



Canadian  
Consortium for  
**Early Intervention  
in Psychosis**

# Canadian EPI Standards of Care Development



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# Foundational Principles

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**Prof Emeritus, McGill University**

# Disclosures

## **Dr Ashok Malla:**

1. Most research funding over the years obtained from public sources (CIHR, NIH, Grand Challenges Canada, Canada Research Chairs Program)
2. No industry funding for research or for any other activity in the last 3 years
3. Honoraria as a Study advisor for (two) studies in FEP and EI in Ethiopia (2023-24) and Nigeria (2024) funded by Wellcome Foundation in the U.K.



# Standards of Care (SoC): Purpose

- Helps people benefit from the highest quality of care based on, or informed by, evidence interpreted with relevance to individual circumstances
- Creates accountability for services and funding



# Standards of Care



**SOC for Early Intervention Services  
should reflect its  
History, Philosophy and Values**



# Standards of Care

## *EIS History*



**History: A personal reflection**





# Standards of Care

## *EIS Philosophy*



**HOPE with (Action)**

**Compassion**

**Justice**





# Standards of Care

## *EIS Values*

- Equal access to high quality care for achieving social Inclusion as the desired outcome
- Equal attention to families as partners in care
  
- Evidence, generated at the group level, must be applied with attention to:

**Individual  
Needs**

**Gender**

**Culture**

**Socioeconomic  
Status**





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# Values and Benefits of Standards

**A view for persons with lived experience, their families and  
advocacy groups**

# Disclosures

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1. No disclosures
2. Speaking on behalf of role as President of the Schizophrenia Society of Canada
3. Not speaking on behalf of Interior Health (employer)



“ I joined SSC board to champion recovery for those living with early psychosis and schizophrenia and those who care about them. Through federal advocacy, building networks, and mobilizing voice, we build a more inclusive and healthier Canada. SSC brings our inclusive national voice together. ”

— Hazel Meredith, SSC President

SSC SCHIZOPHRENIA SOCIETY OF CANADA SCS SOCIÉTÉ CANADIENNE DE LA SCHIZOPHRENIE

# Learning Objectives

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

- Describe the value of standards for persons with lived experience and their families
- Identify the importance of standards for organizations committed to supporting persons with lived experience and their families
- Consider the role of advocacy groups in the development of standards



# Schizophrenia Society of Canada

## **Mission: Build a Canada where people living with early psychosis and schizophrenia achieve their potential**

- SSC is committed to transforming how people think: we seek to be a visionary in advocating for a transformed mental health system based upon the recovery philosophy
- SSC is well positioned to communicate through its network to enhance the reach of Standards and projects such as the Learning Health System-EPI
- Our work continues to focus on supporting those affected by early psychosis and schizophrenia through research, education, and advocacy efforts, with the goal of helping people reach their full potential
- SSC includes people living with schizophrenia and psychosis and their families



# Value of Standards for Persons with Lived Experience(PWLE) & their families

- Know what good care looks like
- Increased confidence in accessing service that meet safety, measurement and quality levels and will not cause harm
- Standards developed with and by PWLE and families enhance experience and increase likelihood of desired health outcomes
- Standards ensure the products, services and systems are safe, reliable and perform the way they are meant to perform.
- Help patients, families, and caregivers understand the care available from the health system and support informed decision-making in collaboration with their health care team.
  
- Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be:
  - **Effective** – providing evidence-based healthcare services to those who need them;
  - **Safe** – avoiding harm to people for whom the care is intended; and
  - **People-centred** – providing care that responds to individual preferences, needs and values.
  
- To realize the benefits of quality health care, health services must be:
  - **Timely** – reducing waiting times and sometimes harmful delays;
  - **Equitable** – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
  - **Integrated** – providing care that makes available the full range of health services throughout the life course;
  - **Efficient** – maximizing the benefit of available resources and avoiding waste. (WHO Quality of Care)



# Benefits of Standards to Advocacy & Support Groups

- Advocacy groups play a key role in influencing public policy and social systems. They work to create positive change by raising awareness, influencing policies, and mobilizing resources.
- Standards help advocacy groups to create positive change through these “5 functions”
  - INFORM: educate and engage
  - LEVERAGE: harness power of networks and coalitions
  - VOICE: speak up and be heard
  - ORGANIZE: mobilize and empower others
  - ASSESS: monitor and evaluate our efforts
- Examples of actions: Advocate for appropriate services, Share benchmarks for care, assist with navigation and highlight service needs/gaps





# Role of Advocacy Organizations

- Advocacy plays a crucial role in driving change by influencing public opinion, policies, and decision-makers themselves.
- Organizations like SSC can broaden impact of pwle & family voice and partners through the “5 functions” ie. organizing.
- Consider for yourself:
  - You may be a mental health advocate if you work hard to raise awareness and lessen the stigma.
  - Attitudes toward mental illness have changed in recent years, but there’s still a lot of work to be done. Mental health advocates are an essential part of this work.
  - A mental health advocate becomes aware of an issue or need and then speaks about it to others, so they, too, become aware or gain knowledge.
  - The good news is anyone can be one.

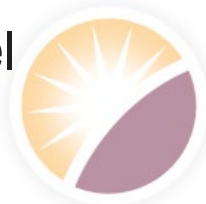


# How to be a MH advocate for yourself

**It can be challenging to advocate for others in your community if you don't advocate for yourself first. But it can be hard to know how to get started.**

Here are some ways you can advocate for yourself:

- **Understand your own mental health condition.** For instance, “be aware that good mental health doesn't mean an absence of a diagnosed mental health condition,” says Cidambi.
- **Share your diagnosis.** Letting others know about your condition and your needs and triumphs helps them widen their perspective on the topic.
- **Have a plan of action.** Develop clear goals for yourself and outline the steps required to achieve them. Doing this will enable you to clearly communicate your needs with others.
- **Ask for help.** Get support from friends, family, and co-workers. Reach out to others with similar experiences who may be able to provide you with insight.
- **Reach out to organizations.** Local organizations that work with your mental health condition can provide you with information and help you learn to advocate for yourself.
- **Develop a blog or website.** Talk about your experiences, your needs and concerns, and how you feel others can support you and others with similar experiences.



# Lived experience panel including family members

Example:

Hope in a Learning Health System for EPI

“Nothing about us without us”



# Lived voice and family voice within the LHS-EPI

- LHS-EPI Conference Quality of Life and Recovery in a Pan-Canadian LHS for psychosis. November 23, 2023
- Themes:
  - Person-Oriented Care
  - Family Involvement
  - Interventions: Peer Support
  - Other Interventions
  - Measurements
  - Technologies

LHS Stakeholders group refined the themes

Team reviewed for gaps, Reviewed two questions

Reviewed responses and recommendations with lived experience panel June 2024



# Growth Mind Set: Together we are more

- Standards help PWLE and Families/Circles of Support access quality care that is based on the best information we have to date.
- From Standards Council of Canada: Benefits of Applying Standards:
  - Standards benefit consumers, businesses, regulators and the Canadian economy.
  - Standards make everyday life work for Canadians. For businesses, they open a world of possibilities. For regulators, they help promote competitive businesses and the safety of Canadians.
  - Standards ensure the products, services and systems we all depend on are safe, reliable and perform the way they are meant to perform.
  - Standards touch nearly every aspect of our lives. Without standards, we couldn't trust that the water we drink is clean, the toys our children play with are safe, and so much more.
- The Learning Health System for early psychosis provides a generative learning experience that **includes** the voice of lived experience and families to provide hope, help and support to those with early psychosis through recovery journey.



# Thank you!

Please feel free to check out the SSC website for some informative resources and initiatives such as:

- Cannabis and Psychosis: Youth Action Project (book free presentations!)
- Family Recovery Journey - family course
- Rays of Hope book
- And coming soon: Your personal Recovery Journey peer led course
- And more...

