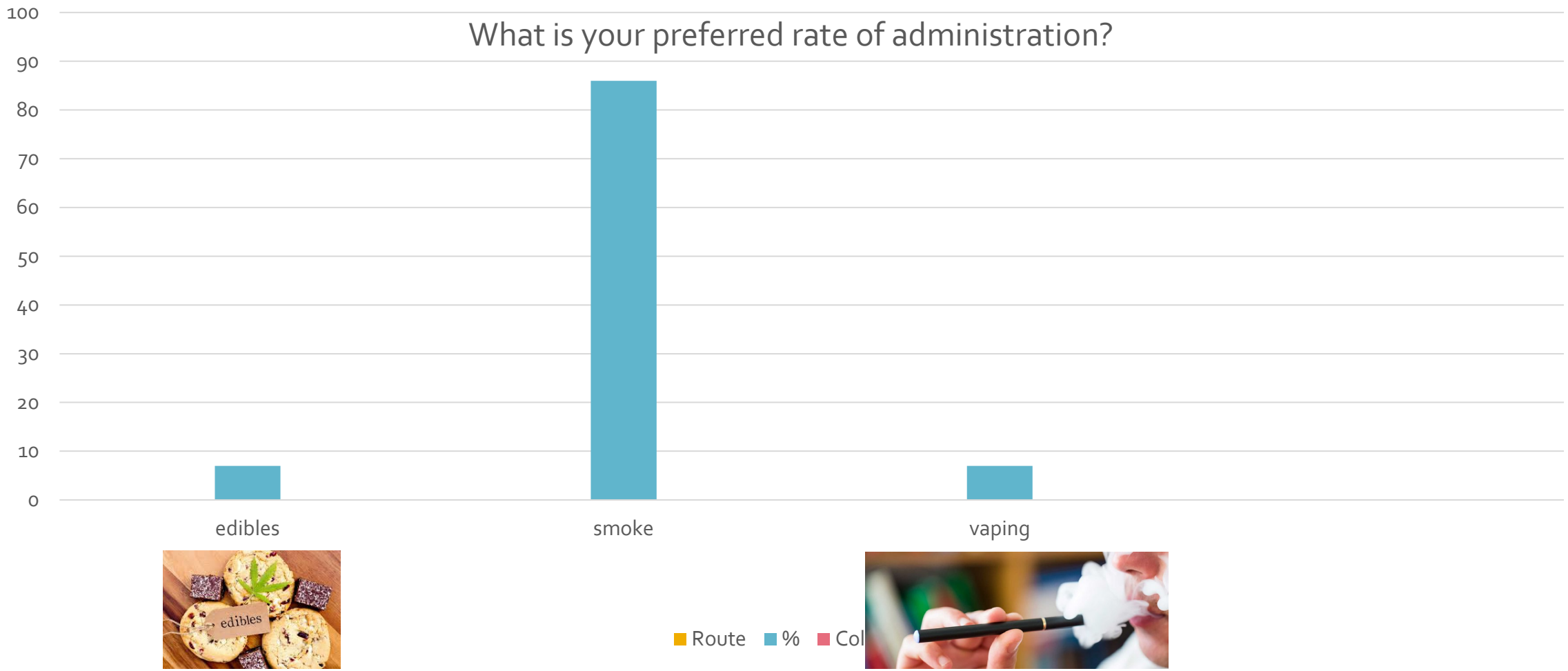
Dabbing

- Vaporizing the concentrates on a hot surface and inhaling the resulting fumes
- Involves a modified bong or water pipe.
- Much higher concentrations of marijuana
- Dissolve THC into butane

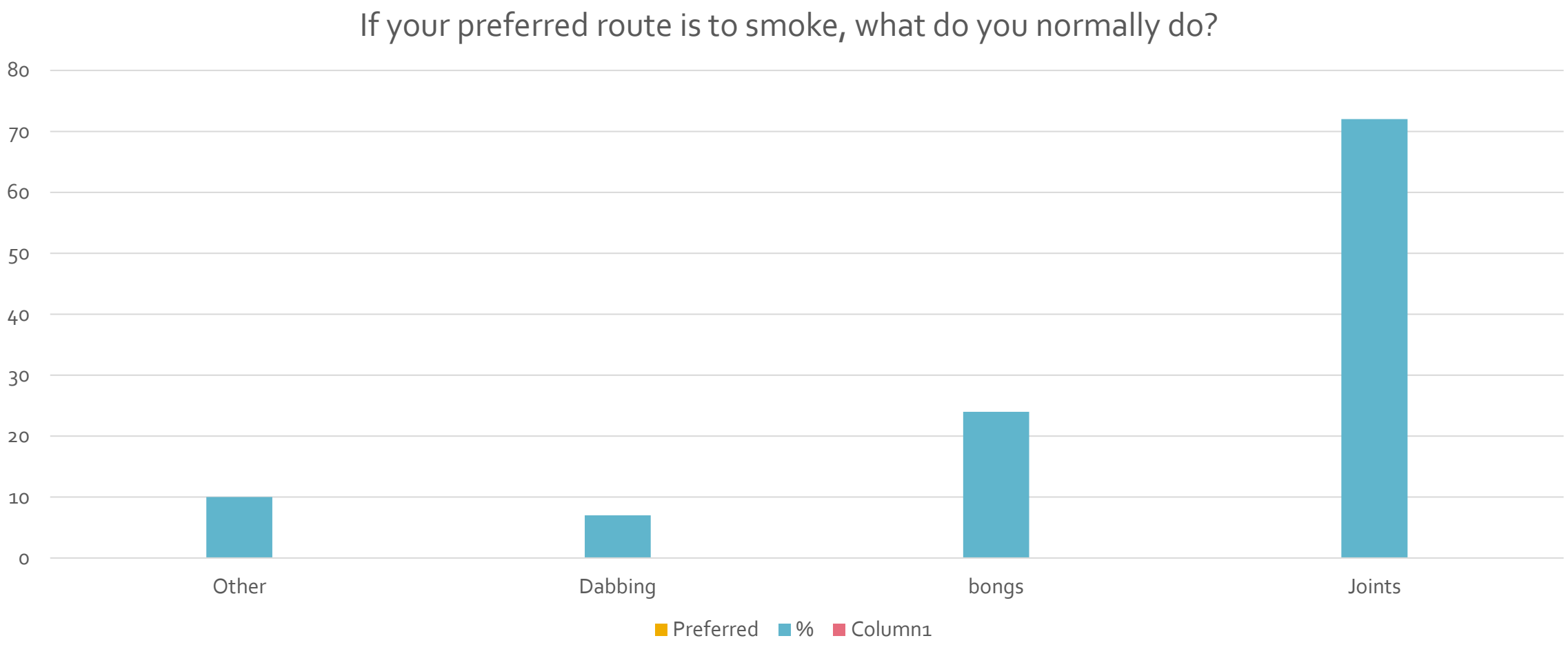
Results: Cannabis Product Tried



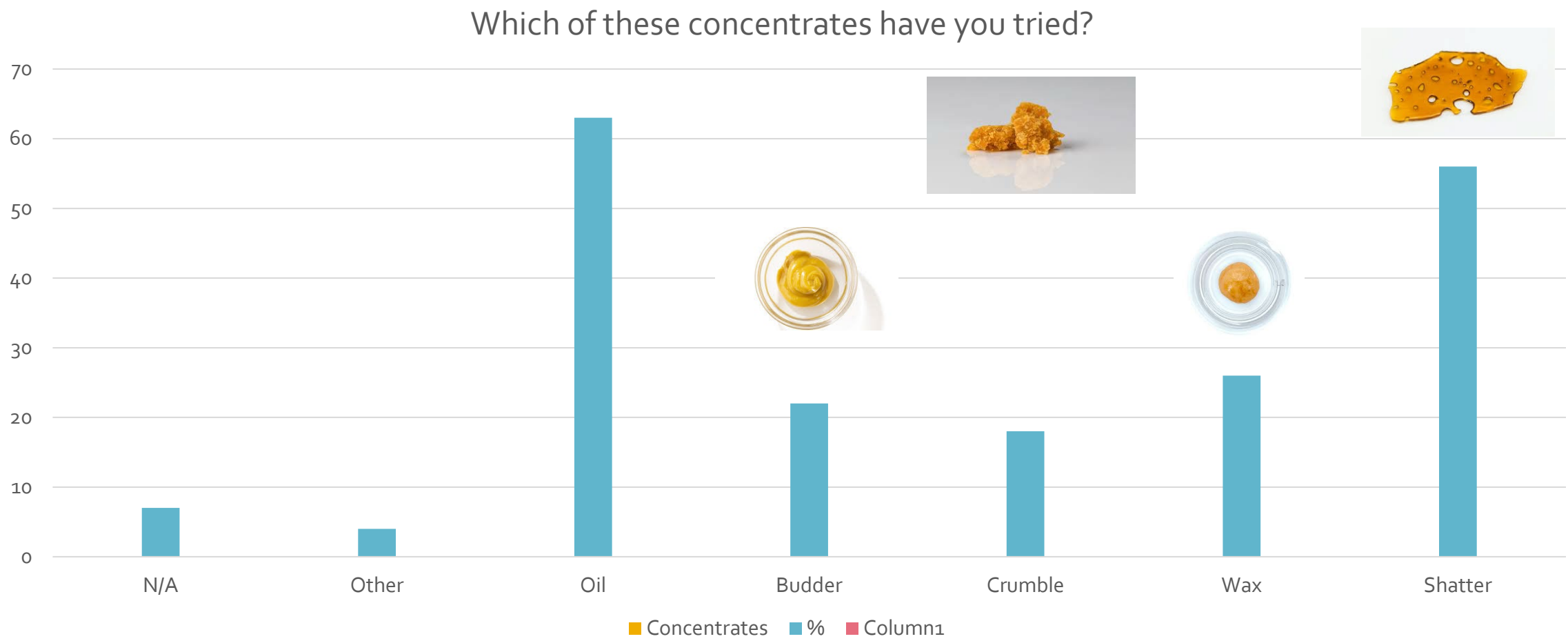
Results: Preferred route



Results: Preferred Route to Smoke Cannabis



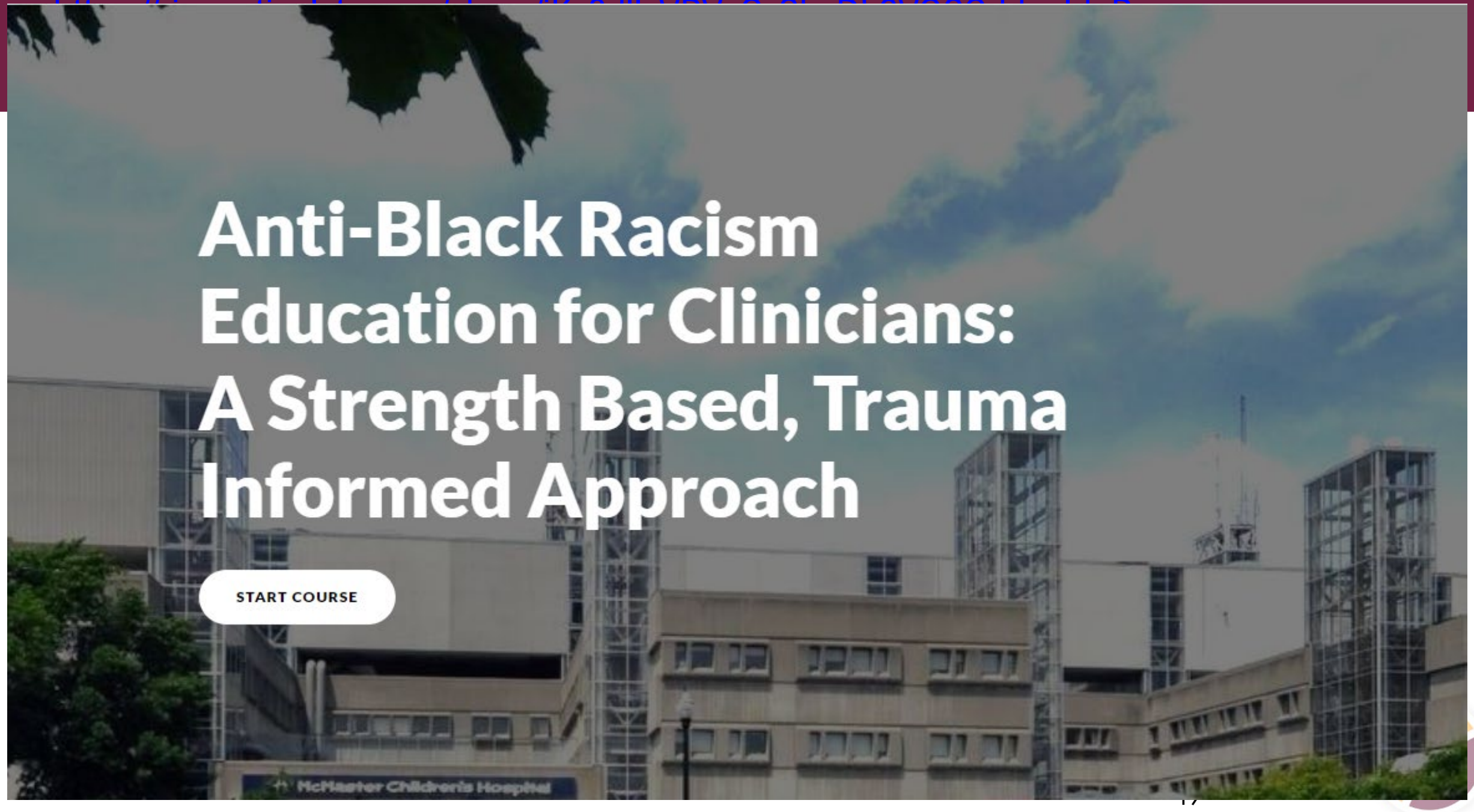
Results: Concentrates



CANNABIS → ← **PSYCHOSIS**

- ⬆ Daily Use
- ⬆ potency THC preferred
- ⬆ Potency Cannabis
- ⬆ Synthetics & concentrates
- ⬆ Smoking joints preferred route


HARRY'S
Journey
McMaster
INFO
PLAY
CREDITS


Anti-Black Racism Education for Clinicians: A Strength Based, Trauma Informed Approach
START COURSE
McMaster Children's Hospital

Canadian Consortium for Early Intervention in Psychosis

Should we Care About Homelessness in First Episode Psychosis?

