

# Clinical Staging and Stepped Care: Lessons from early psychosis to youth mental health services

Jai Shah, MD, MSc, FRCPC  
Jai.Shah@mcgill.ca



SPOR network funded by the Canadian Institutes of Health  
Research (CIHR) and the Graham Boeckh Foundation



# Stepped Care in Early Psychosis and YMH: Lessons Learned

- ▶ What is stepped care?
  - ▶ “Getting the right treatment to the right patient at the right time”
  - ▶ “Matching treatments to needs”
  - ▶ “A system of delivering health technologies so that the most effective yet least resource-intensive treatment is delivered to patients first” (Richards et al, 2012)
  - ▶ Relies on ‘least burden’ and ‘scheduled review’
- ▶ Stepped care is
  - ▶ Valuable (in theory)
  - ▶ But requires careful implementation (in practice)

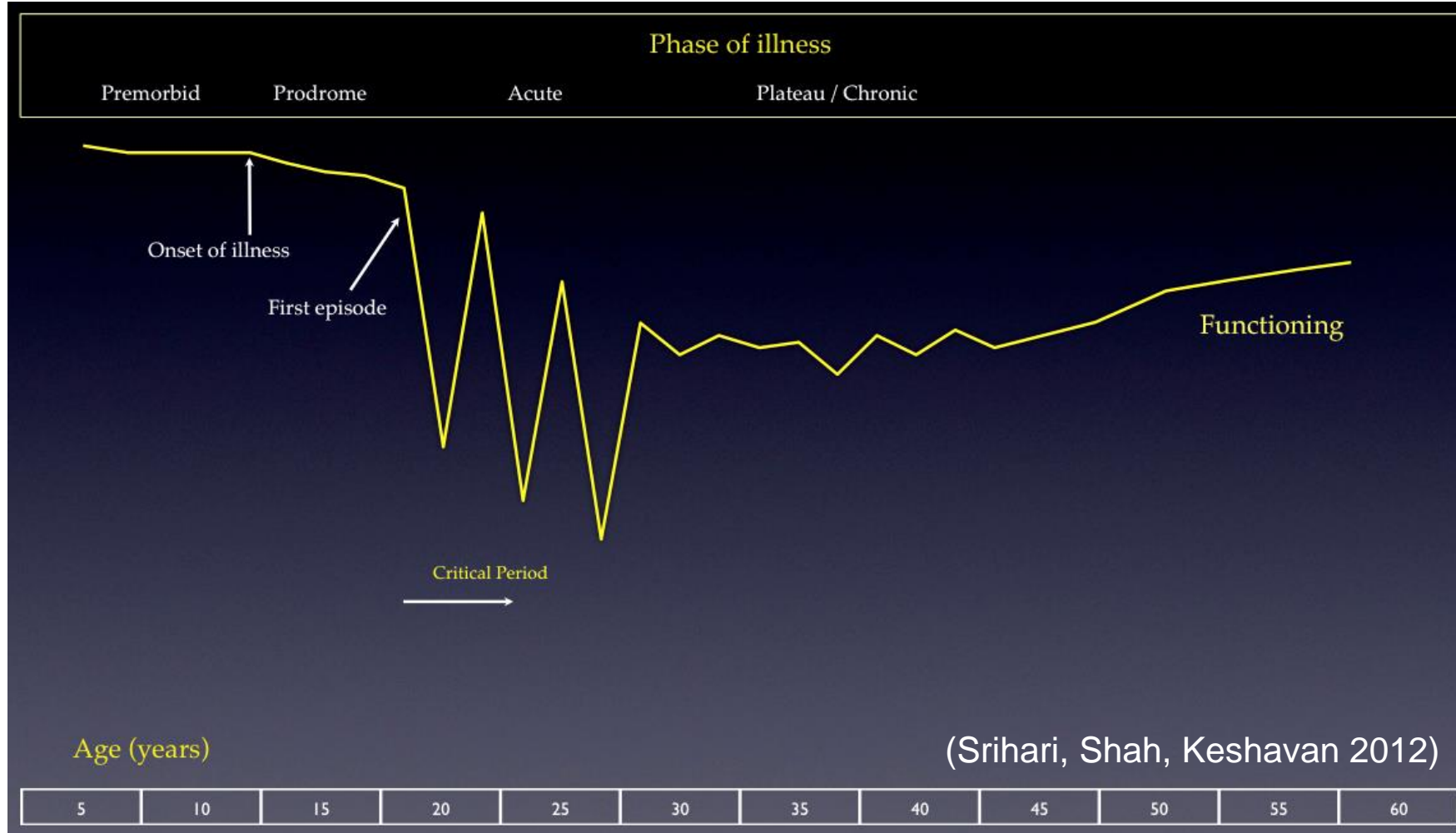
# Clinical Staging and Stepped Care

- ▶ A starting point for discussion
- ▶ Infrastructures represented
  - ▶ PEPP-Montréal: a specialist center of excellence
  - ▶ ACCESS Open Minds: community youth mental health settings
- ▶ Lessons learned: Stepped care infrastructures for youth mental health should consider...
  - ▶ The natural course of mental health symptoms and presentations in youth
  - ▶ The need for a culture of robust measurement-based care
  - ▶ What “stepped care” is being provided for
  - ▶ How steps of care are organized and provided
  - ▶ The diversity of settings and contexts within a health system
- ▶ Conclusions

## INFRASTRUCTURES:

From early psychosis (PEPP-Montréal)  
to youth mental health (ACCESS Open Minds)

# Early Intervention in Psychosis: The 'Critical Period'



- ▶ Early signs/symptoms last months-years
- ▶ Specific focus on youth
- ▶ Delays in treatment are problematic
- ▶ Developmentally-aware, phase-specific treatment

(Birchwood et al 1998)

# Clinical Staging and Stepped Care: PEPP-Montréal

- ▶ Internationally recognized clinical research infrastructure for the early phases of psychotic illness
  - ▶ Catchment area of 350,000 in southwest Montreal
  - ▶ All youth aged 14-35 with early psychosis
  - ▶ 80-90 new clients/year, followed for 2y of continuous CHR or FEP treatment
  - ▶ Early identification: community-based outreach activities
  - ▶ Rapid access: <72h to initial assessment, open referrals
  - ▶ Appropriate care: phase-specific treatment
  - ▶ Continuity in care: no age-based transitions
  - ▶ Goal of youth and family engagement
- ▶ Iterative measurement → service transformation → measurement
- ▶ 2y versus 5y? Guidelines versus recent evidence

# Stepped Care at PEPP-Montréal

## Clinical High-Risk

- Case Management (optional)
- Medications (not antipsychotics)
- Family services
- CBT
- IPS
- Groups

## First Episode Psychosis:

- Case Management
- Antipsychotic + other medications
- Family services
- CBT
- IPS
- Groups...

