

New Territories

Implementation of Individual Placement and Support (IPS) in First Episode of Psychosis: Chilean Experience and its Implementation as a Public Policy

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Santiago, Chile

The iFEVR and iphYs Joint Meeting

Boston, October 11th, 2018



Conflict of interest: None



Meaningful Lives 

Supporting Young People with
Psychosis in Education, Training
and Employment



**Healthy Active
Lives (HeAL)**

Keeping the Body in Mind
in Youth with Psychosis



Aim

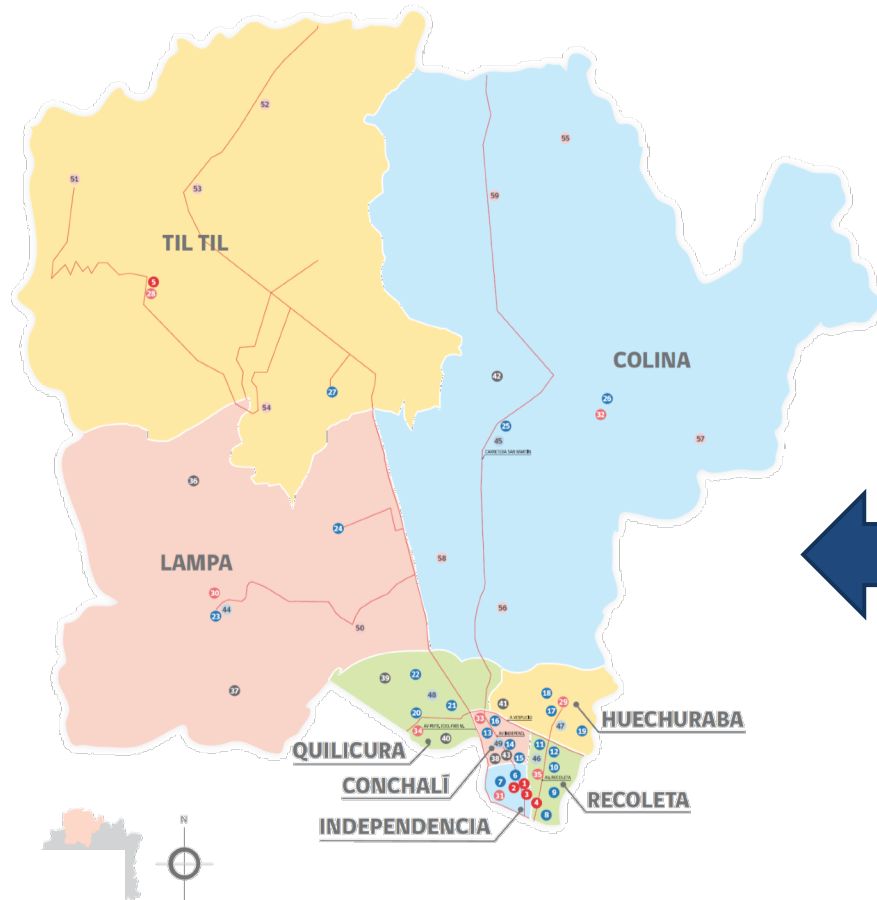
- Share the experience of a Latin American EIP team (Chile) about the process of implementation of individual placement and support (IPS).
- Discuss barriers and facilitators of the process using a qualitative method (Focus group) and comparing with previous experiences worldwide.