Contact CEO Chris Summerville at [chris@schizophrenia.ca](mailto:chris@schizophrenia.ca)

Or Hazel Meredith at [hazelmeredith@hotmail.com](mailto:hazelmeredith@hotmail.com)

**HOPE CHANGES EVERYTHING! EXPECT RECOVERY!**





# **Towards National Standards in Early Psychosis Intervention: A National Workshop Agreement**

**Nicole Kozloff, MD, SM, FRCPC**



# Disclosures

## **Dr Nicole Kozloff:**

1. Operating funds for investigator-initiated peer-reviewed studies for Ontario Brain Institute, Brain Canada, CIHR, Ontario Ministry of Health, CAMH Foundation, Making the Shift, SSHRC, University of Toronto, AFP Innovation Fund, Brain & Behavior Research Foundation
2. Salary award from CIHR-Canadian Psychiatric Association
3. Salary support for research from the CAMH Foundation
4. Salary support for care provided in shelter from Inner City Health Associates



# A National Standard for Early Psychosis Intervention

- Standards Council of Canada and Health Canada launched the development of **National Standards for Mental Health and Substance Use Health Services** in March 2022
- **Early psychosis intervention** selected as one of 6 priority areas with call for proposals in June 2023 and report deadline of February 2024
- Given the timeline, a **National Workshop Agreement** was selected as a “standards-based deliverable” to bring together thought leaders and shape the future direction of the subject and influence any future standard
- **Goal:** Support consistent access to high-quality services in early psychosis across Canada based on evidence, stakeholder consensus, public feedback, and existing international standards



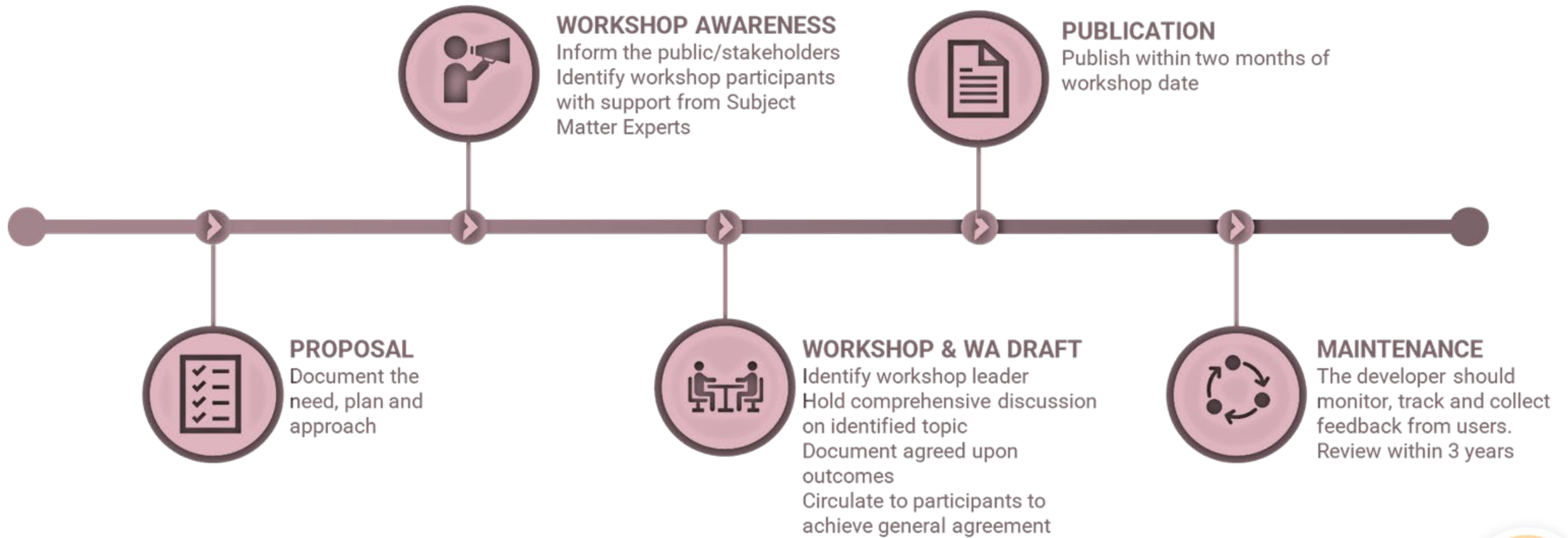
# Why Early Psychosis Intervention?

- Early-phase psychosis has high burden and mortality
- Clinical trials demonstrate effectiveness of EPI (e.g., Kane 2016, Craig 2004, Petersen 2005)
- Real-world studies demonstrate effectiveness of EPI (Anderson 2018)
  - More likely to receive care from a psychiatrist
  - Reduced burden on emergency departments
  - Reduced all-cause mortality
- Early psychosis intervention yields greater health benefits with lower costs compared with standard care (Sediqzadah 2022; Tarride 2022, Groff 2021)
- Some practices in EPI vary widely (Nolin 2016) and particularly delivery of elements of recovery-oriented care, even in provinces with standards (Durbin 2019)



# A National Workshop Agreement in EPI

## NATIONAL WORKSHOP AGREEMENT PROCESS



# Working Group and Project Team

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**Aristotle Voineskos**

**Augustina Ampofo**

**Brittany Chisholm**

**Christopher Koegl**

**Donald Addington**

**Eóin Killackey**

**George Foussias**

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**Nicole Kozloff**

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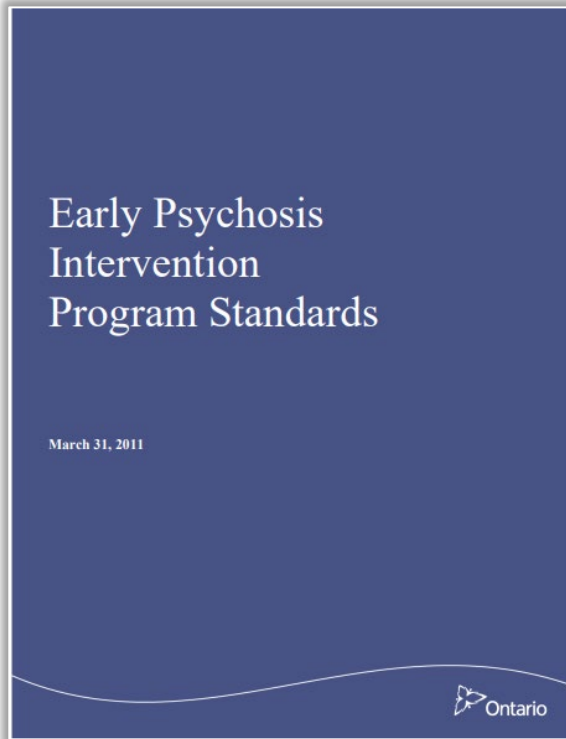
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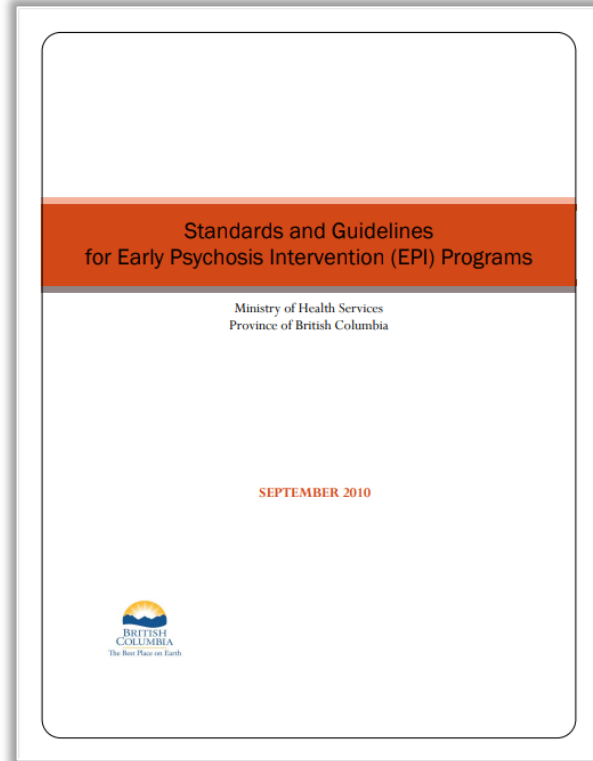
**Srividya Iyer**



