

Psychosis

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functioning obtained in the groups and further experience of succeeding in problem solving daily challenges. The manual for these groups will be presented as well as expectations and satisfaction from the group members.

S31 Prevention in Mental Health – EAPPP team (Patient’s at Risk of Psychoses Early Attention team): two years experience in Barcelona.

The PSM-EAPPP is the first specialized and integral Spanish team dedicated to early detection and attention of patient’s with psychoses risk. The general aims were: 1) Assist prodroms and first schizophrenia episodes. 2) Prevent, if possible, the psychoses development. 3) Decrease social, family, and individual suffering and social burden in that type of disorders

S31.1 EAPPP team: main clinical objectives after two years of experience.

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The EAPPP is the first specialized and integral Spanish team dedicated to early psychosis detection and attention. Our general objectives are 1) Assist prodromal symptoms and first psychosis episodes (FEP). 2) Prevent, if possible, the psychoses development, treating ARMS (At Risk Mental States). 3) Decrease social, family, and individual suffering and social burden in that type of disorders. Target population groups: People with Incipient Psychosis (FEP: diagnosed in the 12 previous months), subjects at psychosis risk (ARMS), Children with Risk Factors accumulation (MAV: Vulnerable minors). This service belongs to Primary Care Health services of a district with 83.567 inhabitants in Barcelona, a worker and low-middle class quarter. In two years we have already treated 17 FEP cases, 42 ARMS cases and 23 MAV subjects. 4 cases of ARMS group had developed FEP, and 16 persons are included in the “Others” group (families & no EAPPP profile). It means a mean “incidence in service per year” of 1’01 (FE), 1’19 (overall “delusional psychoses”), 2’51 (ARMS) and 1’37 MAV by 10.000 inhabitants. Incidence in service, 2’92 per 10.000 inhabitants. Our initial experience affirms our presumption that preventive work on the field of psychoses is possible: It is possible to detect FEP cases before not diagnosed and it is possible to detect ARMS subjects if we are sustained on the community network by means of an intense shared work with social services, pedagogic and health services. The biggest difficulty resides at this moment on the collaboration of the in-patient unities for psychiatric emergencies.

S31.2 ARMS and ARMS detection strategies of the EAPPP team.

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Introduction: In recent decades researchers had developed several strategies for detection of people at risk of psychotic disorder or “At-risk Mental State” (ARMS): 1) Positive symptoms of the late prodrome and risk factors for psychotic disorder (ultra high risk, UHR), 2) Extension of the previous strategy including the negative symptoms, 3) Strategies focalizing the “basic symptoms” of schizophrenia. ARMS detection also involves to improve the Primary Health Care Services catchments strategies, including the helpseeking behaviour, pathways to care and availability of the care services. Method: The strategy EAPPP’s to detect ARMS people involves, in a

first phase, the detection of negative, positive and unspecific symptoms through a screening instrument used by referral professionals (ER1raos-15). In a second phase, the team assumes the exploration of negative and positive symptoms, risk factors, and somatic explorations protocol, according to the our ARMS criteria, similar to UHR, but narrowed with psychosocial items. Results: 59 of 99 patients diagnosed met ARMS or first-episode of psychosis criteria. They presented predominantly negative symptoms and social impairment, as well as a greater intensity of negative symptomatology with regard to the positive symptomatology, and most of them had attenuated psychotic symptoms. Discussion: the detection in two phases, first for negative and unspecific symptoms with a screening instrument, and then, a second phase to check the specific symptoms like UHR or similar, seems to be a complete strategy for ARMS detection in the primary mental health care. This approach, possibly allows to detect early and late stage of psychotic prodrome.

S31.3 Integrating social services teams in psychoses prevention.

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The prevention and treatment of early psychoses within the community is an a primary strategy for the improvement of "community's mental health". That means take care not only of the patient and his/her family, but also of the professionals who are in contact with those individuals: "to take care of the caregivers", trying to improve their sensibility to psychosis. We work in different ways with Social, Educational and Health Services and with different professional profiles (Social Workers, Nurses, Teachers, GP, Clinical Psychologists...). We think that what makes our experience interesting is the provenance of referrals to EAPPP: Approximately a third of our ARMS's patients come from Social and Child Care Services –an innovative result, considering the previous studies on early detection of psychoses-. Who are those patients coming from Social Services? Why they don't come from closer services, i.e schools or GP? Could we find and describe a specific profile that allows us to reach any conclusion? Our provisional assumption pushes us to think that shared work with Social Welfare Services allows us to be in contact with those who are socially excluded, meaning not in contact with other services which are closer to the general population. Untreated mental disorders are often linked with poverty and social exclusion. As mental health and social professionals, to be able to detect and treat the individuals coming from such a situation –which increases their risk of psychoses-might provide the tools to decrease the family reproduction of those mental disorders.