Consortium canadien
d'intervention précoce
pour la psychose

Adapter les services d'intervention précoce pour la psychose (IPP) chez les jeunes

Sabina Abidi, M.D., FRCPC

Professeure, Faculté de médecine de l'Université Dalhousie

Pédopsychiatre et Cheffe associée du *IWK Health Centre*

Responsable, *IWK Early Psychosis Clinic*

Halifax (Nouvelle-Écosse)

Laura Carnegy, MN, Inf., CNS, CPMHN(C)

Infirmière psychiatrique et responsable clinique

IWK Youth Psychosis Clinic

Halifax (Nouvelle-Écosse)

Divulgation d’intérêts

Dre Sabina Abidi :

- Aucune

Laura Carnegy :

- Aucune

Objectifs d’apprentissage

Après avoir pris part à cette session, les participants seront mieux à même de faire ce qui suit :

- Réviser l'importance d'offrir des soins en temps opportun aux enfants et aux jeunes à risque de troubles psychotiques;
- Décrire le développement, la mise en œuvre et les résultats de la *IWK Youth Psychosis Clinic* ciblant les 12 à 19 ans;
- Aborder les occasions d'offrir des soins normalisés continus aux jeunes et aux jeunes adultes atteints de troubles psychotiques aux niveaux local, provincial et national.

Comprendre le POURQUOI - Dirk

- Homme africain de la Nouvelle-Écosse de 18 ans et 11 mois
- Grande famille multigénérationnelle dans une municipalité isolée
- Fratrie plus âgée ayant eu des interactions avec la police
- Antécédents familiaux de schizophrénie d'un oncle maternel – aucun traitement
- Expérience traumatisante à 13 ans : Agression sans provocation de la police – procès en cours
- Traitement pour la santé mentale pendant 1 an par les services pédiatriques pour un TSPT souligné par le clinicien scolaire en santé mentale – confiance et relation établies
- Nouvelle consultation auprès de l'équipe IPP pédiatrique
- Fixation délirante que la police veut le tuer

Comprendre le POURQUOI - Devon

Jeune autochtone de sexe masculin de 14 ans admis à l'interne de soins de santé mentale pédiatriques

Diagnostic de trouble du spectre de l'autisme pendant l'enfance - léger

Présentation grave, atypique, diagnostic flou

- Catatonie grave
- Ruminations obsessives
- Sxs de Schneider de SZP

Admission prolongée, élimination d'une étiologie neurologique

- ECT
- Clomipramine
- Clozapine

Aucun soutien familial/services sociaux

Suivi des services pédiatriques d'IPP jusqu'à 19 ans

Les services aux adultes manquent d'affirmation à fournir des soins en raison de la complexité et de la clarté du diagnostic

Comprendre le POURQUOI - Shelly

- Femme blanche de 19 ans, diagnostic de SRT à l'âge de 17 ans
- Suivi par l'équipe pédiatrique d'IPP
- Nombreux contacts en santé mentale
- Soutien familial, famille engagée dans tous les aspects du traitement
- En rémission depuis 1 an sous APAP
- Approche l'âge de transition vers les services de santé mentale pour adultes
- Rentre à l'université, déménage en résidence
- Début récent d'un nouvel emploi
- Parents anxieux par rapport à tous les aspects de la transition

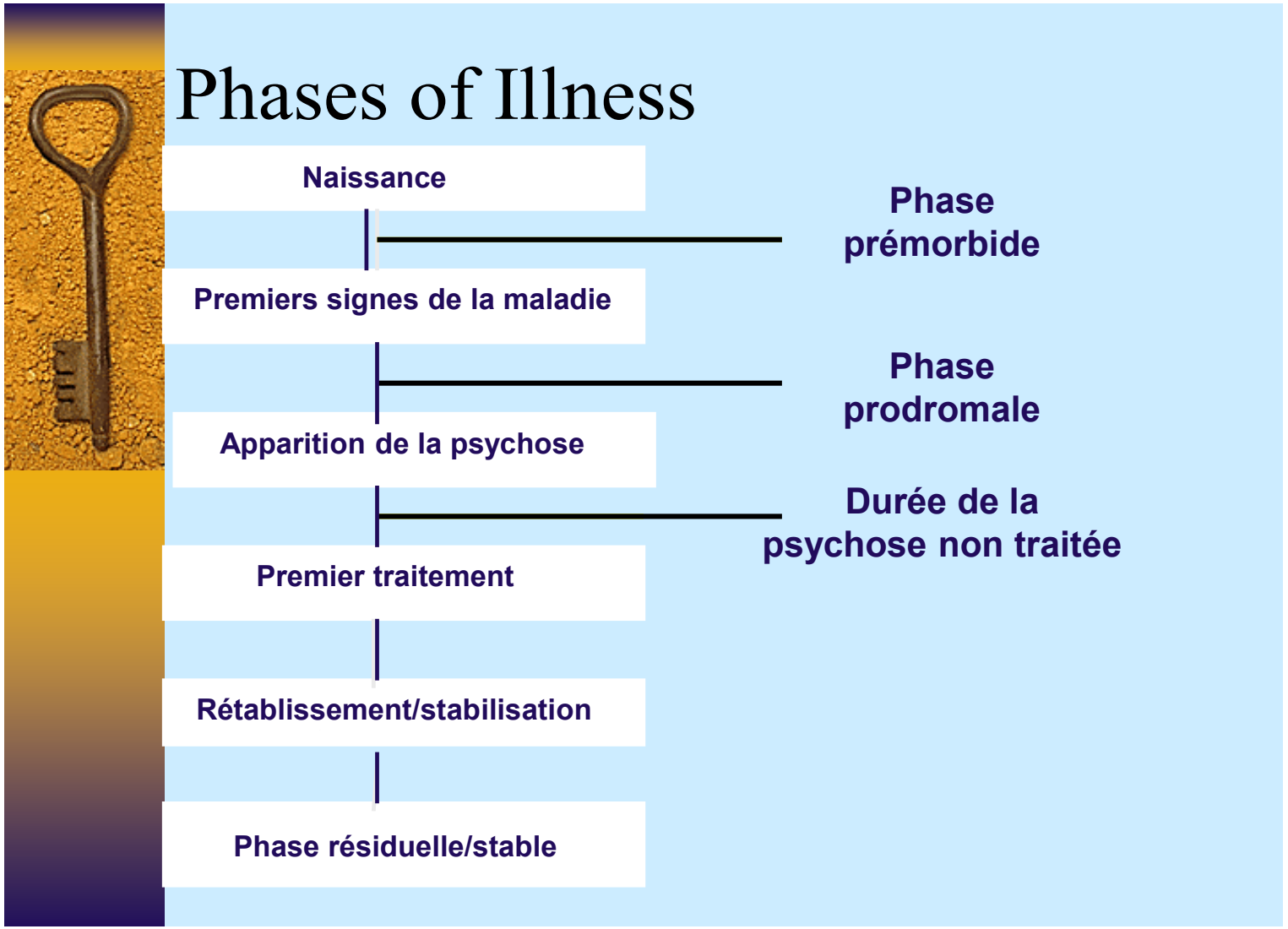
Âge d’apparition de la schizophrénie

- Schizophrénie avec apparition à l'enfance (*COS*) < 13 ans;
- Schizophrénie précoce (*EOS*) 13-18 ans – âge moyen d'apparition 15-17 ans;
- Schizophrénie avec apparition à l'âge adulte (*AOS*) > 18 ans;

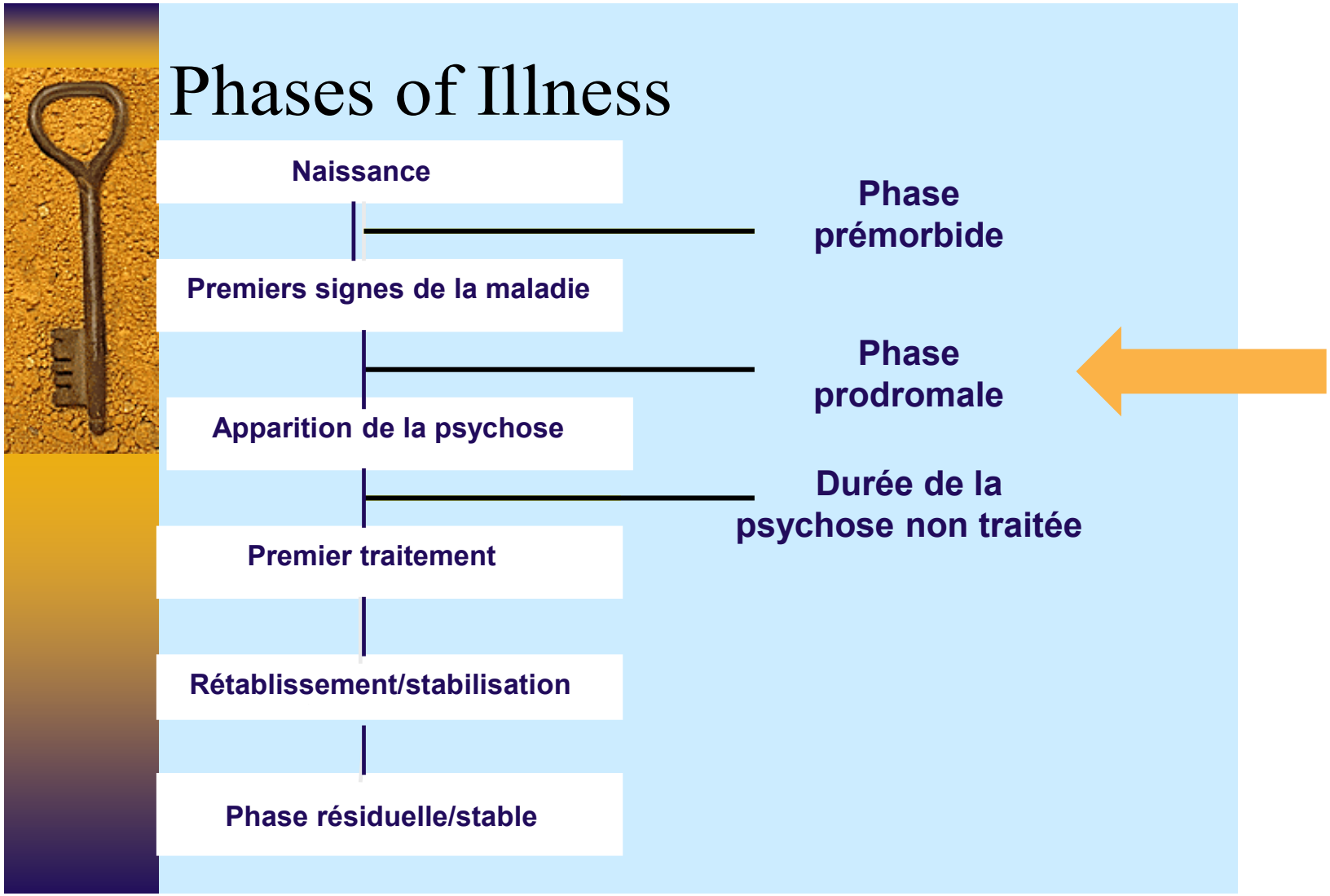
- Moins de 8 % des schizophrénies sont diagnostiquées avant l'âge de 18 ans, plus de 18-20 % rapportent toutefois l'apparition des premiers symptômes de la maladie avant l'âge de 18 ans;
- Continuité diagnostique entre la schizophrénie précoce et celle apparaissant à l'âge adulte, malgré que la première offre un moins bon pronostic global (plus de symptômes négatifs, sévérité accrue des symptômes, plus susceptibles d'être une SRT) et nécessite souvent une intervention spécialisée à long terme;
  - L'âge d’apparition, l'effet sur le neurodéveloppement et l'atteinte de jalons développementaux sont interconnectés;