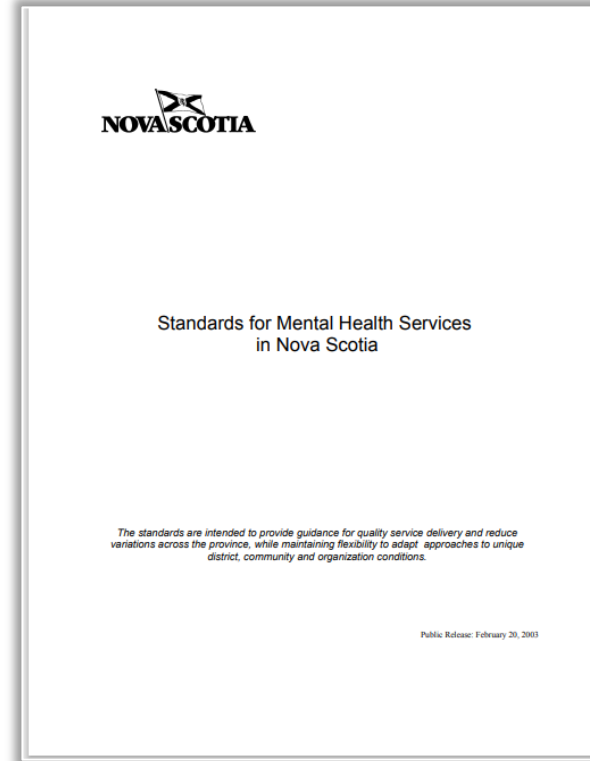
# Existing Standards in EPI



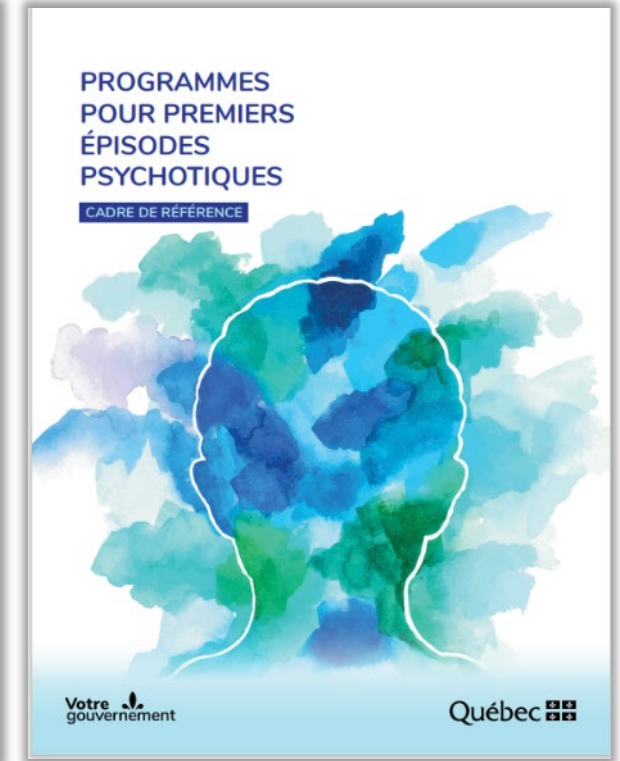
**Ontario  
(2011)**



**British Columbia  
(2010)**



**Nova Scotia  
(2003)**




**Quebec  
(2022)**





# Other Relevant Documents

Canadian Schizophrenia Guidelines



The Canadian Journal of Psychiatry / Le Journal Canadien de Psychiatrie  
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 www.cjps.com  
 www.ljcp.ca  
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 CMAA

## Canadian Guidelines for the Pharmacological Treatment of Schizophrenia Spectrum and Other Psychotic Disorders in Children and Youth

Sabina Abidi, MD<sup>1</sup>, Irfan Mian, MD<sup>2</sup>, Ilana Garcia-Ortega, MD<sup>3</sup>, Tania Leconte, PhD<sup>4</sup>, Thomas Raedler, MD<sup>5</sup>, Kevin Jackson<sup>6</sup>, Kim Jackson<sup>7</sup>, Tamara Pringsheim, MD<sup>7</sup>, and Donald Addington, MD<sup>7</sup>

**Abstract**  
**Objectives:** Schizophrenia spectrum and other psychotic disorders often have their onset in adolescence. The sequelae of these illnesses can negatively alter the trajectory of emotional, cognitive, and social development in children and youth if left untreated. Early and appropriate interventions can improve outcomes. This article aims to identify best practices in the pharmacotherapy management of children and youth with schizophrenia spectrum disorders.

**Methods:** A systematic search was conducted for published guidelines for schizophrenia and schizophrenia spectrum disorders in children and youth (under age 18 years). Recommendations were drawn from the National Institute for Health and Care Excellence guidelines on psychosis and schizophrenia in children and youth (2013 and 2015 updates). Current guidelines were adapted using the ADAPTE process, which includes consensus ratings by a panel of experts.

**Results:** Recommendations identified covered a range of issues in the pharmacotherapy management of children and youth with schizophrenia spectrum disorders. Further work in this area is warranted as we continue to further understand their presentation in the developing brain.

**Conclusions:** Canadian guidelines for the pharmacotherapy management of children and youth with schizophrenia spectrum disorders are essential to assist clinicians in treating this vulnerable population. Ongoing work in this area is recommended.

**Keywords:** schizophrenia-onset schizophrenia, early-onset schizophrenia, schizophrenia and psychotic spectrum disorders, clinical practice guidelines, pharmacotherapy, treatment guidelines, children and youth

BRITISH JOURNAL OF PSYCHIATRY (2005), 187 (Suppl. 52), 408-414

**SPECIAL ARTICLE**

## International clinical practice guidelines for early psychosis

INTERNATIONAL EARLY PSYCHOSIS ASSOCIATION WRITING GROUP<sup>1</sup>

**Summary** These international clinical practice guidelines were developed with deliberation from 19 invited international consultants, who provided content as well as detailed feedback on draft versions. The final draft of the guidelines was ratified by the Executive of the International Early Psychosis Association and presented to formally endorsed at the Third International Conference on Early Psychosis in Copenhagen, September 2002. They have been recommended to various countries that were available in 2002, although a fully comprehensive process of uptake has not yet been conducted. The final version is published in this Supplement with the aim of encouraging further discussion as well as providing a practical guide to clinicians and researchers. A second edition is planned for publication in 2008.

**INTRODUCTION**


The delivery of care in early psychosis is often delayed, piecemeal and allowing to patients and families. Families usually have to cross a high threshold of disturbance and risk to gain access to treatment, and have to determine a prognosis and justify the level of disability (or activity level) that participation in treatment is worth the cost.

There are three targets for preventive interventions in early psychosis:

- The prodromal phase is often prolonged and characterized by subtle and confusing symptoms. Much of the disability associated with the psychotic disorders is established and accentuated in this phase.
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<sup>1</sup> The following international consultants provided their insights for the drafting of these guidelines: the Executive of the International Early Psychosis Association, Copenhagen, September 2002.

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The National Centre of Excellence in Youth Mental Health

## Australian Clinical Guidelines for Early Psychosis

Second edition  
 updated June 2016


The period of untreated psychosis is a risk factor for a poor outcome. It has many determinants, but there is potential for intervention within communities to reduce the duration of untreated psychosis and the distress, risk and disability associated with untreated psychosis.

The first psychosis episode and the onset period of the early years following initial diagnosis deserve special, comprehensive and phase-specific treatment with continuity of care provided.

This draft consensus statement identifies key principles in addressing current dilemmas for preventive intervention and program strategies to enhance clinical care. The statement has been developed with input from the 22 national international consultants who gave feedback by the publication deadline. The guidelines were presented and notified at the Third International Conference on Early Psychosis held in Copenhagen in September 2002.