# ACCESS Open Minds

- ▶ Most mental illness begins in youth
- ▶ The challenge: Ensuring that Canadian youth truly receive the right care, at the right time, in the right place
- ▶ Little is known about what approaches work, especially for youth in Canada
- ▶ A national research and evaluation network transforming youth mental health care across Canada through:



Generating new  
knowledge &  
evidence



Creating a pan -  
Canadian  
network



Providing high  
quality mental  
health care &  
services

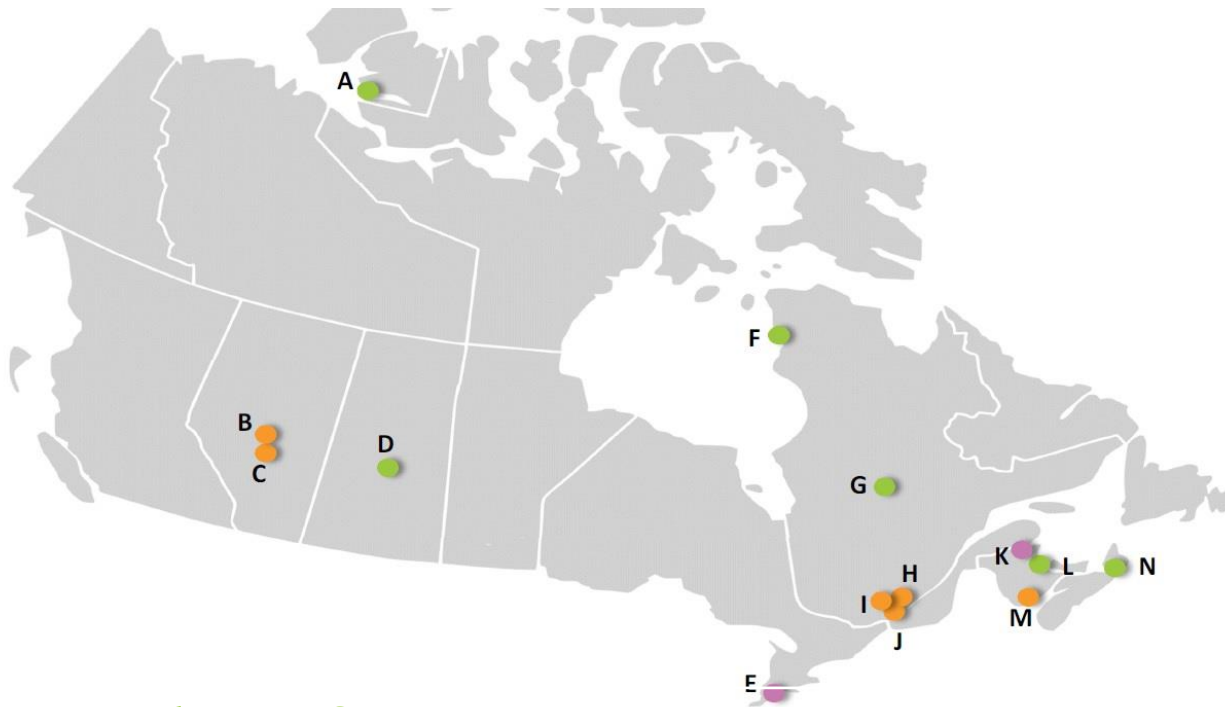


Involving young people  
& their families/carers

- ▶ All youth seeking help for mental health difficulties
- ▶ Youth 11-25 years old; high-quality, timely, appropriate care



# ACCESS Open Minds Service Sites:

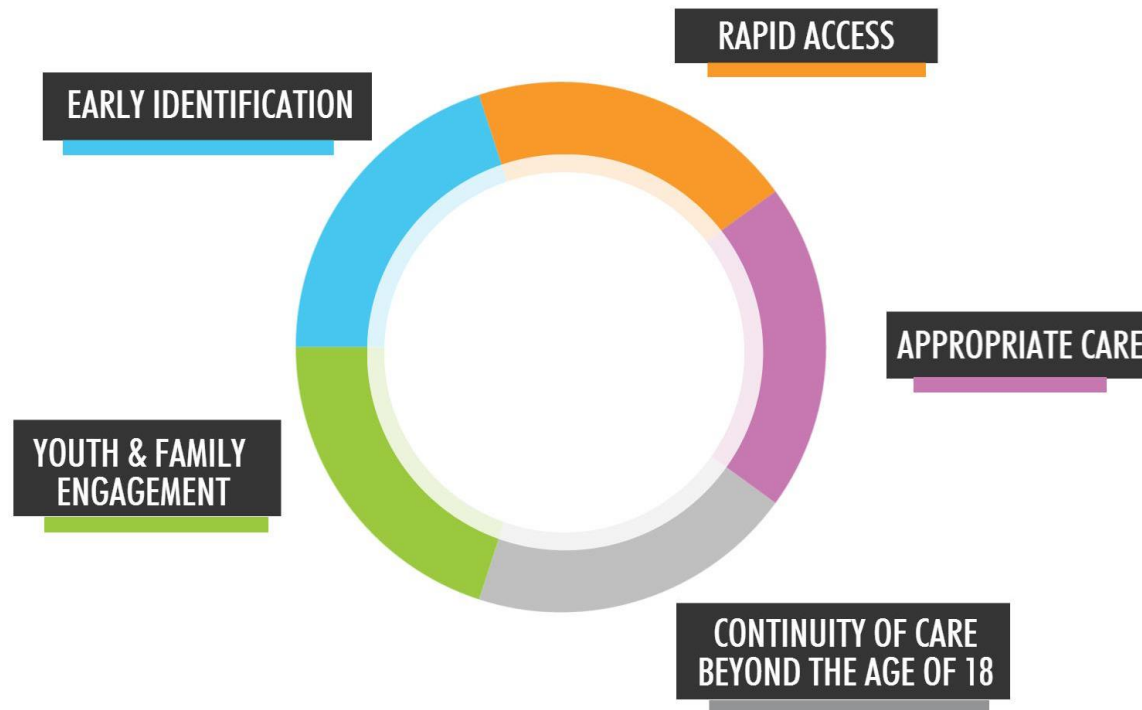


- Indigenous Community
- Urban Community
- Semi-Urban/Rural Community

- A:** Ulukhaktok, NT
- B:** Edmonton, AB
- C:** University of Alberta, AB
- D:** Sturgeon Lake First Nation, SK
- E:** Chatham-Kent, ON
- F:** Puvirnituk, QC
- G:** Cree Nation of Mistissini, QC
- H:** Dorval-Lachine-LaSalle, QC
- I:** Parc-Extension, QC
- J:** RIPAJ-Montréal, QC
- K:** New Brunswick: P.E.E.R. Saint John, Péninsule Acadienne, Elsipogtog First Nation)
- L:** Eskasoni First Nation, NS

# Stepped Care at ACCESS Open Minds

- ▶ No 'one size fits all' stepped care model
- ▶ Diverse sites/contexts, from small rural communities to major urban centers
- ▶ Instead, adherence to core principles that interface with stepped care