- **Prévenir une longue durée de la psychose non traitée est l'un des meilleurs prédicteurs de résultats positifs, peu importe l'âge d’apparition.**

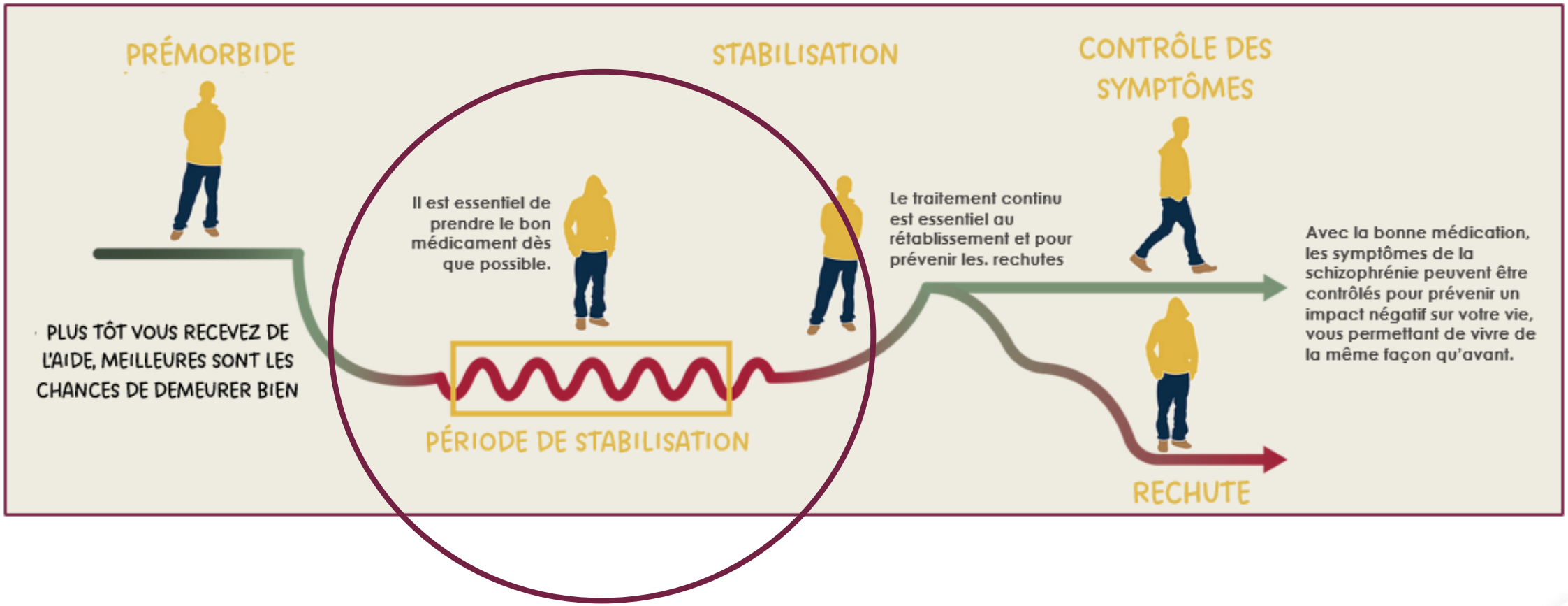
Phases de la maladie des troubles du spectre de la schizophrénie



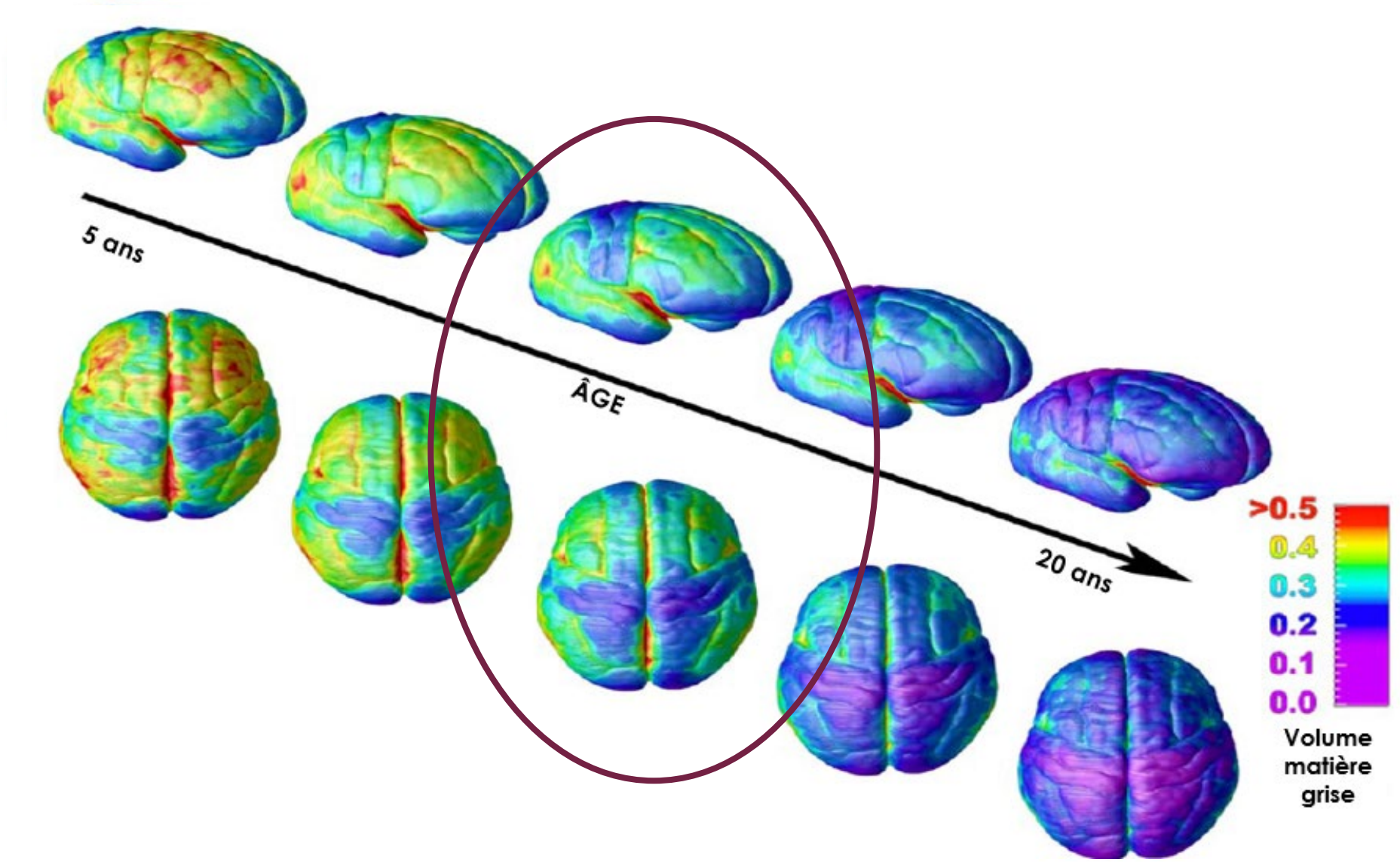
Phases de la maladie des troubles du spectre de la schizophrénie



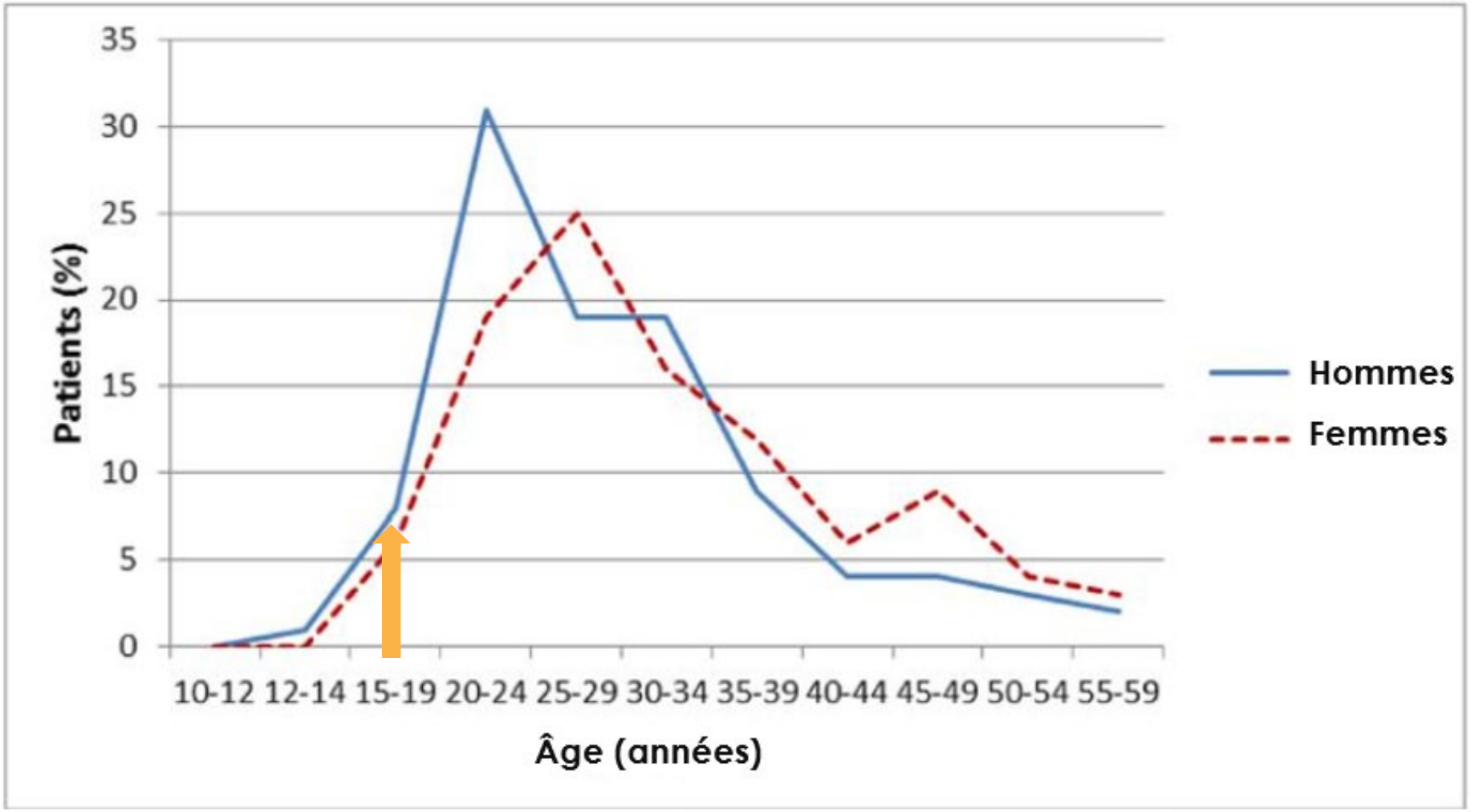
Le plus tôt est le mieux pour promouvoir les résultats positifs d'un PEP