Overview of ProITP users and Chilean context

Our users & catchment area

North Area - Santiago



Dr. José Horwitz Psychiatric Institute



Founded in 1852
455 beds
12 inpatient units
Psych ER
Outpatient clinics

- **2005:** EIP inpatient Unit. Outpatient clinic for psychosis in adolescents.
- **2012:** Outpatient clinic → Early Intervention in Psychosis Program
- **2014:** first International Symposium in EIP (2018, 5th Symposium)
- **2015:** first program grant for research (Fondo Nacional para la Investigación en Salud, FONIS)

2018: Early Intervention in Psychosis Program

- ✓ **First Episode of Psychosis Unit, Sector 1 (inpatient)**
- ✓ **Community Follow-up Unit (outpatient)**

Community Follow-up Unit (outpatient)

2017 Census (n=80 users)

Clinical and Sociodemographic Characteristics	
Age; mean (DS)	21.68 (3.77)
Gender; n (%) women	19 (23.8)
Years of study completed; mean (DS)	11.46 (2.36)
Receiving any psychosocial intervention; n (%)	28 (35)
DUP; median (DS) months	6 (8)
Diagnosis	--
Non-affective Psychosis; n (%)	76 (95)
Affective Psychosis; n (%)	4 (5)
Clozapine; n (%)	34 (41)
Cannabis use, last year; n (%)	19 (23.8)
Drugs use, last year; n (%)	12 (15)



Recovery in FEP - ProITP



Global Recovery: 18.8%**

Variables associated with global recovery

Variable	GR (n=15)	Non GR (n=65)	p-value
DUP; mediana (DS) ††	1 (1.96)	6 (9.06)	0.008*
Psicosis no afectiva; n (%) †	8 (53.3)	57 (87.7)	0.002*

†: Chi square test

††: T student test or Man-Whitney U test

**Clinical Remission: SS-DSM5 scale with no dimension with score over two (mild).

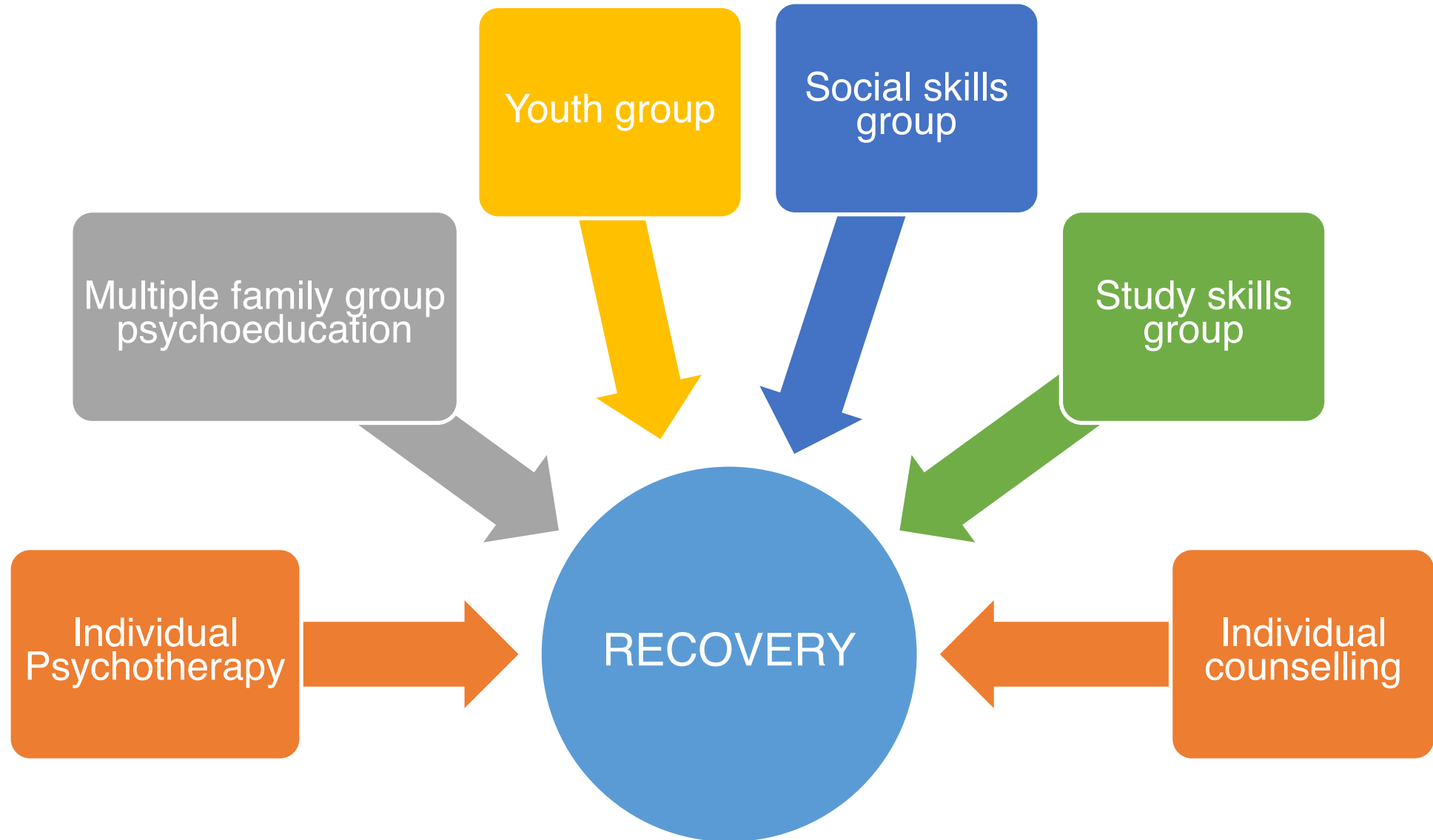
Functional Remission: Working or studying and FAST with score under 21 (which correlates with GAF > 61).
6 months