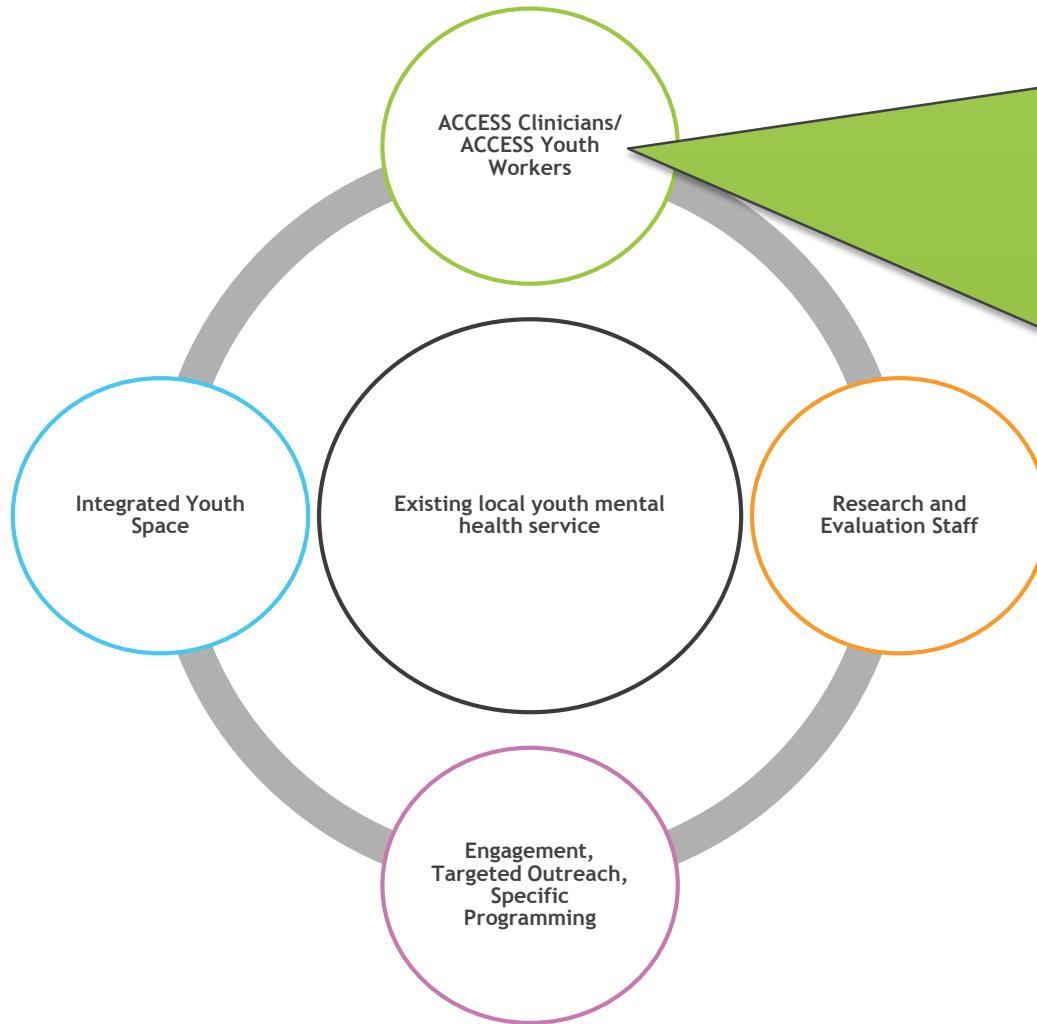


# ACCESS Open Minds: Model of Service Transformation



- ▶ Transforming from within, not creating parallel systems of care
- ▶ Transformation is different in each context, yet addresses ACCESS OM objectives

# ACCESS Open Minds: Staffing and Service Components



## *ACCESS Clinician*

- Accessible by phone, text, or drop-in
- Registered professionals from mental health backgrounds (SW, RN, OT etc)
- Dedicated to providing mental health assessments within 72 hours of help seeking by youth
- Provide support to youth while they await access to another service if required
- Flexible and youth-friendly, and can meet youth outside of the service space

# LESSONS

## The fundamental issue:

*Effective stepped care relies on knowing where individuals lie along a continuum of illness*



# Stepped care infrastructures for youth mental health should consider...

*The natural course of mental health symptoms and presentations in youth*

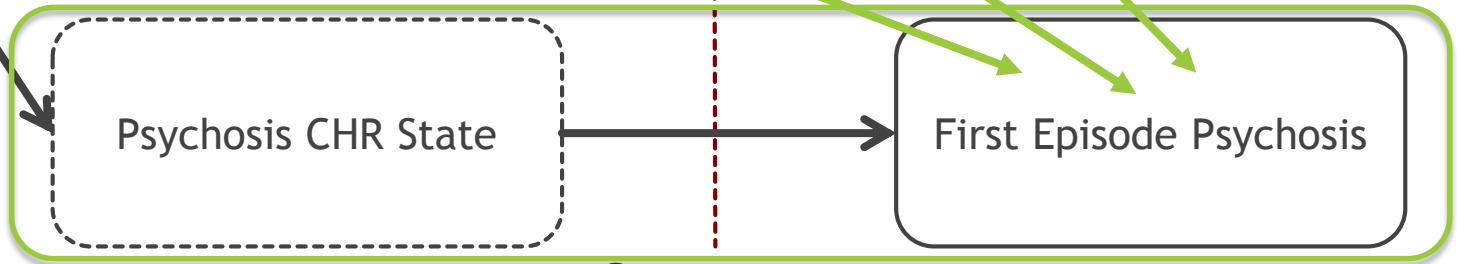
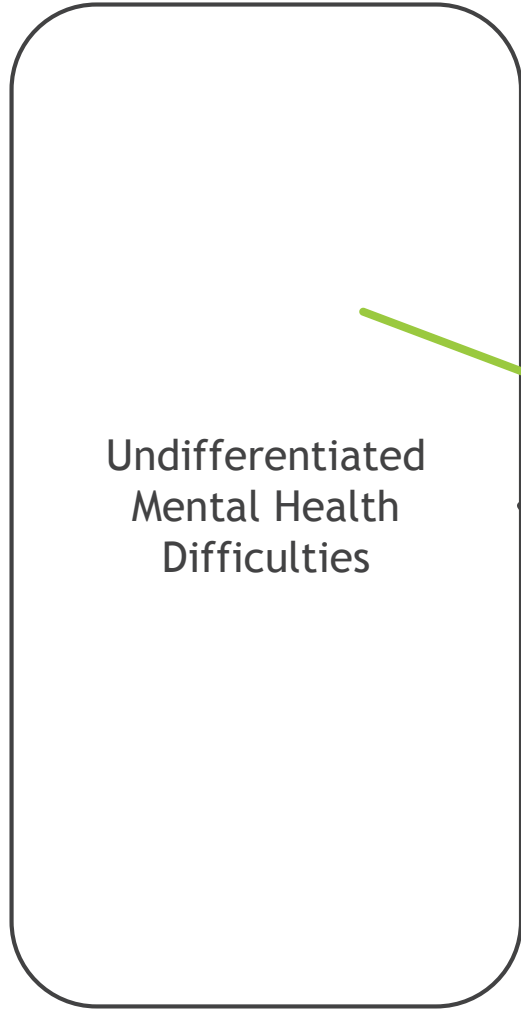
# 1. The natural course of mental health symptoms and presentations in youth