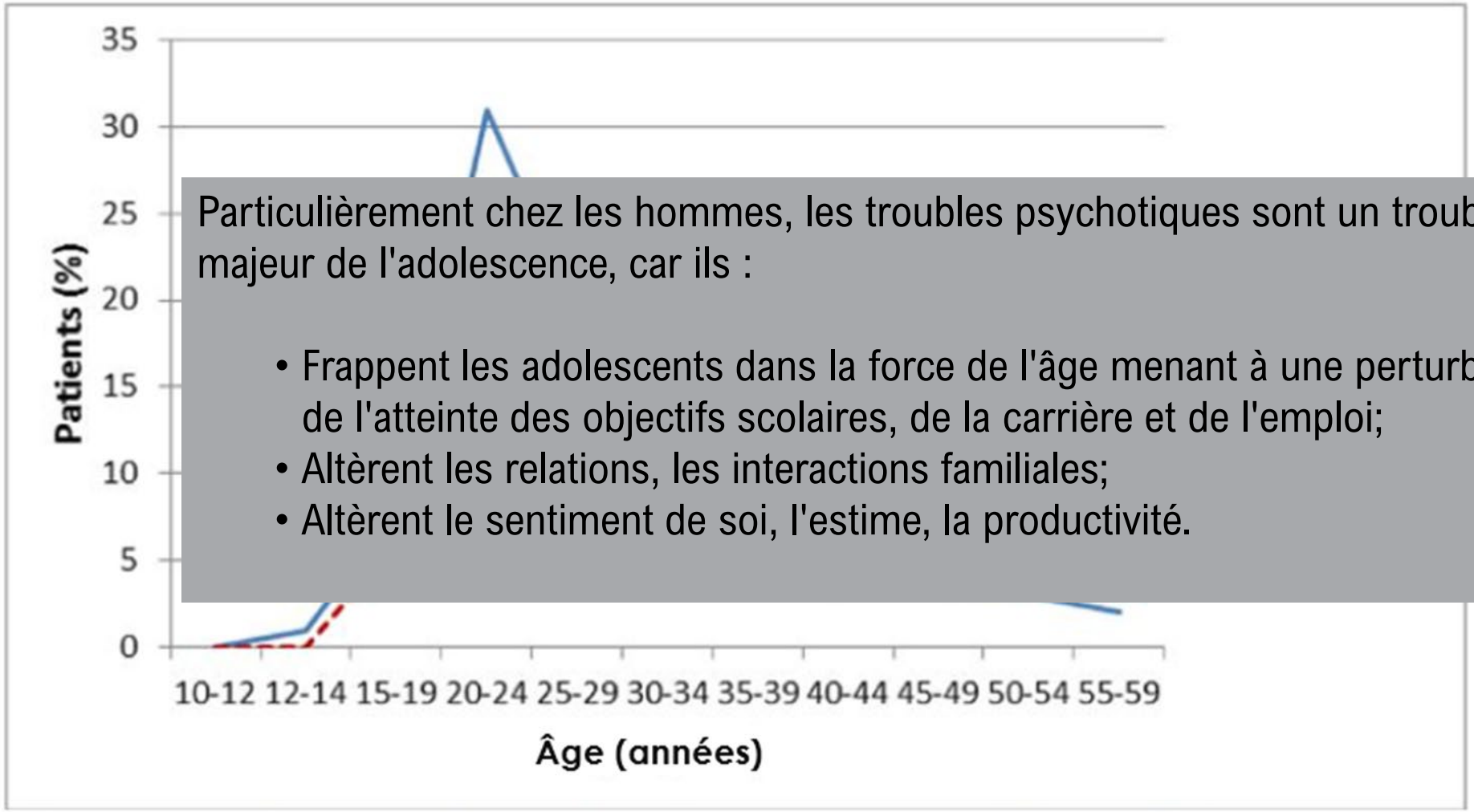
Développement cérébral normal



Âge d'apparition des troubles psychotiques



Âge d'apparition des troubles psychotiques



Particulièrement chez les hommes, les troubles psychotiques sont un trouble majeur de l'adolescence, car ils :

- Frappent les adolescents dans la force de l'âge menant à une perturbation de l'atteinte des objectifs scolaires, de la carrière et de l'emploi;
- Altèrent les relations, les interactions familiales;
- Altèrent le sentiment de soi, l'estime, la productivité.

Lost in Translation: Challenges in the Diagnosis and Treatment of Early-Onset Schizophrenia

Nihit Gupta [1] , Mayank Gupta [2] , Michael Esang [3]

1. Psychiatry, Dayton Children's Hospital, Dayton, USA 2. Psychiatry and Behavioral Sciences, Southwood Psychiatric Hospital, Pittsburgh, USA 3. Psychiatry and Behavioral Sciences, Clarion Psychiatric Center, Clarion, USA

Corresponding author: Nihit Gupta, dr.nihit.gupta@gmail.com

Abstract

Early-onset schizophrenia (EOS) is a heterogeneous condition that has a serious, insidious clinical course and poor long-term mental health outcomes. The clinical presentations are highly complex due to the overlapping symptomatology with other illnesses, which contributes to a delay in the diagnosis. The objective of the review is to study if an earlier age of onset (AAO) of EOS has poor clinical outcomes, the diagnostic challenges of EOS, and effective treatment strategies. The review provides a comprehensive literature search of 5966 articles and summarizes 126 selected for empirical evidence to methodically consider challenges in diagnosing and treating EOS for practicing clinicians. The risk factors of EOS are unique but have been shared with many other neuropsychiatric illnesses. Most of the risk factors, including

Hétérogénéité et comorbidité complexe
Tolérer l'incertitude diagnostique en pédopsychiatrie

- Large débat sur le fait que la phénoménologie de la schizophrénie précoce est indistinguable des autres maladies, manifeste une évolution plus invalidante et grave et plus souvent réfractaire au traitement;
- TSA;
  - La présence d'un trouble psychotique et du TSA est mal comprise;
- Déficience intellectuelle;
- Mauvais usage d'une substance – cannabis des années 2020;
- Anxiété/Trouble déficitaire de l'attention avec ou sans hyperactivité;
- Autres troubles comorbides plus fréquents en schizophrénie avec apparition à l'âge adulte;
- Le concept d'UHR (chevauchement des symptômes avec phénomène développemental);
  - **Transitions**
- **L'ambiguïté des symptômes précoces mène à une incertitude diagnostique.**

Hétérogénéité et comorbidité complexe
Tolérer l'incertitude diagnostique en pédopsychiatrie

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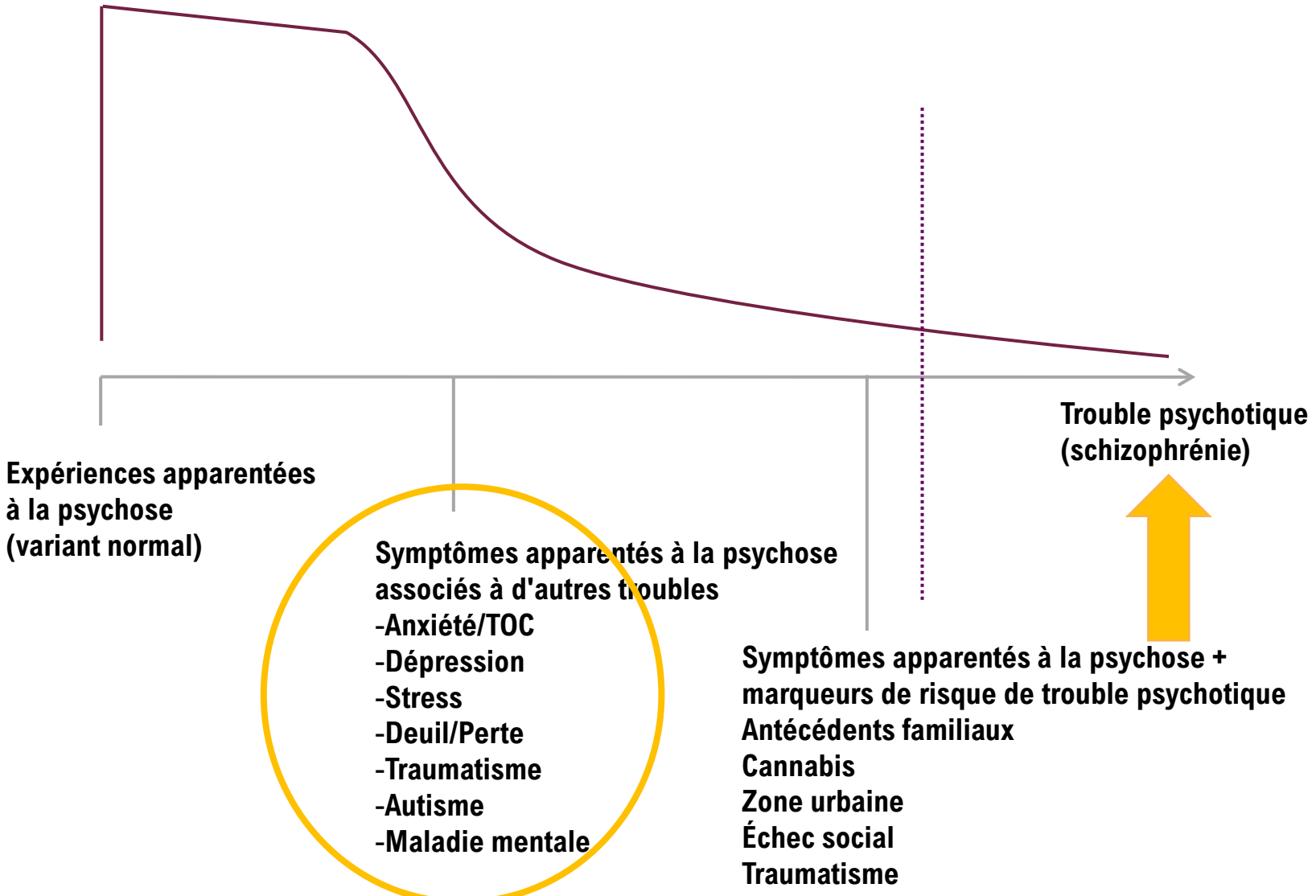
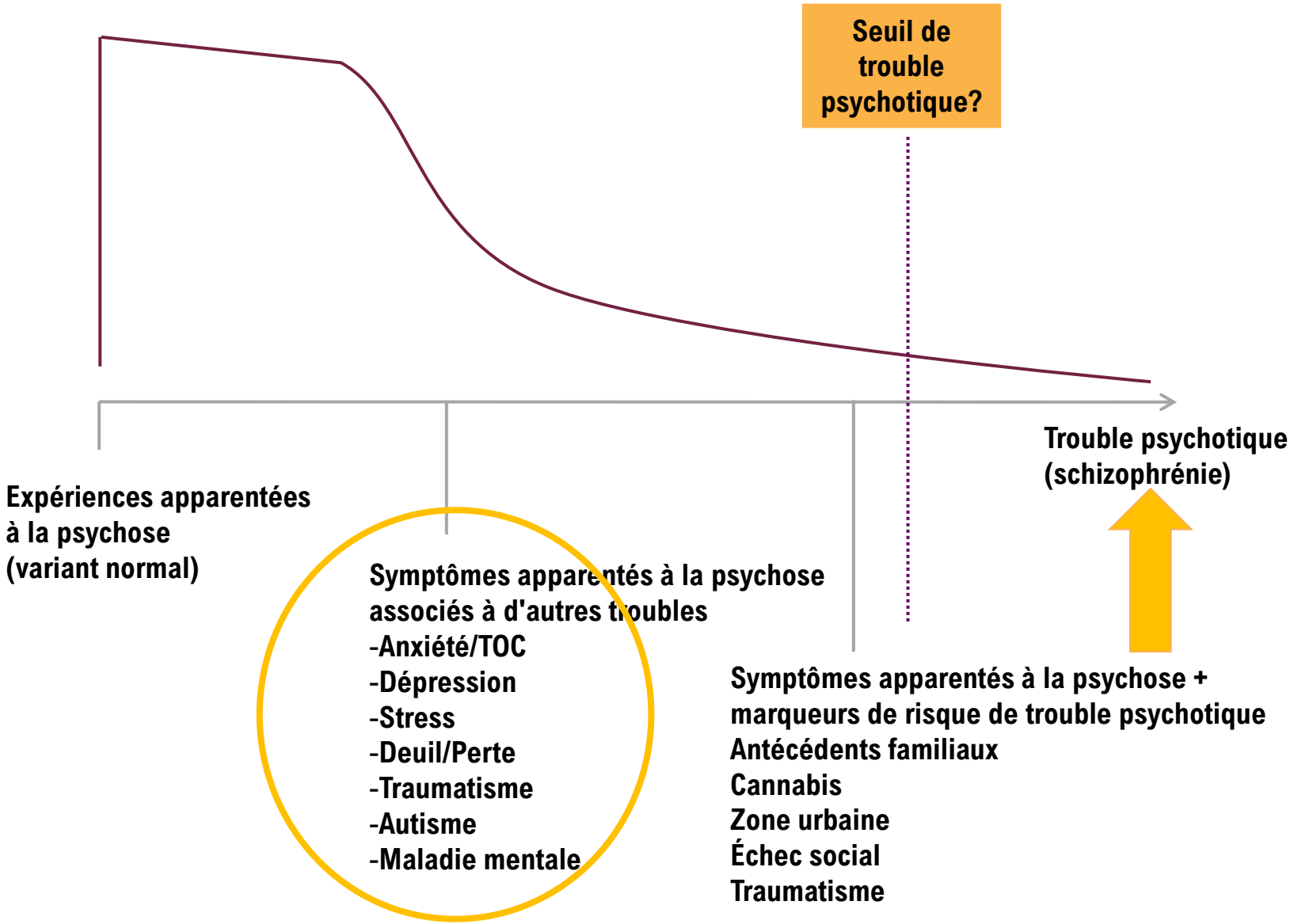
Stigmatisation
Traumatisme intergénérationnel
Intersectionnalité
Langue
Culture
Expérience passée avec les services de santé mentale