Recovery Rates
in FEP

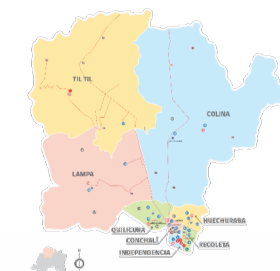
23,3 – 37,9%

Lally et al, 2017. Br J Psychiatry

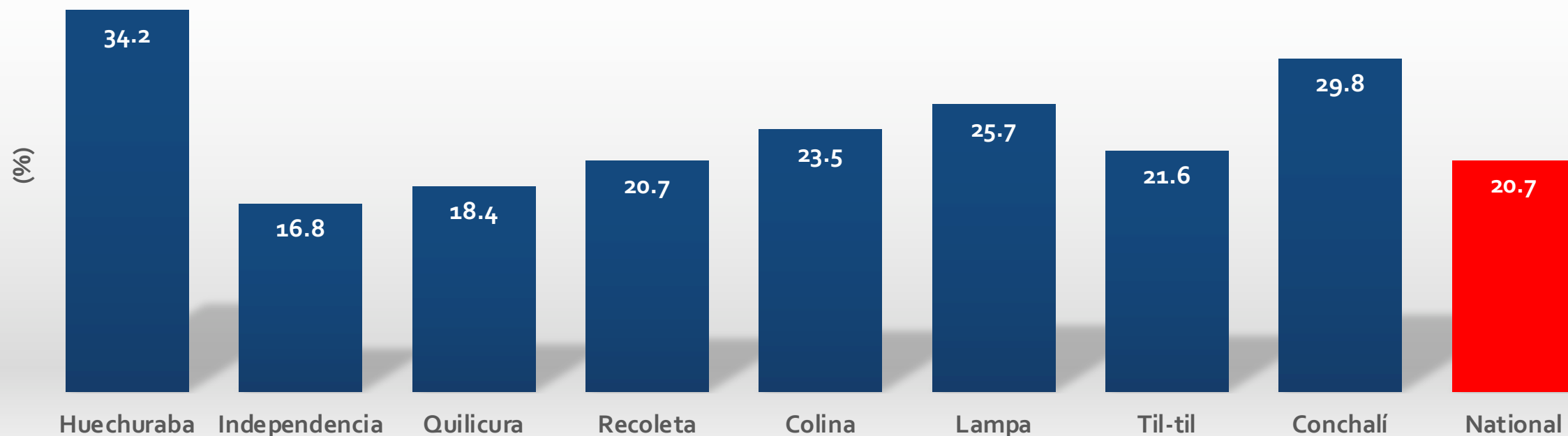
ProlTP: Interventions for Recovery



According to World Bank, Chile is a high income country, but...