Amal Abdel-Baki, MD. M.Sc. FRCPC

Université de Montréal

CHUM

Disclosures

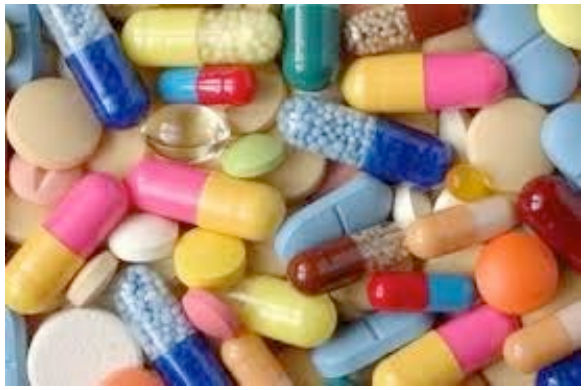
Dr Amal Abdel-Baki

- None

Impact of the Course of Substance Use Disorder

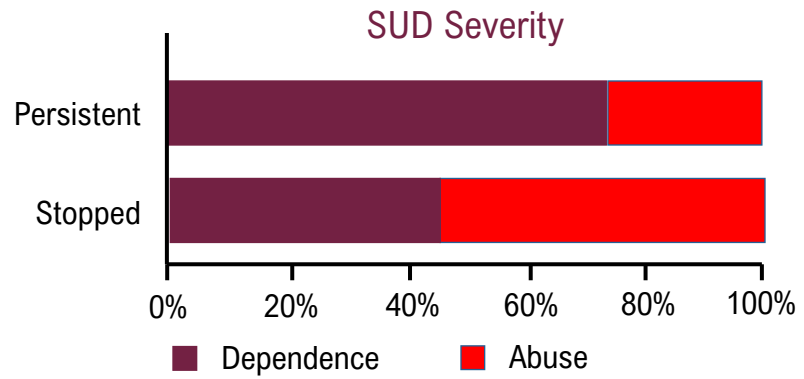
A 2-year prospective study of FEP patients in 2 EIS of the Université de Montréal's EIS network

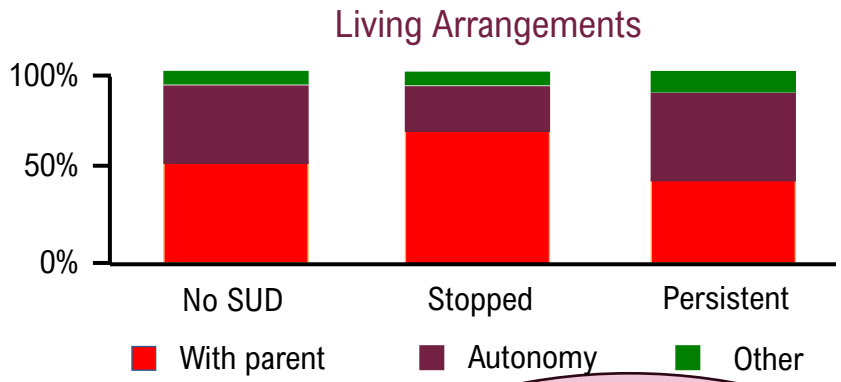
- Negative Impact of SUD persistence on Clinical, Functional Outcomes and Service Use
- Those with STOPPED SUD have similar outcome to never SUD

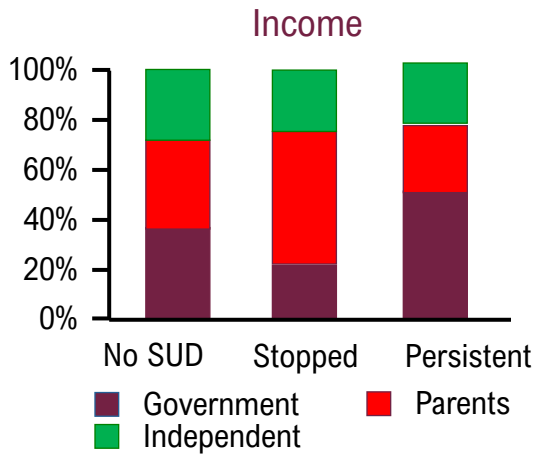


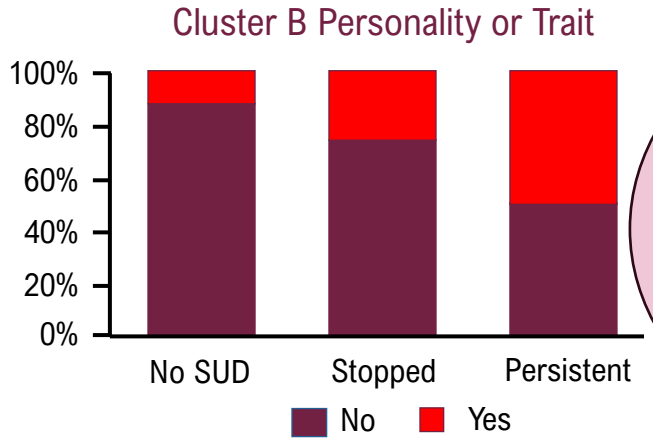
Abdel-Baki A, Ouellet-Plamondon C, Salvat É, Grar K, Potvin S. (2017). Symptomatic and functional outcomes of substance use disorder persistence 2 years after admission to a first-episode psychosis program. *Psychiatry Research*, 247 Jan, 113–119.

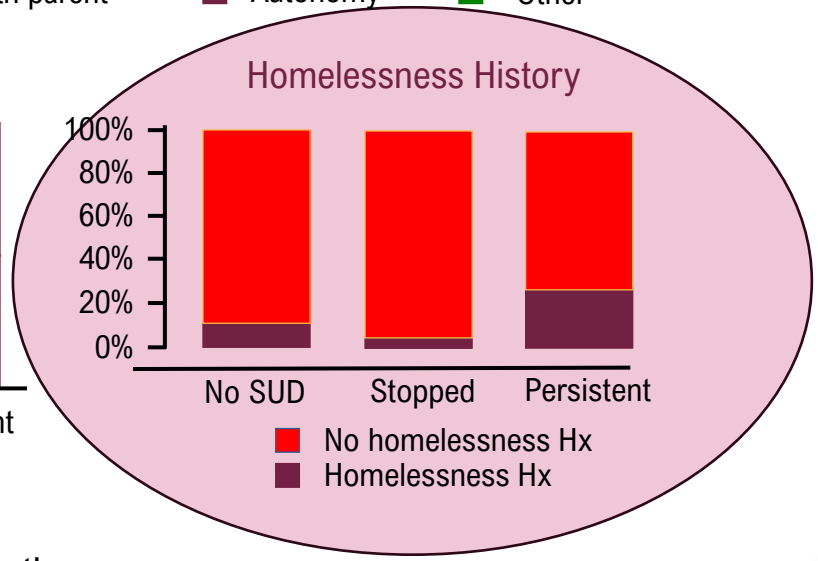
Predictive Factors for SUD Persistence











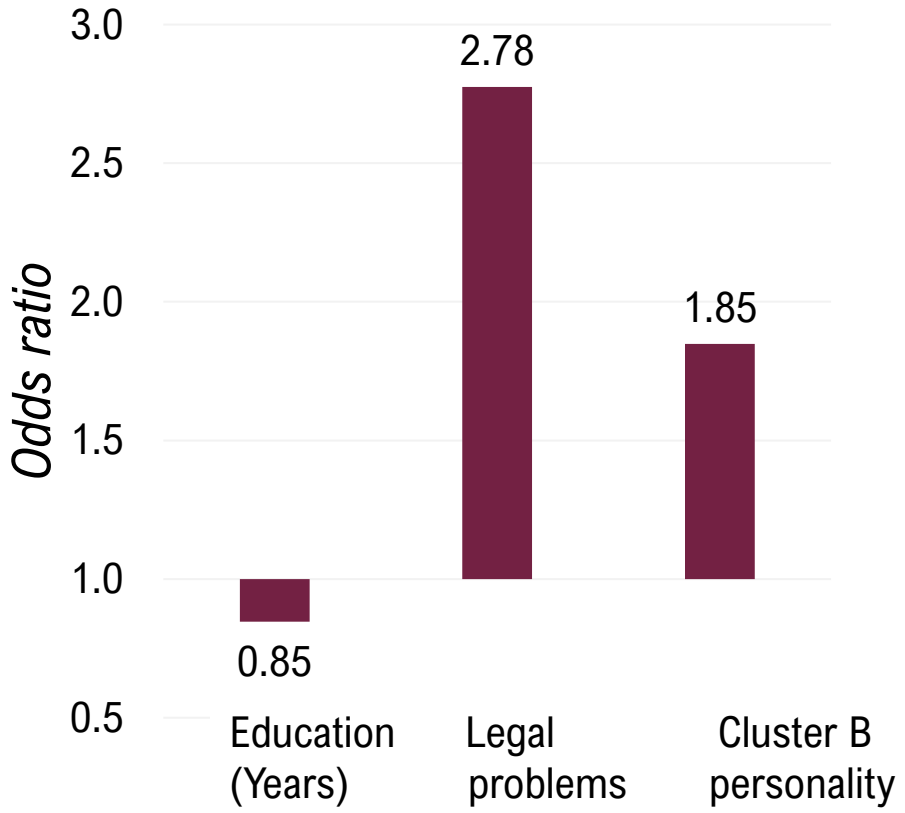
Comparison between SUD status at 24 months:
never SUD (n=76), stopped (n=37) and persistent (n=63)

Abdel-Baki A, Ouellet-Plamondon C, Salvat É, Grar K, Potvin S. (2017). Symptomatic and functional outcomes of substance use disorder persistence 2 years after admission to a first-episode psychosis program. *Psychiatry Research*, 247 Jan, 113–119.

Severe Consequences in FEP

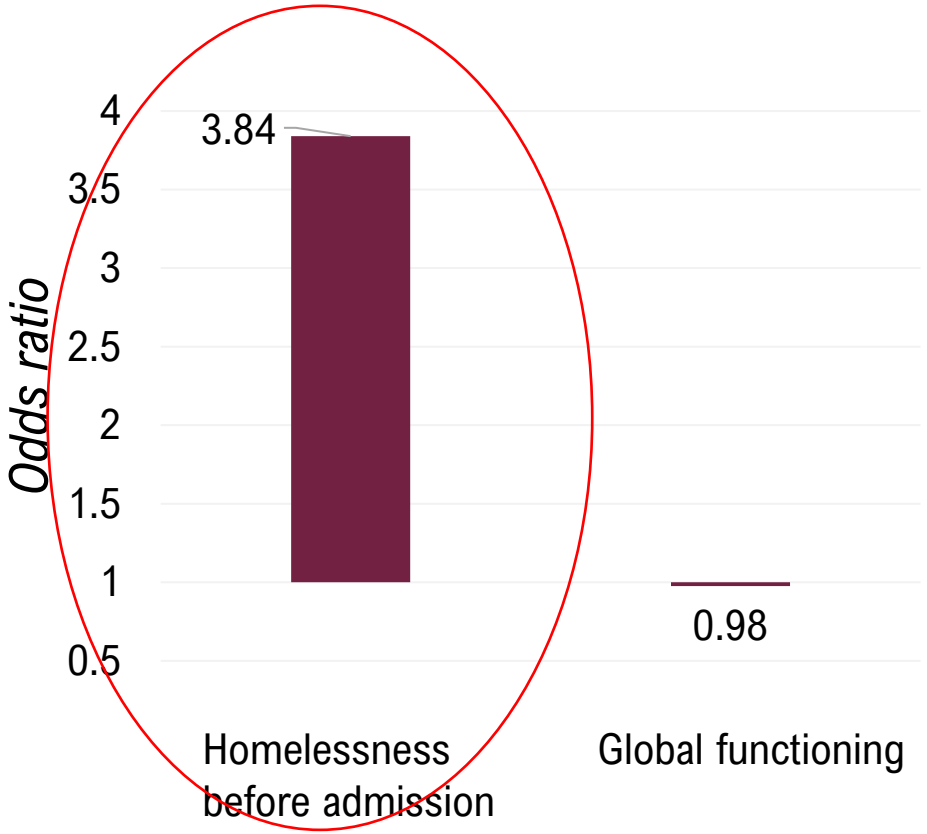
Factors Associated with Violent Behaviours

Factors associated with violence in the premorbid phase



* = p <0.01

Factors associated with violence during the first psychotic episode



* = p <0.02

Sicotte R, D'Andrea G, Dumais A, Crocker AG, Villeneuve M, Brochu E, Abdel-Baki A. Aggressive behaviors in first-episode psychosis: Distinction between the premorbid phase and the onset of psychosis. Schizophr Res. 2024 Sep;271:283-291. doi: 10.1016/j.schres.2024.07.033. Epub 2024 Jul 29. PMID: 39079405

Université de Montréal

CHUM




Why Should we Care About Homelessness in First Episode Psychosis: Impact on Outcome

Lévesque IS, Abdel-Baki A. Homeless youth with first-episode psychosis: A 2-year outcome study. Schizophr Res. 2020 Feb;216:460-469

Youth Homelessness in North America:
A Concerning Issue

1 in 10 young adults (aged 18 to 25 years old) in the US has already experienced homelessness