- ▶ Symptoms change week over week
- ▶ Many potential clinical endpoints

Early Distress, Symptoms  
*YMH Services*

Specific CHR States

Serious Mental Illnesses  
*Specialized Services*

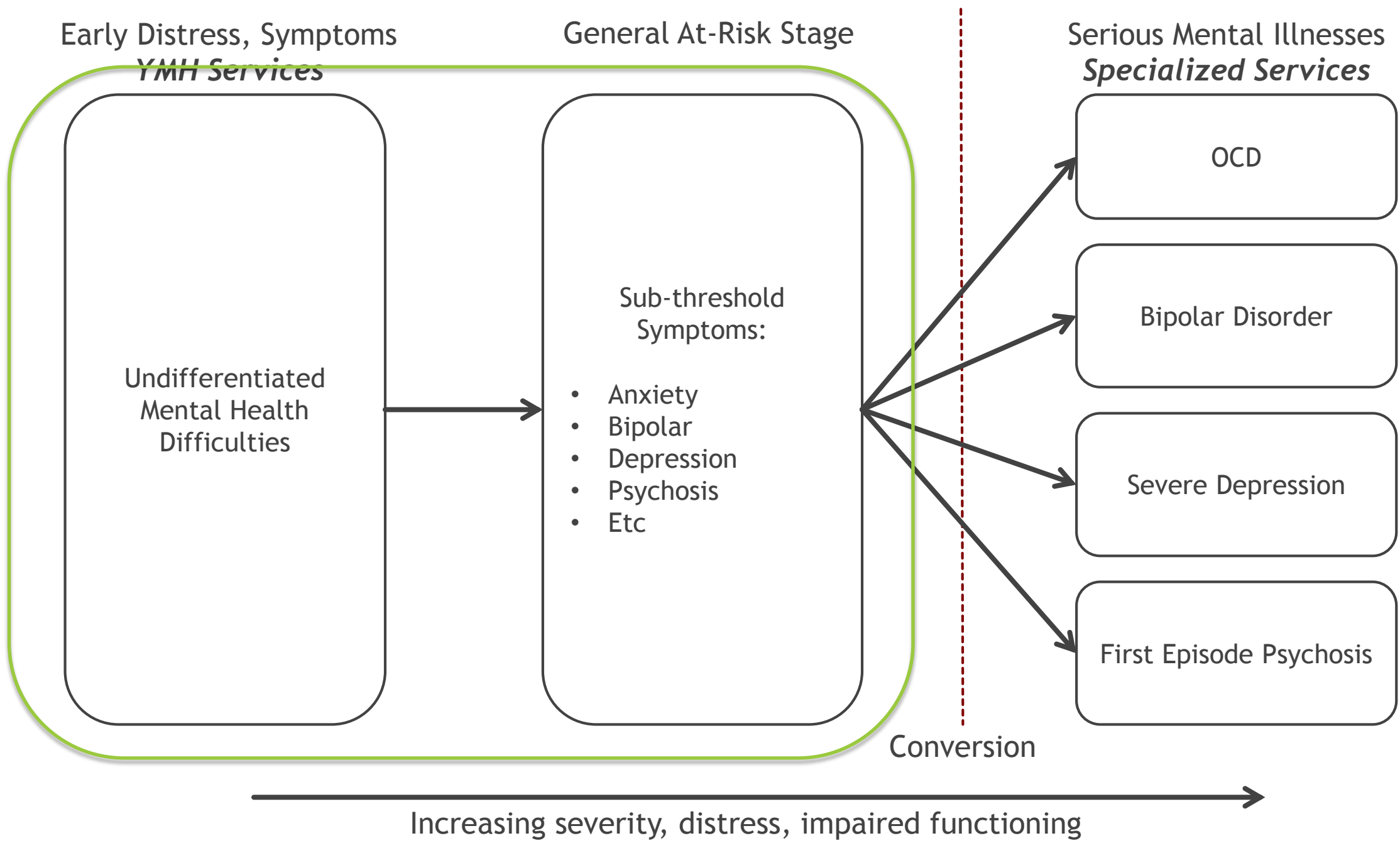


Conversion

Shah et al, 2017

Increasing severity, distress, differentiation, impaired functioning

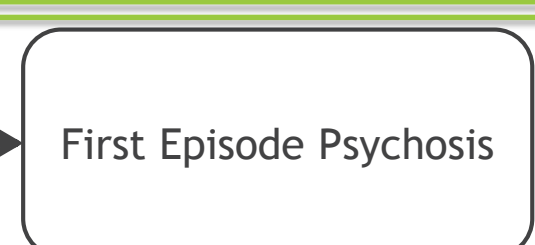
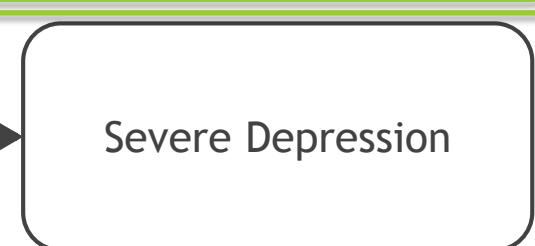
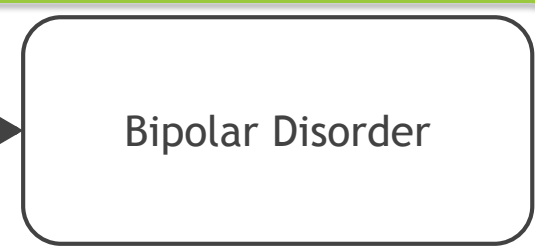
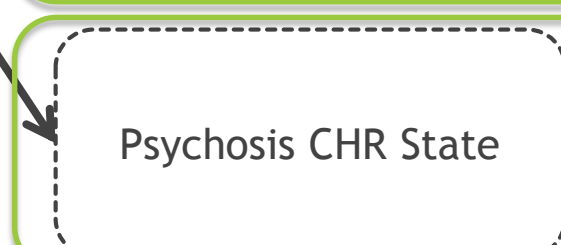
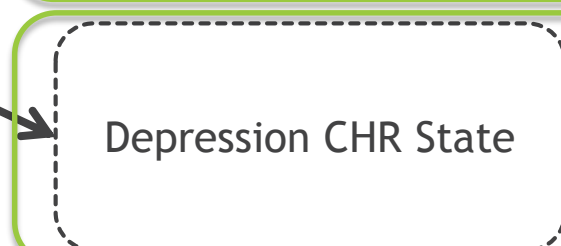
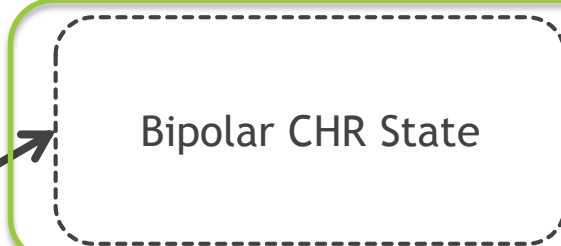
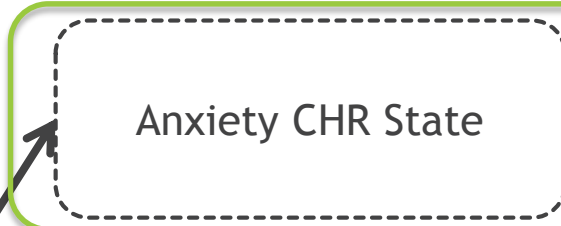
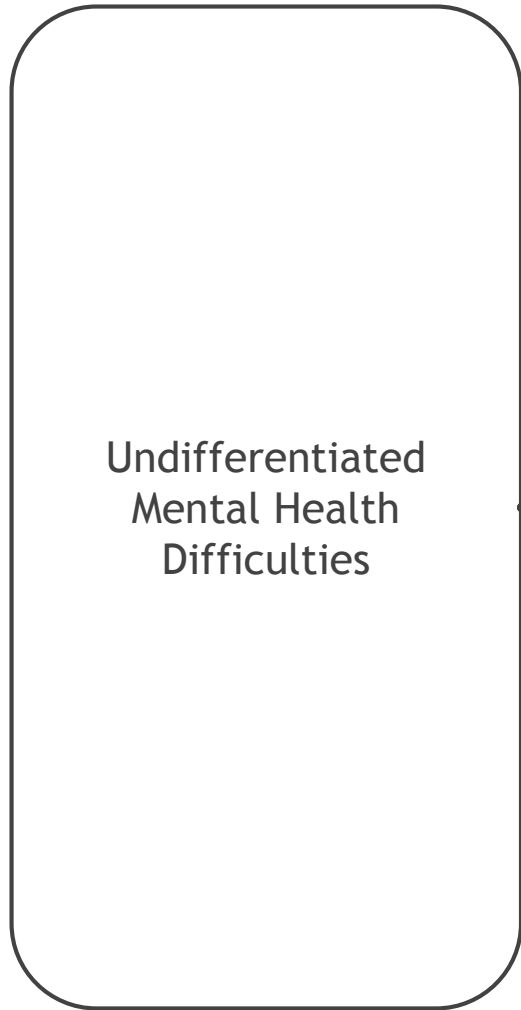