Percentage of people in poverty situation evaluating 5 dimensions
(CASEN 2015-2017)



Townships of North Metropolitan Health Service

González – Valderrama, Alfonso. 2018

Interventions in FEP
garanted by law since
2004

Chilean Context



FEP Clinical
Guidelines
2017

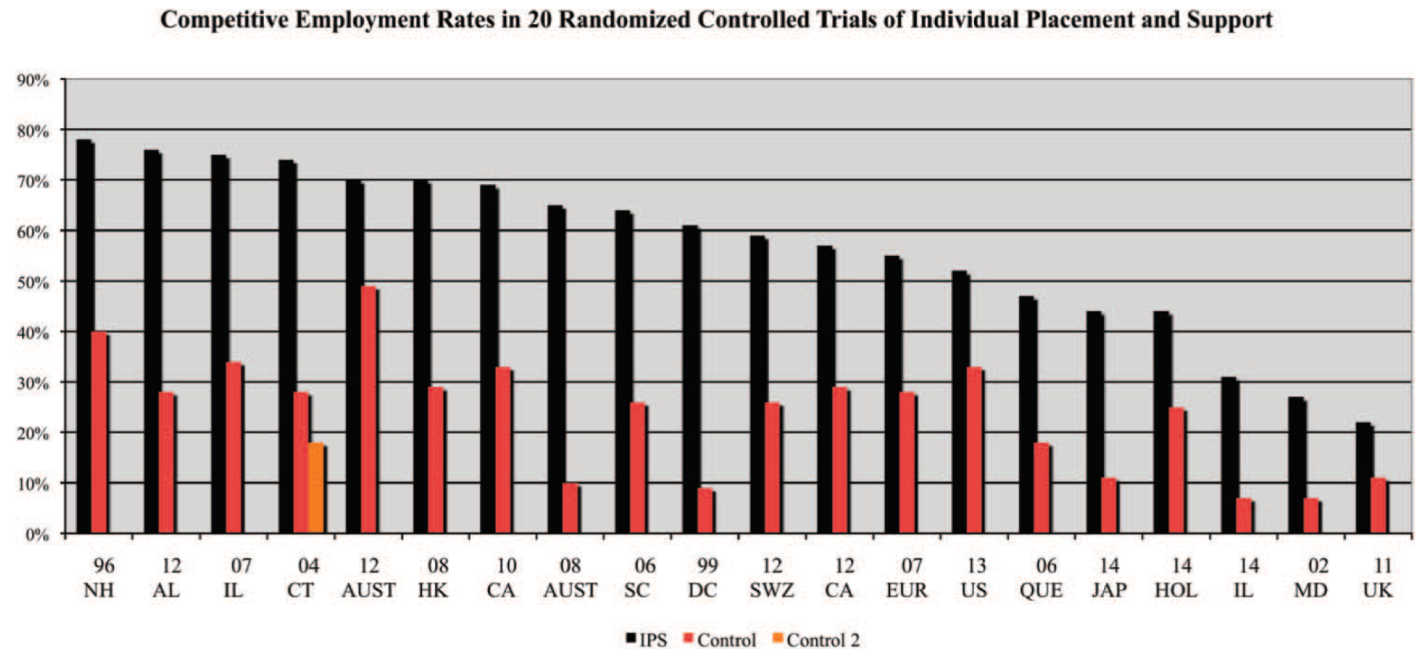


Law 21.015
Encourages the
inclusion of people
with disabilities in
the workplace

Individual Placement and Support

- Need to replicate results from high-income countries in Latin American population.
- *How to incorporate evidence-based mental health practices in low-middle income countries?*

Gonzalez – Valderrama et al 2015.
Frontiers in Psychiatry



Psychiatric Rehab 2014; 37 (2): 76



IPS IN CHILE

A working progress report

This trip began 2 years ago in Milan



IEPA
2016
Milan
+
iphYs/iFEVR
Symposium

2017 – First semester
SPANISH
TRANSLATION
IPS FIDELITY
SCALE OF
EMPLOYMENT
AND
EDUCATION
SUPPORT.
ProITP + Luana
Turner.
Santiago, Chile

JUNE 22 and 23,
2017.