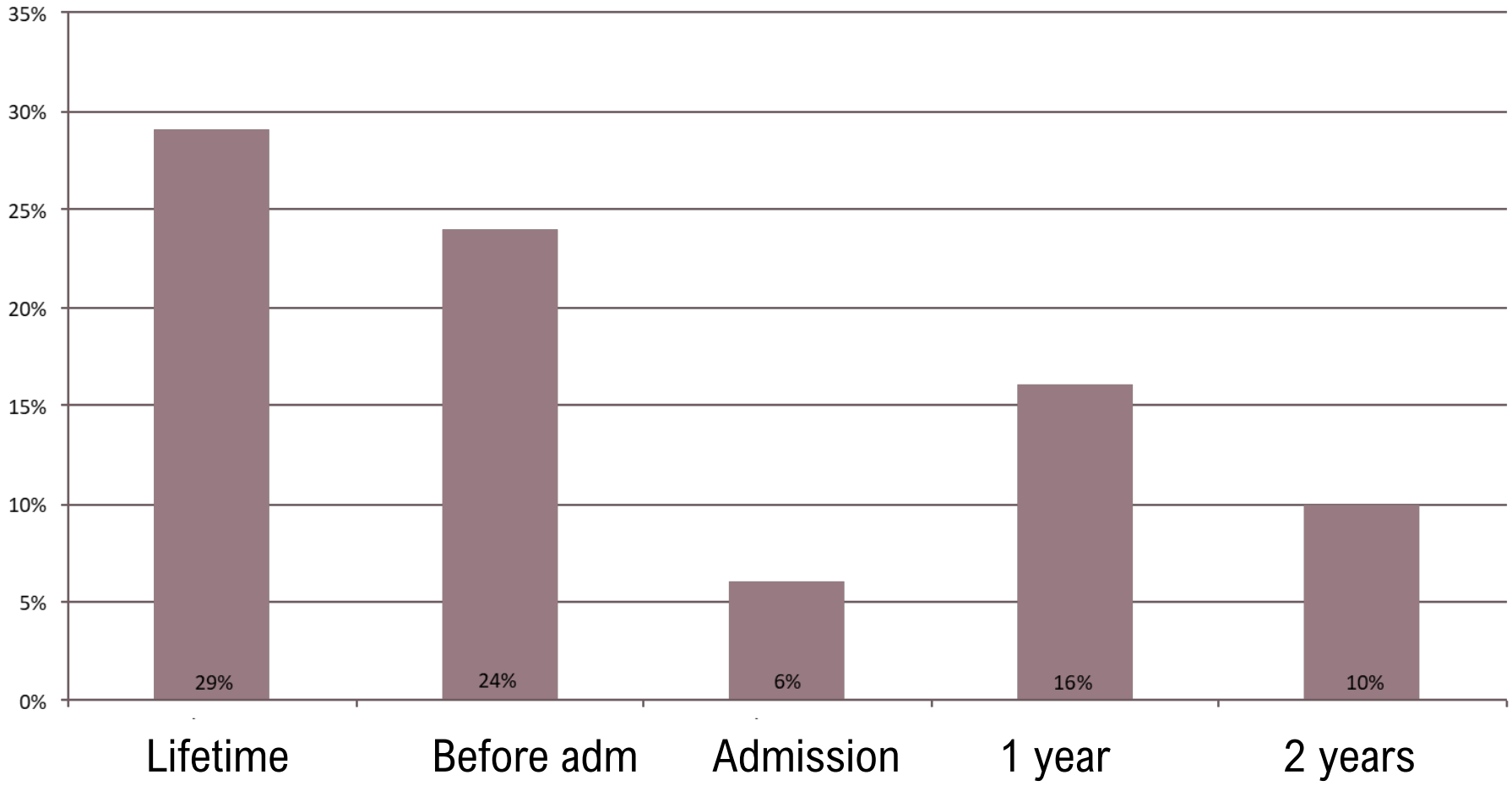
1 in 30 youth (aged 13 to 17 years old) in the US has already experienced homelessness

In Canada, young people aged between 13 and 24 years are estimated to make up about 1/5 of the homeless population.

35 000 to 40 000 youth experience homelessness annually
between 6000 and 7000 at any given night

Acknowledgment: Beatrice Todesco

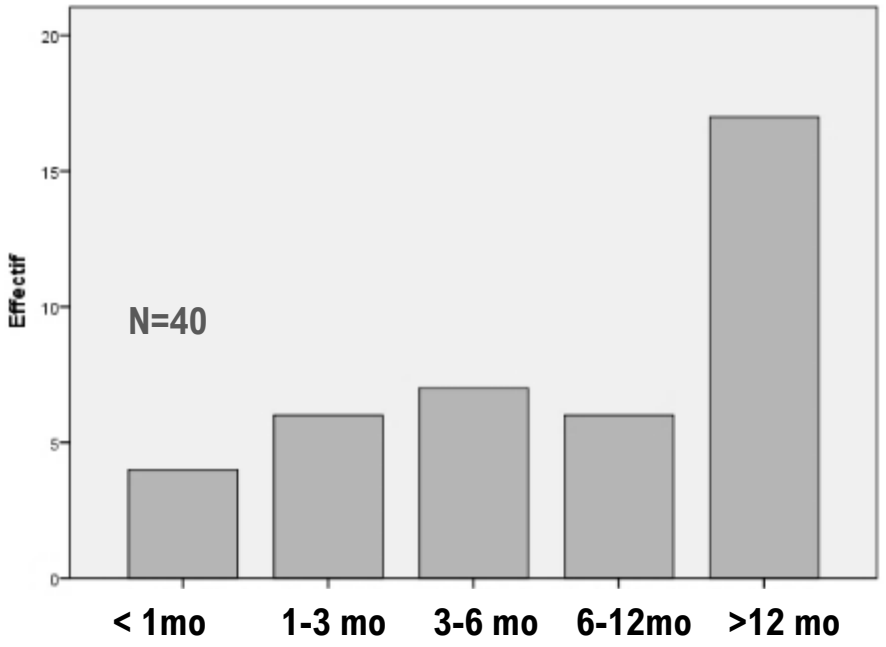
Prevalence of Homelessness in FEP (n=168)



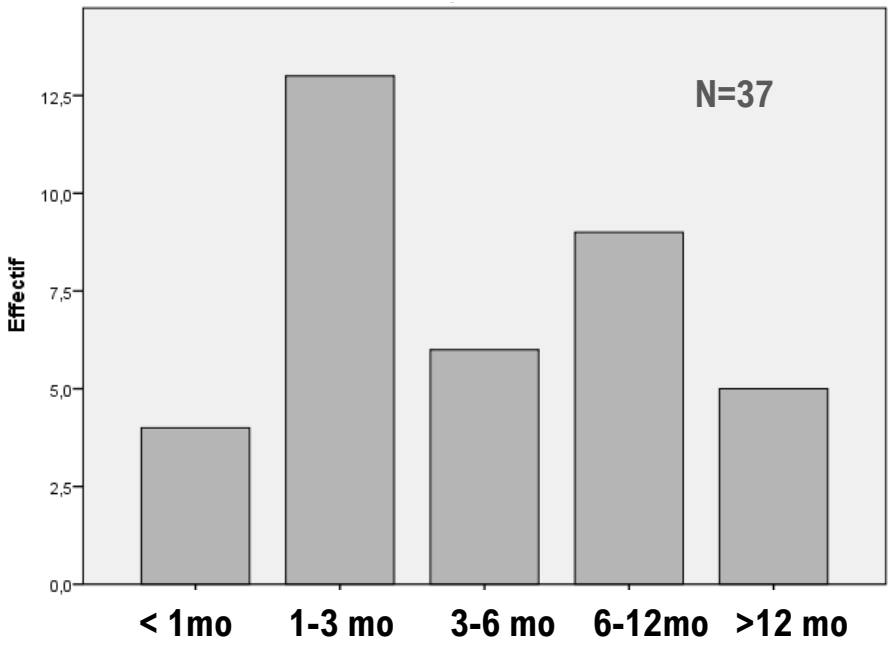
Lévesque IS, Abdel-Baki A. Homeless youth with first-episode psychosis: A 2-year outcome study. Schizophr Res. 2020 Feb;216:460-469

Duration of Homelessness Before and During Follow-up in EIS

Duration of homelessness BEFORE follow-up (months)

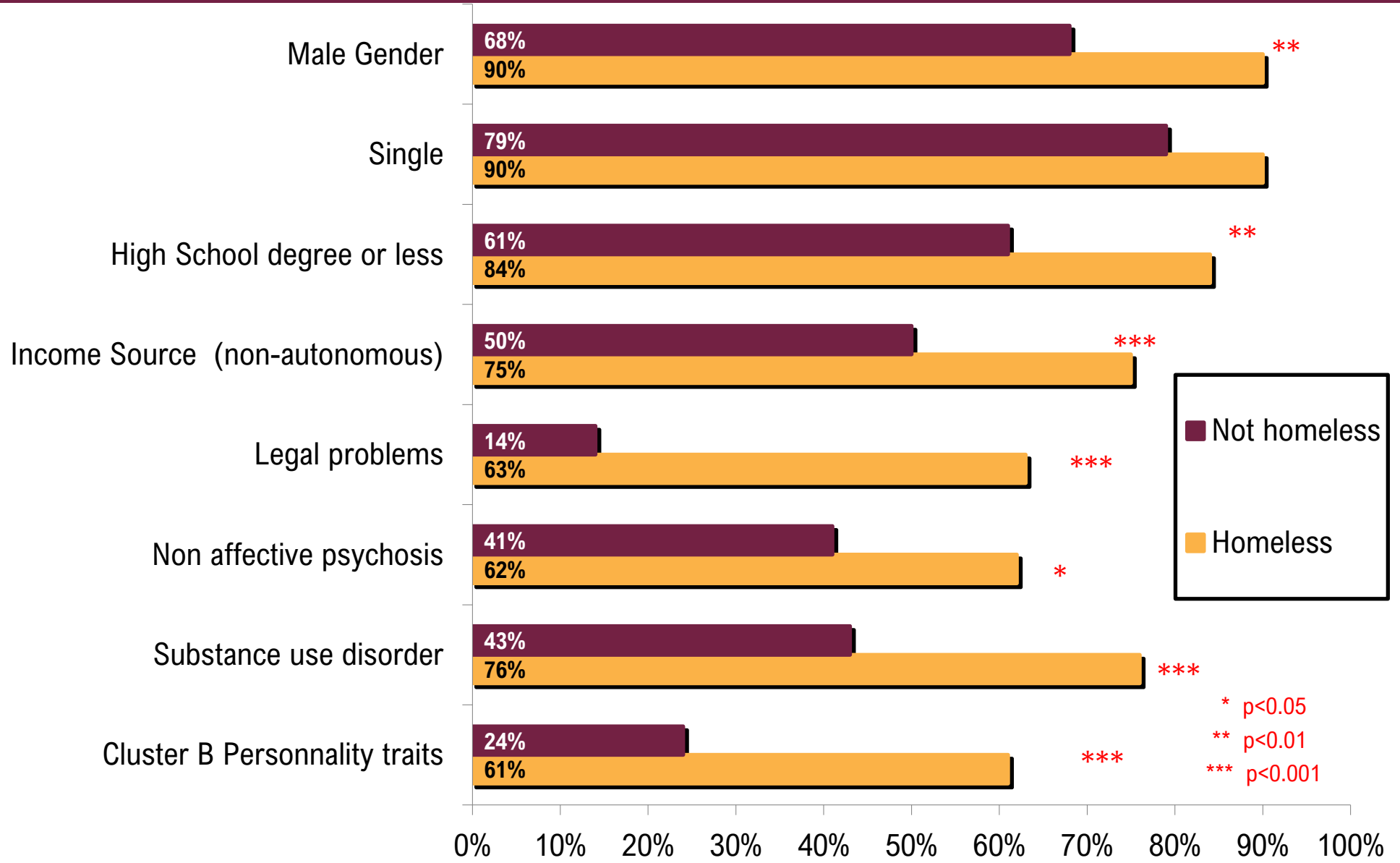


Duration of homelessness DURING follow-up (months)

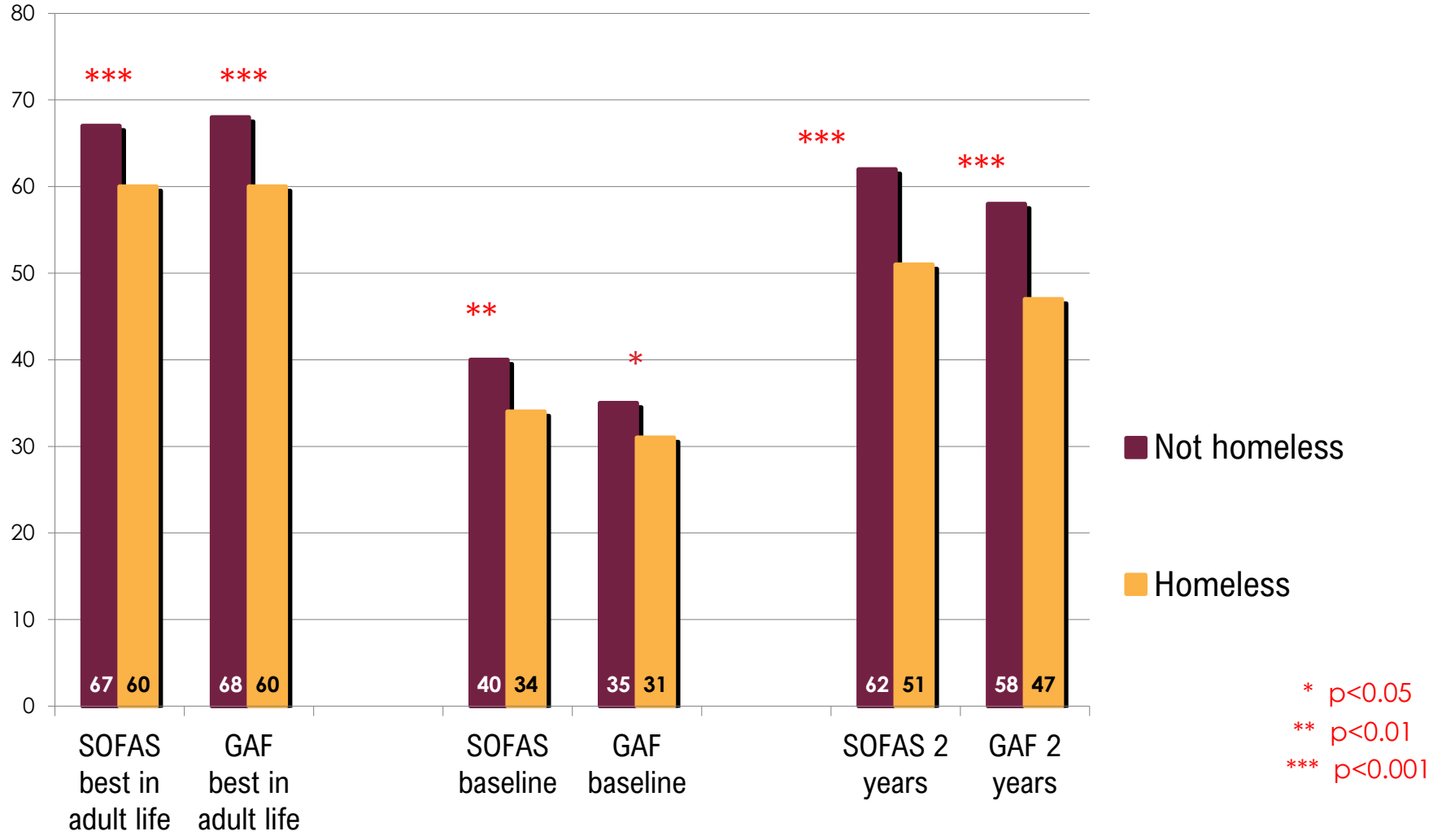


Lévesque IS, Abdel-Baki A. Homeless youth with first-episode psychosis: A 2-year outcome study. Schizophr Res. 2020 Feb;216:460-469