Early Distress, Symptoms  
*YMH Services*

Specific CHR States

Serious Mental Illnesses  
*Specialized Services*



Conversion



# 1. The natural course of mental health symptoms and presentations in youth

- ▶ Diagnosis-specific care may hinder needs-based care



Stepped care infrastructures for youth  
mental health should consider...

*The need for a culture of robust measurement-based care*

## 2. The need for a culture of robust measurement-based care

### ▶ Service Planning

- ▶ Strengths-based planning process, tools, and ongoing support that builds on a community's existing resources to transform youth mental health services

### ▶ Service Delivery

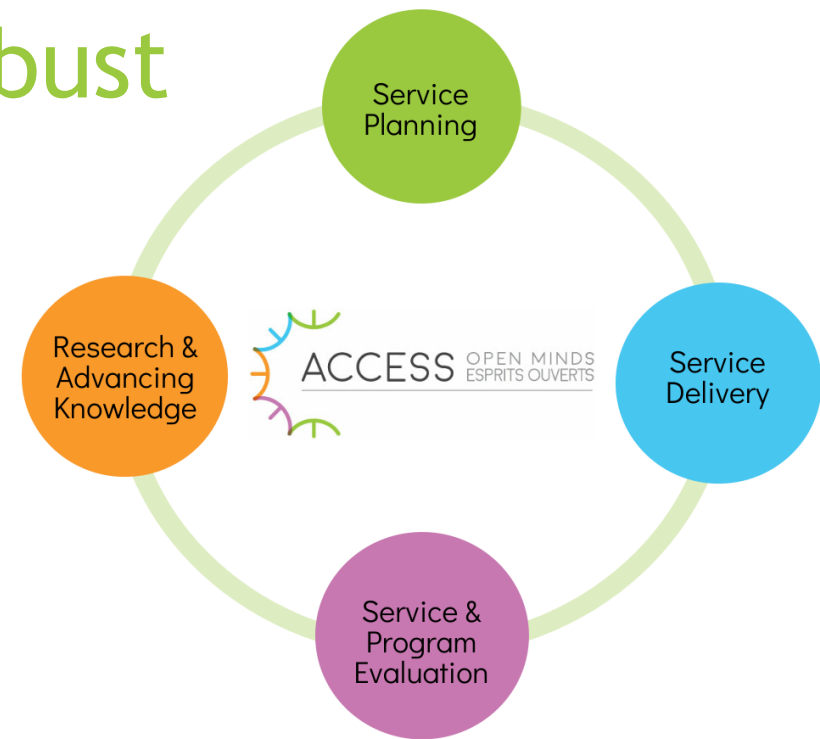
- ▶ Staffing model, service delivery framework, and training to provide youth with an initial assessment within 72 hours of seeking help, and if needed, referral to external services within 30 days.

### ▶ Service & Program Evaluation

- ▶ Assessment toolkit that provides real-time, relevant information at multiple levels: for clinicians and other professionals providing front-line services to youth, for administrators to inform service planning and delivery, and for policy makers to inform ongoing investment.