**GENERAL STATEMENTS**

- Early identification of people in the prodromal phase of psychotic disorders combined with optimal treatment is likely to reduce the burden of disease. Early treatment of some psychosis is beneficial in its own right, but the possibility exists that it will also improve long-term outcomes and reduce the prevalence of psychotic disorders.
- Community-wide education should be encouraged to ensure that the public has a better understanding of the onset of psychotic disorders and how to obtain effective advice, treatment and support.
- Phase-specific progression of care, which also takes into account that the majority of patients with early psychosis are young, should be developed and evaluated.
- Pharmacological treatments should be introduced with great care in drug-naïve patients, with an overriding



Risk and Resilience in Adolescent Involvement in Services


## Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care

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April 14, 2014



EARLY INTERVENTION IN PSYCHOSIS NETWORK



ROYAL COLLEGE OF PSYCHIATRISTS

## Standards for Early Intervention in Psychosis Services - 1<sup>st</sup> Edition

Editors: Aneta Chandra, Emily Patterson & Sophie Hodje

Publication Number: CCQ255  
 Date: June 2018

Canada  
 (CPA 2017)

International  
 (IEPA 2005)

Australia  
 (2016)

United States/RAISE  
 (Heinssen et al. 2015)

UK  
 (2018)

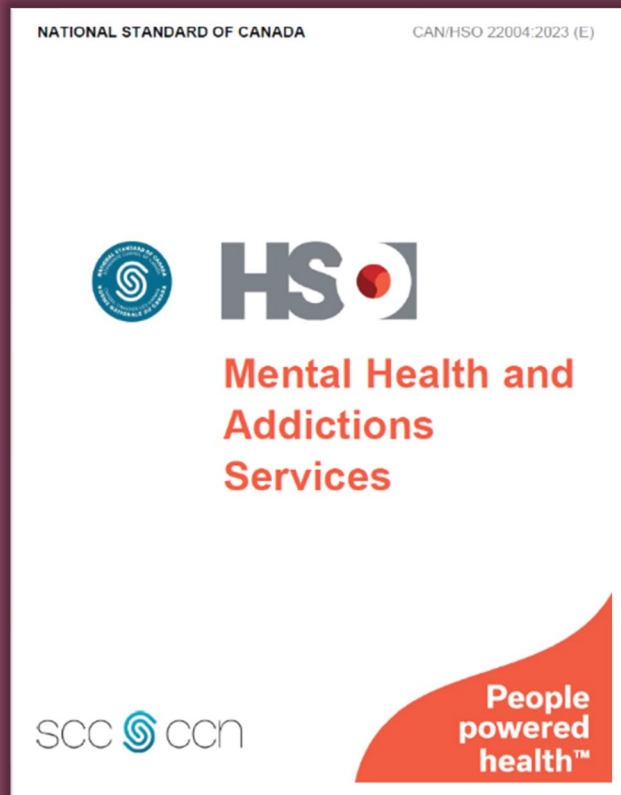




# Examples from EPI Standards/Guidelines in Canada

EPI Service Component	British Columbia	Nova Scotia	Ontario	Quebec
<b>Service duration</b>	At least 3 years	5 years	3 years	At least 3 years
<b>Age of service users</b>	Approx. 13 to 35	12 to 35	14 to 35	12 to 35
<b>Time between referral and first assessment</b>	Within the first few weeks of care	<p><b>Emergencies:</b> immediate referral to ED + MH assmt. within 24 hours.</p> <p><b>Urgent cases:</b> MH assmt. within 5 working days.</p> <p><b>All other:</b> clinical team determines case assignment for assessment within 10 working days.</p>	Clients referred for a comprehensive assessment are contacted by telephone within 72 hours of being referred, and a face-to-face meeting is offered within two weeks.	<b>For a First Episode of Psychosis:</b> 15 days if stable, 7 days if unstable, 24 hours in crisis situations.
<b>Includes affective psychosis in eligibility criteria?</b>	Yes	Not specified	Yes	Yes

# Mental Health and Addictions Services Standard (2023)



## Organizing Framework for EPI-NWA

Can be applied in all care settings with dedicated Mental Health Teams, Addictions Teams on Integrated Mental Health and Addictions Teams

### Standard Sections

1. Promoting Client-Centred Care
2. Respecting Client Rights in the Delivery of High-Quality Care
3. Delivering High-Quality Care Based on the Goals, Abilities, and Preferences of Clients
4. Continuity of Services
5. Enabling a Healthy and Competent Workforce

# Workshop Engagements

- Bilingual online survey November-December 2023
- November 13, 2023 – in person in Toronto, Ontario
- November 14, 2023 – virtual, same content as previous day
- November 30, 2023 – in person in Montreal, Quebec with SARPEP group
- Additional focus group facilitated by Shkaabe Makwa
- Additional individual consultations
- Participants prompted to comment on whether any EPI-specific elements or considerations should be added to a summary of the MHA Standard
- Breakout discussion groups; notes were transcribed, coded for themes
- Themes were consolidated under MHA headings, sent to the Working Group for review and analysis
- 278 participants across all engagements from 10 provinces; 20% with lived experience and designated support people



# National Workshop Agreement Findings

- EPI services should be accessible and high quality
- Specific recommendations categorized as follows:
  - **Program delivery:** including considerations for providing EPI care that is timely, culturally appropriate, equitable, person-centred, team-based and effective
  - **System design:** including policy and system-level considerations to support accessible, evidence-based and consistent mental health and substance use health systems across Canada
  - **Implementation:** including considerations for moving beyond standards to actionable, measurable and continuous-improvement focused services within a Learning Health System
- Notable themes: Indigenous-led research and service design, awareness and timely access, integration with substance use health services, developmentally appropriate, strengths-based
- Recommended a set of **national standards** with commensurate funding, implementation support, monitoring and accountability



WORKSHOP AGREEMENT FOR

Early Psychosis  
Intervention

February 2024





WORKSHOP AGREEMENT FOR

## Early Psychosis Intervention

February 2024



[https://healthstandards.org/  
workshop-agreement-for-  
early-psychosis-  
intervention/](https://healthstandards.org/workshop-agreement-for-early-psychosis-intervention/)





Canadian  
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in Psychosis**

# Developing Standards for a Learning Health System for EIS in Canada

**Srividya Iyer, PhD, Psychologist**



# Disclosures

**Srividya Iyer, PhD:**

No conflict of interest to disclose.





# Acknowledgements



Amal Abdel-Baki, MD



Manuela Ferrari, Ph.D.



Marc-André Roy, MD



**SAR PEP**

SYSTÈME APPRENANT RAPIDE  
POUR LES PROGRAMMES DE  
PREMIERS ÉPISODES PSYCHOTIQUES

**MAP-PRO**

MEANINGFUL  
ASSESSMENT  
PROTOCOL

For Early Intervention Services for Psychosis



Donald Addington, MD



Ridha Joober, MD, PhD



Jai Shah, MD



Phil Tibbo, MD



# Acknowledgements



**Andrea Legros**  
Organizer



**Francois Leblanc**  
Organizer



**Lili Zeng**  
Douglas Mental Health  
University Institute



**Gabriel Julien**  
Peer Support Worker  
CHUM Clinique JAP



# Context

Gaps between  
evidence-standards &  
practice

Creating & maintaining  
cultures of care



# Context

Original Research

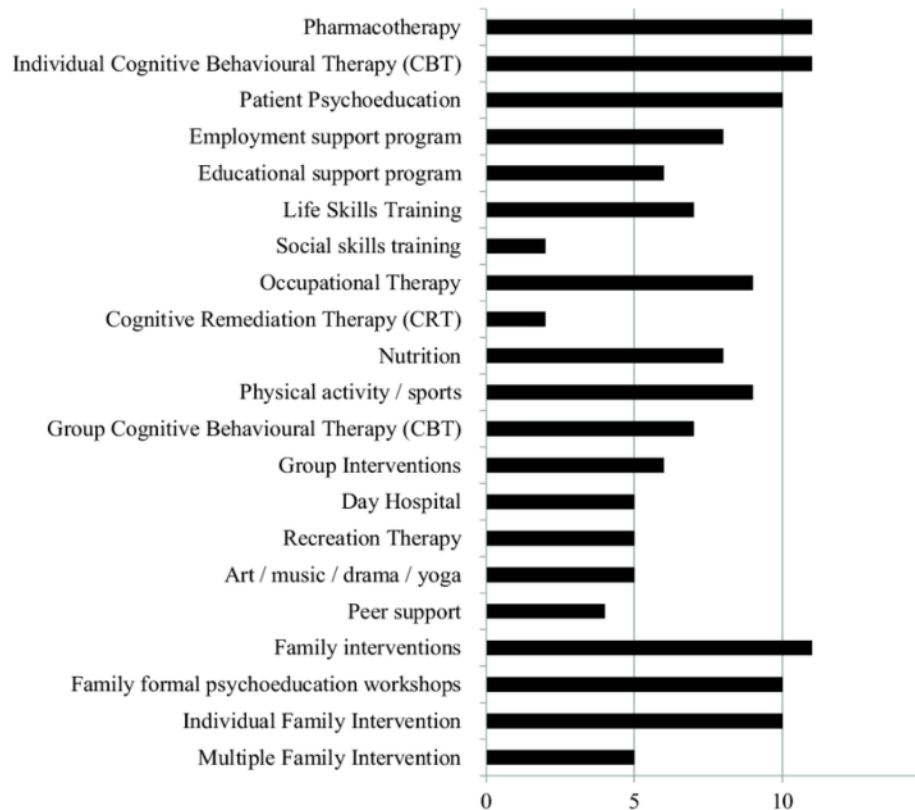


## Early Intervention for Psychosis in Canada: What Is the State of Affairs?

The Canadian Journal of Psychiatry /  
La Revue Canadienne de Psychiatrie  
2016, Vol. 61(3) 186-194  
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sagepub.com/journalsPermissions.nav  
DOI: 10.1177/0708743716632216  
The CJP.ca | LaRCP.ca  
SAGE

Intervention précoce pour la psychose au Canada :

■ Number of programs offering the intervention



Despite superior outcomes, research has identified gaps between evidence-based guidelines, best practices, and the actual implementation of EIS.