Sociodemographic Characteristics at Baseline (n=168)



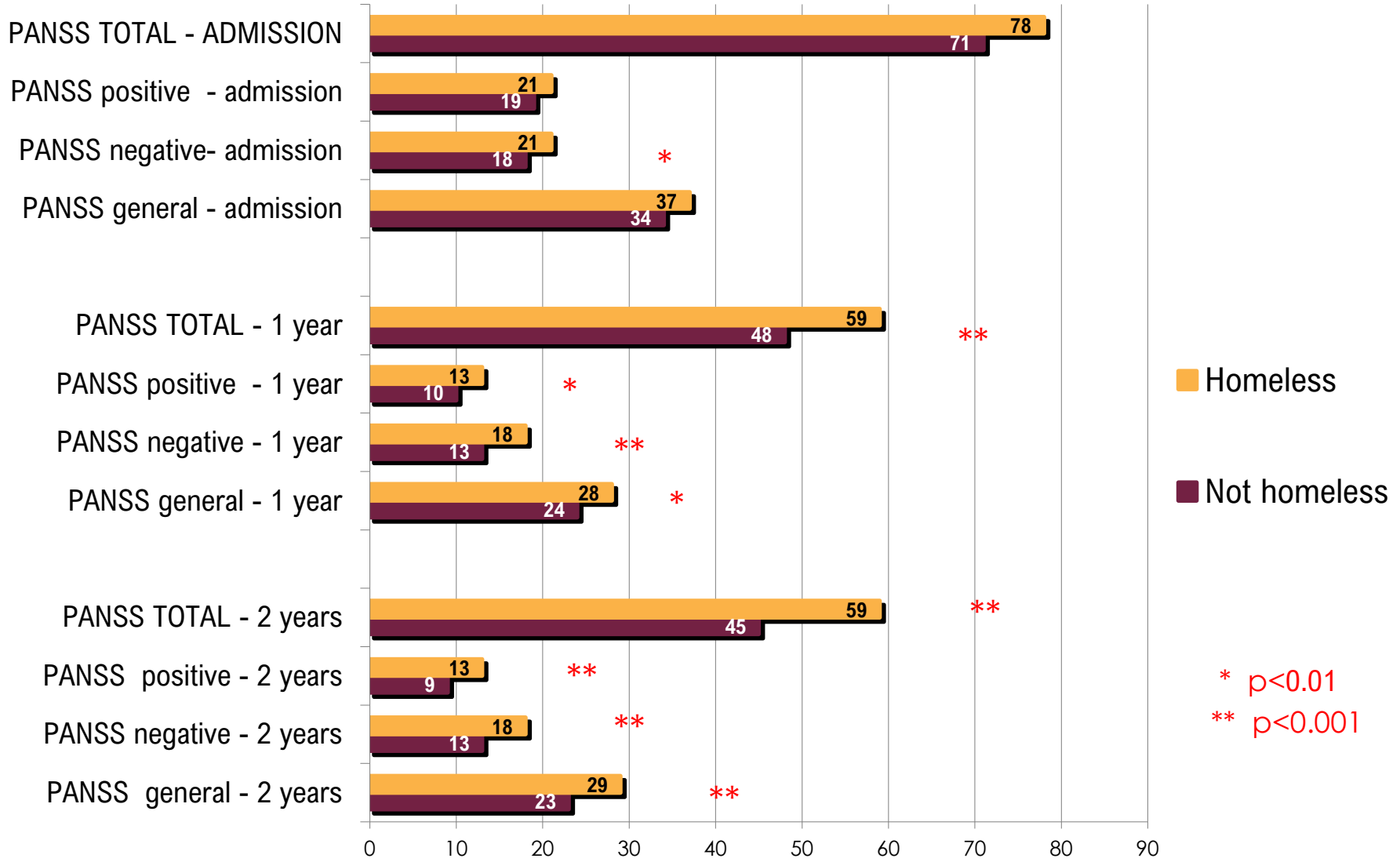
Functional Outcome in Homeless Vs Not Homeless FEP (n=168)



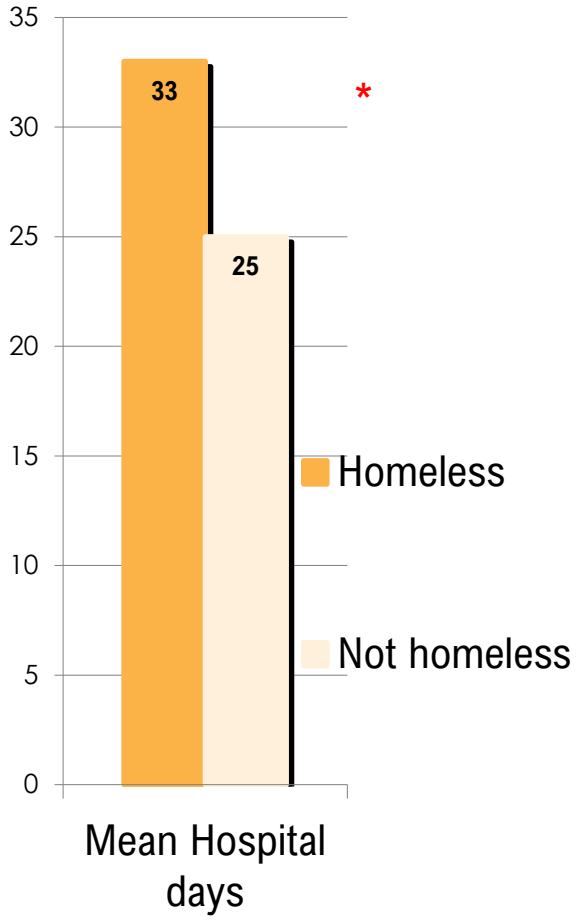
* p<0.05
** p<0.01
*** p<0.001

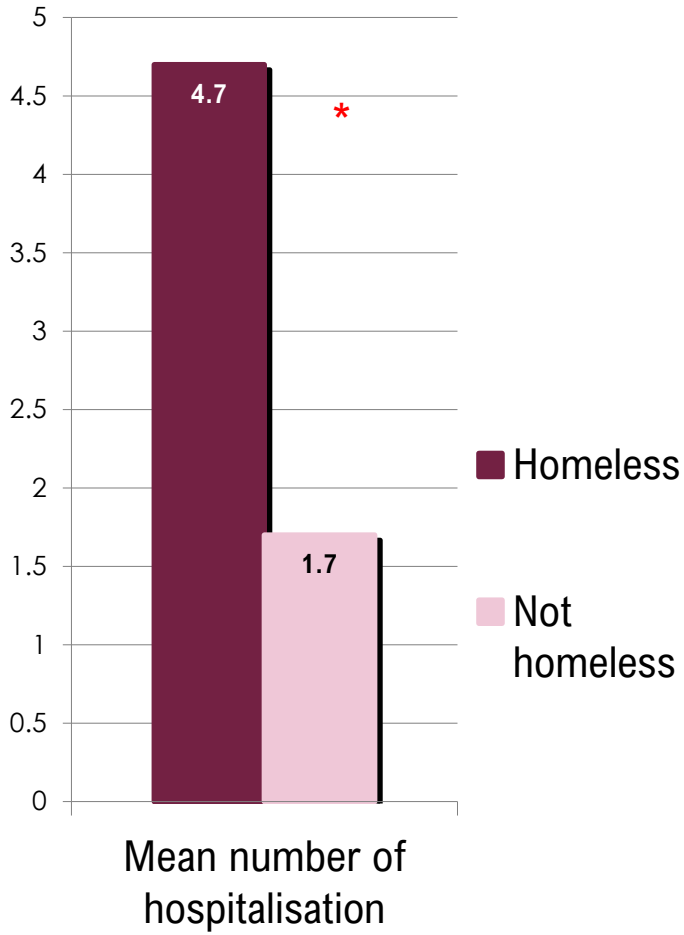
Lévesque IS, Abdel-Baki A. Homeless youth with first-episode psychosis: A 2-year outcome study. Schizophr Res. 2020 Feb;216:460-469

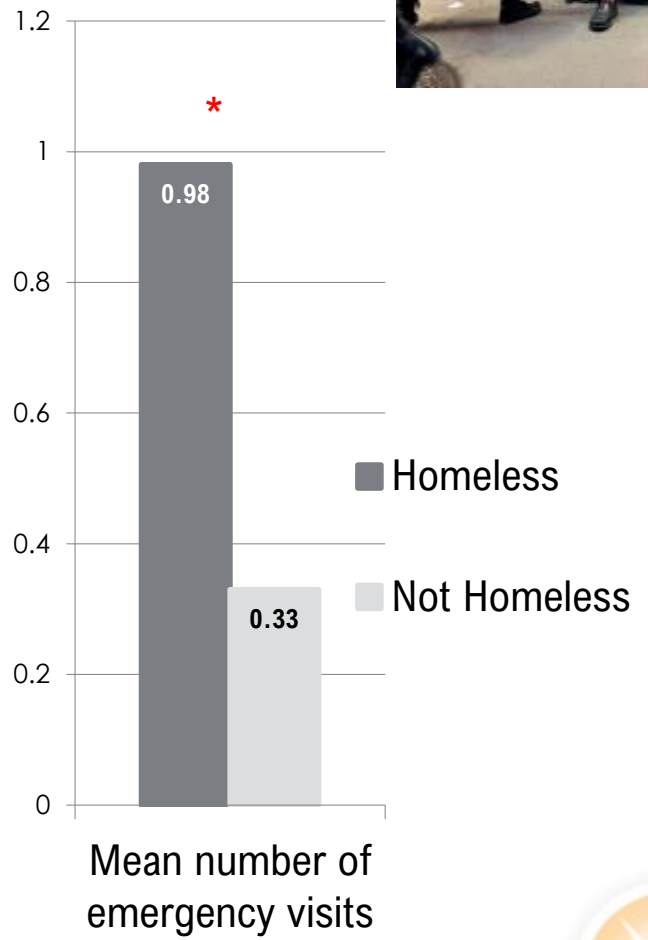
Symptomatic Outcome in Homeless Vs Not Homeless FEP



Service Use of Homeless Vs Not Homeless FEP







* p<0.001

Summary

Homeless youth with FEP are more vulnerable when compared with FEP without homelessness

- Greater severity of psychotic illness
- More non-affective psychosis (vs affective psychosis)
- More substance use disorders
- More cluster B personality traits/disorder
- More legal problems and judicialization

Summary

Despite intensive specialized intervention for early psychosis

- More **frequent use of inpatient and emergency** services than other FEP
- Require more frequently **treatment orders and more LAI** to reach similar level of medication compliance

However, their **disengagement is similar** to other FEP

Yet over 2 years F-up they show

- **Worse functional and symptomatic outcomes**

Towards Solutions

- Is their outcome worse because despite relatively intensive intervention for youth with early psychosis, **the intervention is not sufficiently adapted to their needs?**
- A team to meet the specific needs of these young people?




Université de Montréal

CHUM

Intensive Community Care Team Dedicated to Homeless Youth with Psychosis and Substance Use Disorders

Doré-Gauthier V, Côté H, Jutras-Aswad D, Ouellet-Plamondon C, Abdel-Baki A. **How to help homeless youth suffering from first episode psychosis and substance use disorders? The creation of a new intensive outreach intervention team.** Psychiatry Res. 2019 Mar;273:603-612

Homelessness and Psychosis

Homelessness and psychosis feed on themselves in a deleterious vicious circle

- Detrimental effect on mental health
- Extreme poverty
- Lack of basic security, chronic stress
- Constant hypervigilance and fear associated with street life
- Psychosis affects cognition, affect, interpersonal and working capacities as well as problem solving capacities to avoid and exit homelessness

Acknowledgements: Beatrice Todesco

Youth Homelessness is a Complex Phenomenon

Unsheltered

People living in public or private spaces without consent or in spaces not intended for permanent human habitation (cars, garages, tents).

Emergency sheltered

Emergency overnight shelters for people experiencing homelessness, shelters intended for family violence victims, emergency shelters for people flee a natural catastrophe ETC.