Training
Workshop
Integral Recovery
in Severe Mental
Disorders
Work / school
placement with
individual
support (IPS)
WITH Luana
Turner (UCLA)

September-
December 2017
IPS online course
(5 member of
team)

FOCUS
GROUP

2019

Spanish Translation IPS Fidelity Scale of Employment and Education Support.

- ProITP + Luana Turner.
- Team leader and other members could know more about IPS and main principles and characteristics.

Turner/ten Velden

ESCALA DE FIDELIDAD IPS DE APOYO AL EMPLEO Y EDUCACIÓN

Evaluador: _____ **Sitio:** _____ **Fecha:** _____ **Puntaje Total:** _____

Direcciones: Indique un número para cada criterio

PERSONAL

Criterio	Origen de datos		N° de casos	
1. Número de Casos por Tratar: Cada especialista de Apoyo al Empleo/Educación (AEEEd) tiene un número propio de casos por tratar. La cantidad máxima de casos para cualquier especialista AEEEd de tiempo completo es de 20 clientes.	SAI, DOC, ENT	1. Proporción de 41 o más clientes por cada especialista AEEEd 2. Proporción de 31-40 clientes por cada especialista AEEEd 3. Proporción de 26-30 clientes por cada especialista AEEEd 4. Proporción de 21-25 clientes por cada especialista AEEEd 5. Proporción de 20 o menos clientes por cada especialista AEEEd	AE	
			AEd	
			Total	
		PUNTAJE:		
			Puntaje	
2. Personal de Servicios de Empleo/Educación: Los especialistas AEEEd proporcionan únicamente servicios de apoyo al empleo y educación.	SAI, DOC, ENT	1. Los especialistas AEEEd proporcionan servicios de empleo y educación menos del 60% del tiempo. 2. Los especialistas AEEEd proporcionan servicios de empleo y educación entre el 60-74% del tiempo. 3. Los especialistas AEEEd proporcionan servicios de empleo y educación entre el 75-89% del tiempo. 4. Los especialistas AEEEd proporcionan servicios de empleo y educación entre el 90-95% del tiempo. 5. Los especialistas AEEEd proporcionan servicios de empleo y educación el 96% o más del tiempo.	AE	AEd

Darmouth Psychiatric Research Center
2008 Revised March, 2014

Traducido por el Programa de Intervención Temprana ITP, Santiago, Chile
En conjunto con Dr. Luana Turner para el entrenamiento en IPS, Junio, 2017

IPS Workshop

- Santiago, Chile. June 2017
- Luana Turner
- 2 days, present
- Almost 100 mental health professionals from North Metropolitan Health Service
- Introduction to IPS model to our EIP team and other community mental health centres.



IPS on line course

- September -December 2017
- 5 mental health professionals of ProITP
- Active search of competitive workplace options for our users.
- REMEMBER: we don't have vocational or labor specialist.



Determinant Factors for Social/ Labor / Academic Recovery

An exploratory Focus Group

- Qualitative Research

- **Objective**

Explore and know the opinions and experiences of youth users of the Early Intervention in Psychosis Program – JHB (ProITP) related with work or study.

- August – September 2018
- Population: ProITP users
- All users in the community follow-up stage. Many of them with previous admissions to our EIP guard.