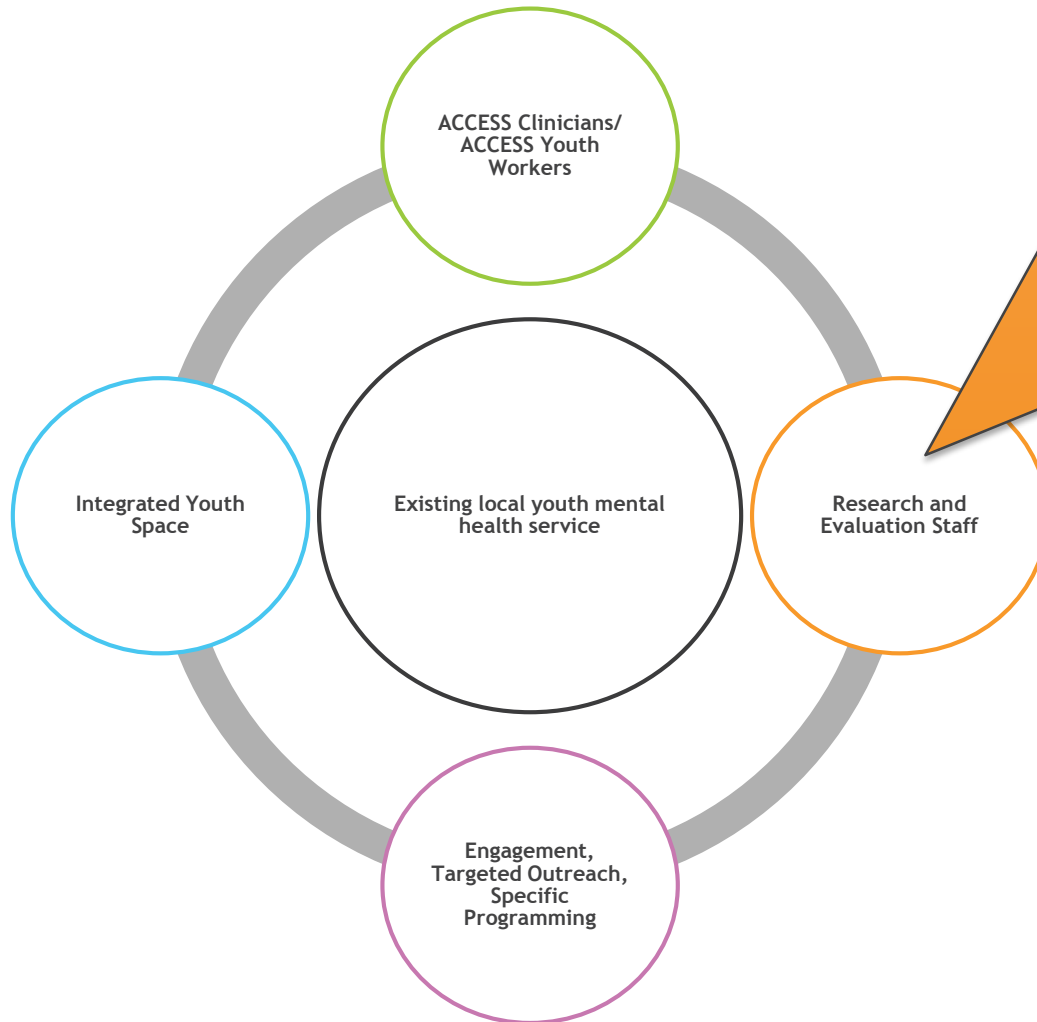
### ▶ Research & Advancing Knowledge

- ▶ Data collected through the ACCESS OM project will create a national data set of common indicators that will help fill current gaps in knowledge about what works in youth mental health care in Canada.



- Mental healthcare settings have shied away from measurement-based care
- A shift in culture, not just new tasks
- Requires deep commitment to evaluation alongside service transformation
- Also requires strong capacity (or support) for data analysis and translation
- Furthers ongoing service transformation

# ACCESS Open Minds: Staffing and Service Components



- Work in collaboration with the ACCESS Clinician
- Work closely with youth and family members/carers to collect data related to the ACCESS OM Evaluation Protocol
- Integrate this information into the care that the youth receives
- The site team works together to ease transitions of care, if necessary
- The site team also produces reports for service staff and management to ensure responsive service design and delivery

# ACCESS Open Minds: Building in Research/Evaluation

- ▶ Generating evidence: How and to what extent does service transformation work?
  - ▶ Community settings across a range of contexts
- ▶ Best-practice:
  - ▶ In which contexts are certain aspects of the transformation most beneficial?
  - ▶ In which contexts are they not?
- ▶ Essential not just for research grants, but for a robust “learning system” of care

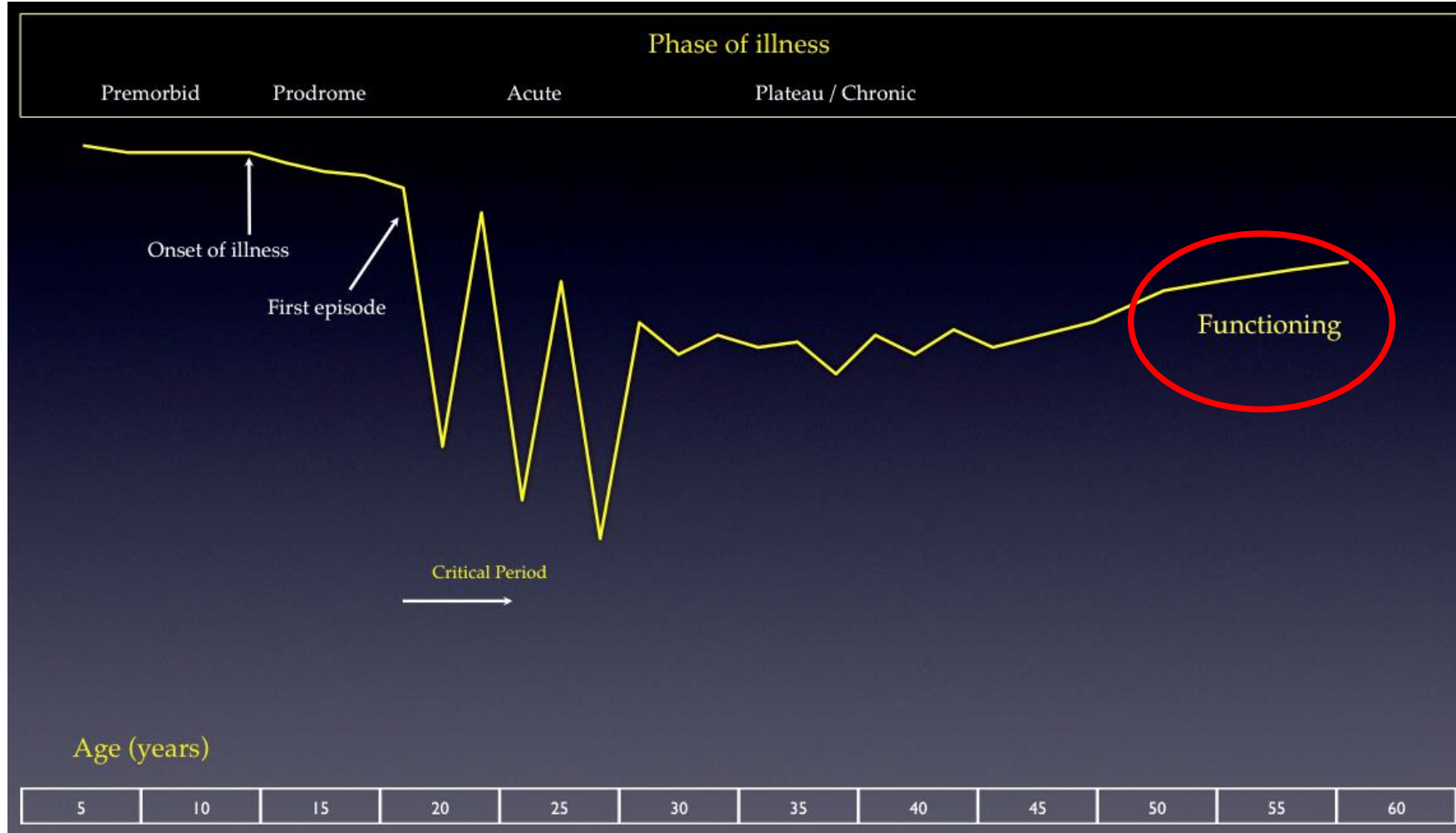


Stepped care infrastructures for youth  
mental health should consider...