Provisionally accommodated

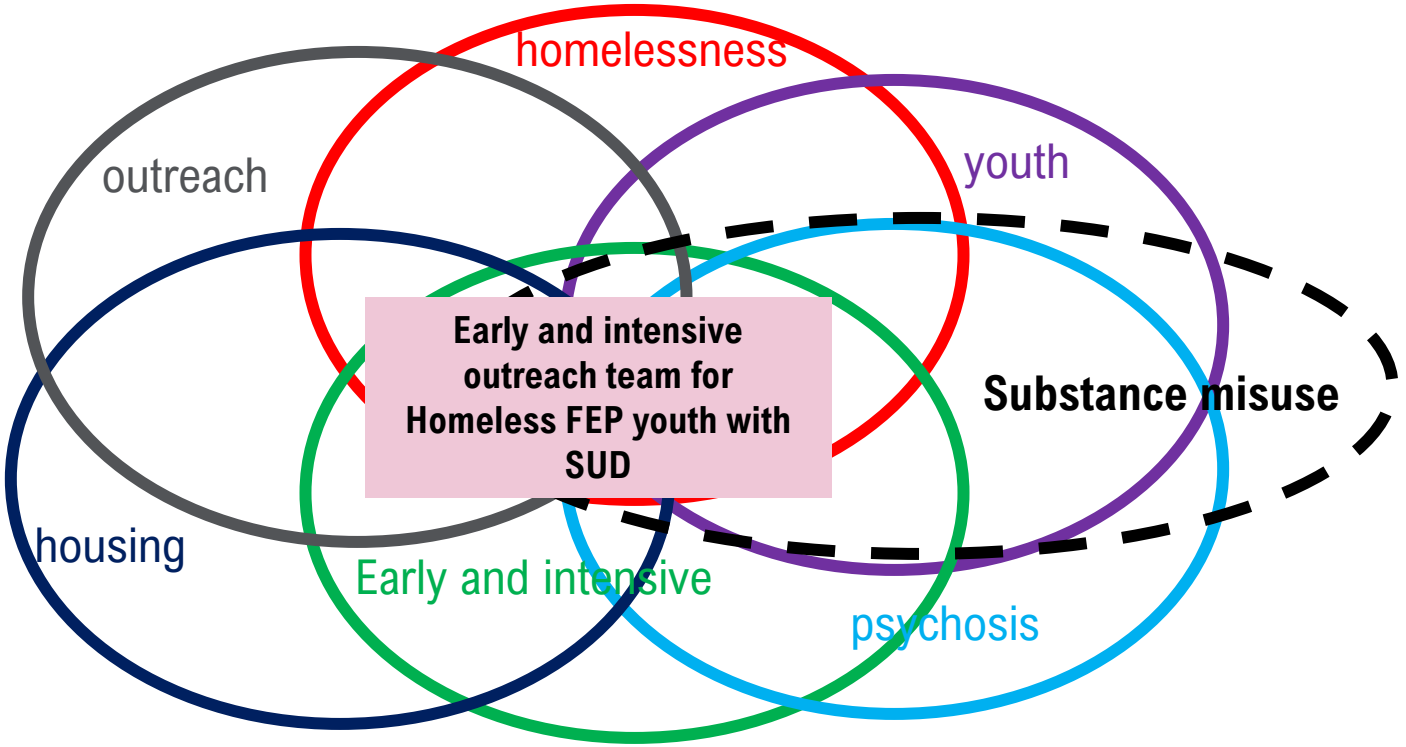
Interim housing services to bridge the gap between emergency accommodation and permanent housing, people living temporary with others (friends, family or strangers) or accessing short-term, temporary rental accommodations without security of tenure (motels, hostels, rooming houses), etc.

At risk of homelessness

Precarious employment or unemployment, supported housing about to be discontinued, imminent eviction, divorce, separation, roommate moving out, violence, abuse or discrimination in current house, institutional care unsuited to the needs of the family, people who are precariously housed and face serious housing affordability problems etc.

Acknowledgements: Beatrice Todesco

Characteristics of the Specific and Efficient Approaches in Populations Related to HY+ FEP+ SUD = EQIIP SOL



Doré-Gauthier V, Côté H, Jutras-Aswad D, Ouellet-Plamondon C, Abdel-Baki A. How to help homeless youth suffering from first episode psychosis and substance use disorders? The creation of a new intensive outreach intervention team. Psychiatry Res. 2019 Mar;273:603-612.

The EQIIP SOL Program

HOUSING SUPPORT

Aiming for the most suitable housing solution depending on the patients' preferences and level of autonomy

CASE MANAGEMENT
8 to 10:1 ratio (ACT–like)

FEP INTERVENTIONS

OUTREACH INTERVENTIONS

INTERVENTIONS TARGETING ADDICTION

Harm reduction approach

PARTNERSHIP WITH COMMUNITY ORGANISATIONS FOR HY

Acknowledgements: Beatrice Todesco

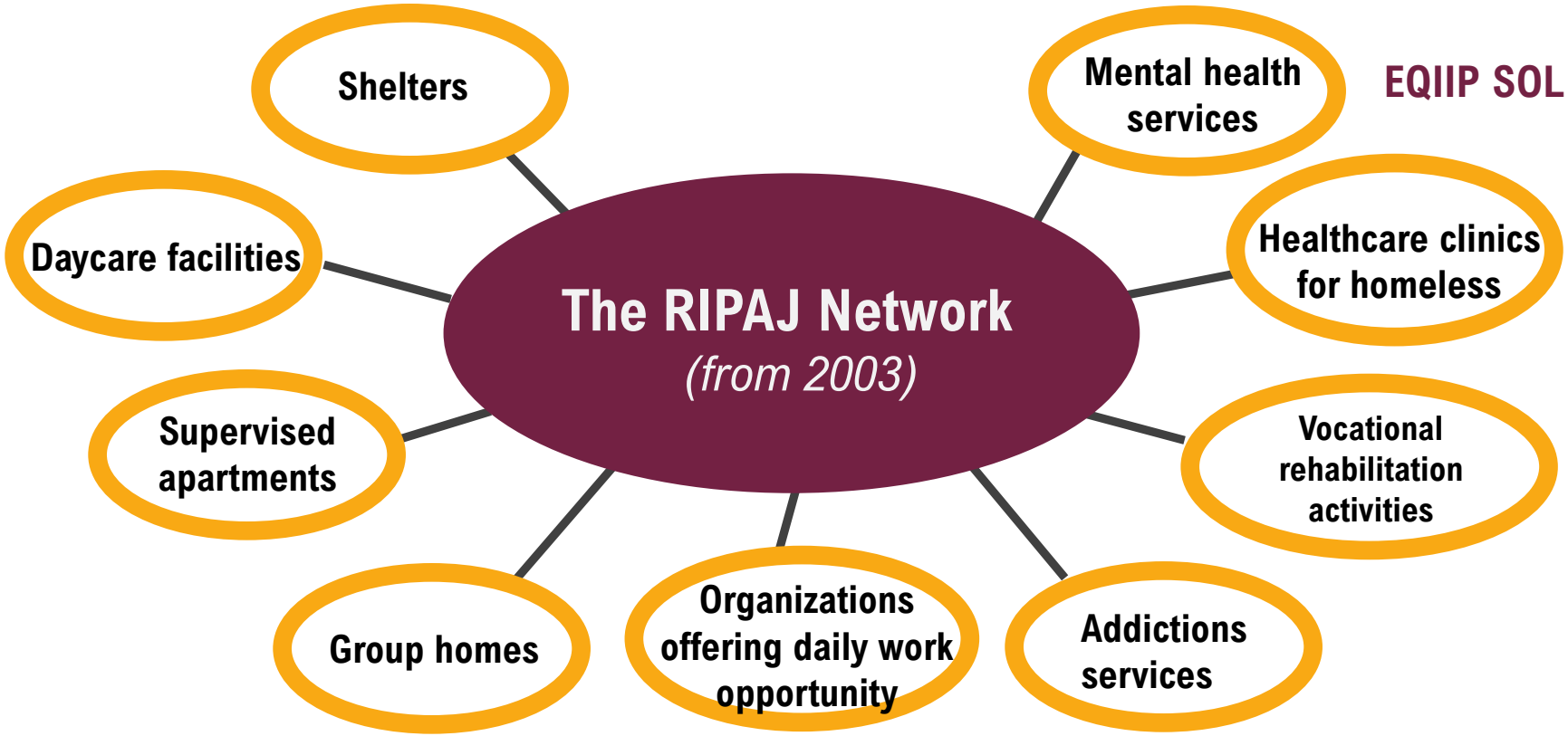
Stake Holders

- Partnership between CHUM's First episode psychosis clinic (JAP) & Addiction psychiatry service (UPT) **(treatment)**
- **5 psychiatrists dedicated part-time AND 3-5 full time social workers, nurses**
- Montreal health and social service agency ($)
- Partnership with Community organisation for HY and those at risk of homelessness in Montreal **(detection and housing)**

- Dans la rue – Refuge des jeunes – Clinique des jeunes de la rue – CLSC des Faubourg
- Passage - St. Michael's Mission - Diogène - Maison St-Dominique – Portage TSTM
- Médecins du monde – Pharillon - CRAN-Relais-Méthadone – Cactus
- – Centre de réadaptation en dépendance de Montréal

Improving Access to Mental Health Services for Homeless Youth

The RIPAJ Network in Montreal



Acknowledgements: Beatrice Todesco

The Relationship with Community Partners:
A cornerstone of EQIIP SOL project

- Community organizations can **refer homeless** youth to EQIIP SOL team;
- First contact **either at the hospital or in the organization** frequented by the youth;
- Youth can eventually be **accompanied by** a trusted person, including **staff members** to the appointments;

- **Regular meetings** (at least monthly) with the partner organizations to share administrative information and, eventually, clinical updates;
- **Weekly visits on site** to facilitate communication and build reciprocal trust;
- **Training on psychosis** and its comorbidities by EQIIP SOL members to the partners.

Acknowledgements: Beatrice Todesco

EQIIP SOL

Frequency: visits 1 to 5 times a week

- Interventions focused on youth needs
- Main focus: finding and maintaining adequate housing
- Other Objectives are the improvement of:
  - Substance misuse
  - Psychosis
  - Legal issues
  - Study / Work rehabilitation

- HY also have access to all other services (for patients + their families) and group therapies offered at the EIS

Does this model of care improve the outcome of homeless youth with FEP & complex comorbidities?

Doré-Gauthier V, Miron JP, Jutras-Aswad D, Ouellet-Plamondon C, Abdel-Baki A. Specialized assertive community treatment intervention for homeless youth with first episode psychosis and substance use disorder: A 2-year follow-up study. Early Interv Psychiatry. 2020 Apr;14(2):203-210

Comparative Study
(with historical comparative group)

Comparing the outcome of 2 homeless youth cohorts suffering from FEP and SUD followed at the same EIS (Clinique JAP-CHUM, Montreal, Canada (urban center)

- **1-Historical group (Treatment As Usual (TAU))**: All youth followed within the early intervention for psychosis service **(EIS alone)** which **were in unstable housing** at admission (admitted between 2005-2011, before the existence of EQIIP SOL)

- **2-Group EQIIP SOL (EIS + Homeless outreach team EQIIP SOL):** Includes all first episode patients referred to the same EIS and followed by EQIIP SOL (added to EIS) since they **were in unstable housing** at admission (admitted from 2012-2015 after the creation of EQIIP SOL)

Baseline Sociodemographic and Clinical Characteristics for 2 Treatment Groups

	IHE group (n=24)	TAU group (n=26)	p-value
Age mean ± SD	24.1 ± 3.0	23.6 ± 3.5	0.595
Gender (male) (N)	91.7% (22)	92.3% (24)	0.664
Visible minority (N)	41.7% (14)	23.1% (20)	0.135
Immigration (1st and 2nd generation) (N)	50.0% (12)	42.3% (11)	0.397
Marital status (single) (N)	87.5% (21)	92.3% (24)	0.461
Education mean ± SD	8.7 ± 2.1	9.4 ± 2.9	0.382
Not in school (N)	95.7% (22)	80.8% (21)	0.125
Unemployed (N)	95.8% (23)	88.5% (23)	0.336
Trauma during childhood† (N)	90.5% (19)	76.2% (16)	0.205
Abuse during childhood *(N)	87.5% (21)	88.5% (23)	0.545
Placement during childhood by youth protection services (N)	38.9% (11)	41.7% (14)	0.555
Legal problems (N)	58.3% (14)	69.6% (16)	0.31
Non-affective psychosis (N)	62.5% (15)	80.0% (20)	0.149
Cluster B personality traits (N)	66.7% (16)	61.5% (16)	0.468
Patients on LAI at 3 months (N)	45.8% (13)	28.0% (18)	0.159
Mean CPZ eq. at 3 months ± SD	237.0 ± 257,5	195.5 ± 139,1	0.487

†Trauma in childhood: Includes abuse, neglect, placements, intimidation, death of a parent, separation from an attachment figure
*Abuse during childhood: Includes physical abuse, psychological abuse, sexual abuse and neglect

LEGEND: Age and education in years; LAI, long-acting injectable antipsychotics; CPZ eq., chlorpromazine equivalent (antipsychotic medication converted to chlorpromazine equivalent, in mg); SD, standard deviation.

Lost to Follow-Up at 24 Months?

