



OUR PLENARY SPEAKERS

Ashok Malla, M.D., MBBS, FRCPC, MRCPsych

Dr. Malla is a Professor of Psychiatry at McGill University, where he holds a Tier 1 Canada Research Chair in Early Psychosis, with a cross appointment in the Department of Epidemiology and Biostatistics. He is also the Director of the Prevention and Early intervention Program for Psychoses (PEPP-Montréal) at the Douglas Mental Health University Institute. His clinical and research interests have been primarily related to pursuing the goal of understanding neurobiological and psychosocial aspects of outcome in psychotic disorders, with special emphasis on early phase psychosis. He has published over 220 peer-reviewed articles, held many peer-reviewed research grants, supervised many graduate students, and been an advisor on program development and research in early intervention in psychotic disorders in several countries.

“Overview of accumulated knowledge and achievements at PEPP-Montreal”

SUMMARY: This presentation will summarize the history of PEPP-Montréal, review its functioning, present results related to specific service-related issues, and provide a summary of achievements over the last ten years, as well as present the challenges facing us.

Patrick D. McGorry, AO, MD, PhD, FRCP, FRANZCP

Patrick D. McGorry is Professor of Youth Mental Health at the University of Melbourne and Director of Orygen Youth Health and Orygen Youth Health Research Centre in Victoria, Australia. Prof. McGorry received his medical degree from the University of Sydney and his doctorates from Monash University and the University of Melbourne in Victoria, Australia. He is a world-leading clinician, researcher, and reformer in the areas of early psychosis, early intervention and youth mental health. Prof. McGorry’s work has played an integral role in the development of safe, effective treatments and innovative research involving the needs of young people with emerging mental disorders, notably psychotic and severe mood disorders. The result has been the creation, evaluation and upscaling of stigma-free, holistic and recovery-oriented models of care for young people and their families. The work of Prof. McGorry and key research colleagues at EPPIC, Orygen, and **headspace** has influenced health policy in Australia and many other countries and he has advised governments and health systems in many jurisdictions. Prof. McGorry has published over 500 peer-reviewed papers and reviews, over 60 book chapters, and has edited 6 books. He is a Fellow of the Academy of the Social Sciences in Australia and has been the recipient of numerous awards, including the Australian Government Centenary Medal in 2003, the Founders’ Medal of the Australian Society for Psychiatric Research in 2001 and he was the 2010 Australian of the Year. Prof. McGorry serves as Editor-in-Chief of *Early Intervention in Psychiatry* and is a founding board member of the Australian National Youth Mental Health Foundation: **headspace**, of Headstrong; the National Youth Mental Health Foundation of Ireland, and past-president and treasurer of the International Early Psychosis Association. He is current President of the Australasian Society for Psychiatric Research. He has been a member of the National Advisory Group on Mental Health Reform for the Federal Government and of the Victorian Mental Health Reform Council. As well as his contributions to the field of early psychosis and youth mental health, Professor McGorry has clinical and research interests in refugee mental health, human rights, and torture and trauma.



“Early intervention for psychosis: a new architecture and culture of care”

SUMMARY: While universal or selective prevention would be the ideal approach for preventive strategies in psychotic and severe mood disorders, indicated prevention is the current focus that has the best prospects of success. Indicated prevention means intervention at a point when symptoms have appeared but these symptoms, while they may provoke help-seeking and produce functional impairment, have not yet technically allowed the person in need of care to cross the diagnostic threshold for the traditional psychiatric diagnoses of schizophrenia and other related psychotic disorders. It has been well recognized that the need for care long precedes the capacity to assign one of the major psychiatric diagnoses. Conversely fear of over-diagnosis and treatment has stimulated controversy in this frontier area of psychiatric reform and progress. Much of this relates to the equation of treatment with drug therapy – a non sequitur. Most of these patients need psychosocial care as a first line therapy and in any case there is a need for RCTs to guide the evidence-based treatment of people in this stage of illness. A clinical staging approach is a potential framework to guide this research and clinical strategy. Our global aim must increasingly be to build new diagnostic, therapeutic, and translational tools and capacity to reduce the impact of emerging mental disorders in young people on survival, distress, quality of life, and productivity. Young people bear the major burden of onset for mental disorders with 75% of such illnesses appearing before age 25 years. This can only be done within a novel non-stigmatizing interface between young people and clinical care in mental health such as that recently created by *headspace* in Australia and increasingly in some other developed nations. We must also develop new terminology enabling early clinical phenotypes of mental disorders to be defined in a normalizing and health-promoting way that will promote trust and confidence in new approaches to care. A transdiagnostic strategy is critical, transcending existing subthreshold risk syndromes, with new “pluripotential” criteria capturing clinical high risk for multiple syndromes. This strategy seeks to solve problems with specificity, power and reduce false positives. Secondly, we must focus on novel therapeutics. This starts with the development and evaluation of novel forms of psychosocial intervention for early stage illness. A complementary strategy needs to focus upon candidate biomarkers as therapeutic probes within a reverse translation strategy moving towards biosignatures or profiles of emerging disorder. Relationships between response and baseline levels of and changes in biomarkers may create a pathway to personalised/stratified medicine. Finally, translation of existing expertise and systematic reform of clinical practice and cultures of care is something that is achievable with the present state of knowledge yet is poorly implemented.