*What is actually being “stepped”?*



# Stepped Care at PEPP-Montréal



# Stepped Care at PEPP-Montréal

## Clinical High-Risk

- Case Management
- Medications (not antipsychotics)
- Family services
- CBT
- IPS
- Groups

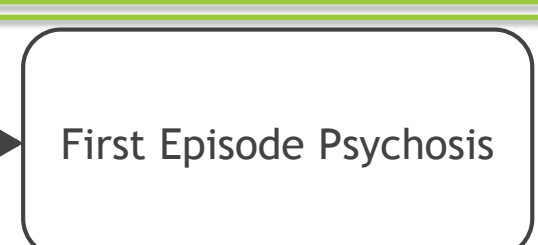
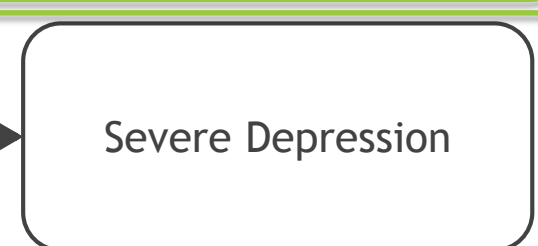
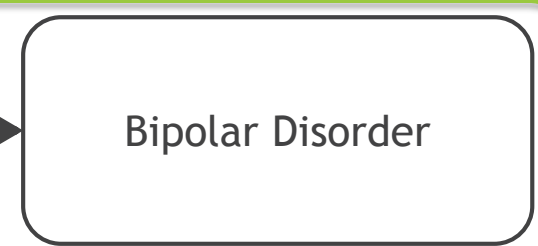
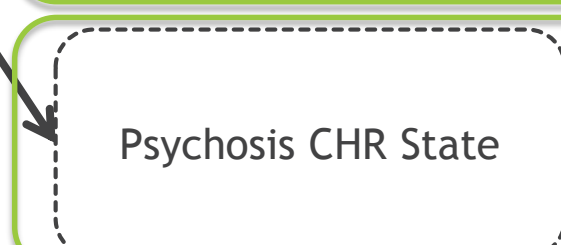
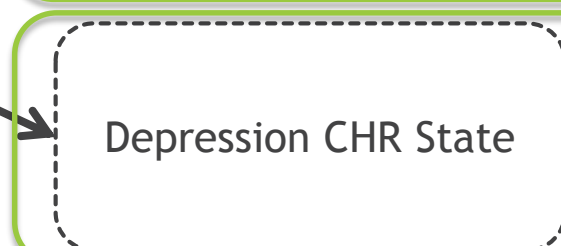
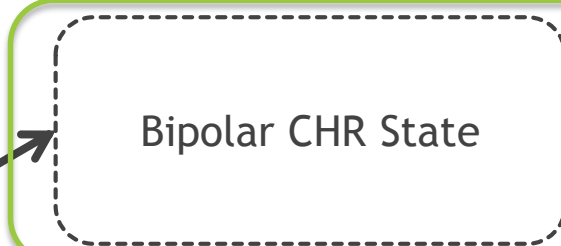
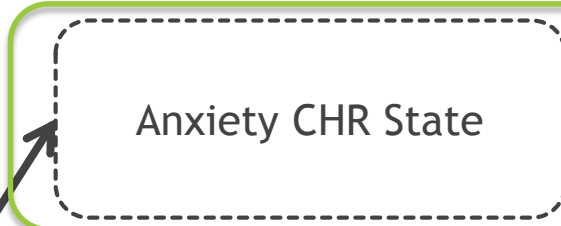
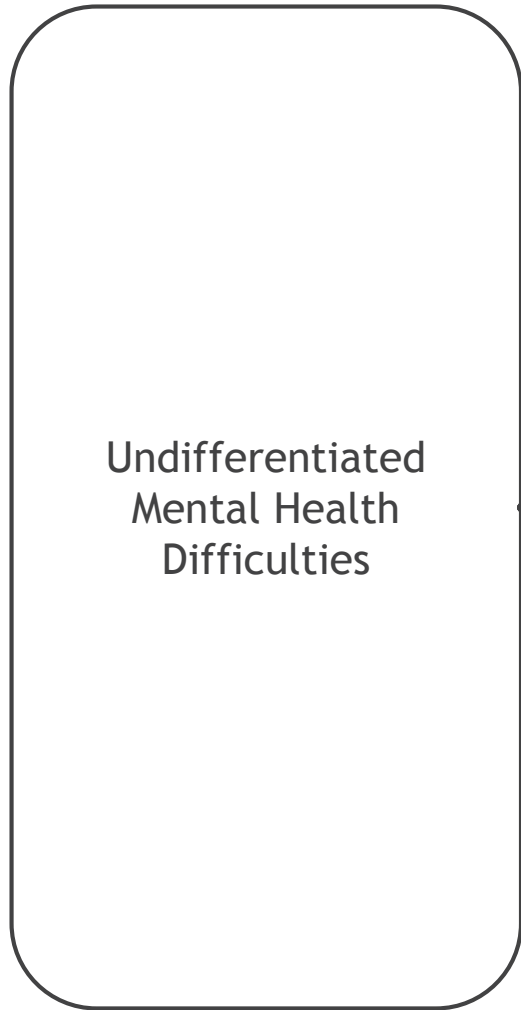
## First Episode Psychosis:

- Case Management
- Antipsychotic + other medications
- Family services
- CBT
- IPS
- Groups...