- IHE group (EQIIP SOL): 4/24 (16.7%)
- TAU group: 6/26 (23.1%)

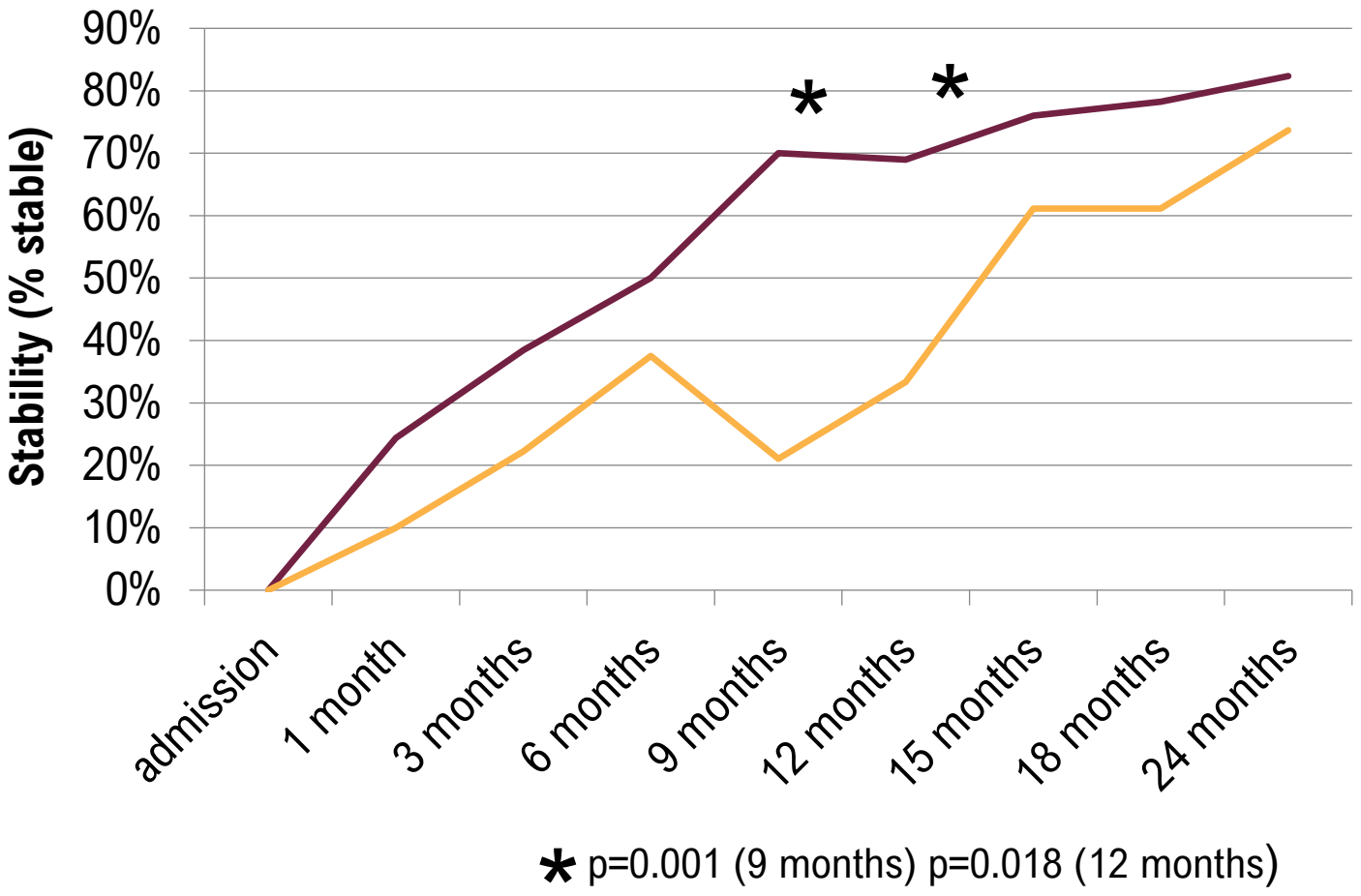
- No statistically significant differences on baseline characteristics* between participants lost to follow-up and those still being followed

- **Main reason: they went back to their home region or country (immigrants-refugees)**

*in terms of gender, marital status, diagnosis, Cluster B personality traits/disorder, abuse and trauma in childhood, legal problems, immigration status, visible minority, education level and baseline GAF, SOFAS, CGI, housing condition, schooling and employment status at baseline and substance misuse at baseline.

Housing Outcome

Figure 2 : Housing Stability

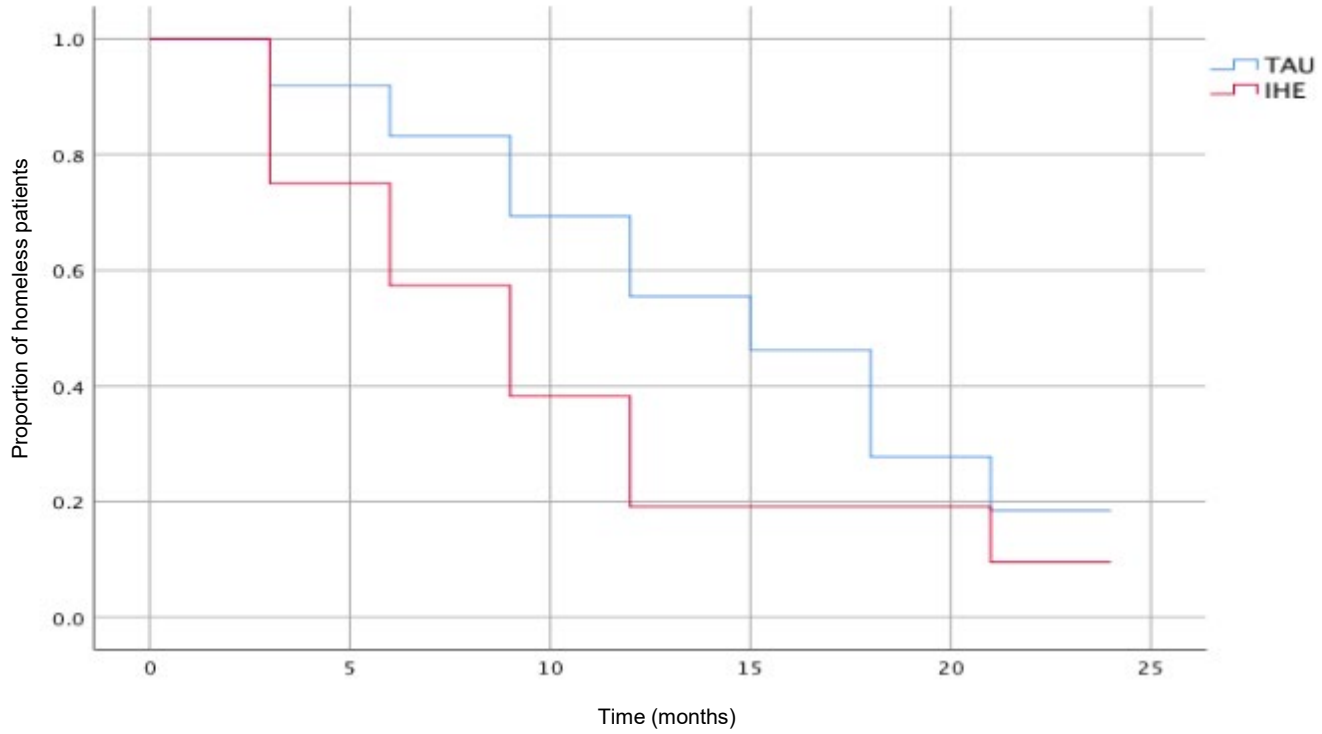


* p=0.001 (9 months) p=0.018 (12 months)

How long before stability?

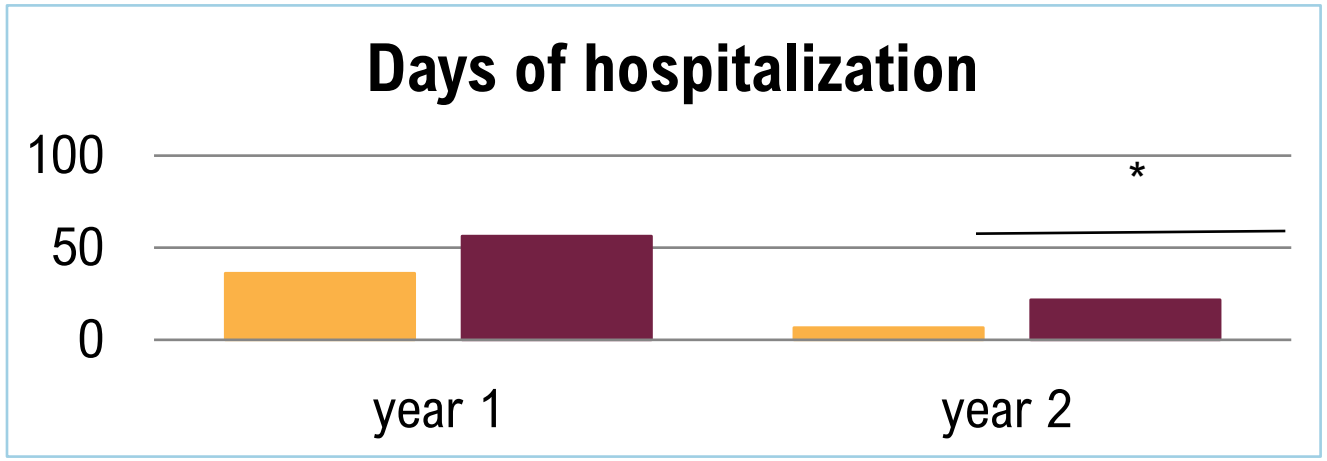
On average, **EQIIP SOL** participants attained housing stability after **7.15 months** vs **13.78 months** for **TAU (EIS alone)** (p=0.044)

Time to Housing Stability

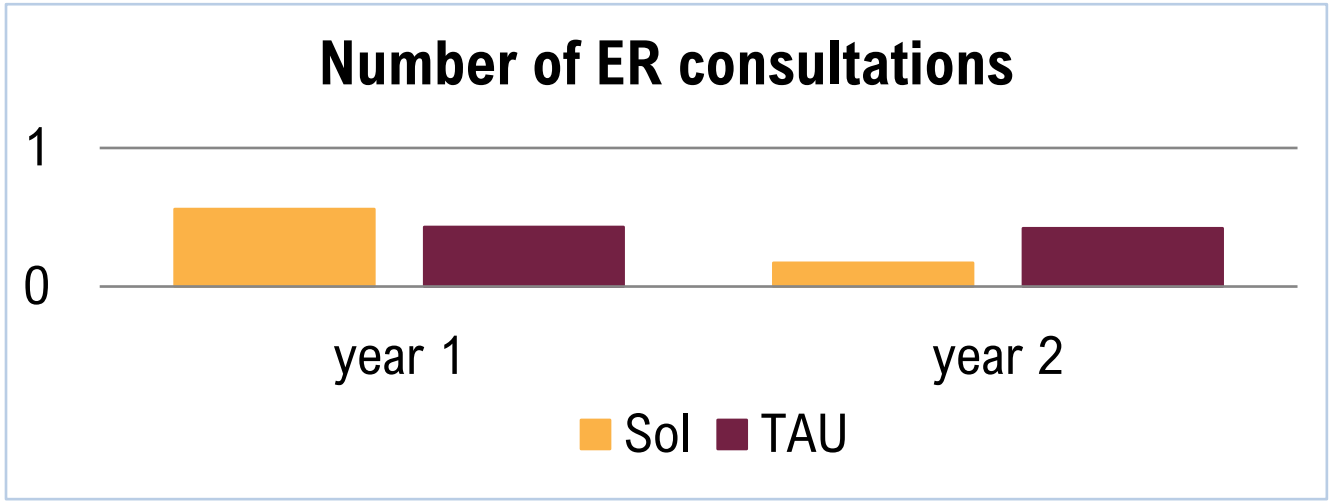


- Kaplan-Meier curves comparisons with log-rank test (RR=1.49, p=0.210)
- When confounding factors (SUD, psychiatric diagnosis, education level & cluster B personality) are included in the Cox regression model:
  - **IHE group (EQIIP SOL) was associated with an increased** likelihood of attaining **housing stability** (RR= 2.38, p=0.017)
  - Cocaine use disorder was associated with a **decreased probability** of **attaining housing stability** (RR=0.25, p=0.04)

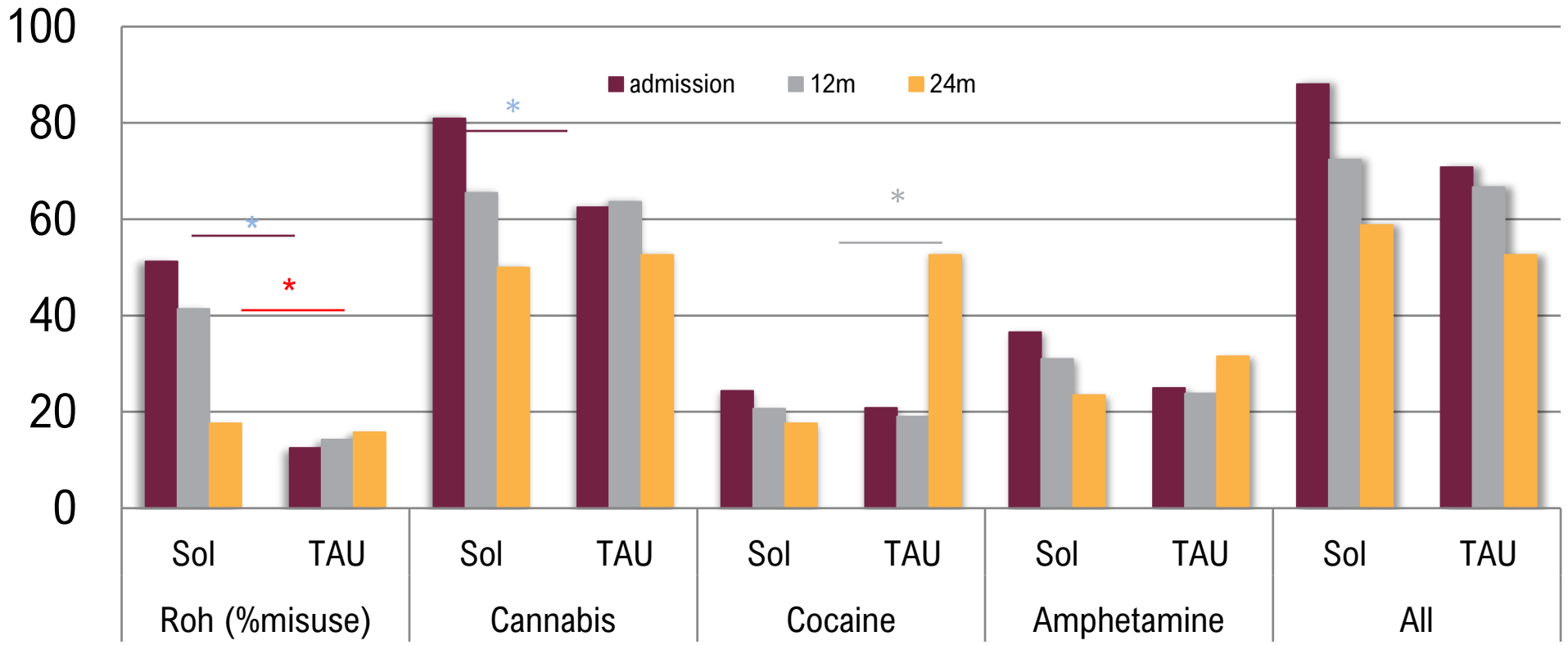
The Acute Mental Health Services use was Lower for the EQIIP SOL Group vs EIS Alone