Determinant Factors for Social/ Labor / Academic Recovery: An exploratory Focus Group

Community Follow Up Unit. Early Intervention in Psychosis Program. JHB Psychiatric Institute



PREPARATION

- Research protocol and informed consent elaboration .
- Candidate selection and convocation.
- Definition of 10 open questions regarded to different domains.

FOCUS GROUP

- 2 focus group
- 60 mins each one
- 10 questions
- Autoestigma scale ISMI
- Helathy snack

GROUP 2: 6 users (5M – 1W). 18 – 27 yo

- Only individual OT counselling
- Greater difficulties to express opinions and participate in the group instance

GROUP 1: 5 users (4M – 1W). 18 – 29 yo

- All in the Youth Group (Taller de Jóvenes)
- Fluid expression of opinions and points of view.

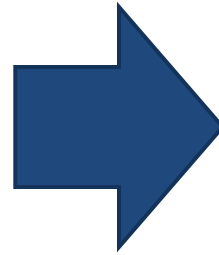
	Users	Family / Friends	Mental Health Team	Employers / Educators
Search / preparation	<p><i>"Having the disease is not an impediment to having a normal life like any other person. I think we all study, and have some kind of illness is not an impediment to study or work".</i></p> <p>To be able to access work and studies as evidence of improvement.</p> <p>Feeling "advancing", "progressing".</p>	<p>Study is more accessible if you have network support (family and friends).</p>	<p><i>"An important pillar"</i></p> <p>Many trainings before, not all have meaning and / or utility.</p> <p>Certification of disability as a barrier?</p> <p>Importance of pharmacological treatment compatible with desire to study / work.</p>	<p><i>"They discriminated against me because I was sick" (in an educational center)</i></p> <p>Barriers to start activities: social stigma about the disease, but also when employers identified training centers / organizations associated with disability.</p>
Work Experience and/or experiences of study	<p>Studying is valued as a positive experience in all its dimensions, while work is associated with greater difficulties to fulfill tasks and also to relate to peers.</p> <p>Study (+) socialize ("before I was afraid of people"), responsibility, structure, routines.</p> <p>S and W (-): "keep pace with the other students"; "teachers did not have patience".</p> <p>Feelings of exclusion</p> <p>Physical tiredness</p>	<p>Option of work activities with family.</p> <p>Support from families to persevere in work or studies.</p>	<p>Occupational therapist in a central role.</p> <p>Importance of adequate synchrony between medication and work / study attempts: "It would have been easier if I had been with the medications at that time"</p>	<p>Bullying</p> <p>Perception of little support when starting the work activity itself, lack of guidance.</p> <p>Expectations v / s experience. Sometimes it is difficult to meet the requirements of the job: <i>"I thought it was easier".</i></p> <p>Teacher support. Important role for the study experience: <i>"they gave themselves time and listened to you".</i></p>

	Users	Family / Friends	Mental Health Team	Employers / Educators
Subsequent evaluation <i>What have you learned or gained?</i> <i>What would have helped?</i>	<p>Those who have worked value the overall experience as positive, reinforcing skills that can be used in the next job.</p> <p>Help from peers of the same age would be desirable.</p> <p>Social life: "it's boring to be alone"</p>	<p><i>"When the neighbors find out about your illness they move away".</i></p> <p>The role that people of your age may have.</p> <p>The role of relatives to talk about what happens. Two participants greatly appreciated the presence of parents in their process.</p>	<p>Users do not make a more critical judgment about what mental health team could improved .</p> <p>High evaluation of the interventions, especially in the preparation phase.</p>	<p>Possibility of jobs or studies closer to home</p> <p>Reinforcement teachers by subject.</p> <p>Peer tutors at work.</p>
Plans / future goals	<p>All users show interest in building their future goals around work and study.</p> <p>Sequence study → work.</p>	<p>Accompany them in the process with their families:</p> <p><i>"Understand what happens to us. My family does not understand me. My family does not have faith in me "</i></p>	<p>Guide in the previous mistakes, to not make them again.</p> <p>"Correct medication, to remove anxiety and paranoia"</p>	<p><i>"Feeling accompanied, not alone. Feeling helped especially in the initial moments".</i></p>

Determinant Factors for Social/ Labor / Academic Recovery

An exploratory Focus Group

- ISMI (Internalized Stigma of Mental Illness) scale**
- 4 categories (Lysaker et al., 2007):
 - 1.00-2.00: minimal to no internalized stigma
 - 2.01-2.50: mild internalized stigma
 - 2.51-3.00: moderate internalized stigma
 - 3.01-4.00: severe internalized stigma.