- Nolin M, Malla A, Tibbo P, Norman R, Abdel-Baki A. Early intervention for psychosis in Canada: what is the state of affairs? *The Canadian Journal of Psychiatry*. 2016;61(3):186-94.
- Bertulies Esposito B, Nolin M, Iyer S, Malla A, Tibbo P, Banks N, et al. Implementation of Early Intervention Services for Psychosis in Québec: A Cross-Sectional Study. *Canadian Journal of Psychiatry*.
- Durbin J, Selick A, Hierlihy D, Moss S, Cheng C. A first step in system improvement: a survey of Early Psychosis Intervention Programmes in Ontario. *Early intervention in psychiatry*. 2016;10(6):485-93.



# Learning Health System (LHS)

The process by which “internal data and experiences are systematically integrated with external evidence, and that knowledge is put into practice. As a result, patients get higher quality, safer, more efficient care, and healthcare delivery organizations become better places to work.”  
(AHRQ, 2019)



# SARPEP: Québec LHS for early psychosis programs

PILOT PROJECT (2019-2021)	CURRENTLY	QUÉBEC
11 EIS (10 CISSS & CIUSSS)	20 EIS ( 14 CISSS & CIUSSS)	33 EIS
120+ healthcare professionals 33 psychiatrists 12 team leaders	190+ healthcare professionals 45+ psychiatrists 20 team leaders	225+ healthcare professionals 60+ psychiatrists
~ 2050 active patients	~ 2 580 active patients	Est. 3 700+ active patients
~ 850 new cases / year	~ 1 280 new cases / year	~ 2 000 new cases / year



**SAR PEP**

SYSTÈME APPRENANT RAPIDE  
POUR LES PROGRAMMES DE  
PREMIERS ÉPISODES PSYCHOTIQUES



# Feedback



**Systematically** and **automatically** sent to each stakeholder group



Evolution in **the implementation of components** over time

Compared to the **Cadre de Référence PIPEP's** standards



Compared to **other programs**

**Recommendations** on how to improve **with rationale**

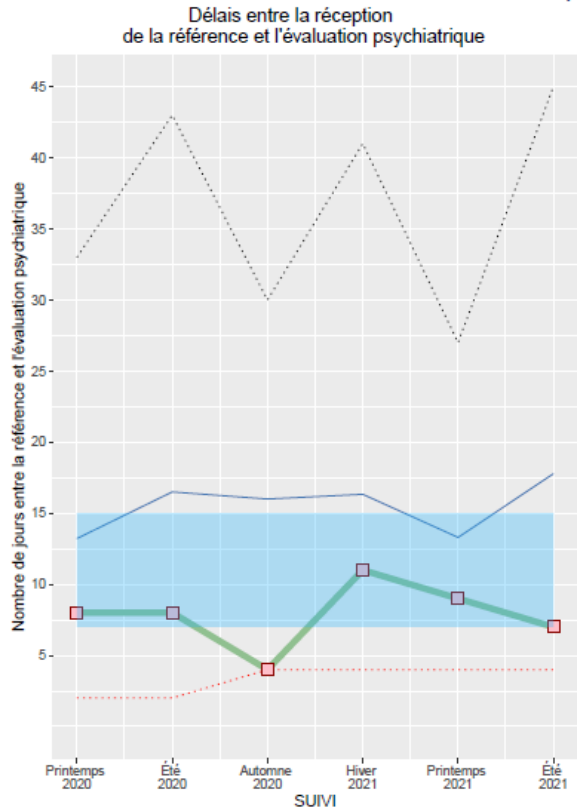


# Feedback Examples



## Accessibility / Access delays Psychiatric evaluation

Accessibilité / Délais d'accès  
Évaluation psychiatrique

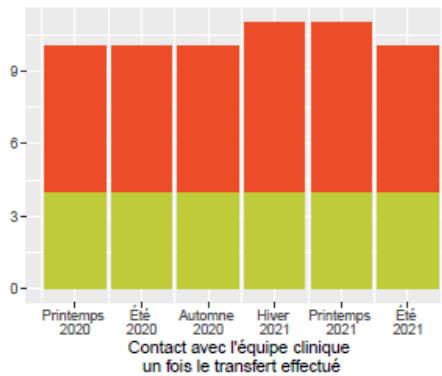
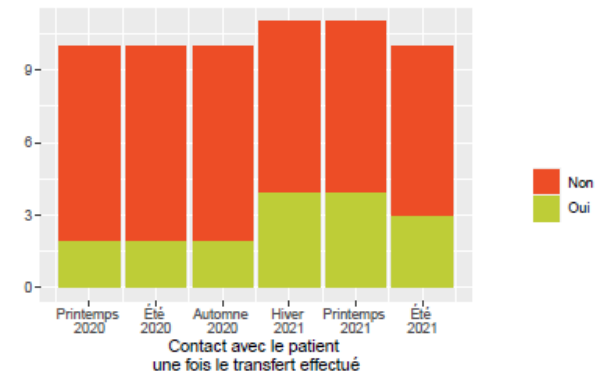
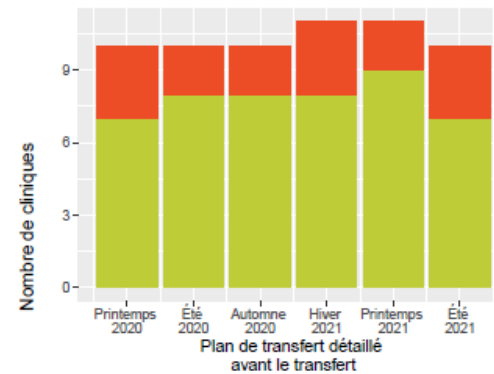


Félicitations ! Le délai entre la référence au PIPEP et l'évaluation par un psychiatre devrait être de moins de 15 jours si le patient est stable et de moins de 7 jours s'il est instable. Cela semble être le cas dans votre clinique.

La réduction des délais avant l'évaluation vise à réduire la durée de psychose non-traitée (DPNT) et à maximiser l'engagement du jeune envers ses soins. Une DPNT plus courte est associée à une meilleure évolution symptomatique et fonctionnelle.

## Continuity of care after PIPEP

Continuité des soins après le PIPEP



Bravo il apparaît dans vos réponses que vous faites le suivi avec les équipes cliniques qui prennent en charge vos patients à la fin de leur suivi avec vous. Ceci favorise une meilleure continuité de soins qui maximise la probabilité que les acquis de la période de suivi au PIPEP persistent après le transfert vers une autre équipe de soins et que le lien de confiance entre le jeune et le PIPEP soit transféré vers l'équipe qui prendra le relais.

Pour ce faire, il est important de :

- planifier le transfert au moins 3 mois avant la date prévue, vers le service qui sera requis à la fin de la période de soins, avec la personne admise au PIPEP et les services appropriés
- rédiger un plan de transfert détaillé et le faire connaître, avant le transfert de la personne suivie, au service qui prendra le relais
- vous assurer de manière systématique que le patient et/ou l'équipe où a été transféré le jeune, soient recontactés au moins une fois ou idéalement plusieurs fois après que le transfert ait été effectué pour s'assurer de la continuité de soins. Cette période de soutien et consolidation du transfert peut s'étendre sur quelques semaines ou quelques mois selon les besoins du client et l'équipe à qui le client est transféré.