* p=0.033



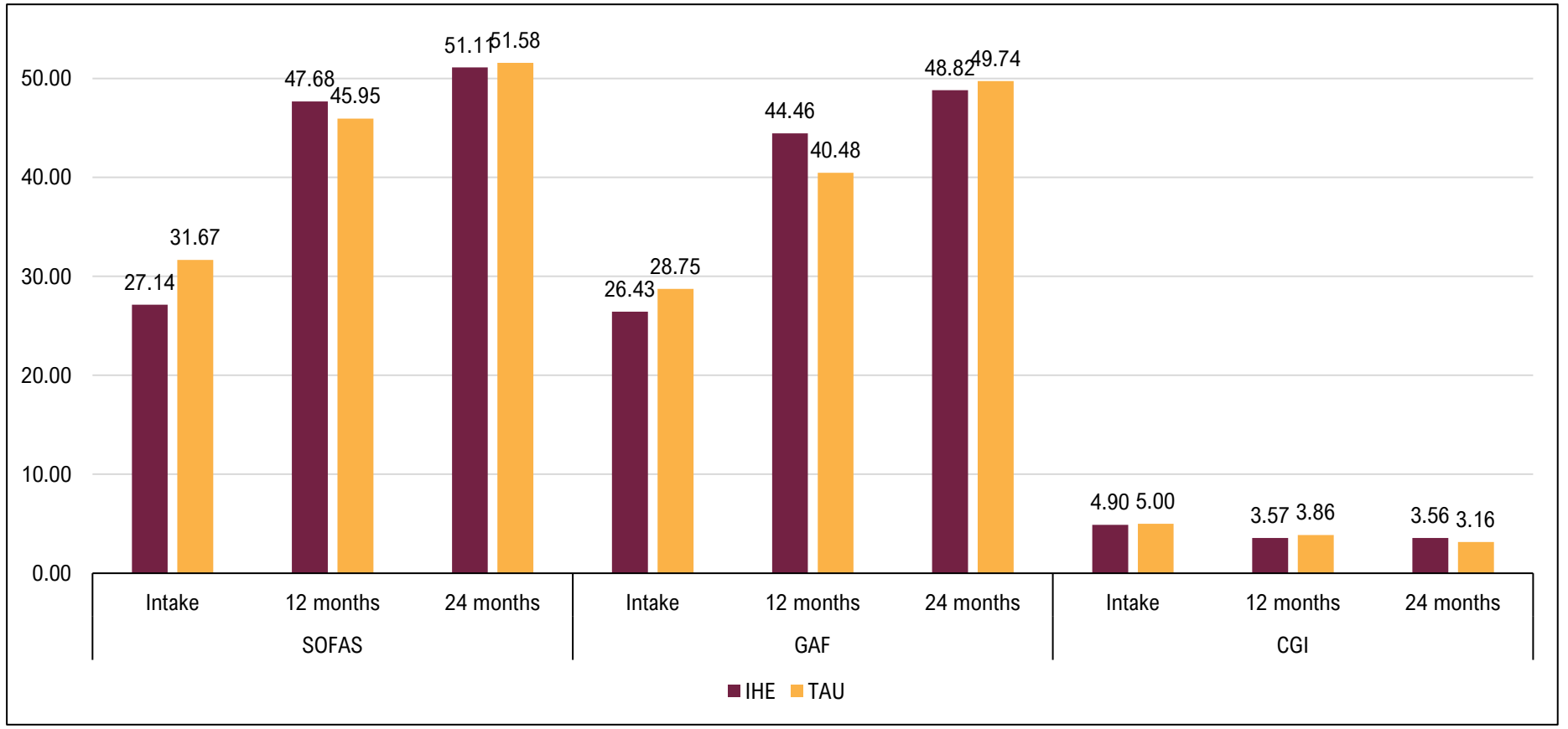
Substance Misuse Outcome



Participants in the SOL group were more likely ($p<0.05$) to abuse alcohol and THC at baseline, a difference that disappeared after 24 months (ROH) and 12 months (THC).

Participants of the TAU group were more likely to abuse cocaine at the end of FU.

Social and Global Functioning + Clinical Severity



Significant Improvement over time for both groups ($p<0.0005$)

No difference between groups, no interaction group x time

Conclusion

This research suggests that an intensive community care team **(dedicated to homeless youth suffering from psychosis and addiction)** added to an early intervention for psychosis clinic, may help reach better outcomes:

- Attaining housing stability faster
- SUD reduction
- Reduction hospitalisation services

Did not seem to have a major additional impact on symptoms or other functional outcomes (including global & specific [work/study]).

Study

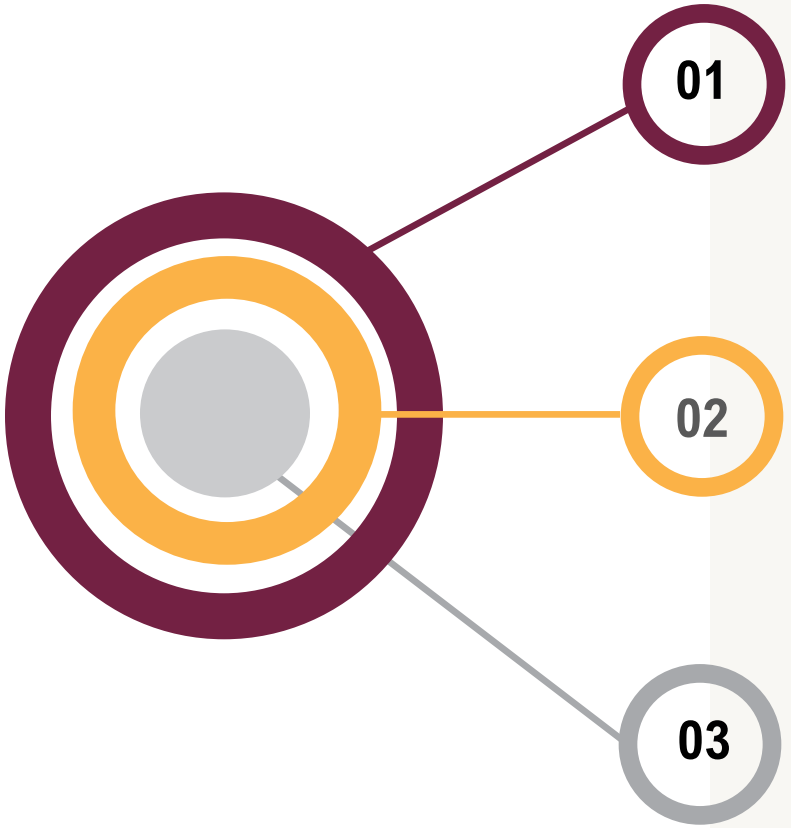
Addressing the complex needs of homeless youth with early psychosis and comorbid substance use: A naturalistic longitudinal study of 10 years' experience with EQIIP SOL's specialized outreach service

Todesco, B; Pires De Oliveira Padilha, P; Rabouin, D; Ouellet-Plamondon, C; Jutras-Aswad, D; Abdel-Baki, A.

- **Do the positive results of the pilot study last over time?**
- Substance misuse will improve over longer follow-up since it is a chronic illness for which changes usually tend to appear after longer periods
- Vocational recovery will pursue over time allowing a greater percentage to go back to work or school
- For how long this intervention would be needed to insure stability of these youth’s condition.

Todesco, B; Pires De Oliveira Padilha, P; Rabouin, D; Ouellet-Plamondon, C; Jutras-Aswad, D; Abdel-Baki, A. Addressing the complex needs of homeless youth with early psychosis and comorbid substance use: A naturalistic longitudinal study of 10 years' experience with EQIIP SOL's specialized outreach service. Submitted for publication 2024.

Key Research Objectives



01 **Characterize** homeless youth admitted to EQIIP SOL

02 Examine **housing stability, functional, clinical, vocational outcomes and substance use-disorders evolution**

03 Identify **predictors of housing stability**

Todesco, B; Pires De Oliveira Padilha, P; Rabouin, D; Ouellet-Plamondon, C; Jutras-Aswad, D; **Abdel-Baki, A.** Addressing the complex needs of homeless youth with early psychosis and comorbid substance use: A naturalistic longitudinal study of 10 years' experience with EQIIP SOL's specialized outreach service. Submitted for publication 2024.

Methods

Study design:

A 3-years longitudinal study including all homeless youth (**18-30 y**) enrolled from February 2012 to April 2020.

Inclusion criteria:

1. Being **aged between 18-30**;
2. Being **currently homeless or at risk** of homelessness at the time of the admission;
3. Being diagnosed with a **primary psychotic disorder** (untreated/treated <1y) +/- substance use.

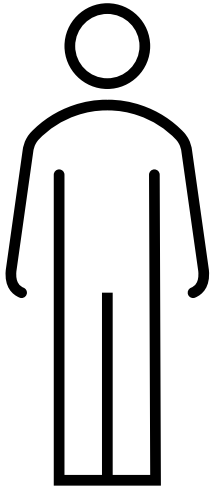
Outcomes:

- **HOUSING STABILITY:** the patient is considered **"stable" if, for the last month at least, he has been living in adequate housing accommodation, which allows him to stay for the following 6-12 months** (evidence such as a lease should be available);
- **CGI-S**, **GAF**, **SOFAS;**
- **AUS**, **DUS** (evaluated annually)**;**
- **Vocational outcome.**

Analyses:

Variables Statistically significantly associated to housing instability (Univariate analysis) were entered in a multivariate mixed effect model

Patients' Characteristics



Baseline characteristics	Total (n=177)
Age at admission (n=177)	23 [20-25]
Male sex	151 (84.8%)
Immigration	
First or second generation immigrant	75 (42.4%)
Marital status	
Celibacy	161 (91.0%)
Highest completed diploma	
Primary school degree or less	105 (59.3%)
High school degree or more	70 (40.0%)
Studying at baseline	11 (6.2%)
Working at baseline	21 (11.9%)
Income	
None	35 (19.8%)
Government aid/disability	115 (64.6%)
Autonomous or aid from the family	27 (15.3%)
Legal problems	36 (20.3%)
Childhood traumatic experiences	
Abuse- (neglect, physical, psychological, sexual)	128 (77.1%)
Placement in foster care	75 (42.6%)
Neglect	88 (53.7%)
Physical abuse	62 (40.3%)
Psychological abuse	63 (40.9%)
Sexual abuse	26 (17.2%)
Primary diagnosis at admission	
Schizophrenia spectrum psychosis	20 (11.3%)
Affective psychosis	34 (19.2%)
Other psychosis (including non specified psychosis)	122 (68.9%)
Last available diagnosis	
Schizophrenia spectrum psychosis	82 (46.3%)
Affective psychosis	58 (32.8%)
Other psychosis (including non specified psychosis)	37 (20.9%)

Legend. Data are median [IQR] for quantitative variables, n/N (%) for qualitative variables.

Drop-Out and Missing Data

- **71.2% were evaluated at the 36m follow up**,
- **28.8% dropped out of the services before the 3 years**
- **2 deaths** during the follow up, one suicide and one overdose

Reasons for dropout:

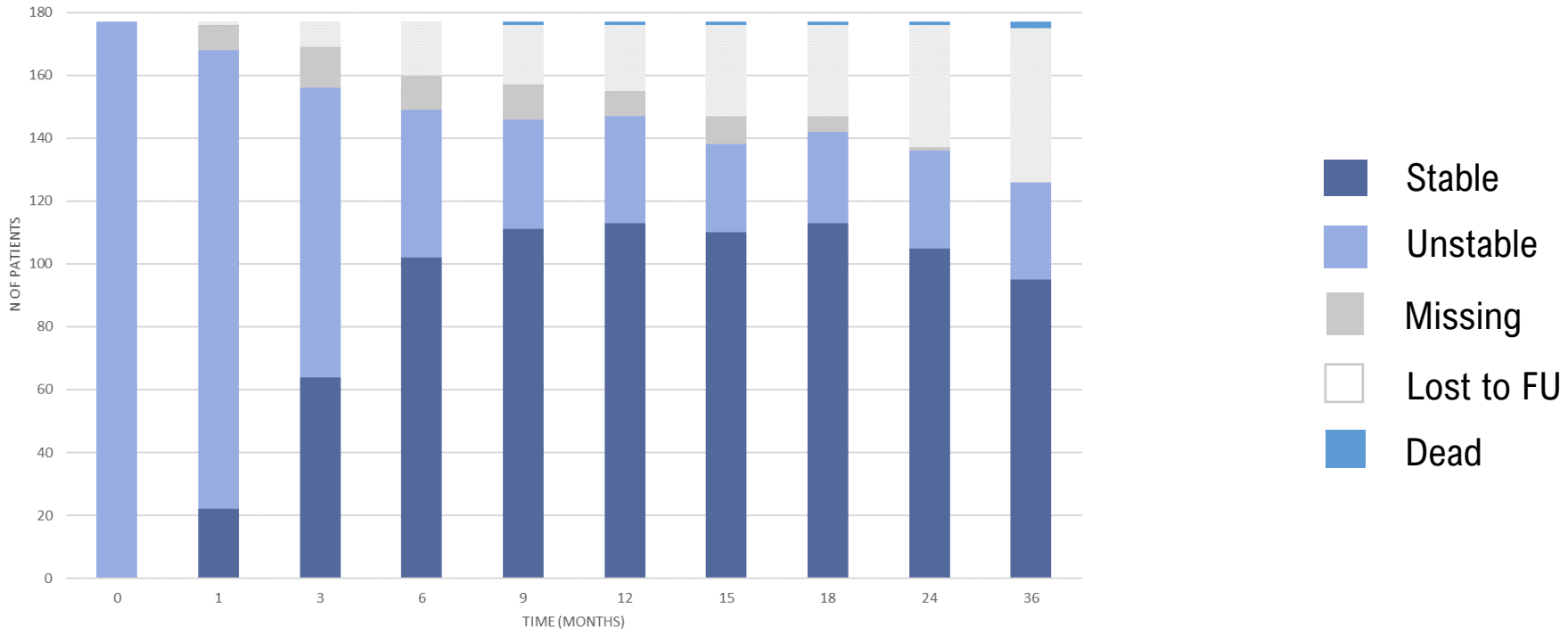
- 30% transfer to another service after stabilization for personal or work-related reasons (i.e., getting closer to the family)
- 16.3% left the region without notice/against therapeutic advice
- 12.2% had to go back to their home Countries due to irregular immigration status
- 8.2% erratic contact with the service
- 8.2% lost after a prison stay
- 20.4% lost for unknown reasons (20.4%)