Un concept multidimensionnel de la psychose – essayer d'identifier la schizophrénie précoce



Un concept multidimensionnel de la psychose
Essayer d'identifier la schizophrénie précoce



The new life stage of emerging adulthood at ages 18–29 years: implications for mental health

Jeffrey J Arnett, Rita Žukauskienė, Kazumi Sugimura

Since 1960 demographic trends towards longer time in education and late age to enter into marriage and of parenthood have led to the rise of a new life stage at ages 18–29 years, now widely known as emerging adulthood in developmental psychology. In this review we present some of the demographics of emerging adulthood in high-income countries with respect to the prevalence of tertiary education and the timing of parenthood. We examine the characteristics of emerging adulthood in several regions (with a focus on mental health implications) including distinctive features of emerging adulthood in the USA, unemployment in Europe, and a shift towards greater individualism in Japan.

Lancet Psychiatry 2014; 1: 569–76

This is the third in a Series of three papers about adolescent mental health

Clark University, Worcester, MA, USA (J Arnett PhD);

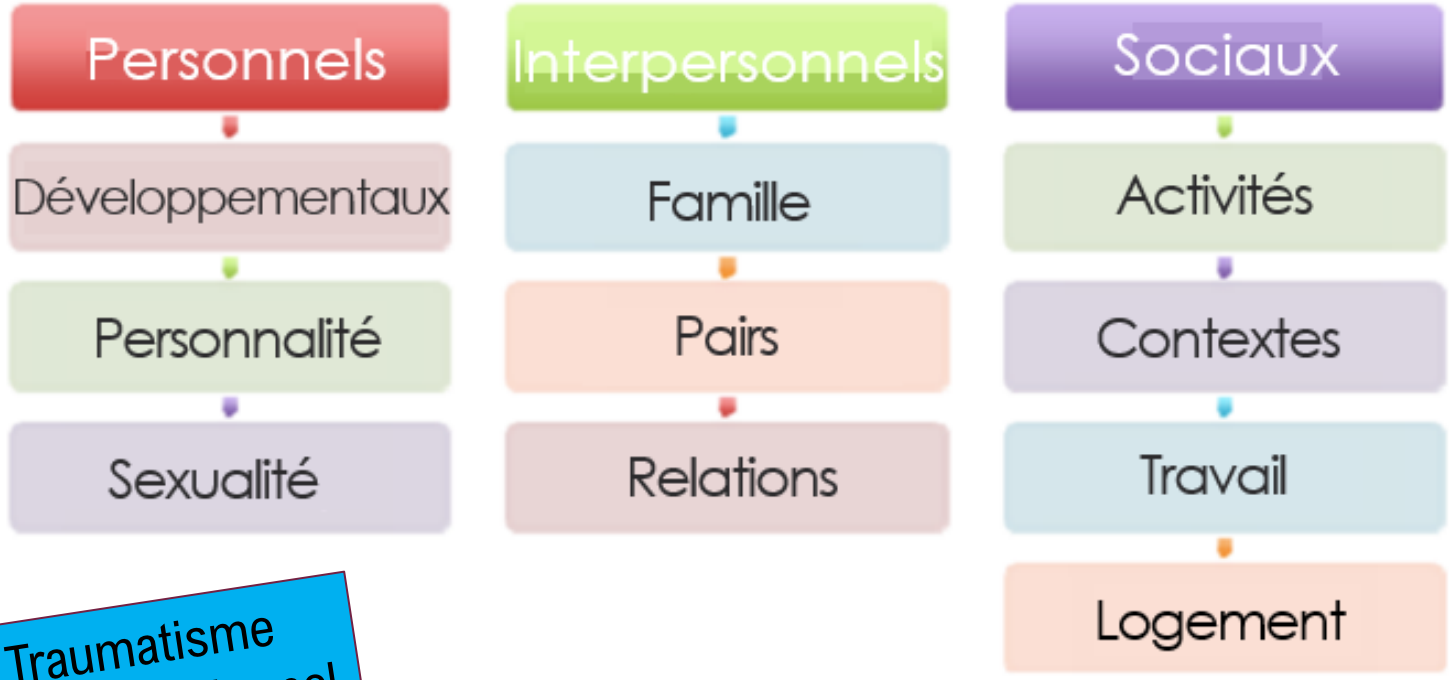
Le concept d'adolescence – Problèmes de santé mentale

- **La maladie mentale à l'adolescence est maintenant le plus grand contributeur au fardeau mondial des maladies non mortelles;**
    - 50 % de la population mondiale répond aux critères d'au moins un trouble de santé mentale au cours de leur vie;
        - 70 % de ces troubles apparaîtront à l'adolescence;
        - Au Canada, plus de 20 % des adolescents sont atteints d'au moins un trouble de santé mentale;
- Depuis 2020, on prévoit que la maladie mentale sera l'une des cinq principales causes de morbidité, de mortalité et d'invalidité chez les jeunes.

Combler l'écart – Facteurs à considérer au stade de la transition

Non seulement à propos de la santé mentale et des dépendance

Plusieurs facteurs affectant la transition (interface entre les institutions, facteurs communautaires et individuels)



Influence des médias sociaux

Nouveaux arrivants

Barrière linguistique

Insécurité alimentaire et résidentielle

Traumatisme intergénérationnel

D'après la Conférence consensuelle 2015 sur la santé mentale des adultes émergents de la CSMC