Early Distress, Symptoms  
*YMH Services*

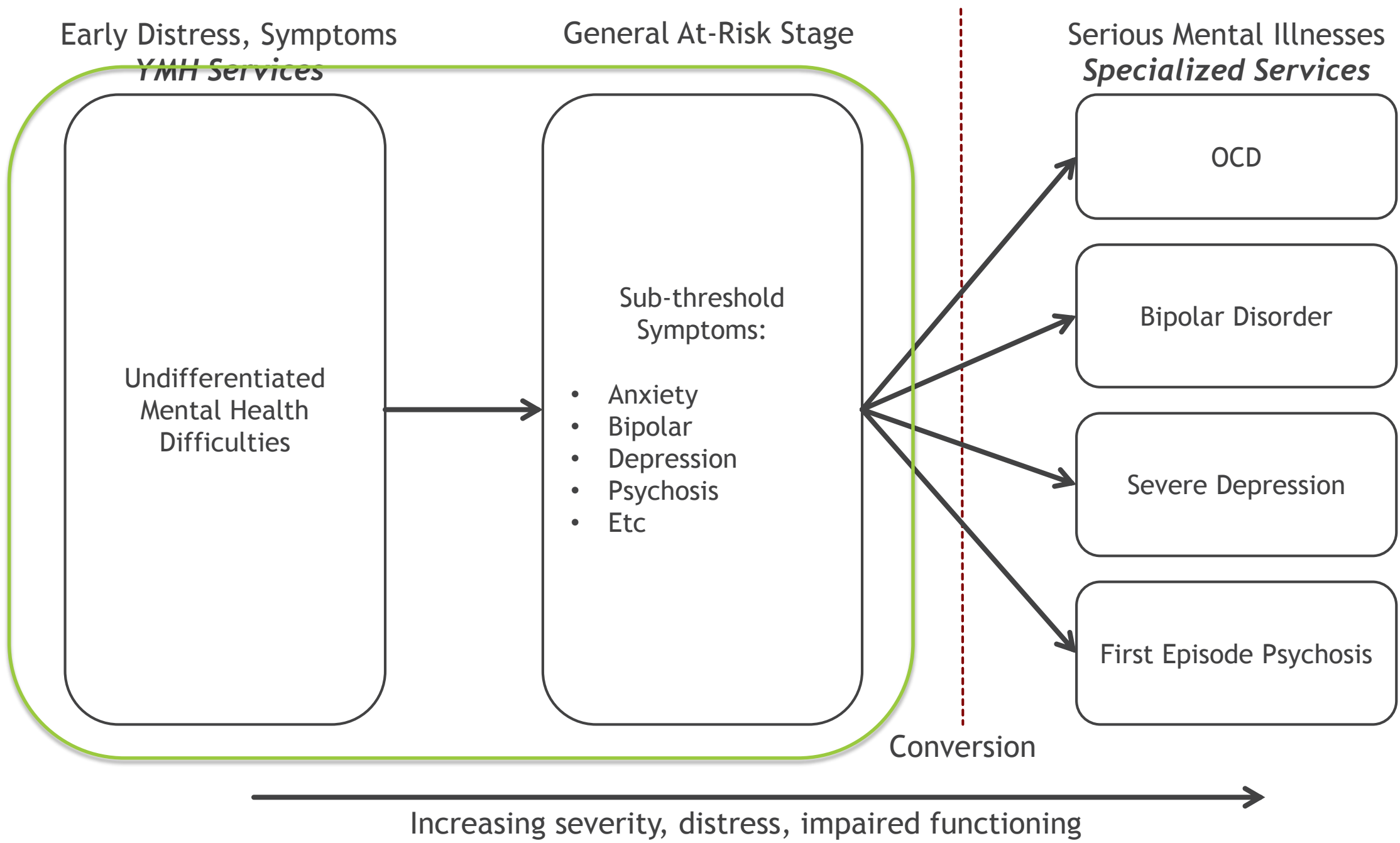
Specific CHR States

Serious Mental Illnesses  
*Specialized Services*



Conversion





# 3. What is actually being “stepped”?

- ▶ Changing diagnoses?
- ▶ Fluctuating symptoms?
- ▶ Fluid presenting problems?
- ▶ Functioning?
- ▶ Other features?
- ▶ Requires a consistent (versus impressionistic) approach in order for the system to be cohesive (versus fragmented)
- ▶ All require a commitment to measurement
- ▶ Especially important to consider if integrating mental health with social services (a common language)



# Stepped care infrastructures for youth mental health should consider...

*How steps of care are organized and provided*

# 4. How steps of care are organized and provided

- ▶ What will trigger a 'step up' to more intensive care?
- ▶ How to manage 'stepping down' with the potential for subsequent worsening or relapse?
- ▶ How to ensure that this is reliable and replicable?
- ▶ Will measurement-based care feed into decisions about stepping up or down?
- ▶ **'Stepped services' or 'personalized medicine'?**

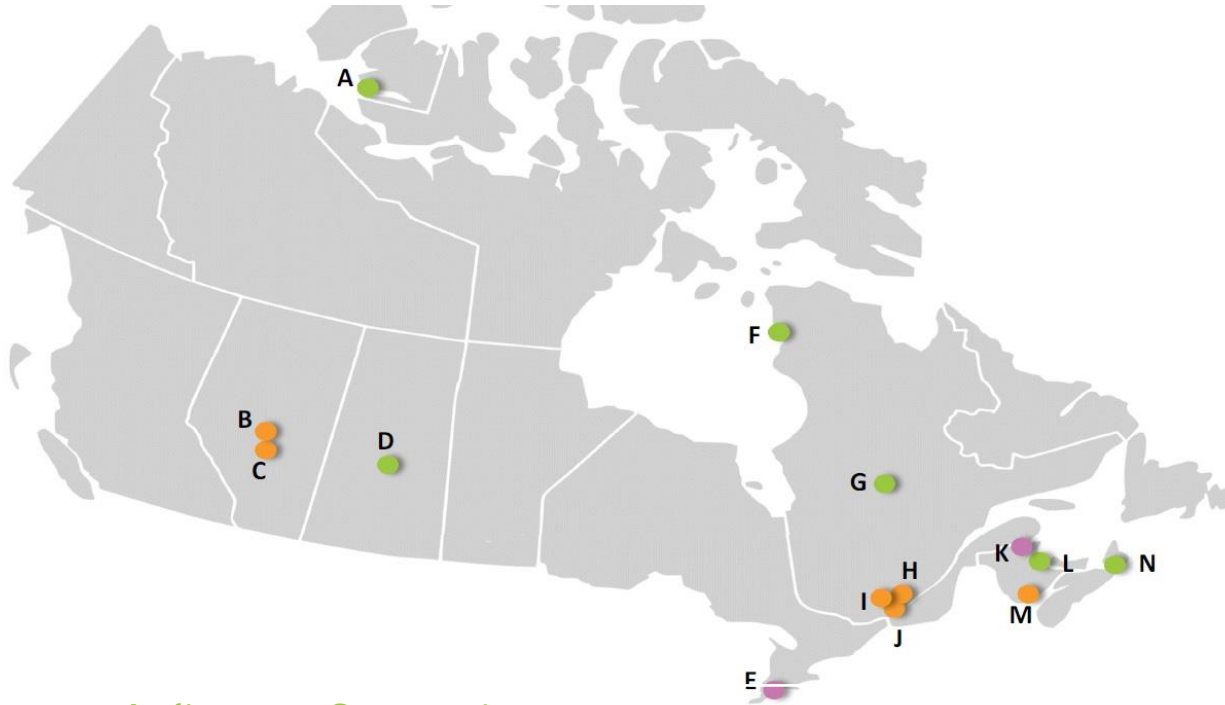


Stepped care infrastructures for youth  
mental health should consider...

*The diversity of settings and contexts within a health  
system*



# 5. The diversity of settings and contexts within a health system



Indigenous Community

Urban Community

Semi-Urban/Rural Community

- A:** Ulukhaktok, NT
- B:** Edmonton, AB
- C:** University of Alberta, AB
- D:** Sturgeon Lake First Nation, SK
- E:** Chatham-Kent, ON
- F:** Puvirnituk, QC
- G:** Cree Nation of Mistissini, QC
- H:** Dorval-Lachine-LaSalle, QC
- I:** Parc-Extension, QC
- J:** RIPAJ-Montréal, QC
- K:** New Brunswick: P.E.E.R. Saint John, Péninsule Acadienne, Elsipogtog First Nation)
- L:** Eskasoni First Nation, NS

# Conclusions

- ▶ Stepped care approaches may be a promising advance for mental health services and systems
- ▶ Particularly for youth mental health, their success is contingent on careful considerations of an interlocking set of issues:
  - ▶ Fluctuating symptoms and unpredictable course of youth mental health difficulties
  - ▶ Historical resistance to measurement-based care in psychiatry
  - ▶ Capacity/uptake for embedding comprehensive evaluation within service reform
  - ▶ Current lack of clarity on why, how and on what basis ‘stepping up’ or ‘stepping down’ will occur
  - ▶ Need for flexibility in stepped care models depending on size, resources, contexts (e.g. indigenous communities versus urban centers), while maintaining equity in access to care

Thank you! Wela'lin! Ραὸ᾿dΓΝ᾿!  
Qujannamiik! Meegwetch! ῑdḷoΔ᾿σ!  
धन्यवाद! Tiniki! Merci!

For more information:

[www.peppmontreal.ca](http://www.peppmontreal.ca)  
[www.accessopenminds.ca](http://www.accessopenminds.ca)



#### Key Colleagues:

- ▶ Ashok Malla
  - ▶ Founder, PEPP
  - ▶ Nominated PI, ACCESS Open Minds
- ▶ Srividya Iyer
- ▶ Ridha Joobar
- ▶ Shalini Lal
- ▶ Martin Lepage
- ▶ Patricia Boksa
- ▶ Rebecca Fuhrer
- ▶ Neil Andersson