# Feedback on Satisfaction

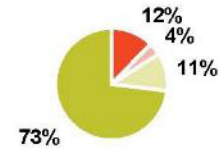
## “Happy or Not”

Users' satisfaction from Oct. 13, 2020 to Mar. 29, 2023  
 Across the province (Québec)

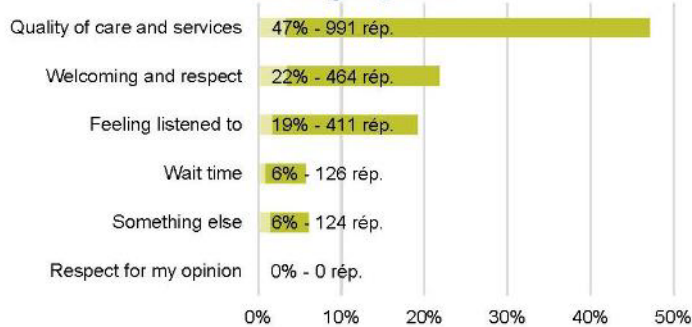
Are you satisfied with the services received today?



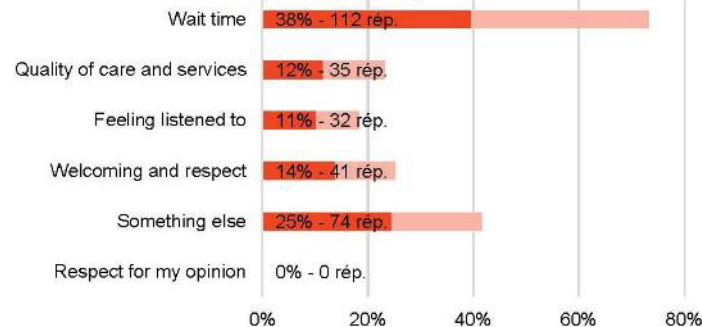
Total - 4011 resp.



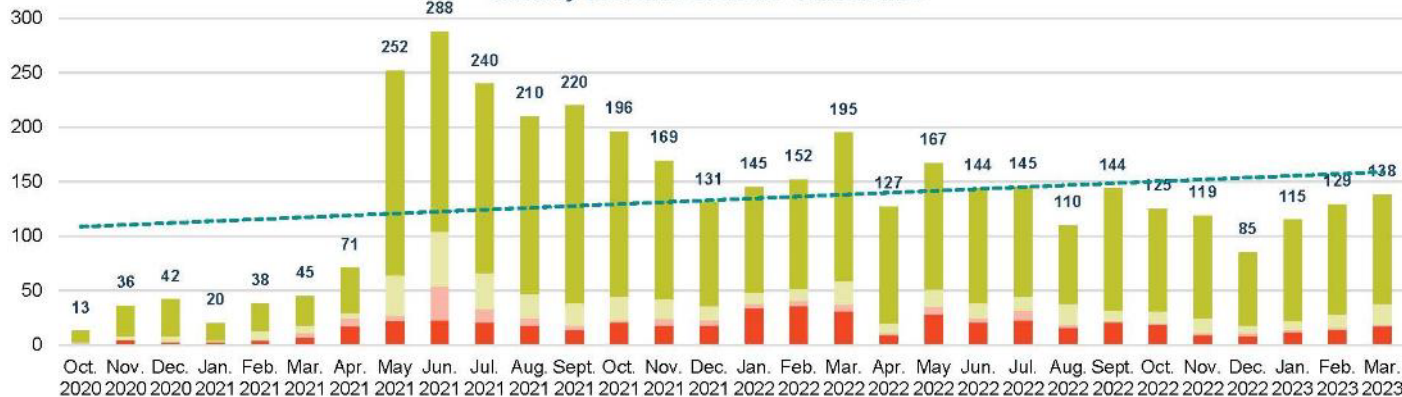
### Strong aspects



### Aspects to improve



### Monthly evolution of users' satisfaction



**Systematically**  
 and  
**automatically**  
 sent to  
 relevant  
 stakeholders





# Capacity building



Helping programs use data **effectively** to **improve the quality** of clinical practices

- Aligned with Cadre de reference PIPEP's guidelines
- Continuous improvement over time



**Knowledge exchange events**  
Conferences, Workshops  
*Live & virtual*



**Online training**  
*Asynchronous & Synchronous*

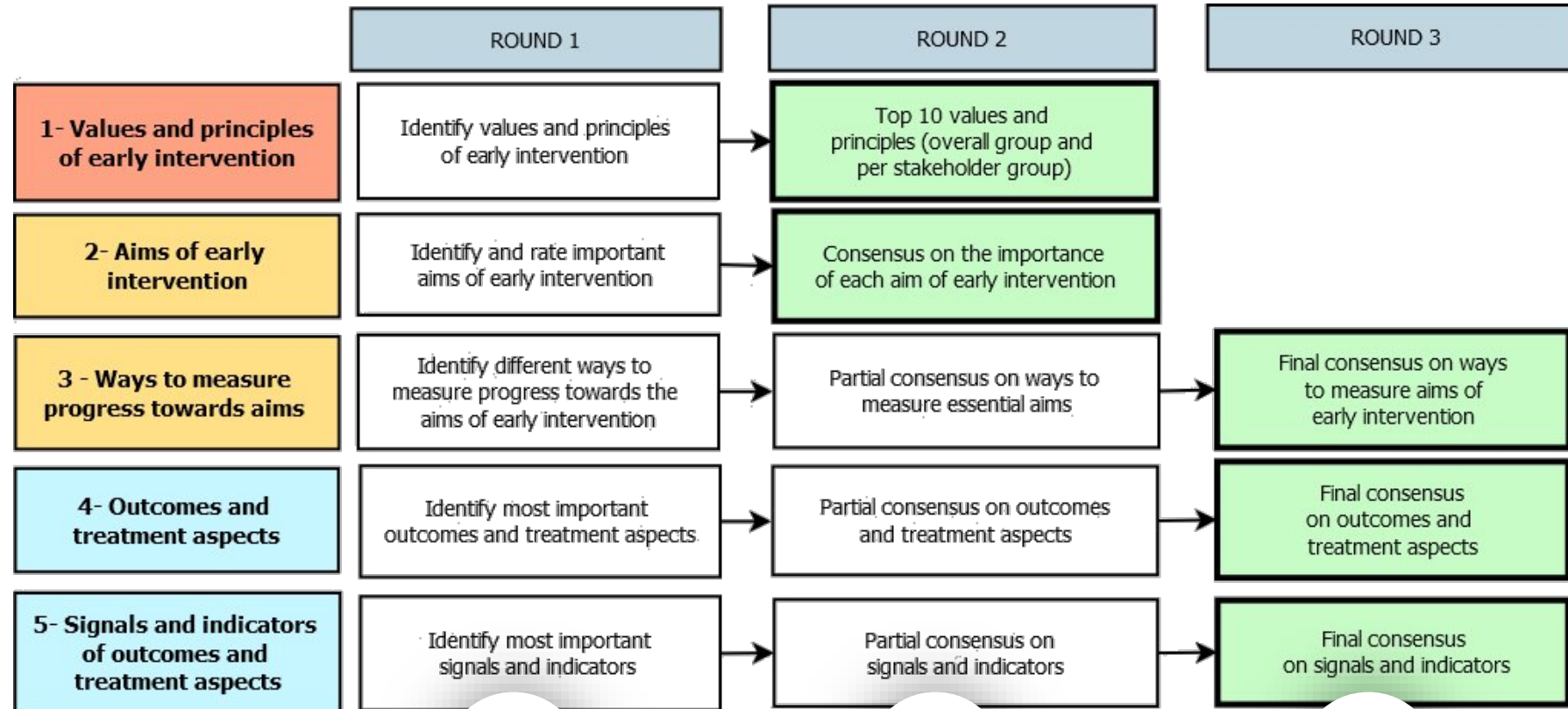


**Co-creation and sharing of tools**  
Clinical and administrative



**Mentoring between programs**

# Early Psychosis Delphi Study



**ROUND 1**

66 Participants

20 lived-experience experts  
23 clinicians  
23 clinician researchers

**ROUND 2**

52 Participants

18 lived-experience experts  
16 clinicians  
18 clinician researchers  
(79% retention)