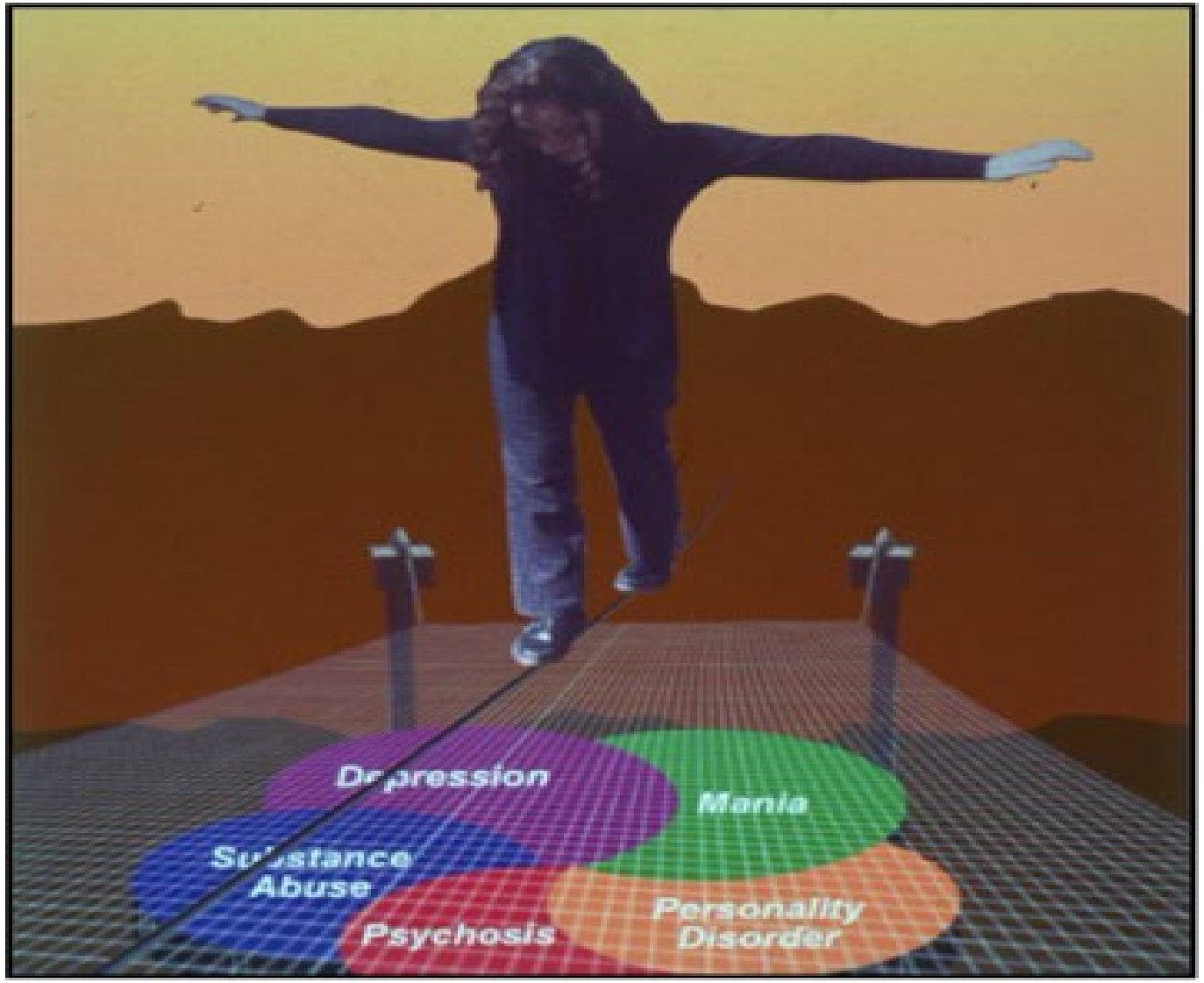
Transitions

- Entre le système de santé mentale pour les enfants et les adolescents et le système de santé mentale pour les adultes;

- Historiquement, bifurcation des deux services déterminée par le système : les jeunes ayant atteint l'âge de transition artificiellement déterminé ne sont plus éligibles aux services, ayant « trop vieilli » pour le système pédiatrique et ayant « assez vieilli » pour le système pour adultes;

- Au moment où les jeunes sont le plus vulnérables aux impacts des enjeux de santé mentale qui pourraient annoncer l'apparition d'une maladie psychiatrique, et en fait, au risque absolu de déclin de l'utilisation des services, on s'attend à ce que les jeunes et les familles naviguent à travers un nouveau système de soins.

Adolescents – Marcher sur la corde raide des transitions



Transition - Réalité

- Aux États-Unis, un relevé de 41 états a déterminé qu'un quart des services pédiatriques et une moitié des services aux adultes n'offrent aucun soutien à la transition malgré un déclin identifié de 50 % de l'utilisation des services à l'âge de la transition;

- En Australie (2009), plusieurs jeunes orientés vers les services pédiatriques n'ont pas été acceptés malgré des besoins importants en santé mentale et des atteintes fonctionnelles substantielles selon les références;

- Dans l'étude UK TRACK (2008), 4 % des jeunes ont connu une transition optimale vers les services pour adultes; plus de 60 % se sont désengagés au moment de la transition;

- Au Canada (2008), l'absence d'un système organisé de soins de transition représente « l'un des maillons les plus faibles du système de santé mentale de l'Ontario ».

Transition - Réalité

- La plupart des professionnels, des aidants et des adolescents vivent ce processus négativement;
  - La plupart des jeunes n'ont plus de soins continus à l'âge de la transition;

  - Conséquences plus fréquemment identifiées :
    - Désengagement et abandon (prédiction de mauvais résultats de MMGP);
    - Les crises qui en résultent entraînent de nouveaux contacts avec les services aux adultes;
    - Plusieurs ne sont pas orientés vers les services aux adultes ou acceptés malgré des besoins identifiés par les services pédiatriques;
    - Ces adolescents ayant des diagnostics psychiatriques persistants nécessitant une pharmacothérapie et une hospitalisation étaient plus susceptibles d'entrer en contact avec les services aux adultes;
      - Ceux qui sont atteints d'autres maladies comme le TDAH, des difficultés émotionnelles et comportementales, des troubles neurodéveloppementaux et des troubles de la personnalité sont à risque de mauvais résultats lors de la transition.

Conséquences de la transition

- Inquiétudes exprimées par les adolescents (services médicaux et psychiatriques) :
  - MANQUE DE prêts;
  - Non préparés pour la perte concernant les services aux adultes;
  - Mal préparés pour naviguer les services aux adultes plus rigides;
  - Manquent d'habiletés pour gérer leur propre maladie, encore moins la transition.

- Familles
  - Sentiment d'isolement par rapport aux soins de leur adolescent dans le système pour adultes;
  - Inquiétudes concernant l'application soudaine de paramètre de confidentialité plus strictes.

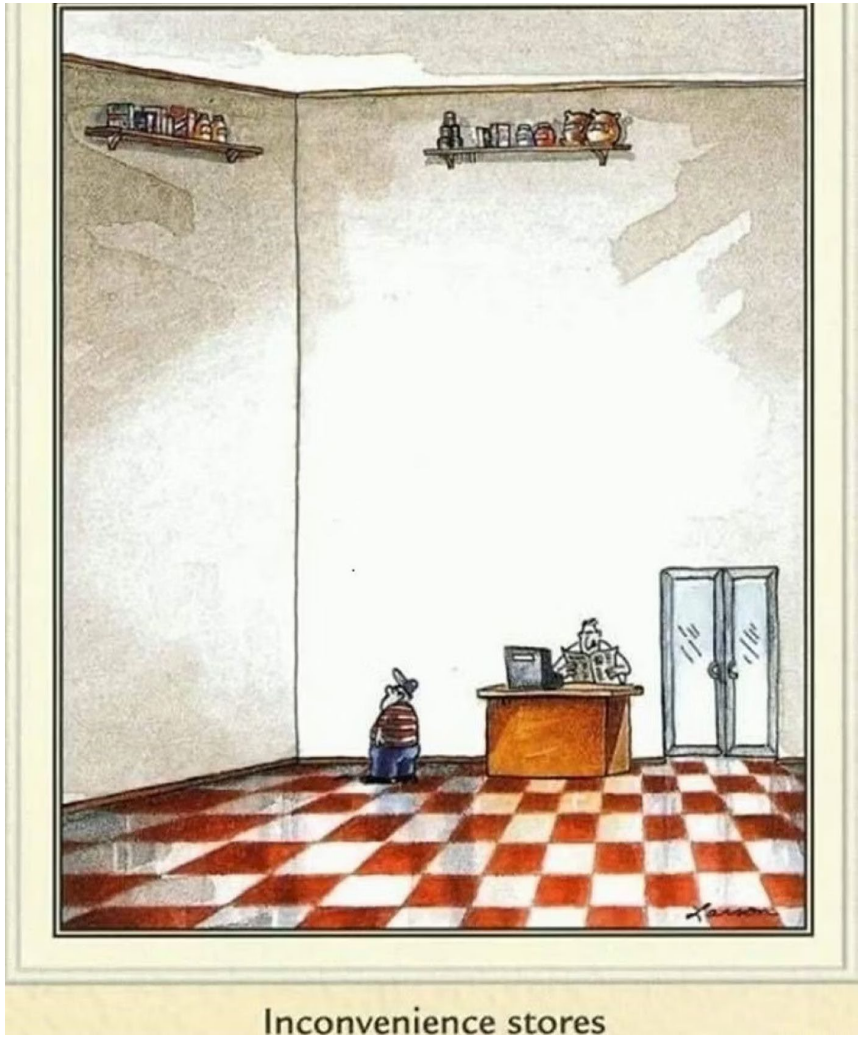
- Cliniciens des systèmes de santé mentale pour les jeunes et les adultes
  - Anxiété et manque de confiance envers leurs habiletés avec les jeunes à l'âge de la transition;
  - Processus flou.

Conséquences de la transition

- La plupart des jeunes ont une attitude positive envers le concept de transition des services de santé et ils connaissent les enjeux (manque de financement et de ressources);
- Ask for
  - Approches les plus collaboratives pour améliorer l'indépendance face au système de soins pédiatriques et la préparation au système pour les adultes;
  - Inclusion active dans le processus et occasions de développer des habiletés fondamentales dans le milieu pédiatrique;
  - Programme de transition structuré avec une coordination et une flexibilité accrues des services;
  - Temps d'attente réduit, évaluations répétées minimales et meilleure connexion;

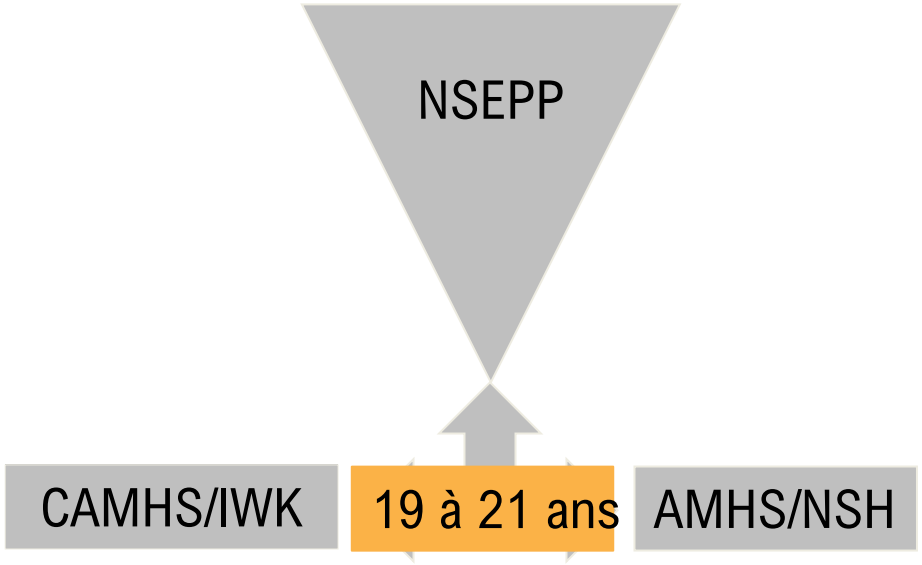
- Principes généraux
  - Éviter la transition pendant la phase aiguë du trouble;
  - Initier la transition de 21 à 25 ans ou la soutenir si c'est avant;
  - Disposition établie du patient et de la famille avant d'initier la transition.