Patients who missed one or more scheduled time points compared to those with optimal adherence more likely:

- To receive a diagnosis of unspecified Psychosis (p=0.009)
- To be involved with the legal system (p=0.009)
- Tended to depend less on governmental aid and to have more autonomous sources of income or financial support from the family (p=0.031)

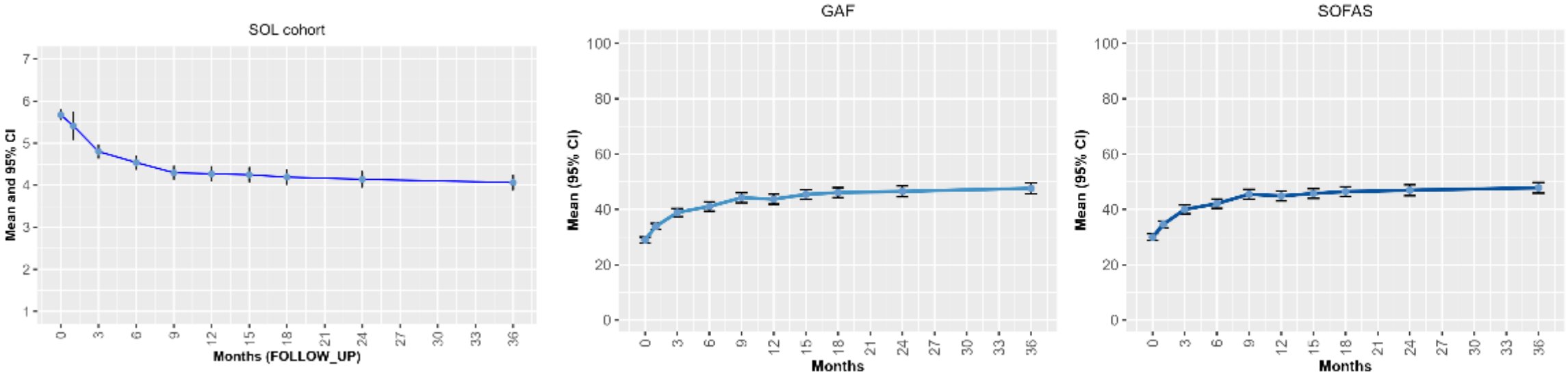
Do the Positive Results of the Pilot Study Last Over Time?

Implementation – maintenance of the program over 10 years
Evolution of housing stability



Globally, **81.4%** of patients were able to achieve housing stability (at least once) over the **3-year period**, within a **median time of six months**.

Evolution of Clinical and Functional Outcomes

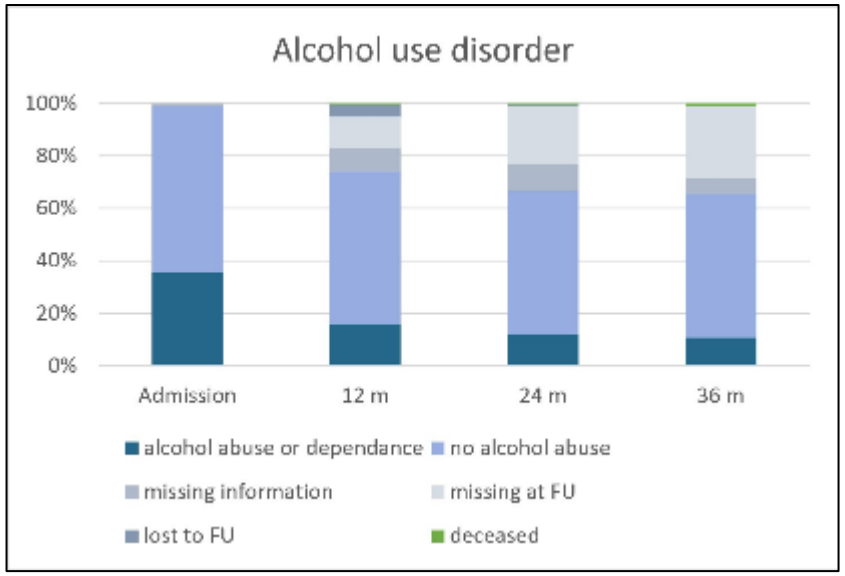


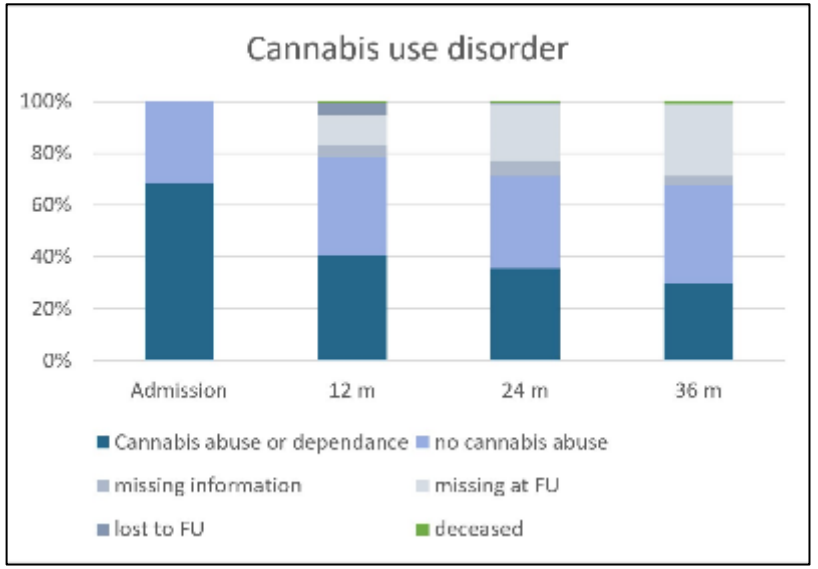
Clinical severity of illness (CGI-S) and **functioning** (SOFAS and GAF) improved concurrently **with housing stability**, **mainly during the first nine months**, with subsequent minor progression.

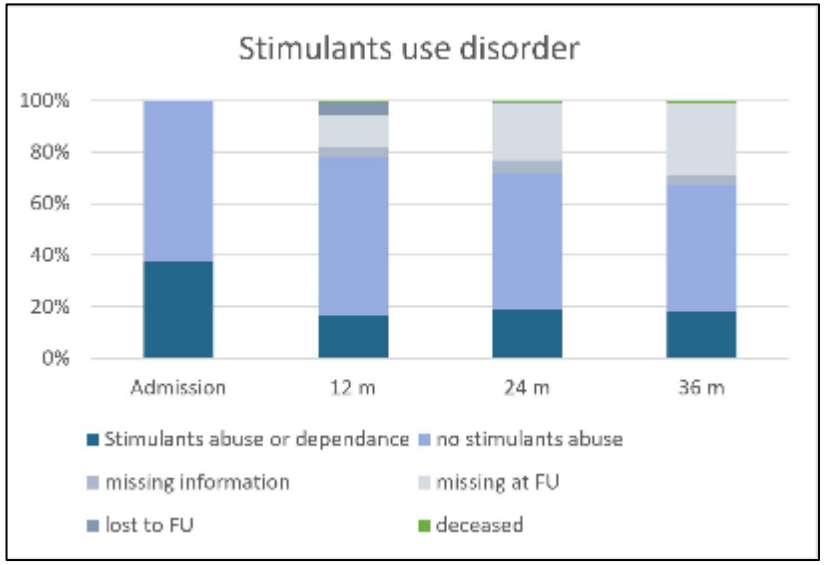
End of 3 year follow up:

- mean CGI-S score around 4, moderate level of illness severity
- mean GAF scores 47.6 and SOFAS 47.8 (below functional remission (SOFAS or GAF >61) and ability to engage in productive activities (SOFAS >50)
- vocational outcomes: 28.7% were working part-time or full-time and 6.4% were pursuing education

Evolution of Alcohol and Substance Abuse Disorders





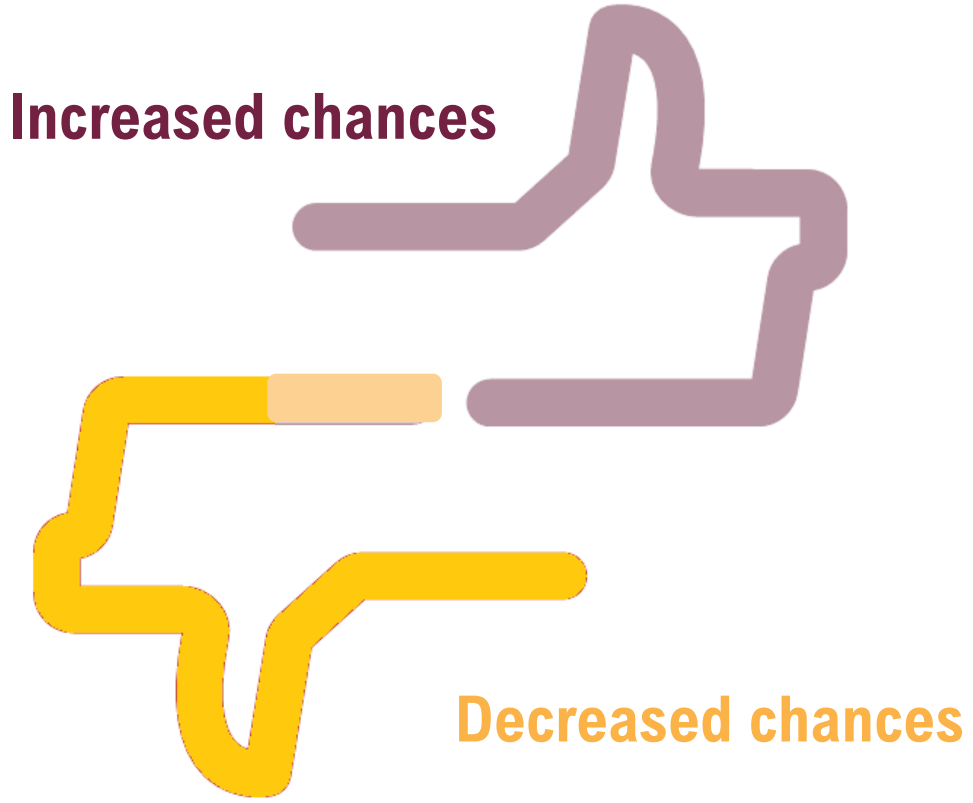


Alcohol use disorder (36% at Baseline; **decreased by half during the first two years.**

- **Cannabis use disorder (70%) and psychostimulants use disorder (37%),** both **decreased by 1/3 during the first year,** only a slight or no further improvement thereafter.

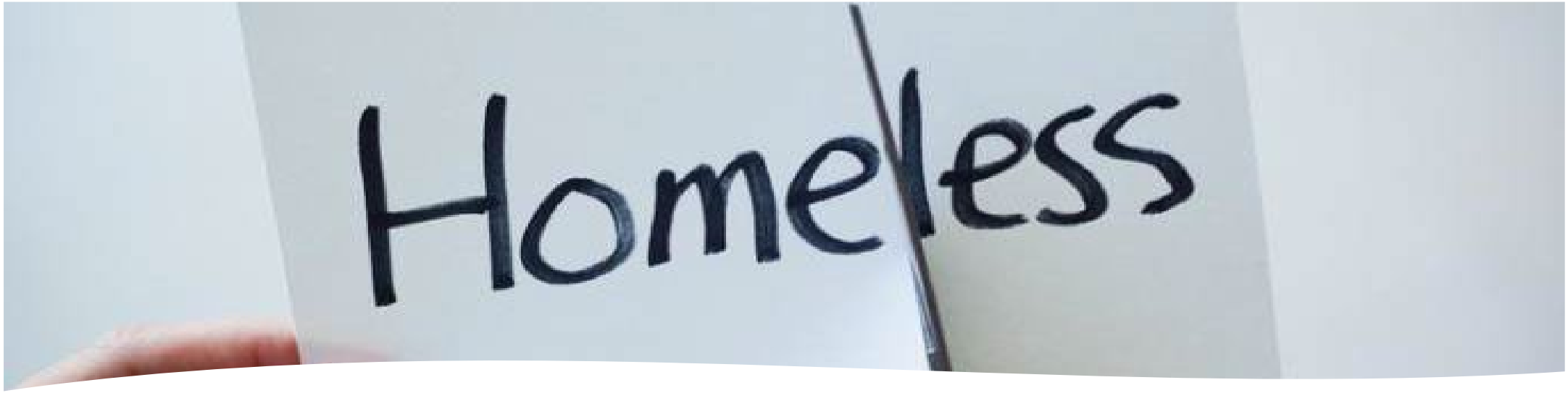
Factor Associated with the Chances of Achieving Housing Stability

- Being **"older"** at admission
- Forms of homelessness other than "on the street" or in night shelters (such as **housing instability** and couch surfing)
- **No history of chronic homelessness** (lasting more than 12 months)



- Being **"younger"** at admission;
- **Roofless** or emergency sheltered at admission;
- History of **chronic** homelessness;
- **Cocaine or amphetamines use disorder**

Results



Our results suggest that **the earlier** in life a person becomes homeless and **the more he or she is entrenched in street life**, the **more difficult it is to get out of it,** irrespectively from other factors such as the type of psychosis or the symptoms severity.

Homelessness is a **traumatic experience** in itself. The longer the exposure to it, the more deleterious are the effects, particularly on mental health. Our findings reinforce **the importance of an approach centered on prevention and early intervention** to protect youth **against the effects of homelessness**.

Mental health services need to be reshaped to better respond to homeless youth needs, to facilitate access and use by these patients: **more flexible designs and constant networking and partnerships** with community services.


Thank you for the attention