**ROUND 3**

50 Participants

16 lived-experience experts  
16 clinicians  
18 clinician researchers  
(96% retention)

**MAP-PRO**

MEANINGFUL  
ASSESSMENT  
PROTOCOL

For Early Intervention Services for Psychosis



# MAP-PRO EIS Delphi Study

## Essential outcomes and treatment aspects

## Very important outcomes and treatment aspects



## TOP 5 OUTCOMES AND TREATMENT ASPECTS TO INCLUDE IN A LEARNING HEALTH SYSTEM



# Consensus development conference for RLHS for EIS to set standards and guidelines

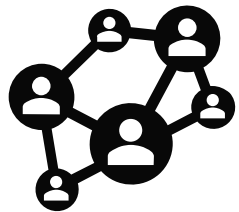
- **The Montreal Consensus Development Conference aimed at identifying guidelines and acceptable practices for a Canadian Rapid Learning Health System (RLHS) in EIS for psychosis by:**



Building new relationships and creating a culture of rapid learning and improvement



Revisiting indicators and competencies for rapid learning and improvement in EIS based on the Delphi study, and



Evaluating digital infrastructure for the capture, linkage, and timely sharing of key data.



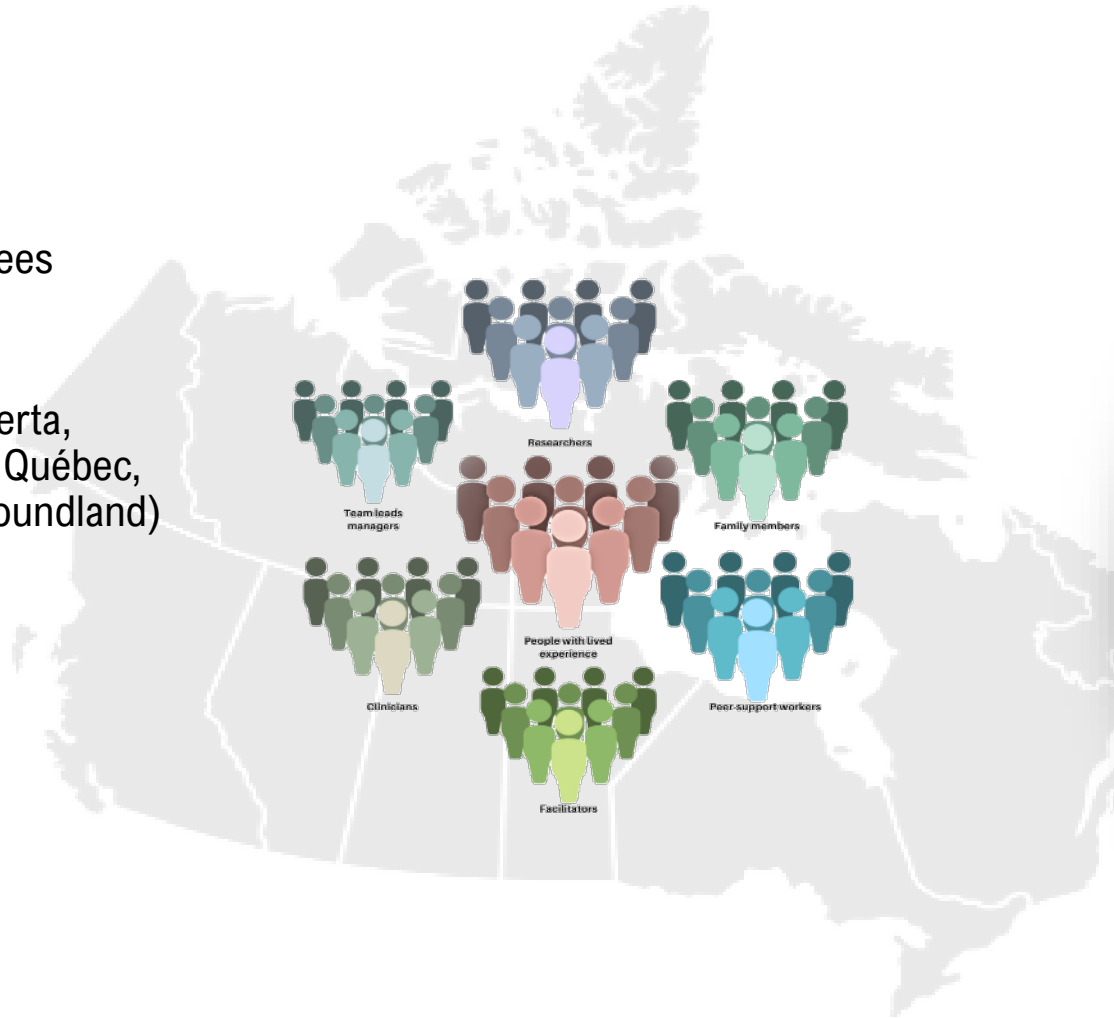
# Consensus development conference for RLHS for EIS to set standards and guidelines

131

Conference Attendees

7

Provinces (BC, Alberta, Manitoba, Ontario, Québec, Nova Scotia, Newfoundland)



## MULTI-STAKEHOLDER GROUPS

Service Users  
(Clients and  
Families)



Clinicians,  
Researchers,  
Policy Maker

### Guiding principles:

- ✓ Guarantee equal access
- ✓ Respect diversity of interests
- ✓ Uphold openness & transparency
- ✓ Maintain clearly developed processes
- ✓ Support best interests of Canadians living with psychosis/their carers
- ✓ Avoid duplication

# Consensus Development Conference

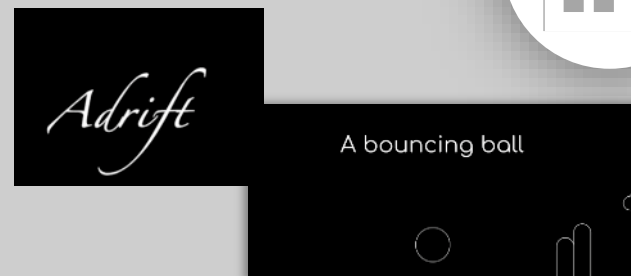
## PROGRAM VIDEO CAPSULES



- ✓ **11 programs** created video capsules
- ✓ Showcased the diverse early intervention services
- ✓ Highlights similarities and differences between programs across Canada



## DIGITAL STORIES



- *Beautiful, touching, powerful. Helps to better understand the recovery experience through a client's eyes*
- *Puts a true face to the illness and how recovery is possible*



# Consensus development conference

## WORKSHOP 1

- Why are quality of life and recovery important to you, your program? How are you currently sharing or gathering information about quality of life and recovery?



## WORKSHOP 2

- Why is service engagement (people engaging in and participating in their treatment) and satisfaction with services important to you, your program? How are you currently sharing or gathering information about service engagement and satisfaction with services?



# Post-conference: data analysis

## PROCESS DESCRIPTION

Workshops at consensus conference collected data from stakeholders

1



2

Facilitators transcribed data collected from conference workshops

Raw data was thematically categorized

3



4

Facilitators generated consensus statements based on identified themes in Workshop 1 and Workshop 2