Besoin de nouveaux modèles d'intervention



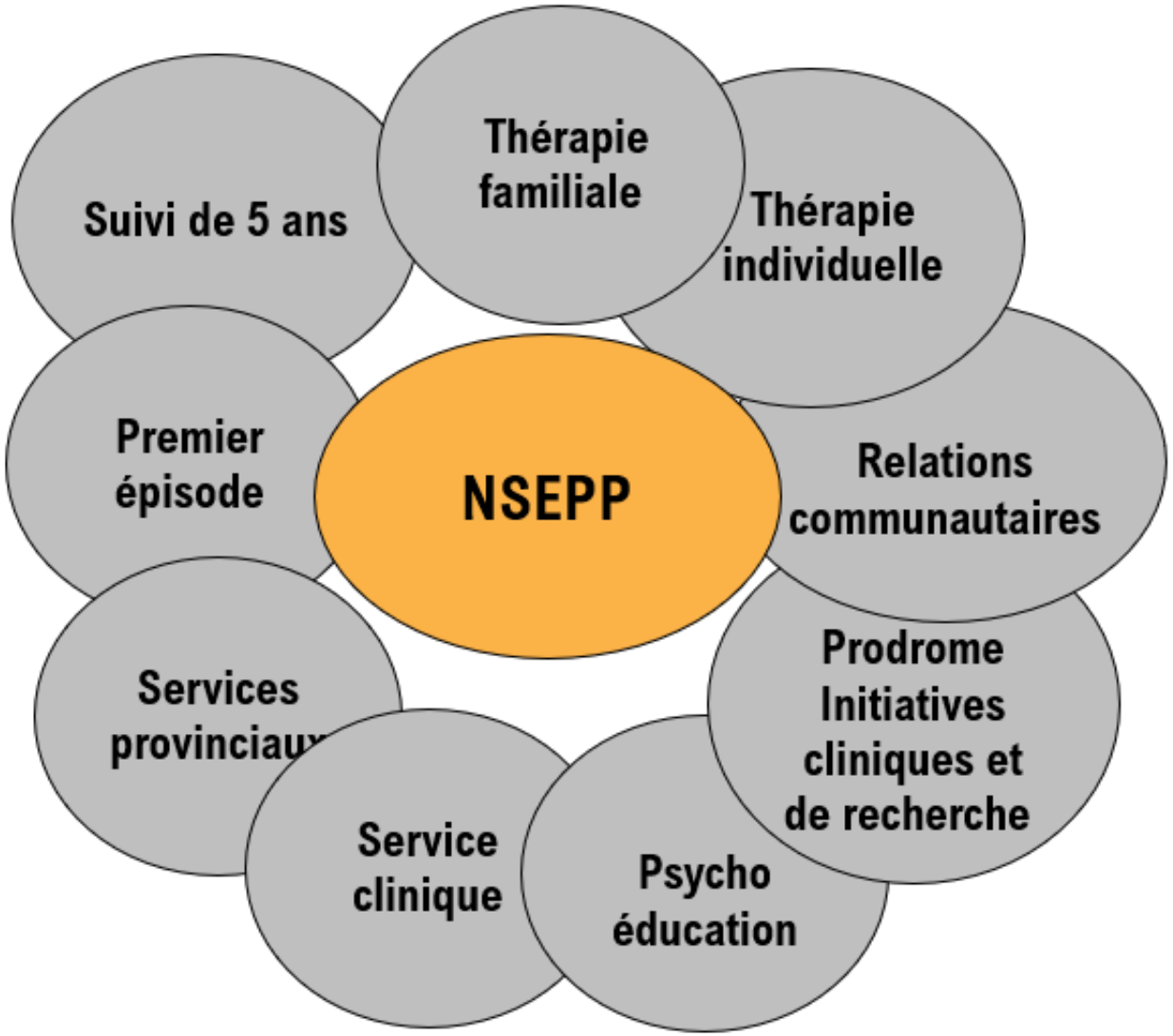
Besoin de nouveaux modèles d'intervention

Un système de soins unique fourni par les deux systèmes en Nouvelle-Écosse (NSH/IWK) aux personnes atteintes de psychose tout au long de la vie



- Jeunes/adultes cherchant de l'aide pour des symptômes psychotiques comme point central;
- Transfert en douceur des soins de santé mentale pour les jeunes vers ceux pour les adultes;
- Intégration des soins cliniques, de l'éducation, de la recherche et de la défense d'intérêts;
- Connexion rapide avec les services internes;
- Traitement global multidisciplinaire offert aux jeunes et aux familles au fil de la vie, pendant le moment critique de la maladie (premiers 5 ans);
- Services de santé mentale spécialisés concertés incluant le renforcement des compétences et la révision des cas chaque semaine.

Offrir un modèle différent



L'équipe NSEPP inclut :

- Psychiatres
- Pédopsychiatres avec une expertise en développement
- Personnel infirmier (enfants/adultes)
- Ergothérapeutes (objectifs, QdV)
- Ludothérapeutes (interaction sociale/fonctionnement)
- Travailleurs sociaux/Thérapeutes familiaux
- Psychologues?
- Chercheurs
- Coordonnateurs à l'éducation
- Base de données centrale/documentation partagée
- Évaluation des résultats
- Mandat provincial pour établir des normes à travers la province

Offre de soins continus

CAMHS IWK Psychosis SCC

Discussion transparente sur la transition au départ et pendant les soins

Préparation pour la transition des patients et des aidants de 12 à 6 mois à l'avance (aborder les services aux adultes, choisir une équipe de soins)

Point de transition (19 ans)

Préparation de l'équipe aux adultes pour le transfert des soins (partage d'information)

Visite commune avec le patient +/- les aidants et les services aux adultes

AMHS NSEPP

L'équipe aux adultes assume les soins

Engagement prédéterminé d'un suivi minimal de 3 ans

Maintien de la relation avec l'équipe pédiatrique au besoin

Offrir un nouveau modèle NSEPP IWK/NSH

Who else will work with me to support my recovery?

We work in partnership with a number of outside organizations to support recovery. They include peer support organizations such as Laing House, employment supports, education and leisure supports. The team will let you know about those resources and help you connect with them.

How long will I be followed with NSEPP?

- Up to 5 years. If transferring from the IWK Youth Team, up to 3 years.
- Your treating team will regularly assess your progress by completing recovery measures designed for youth recovering from psychosis. You will receive on-going feedback of the results of these measures.
- As your recovery progresses, meetings with the team may decrease.
- Before the end of your follow-up period, we will work with you to ensure your care is transitioned to the community program or service well suited to meet your continuing care needs.

How do I raise any feedback I may have about my treatment/recovery?

- We appreciate receiving feedback and suggestions about our services.
- Bring any concerns or suggestions to your doctor, clinical nurse, or other team members that you are seeing and we will do our best to help you.

What other services are offered by NSEPP?

- We conduct a wide variety of research activities to promote increased understanding of psychosis, treatments and recovery. You and your supporters may be asked if you are interested in participating.
- NSEPP offers educational presentations about psychosis, early detection, and treatment for professionals, schools, universities, community agencies and the public. Young people who have recovered and wish to share their story for others can participate in these activities if interested.

How do I connect with NSEPP?

At NSEPP, Abbie J. Lane Clinic, phone: (902) 473-2976. If you prefer, you can also arrange to text the clinic. Let the clinic know the best way to communicate with you.

IWK Clinic, phone: (902) 470-8375.

NSEPP
Nova Scotia Early Psychosis Program

Welcome to the Nova Scotia Early Psychosis Program (NSEPP)

Information for Patients

nova scotia health
IWK Health Centre
DALHOUSIE UNIVERSITY
Inspiring Minds

What is the Nova Scotia Early Psychosis Program (NSEPP)?

- NSEPP is a specialty mental health outpatient program that is part of Mental Health and Addictions, Nova Scotia Health, and the Department of Psychiatry at Dalhousie University and the IWK Health Centre.
- We promote early detection of psychosis and optimal treatment through our programs four main components: clinical services, research, education, and advocacy.

Who does NSEPP see?

- We help young people between the ages of 12-35 years who are experiencing a first episode of psychosis or are at risk of developing psychosis. **IWK Clinic** (age 12 until age 19). **NSEPP Clinic** (ages 19-35).
- Our services are for patients and families.

Who is on the NSEPP team?

- We are a multidisciplinary team of psychiatrists, general practitioners in psychiatry, registered nurses, an occupational therapist, social worker, peer educator, research and administrative support staff.
- Our staff are specially trained and have experience working with youth with psychosis and their families.

What happens when I go to NSEPP?

You will be assigned a doctor and a clinical nurse who will coordinate your care. They will:

- work with you to develop a personal treatment and recovery plan based on your goals and needs.
- meet with you regularly to get your feedback, track your progress and adjust your plan as needed.
- complete specific questionnaires and rating scales with you to help measure your level of recovery.
- connect you as needed with other team members and services
- ask you to identify your circle of support. At NSEPP, family and friends are an integral part of the treatment team. If you agree, your identified support can attend clinical appointments and access education and support sessions to learn about psychosis and how to best support your recovery.

When are services at the clinic available?

- NSEPP: 8:30 AM to 4:30 PM, Monday to Friday.
- IWK clinic: 9:00 AM to 5:00 PM Monday to Friday .
- some group programs are run later in the day on specific days.
- some group sessions (for example: for families) are offered in the evening or one day on a weekend.

What is my role in my recovery?

- work with your NSEPP team to develop your treatment plan.
- attend your appointments and tell us how the plan is working for you.
- learn about psychosis, recovery and staying well.
- take part in the NSEPP programs /groups/activities that are part of your recovery plan.
- ask questions and share suggestions on what you feel would be helpful for your recovery.

What services are offered at NSEPP?

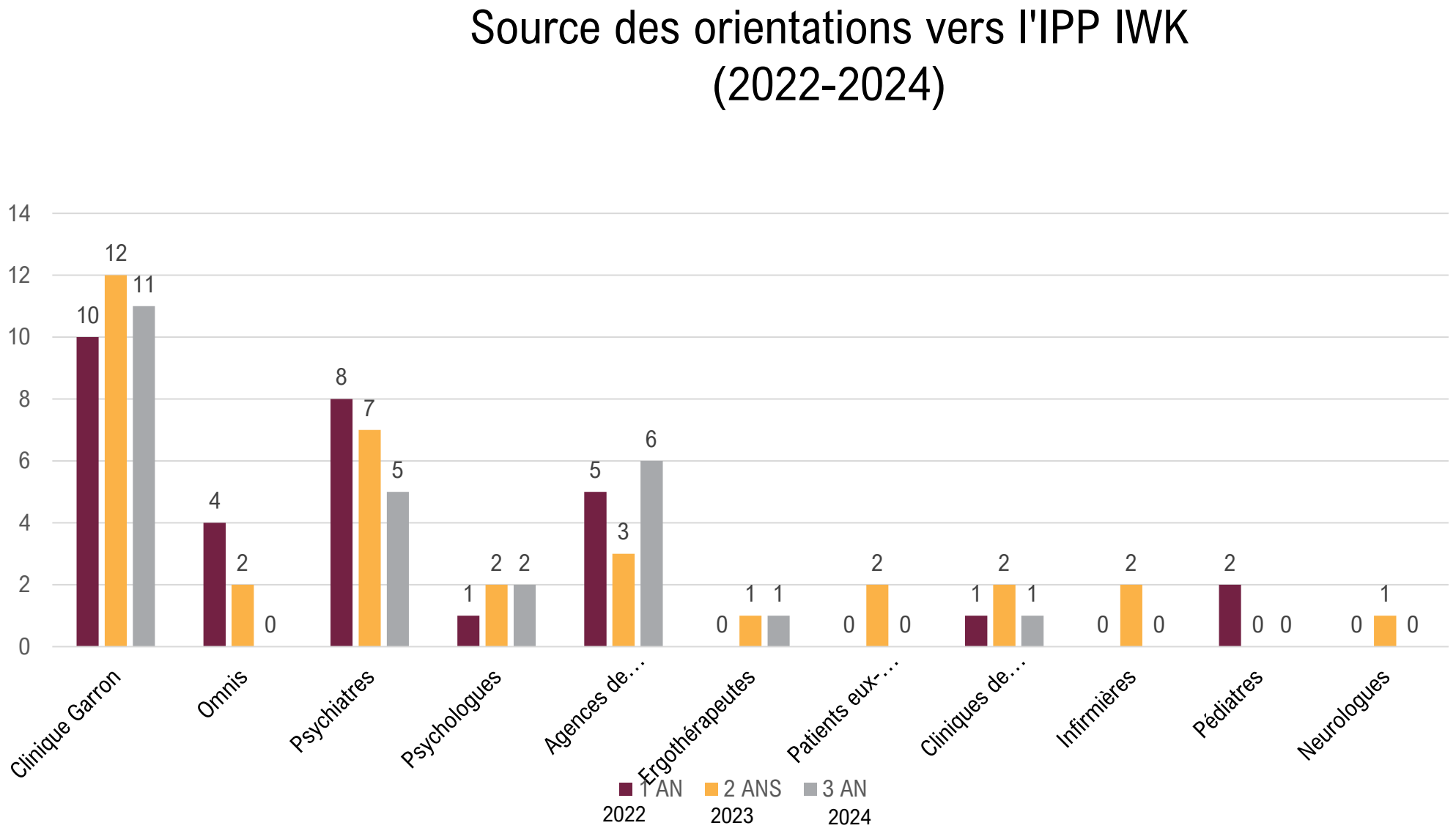
You can access a variety of programs and services at NSEPP. Other programs may be available through our outside partners. NSEPP programs include:

- peer support through individual meetings or in a group setting from a youth with lived experience with psychosis.
- Learn about Psychosis Sessions (LAPS) which provide patients with education on psychosis, treatment, and recovery
- cognitive behavioral therapy on an individual basis or in a group setting to help you understand your thoughts, feelings, and behaviours.
- acceptance and commitment therapy offered on an individual and group basis.
- group education about psychosis, treatment and recovery for caregivers and individuals in the patient's circle of support.
- individual and group support for family caregivers and supporters.
- services provided through our Social worker and Occupational Therapist to help with meeting goals relating to work, housing, financing, education, as well as others.
- recreational activities as scheduled.

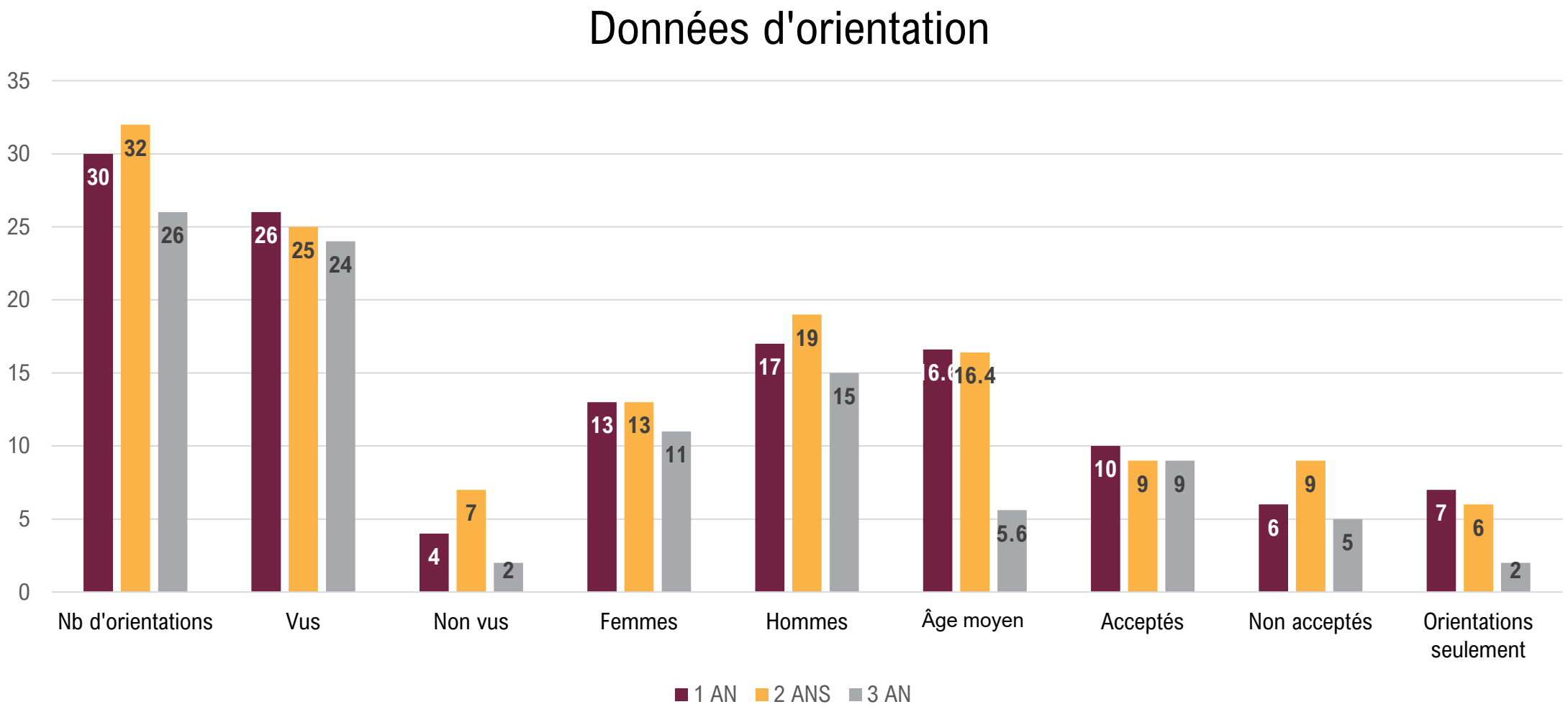
How do I access available group/activities?

- You will be referred to these programs by the NSEPP clinical team.
- Let your doctor, clinical nurse, or other NSEPP team member you are working with know about the groups you are interested in.

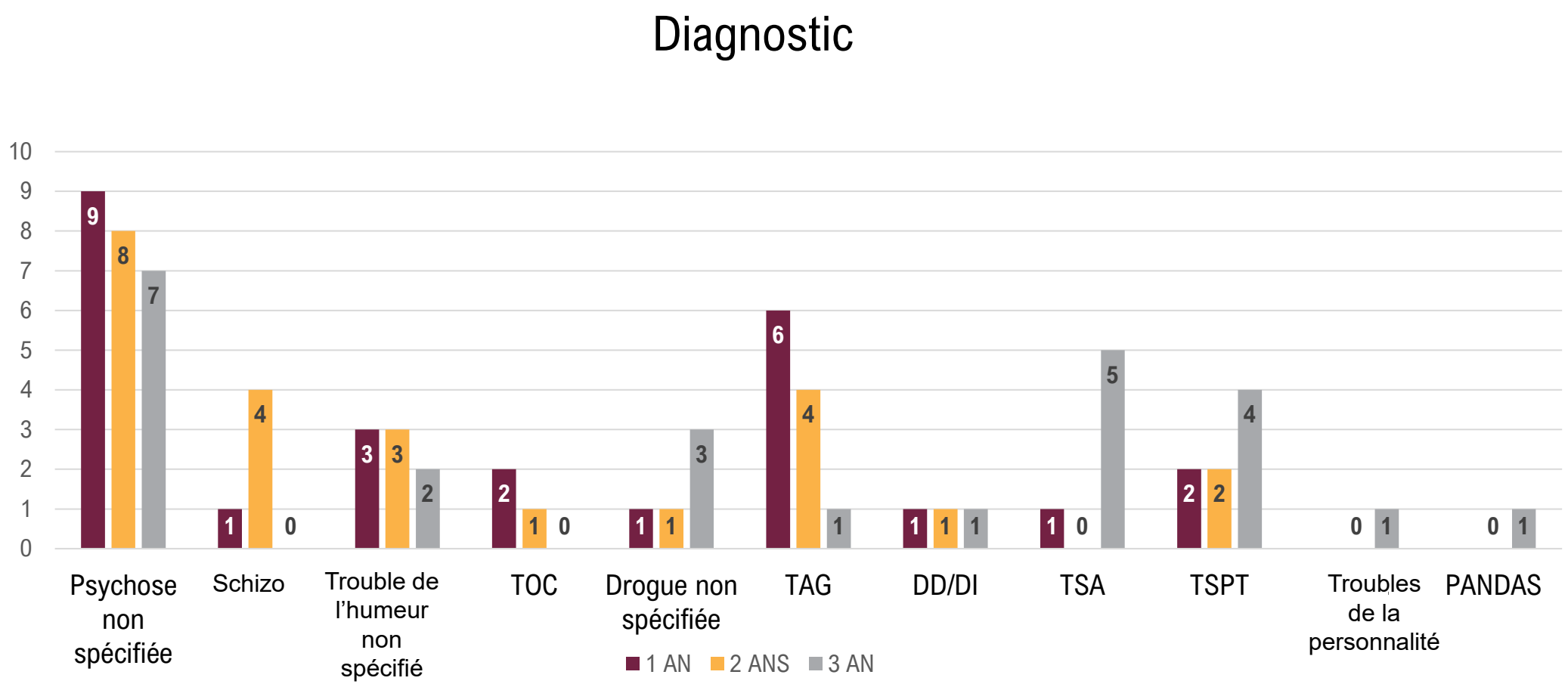
Source de l'orientation et des demandes jusqu'à l'état actuel de l'IPP IWK



Données 2022 concernant les demandes – IPP IWK 2024 actuelles



Hétérogénéité diagnostique d'IPP IWK 2022-2024



Programmes d'amélioration continue/amélioration de la qualité

Examining the qualitative experiences of youth and caregivers in the transition from the IWK Youth Psychosis Clinic to the adult NSH Early Psychosis Program

Nicole Lopez[2], Jeremy Smith[3], Laura Carnegy[3], Jason Morrison[1,2], Sabina Abidi[1,2]

1Department of Psychiatry, 2Dalhousie University Faculty of Medicine, 3IWK Health Centre, Halifax Nova Scotia

BACKGROUND

The transition in care from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS), typically occuring between ages 18 and 21, has been identified as a fragile point in mental health care provision. Despite success of early intervention for psychosis programs, challenges persist at this critical point of transition between services often due to lack of clarity and poor communication between systems. The Nova Scotia Early Psychosis Program attempts to bridge the CAMHS and AMHS gap by offering a seamless transition in care experience for the patient and family as they straddle the bifurcation between services when patients age out of the IWK at age 19.

OBJECTIVE

The aim of the present study was to examine the transition from the IWK Youth Psychosis Specific Clinic to the Nova Scotia Early Psychosis Program (NSEPP) in adult mental health, focusing on youth and caregiver perspectives. By identifying transition challenges, we aim to inform solutions that might enhance continuity of care and improved experience and outcomes for youth navigating this transition locally and provincially.

