Integrated treatment for first-episode psychosis

Adult Mental Health

Literature review updated September 2016.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our Technical Documentation. At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: Studies in this review examined integrated treatment approaches for adolescents and young adults experiencing a first episode of psychosis. Intervention periods lasted between 9 and 24 months. Integrated treatment typically included making 3-4 of the following components available to patients: Assertive community treatment and case management, cognitive behavioral therapy for psychosis, social skills training, and family support/psychoeducation. Both treatment and comparison groups were offered anti-psychotic medication as indicated. In this review, integrative treatment is compared with treatment as usual through community mental health clinics.

Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect sizes and standard errors used in the benefit-cost analysis						Unadjusted effect size (random effects model)	
			First time ES is estimated			Second time ES is estimated				
			ES	SE	Age	ES	SE	Age	ES	p-value
Global functioning	4	737	0.034	0.154	29	0.025	0.145	30	0.034	0.827
Hospitalization (psychiatric)	4	654	-0.230	0.134	29	-0.171	0.181	30	-0.230	0.085
Psychosis symptoms (positive)	3	498	-0.292	0.148	29	-0.217	0.217	30	-0.292	0.049
Psychiatric symptoms	3	498	-0.298	0.085	29	-0.221	0.187	30	-0.298	0.001
Mental health recovery	1	66	0.468	0.275	29	0.348	0.370	30	0.468	0.089
Psychosis symptoms (negative)	3	498	-0.168	0.084	29	-0.125	0.124	30	-0.168	0.046

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our Technical Documentation.

Citations Used in the Meta-Analysis

Craig, T.K.J., Garety, P., Power, P., Rahaman, N., Colbert, S., Fornells-Ambrojo, M., & Dunn, G. (2004). The Lambeth Early Onset (LEO) Team: Randomised controlled trial of the effectiveness of specialised care for early psychosis. *British Medical Journal, 329*(7474), 1067.

Petersen, L., Jeppesen, P., Thorup, A., Abel, M.-B., Ohlensclaeger, J., Christensen, T. O. . . . Nordentoft, M. (2005). A randomised multicentre trial of integrated versus standard treatment for patients with a first episode of psychotic illness. *British Medical Journal, 331*(7517), 602-605.

Ruggeri, M., Bonetto, C., Lasalvia, A., Fioritti, A., de Girolamo, G., Santonastaso, P. . . . GET UP Group. (2015). Feasibility and effectiveness of a multi-element psychosocial intervention for first-episode psychosis: Results from the cluster-randomized controlled GET UP PIANO trial in a catchment area of 10 million inhabitants. *Schizophrenia Bulletin, 41*(5), 1192-1203.

Srihari, V.H., Tek, C., Kucukgoncu, S., Pollard, J., Saksa, J., Walsh, B.C. . . . Ozkan, B. (2015). First-episode services for psychotic disorders in the U.S. public sector: A pragmatic randomized controlled trial. *Psychiatric Services, 66* (7), 705-712.

For further information, contact:
(360) 664-9800, institute@wsipp.wa.gov

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