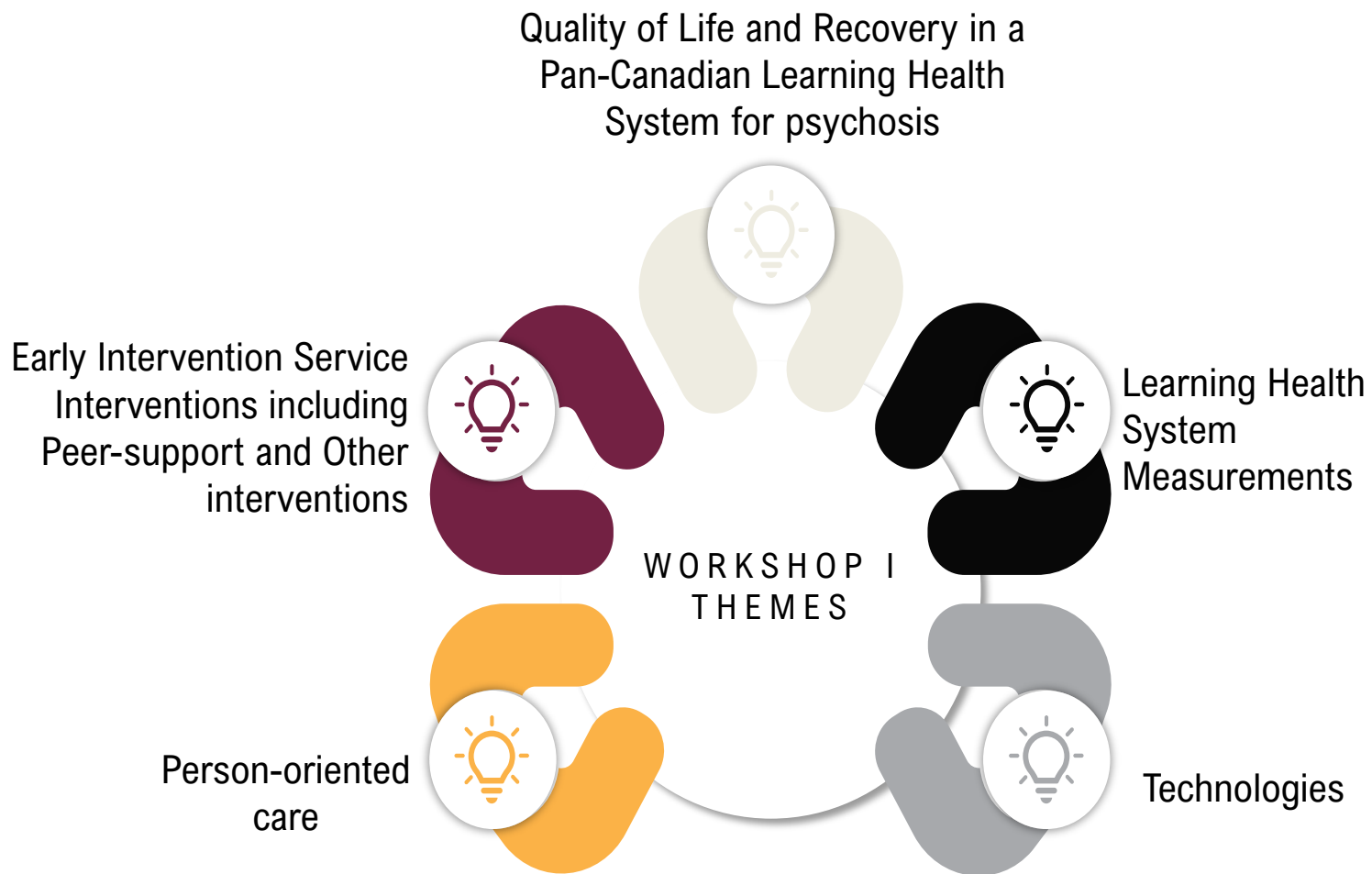
Recommended consensus statements drafted by facilitators were brought to the panelists for discussion and feedback

5





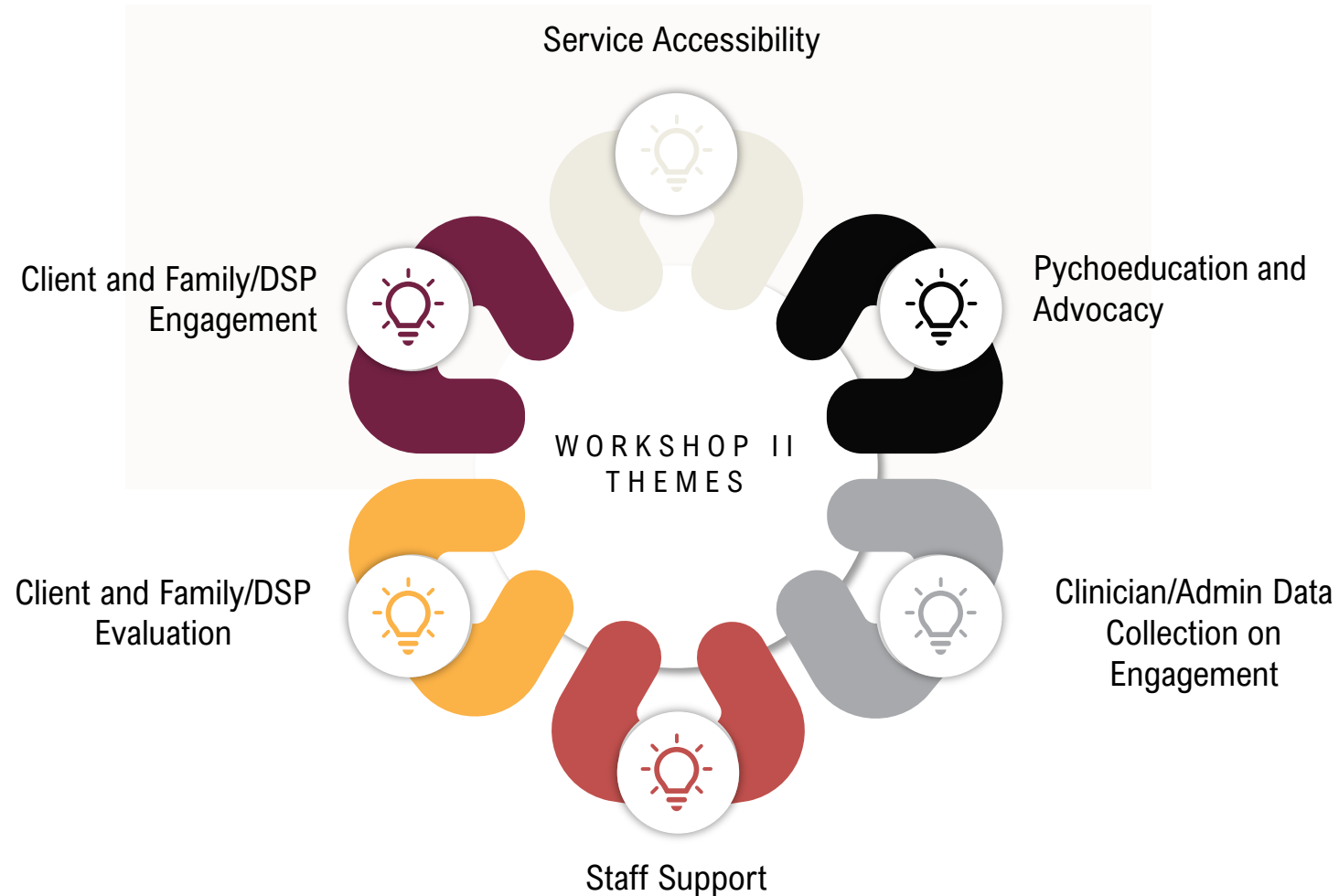
# Post-conference: panel deliberation (in process)



- Person-centered care in an LHS-EPI recognizes the individual's goals. Measuring these against their definition of recovery contributes to what recovery is for the person and what the person wants to work on.



# Post-conference: panel deliberation (in process)



- Building partnerships with clients and family/designated support person (DSP) includes: all participants agreeing on the terms of engagement, shared decision-making, acknowledging clients and family/DSP as expert partners in care, co-developing care, treatment and recovery plans, and meeting clients and family/DSP on a regular basis where they are at in terms of engagement and capability levels, acknowledging this can change over time



# Moving forward together



CROSS-COUNTRY  
CONNECTION  
BETWEEN  
STAKEHOLDERS



WE ARE AT THE  
FINAL STAGE OF  
DEVELOPING THE  
STANDARDS FOR THE  
RLHS FOR EIS IN  
CANADA



TO CREATE A  
FRAMEWORK TO FOSTER  
LIVED EXPERIENCE IN  
CREATING STANDARDS



*[I was] touched to see so many people coming and working together to help people like me suffering from psychosis*



# THANK YOU!

**MAP-PRO**  
MEANINGFUL  
ASSESSMENT  
PROTOCOL  
For Early Intervention Services for Psychosis



**SARPEP**  
SYSTÈME APPRENANT RAPIDE  
POUR LES PROGRAMMES DE  
PREMIERS ÉPISODES PSYCHOTIQUES

Funding for SARPEP from FRQS, MSSS and foundations, and for MAP-PRO from CFI