METHODOLOGY

- **Participants:** Youth age 18–24 who transitioned from youth to adult care between 2018 and 2024.
- **Materials:** Interview guide developed based on literature review and existing frameworks regarding transitions in care
- **Data Collection**: Participants referred by their psychiatrist & contacted by research team. Semi-structured interviews were conducted in person/virtually. Sociodemographic data gathered from clinic records.
- **Analysis:** Interviews recorded, transcribed, and de-identified. Data was coded in NVivo by two independent researchers, with discrepancies reconciled for reliability. Emerging themes identified.

RESULTS

DEMOGRAPHICS	MEAN
Age	20.83 years
Gender	1:1 (male:female)
Age at illness onset	16.2 years
Length of care at IWK EPP	2.5 years
Education	100% completed high school
PANSS score*	53.2 (range 40-82)

**Positive & negative syndrome scale:*
<48 N, 48-60 borderline illness, >79 mod/severe

INTERVIEW GUIDE

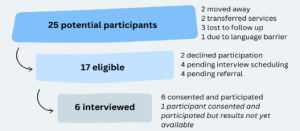
Pre-Transition Experience
1. When did you first engage with the IWK EPP? Why did you start treatment at the IWK EPP?
2. What was your experience with the IWK EPP like?

Transition Preparation/Planning
3. When and how were you first informed that you would transition to AMHS?
4. Based on your understanding of the information you received, how did you feel about the upcoming transition in your care?

Transition Process & Experience
5. What was your experience of transitioning to AMHS?
6. When you look back on your transition in care, what do you think worked well?
7. When you look back on your transition in care, what were some of the challenges you faced?

Post-Transition Experience
8. Since your transition, what has been your experience with AMHS?

Suggestions for Improvement
9. If you were in charge of developing something that would help with the transition, what would that look like?
10. If you could give advice to someone who was about the transition from CAMHS to AMHS what advice would you give?



(1) TRANSITION READINESS

Participants felt prepared for the transition, often describing it as straightforward with minimal confusion or unclear expectations. While mild anxiety was common, it did not cause significant distress.

"I think at the time I was a little bit worried about it. It was a big change at that point, but it wasn't super distressing. I knew I was gonna meet a new doctor, but it was pretty straightforward. I think I was a little bit nervous about who my new doctor would be. I did feel ready for it. It was just the first time it ever happened, so obviously I would feel a little bit unnerved, but I felt pretty prepared for it. I knew my doctor was there to help me through it, so their support was good."

(2) CONTINUITY OF CARE

Some participants felt their providers were aligned on their medical history and care goals while others sensed a disconnect due to limited or indirect communication.

"It literally feels like somebody's playing ping pong. I was kind of worried and a little bit annoyed because you have to explain why you're here and what's going on, and what your experience has been. Sometimes I don't really wanna talk to people because it's the same questions over and over and over again, and it seems repetitive. I feel like when you hear the same questions over and over and over again, you kinda don't wanna answer."

(3) RAPPORT & TRUST BUILDING

Many participants expressed challenges in establishing trust and building rapport with their new providers -the transition meant starting fresh with someone unfamiliar, which created a barrier to open communication.

"I remember the first appointment was a bit awkward. I feel like we went pretty in depth because it was the first time we had met. I think the only challenge that I faced was I didn't tell my new doctor as much because I didn't know her as well; I just wasn't as used to talking with her. So I just wasn't as honest with her for my own needs, as I was with the first doctor. My new doctor was really nice-I just wasn't answering everything I was the one being kind of shy, and didn't wanna like open up totally."

(4) PARENTAL INVOLVEMENT: One caregiver felt less involved due to confidentiality and their child's growing independence which contrasted their more engaged role at the IWK. This raised concerns for the caregiver, who feared that without some communication, early signs of issues might go unnoticed. In contrast, many youth valued the increased autonomy, appreciating the freedom to voice concerns and make treatment decisions independently, seeing this shift as a positive aspect of the transition.

KEY FINDINGS & IMPLICATIONS

(1) Participants generally felt prepared for the transition and reported minimal distress, indicating that f**oundational needs are being met** in the preparation process.

(2) Many patients experienced a disconnect in information transfer, suggesting a need for a **more consistent and structured handover process** (e.g., facilitated meetings where youth and their providers collaboratively discuss the patient's history and treatment goals at the time of transition)

(3) Youth reported that their initial appointments often felt awkward and uncomfortable which limited their openness and honesty. This highlights the potential benefit of **introductory/orientation sessions**. By offering a brief orientation or meet-and-greet rather than an immediate clinical appointment, the transition can be made less daunting, fostering comfort and encouraging openness early in the therapeutic relationship.

LIMITATIONS

- **Small sample size** limits generalizability
- Participants' retrospective reflections could introduce **recall bias**

FUTURE RESEARCH

Next steps include **refining the interview guide** and **continuing to collect data** from youth and caregivers.

We hope to also gather healthcare provider perspectives to uncover local barriers to effective transitions.

We intend to extend learning to provincial EPP teams to foster improved service across lifespan.

Acknowledgements
Ethics approval from Nova Scotia Health Research Ethics Board. Kind thanks to the participants, caregivers and clinicians participating in the study

References
1.Cleverley K, McCann E, O'Brien D, Davies J, Bennett K, Brennenstuhl S, Courey L, Henderson J, Jeffs L, Miller J, Pignatiello T, Rong J, Rowland E, Stevens K, Szatmari P. Prioritizing core components of successful transitions from child to adult mental health care: a national Delphi survey with youth, caregivers, and health professionals. Eur Child Adolesc Psychiatry. 2022 Nov;31(11):1739-1752.
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Programmes d'amélioration continue/amélioration de la qualité

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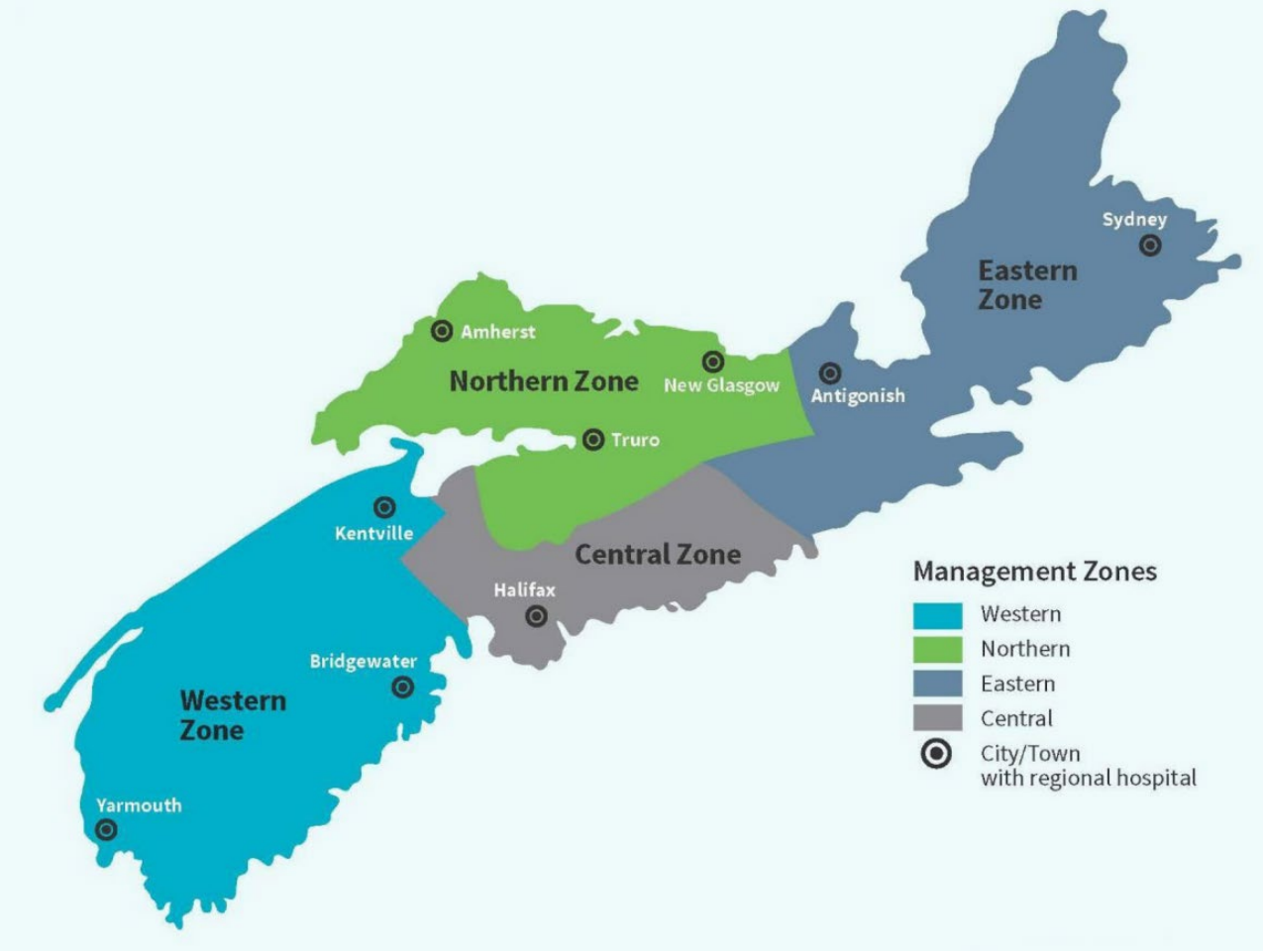
Valeurs communes, initiatives communes, objectifs communs

- Baladodiffusions (CCIPP)
  - La psychose dans tous ses états
  - #2 - Psychosis with Sabina Abidi and Laura Carnegy - Clinician Cast: Youth Mental Health and Addictions Treatment Network Podcast | Podcast on Spotify
- Webinaires/sites Web
  - Modules éducatifs de l'EPINS
  - www.becauseyourmindmatters.com
- Développement des capacités des familles et des cliniciens
  - About PCTEL | NSH MHA PCTEL
  - IWK Orientation/Forensics/CMHA/Youth Health Centres
- Soutien à la transition
- Service africain de la N-É./Cliniques de nouveaux arrivants
- Services intégrés aux jeunes
- Engagement communautaire
- UHR
- Privilèges facilités entre systèmes de santé
- Plateforme d'évaluation supplémentaire à venir
- Portée provinciale et nationale

Établir des normes provinciales pour les soins en psychose précoce au fil de la vie



The transition from adolescence to adulthood in patients with schizophrenia: Challenges, opportunities and recommendations

Celso Arango, Jan K. Buitelaar, Christoph U. Correll, Covadonga M. Díaz-Caneja, Maria L. Figueira, W. Wolfgang Fleischhacker, Daniele Marcotulli, Mara Parellada and Benedetto Vitiello

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Abstract

Schizophrenia is a severely debilitating neurodevelopmental disorder that requires continuous multidisciplinary treatment. Early onset schizophrenia (EOS, onset before 18) is associated