- **Total Scale:** 1.78
- Focus-1 stigma scale: 1.64
- Focus -2 stigma scale: 1.88

HOWEVER:

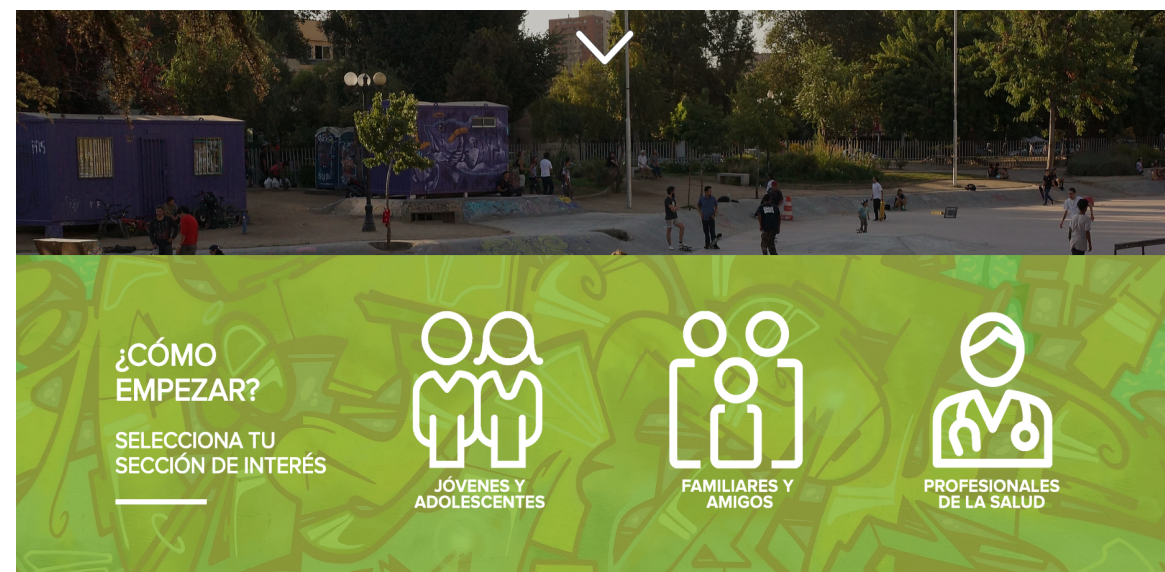
Social stigma is perceived mainly in relation to study experiences, and self-stigma appears with greater force in the workplace.

**Brohan E, Gauci D, Sartorius N, Thornicroft G. Self-stigma, empowerment and perceived discrimination among people with bipolar disorder or depression in 13 European countries: The GAMIAN-Europe study. Journal of Affective Disorders 2011; 129(1-3)56-63.

Challenges

- November 2018: first assembly of PROITP users.
- Training to IPS to all mental health professionals of Community Follow-up Unit
- **2019. Start IPS interventions with:**
 - Characteristics included in the model → work specialist
 - Application of the Spanish Translation of IPS Fidelity Scale.
 - Adapting the experiences to our local reality. Consider stigma specificities in Latin America: familism, *compadrazgo*, *machismo*, dignity and respect
Mascayano et al, 2016. Revista Brasileira de Psiquiatria
 - Considering the new law about work and disabilities.

www.proitp.cl





Our team (almost everyone)

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