Stefan Borgwardt, M.D.

Professor Stefan Borgwardt heads the Neuropsychiatry and Brain Imaging research group at the University of Basel (www.neuropsychiatry.unibas.ch). He is a clinical psychiatrist and neuroscientist at the Department of Psychiatry, University of Basel. He graduated from the Charité Medical School, Berlin and trained in psychiatric practice and research methodology in Basel and became a clinical research fellow at the Institute of Psychiatry, King’s College London. He is appointed as Professor of Neuropsychiatry and Head of the Diagnostic and Crisis Intervention Centre at the Psychiatric University Hospital (UPK) which links neuropsychiatric research with clinical services. Furthermore, he is a Visiting Professor at the Institute of Psychiatry, King’s College London and Secretary of the Section of Neuroimaging of the World Psychiatric Association (WPA). His research interests (https://www.researchgate.net/profile/Stefan_Borgwardt/) include structural and functional neuroimaging, pharmacological neuroimaging methods, the prodromal and early phase of psychosis, neurocognitive and genetic mechanisms in schizophrenia, and the neurofunctional mechanisms of cannabinoids and heroin.



“Third-generation neuroimaging in early schizophrenia: translating research evidence into clinical utility”

SUMMARY: The onset of schizophrenia is usually preceded by a prodromal phase characterized by functional decline and subtle prodromal symptoms, which include attenuated psychotic phenomena, cognitive deterioration and a decline in socio-occupational function. Preventive interventions during this phase are of great interest because of the impressive clinical benefits. However, psychopathological criteria currently employed to define a high-risk state for psychosis have low validity and specificity. Consequently, there is an urgent need for reliable biomarkers linked to the core pathophysiological mechanisms that underlie schizophrenia. Neuroimaging techniques have rapidly developed into a powerful tool in psychiatry as they provide an unprecedented opportunity for the investigation of brain structure and function. This presentation aims to show that neuroimaging studies of the prodromal phases of psychosis have the potential to identify core structural, functional and neurochemical markers of an impending risk for psychosis. Moreover, it will be shown that psychiatric imaging needs to move away from simple investigations of neurobiology underlying schizophrenia to translate imaging findings in the clinical field. Clinical outcomes including transition, remission and response to preventative interventions, as well as antipsychotic treatment, need to be targeted.

Max Birchwood, Ph.D.

Dr. Max Birchwood is Professor of Youth Mental Health at the University of Warwick, UK. He pioneered the concept and practice of early intervention in psychosis in the UK and internationally. He opened the UK's first Early Intervention in Psychosis service in 1994, informed by these conceptual innovations which he translated into the mental health policy framework for the UK government as part of the UK NHS 'National Plan'. The service has been replicated with over 140 teams across the country. He leads the national evaluation of these services. Max was awarded the Richard Wyatt Award for 'outstanding contribution to early psychosis research and treatment', by the IEPA. He has also undertaken leading edge research into the application of CBT to psychosis: his RCTs in acute psychosis (1996, 2000) and in reducing harmful compliance with command hallucinations (2004, 2013) are regarded as breakthrough trials and have been incorporated into UK NICE guidelines. He has also undertaken extensive work developing the cognitive model of 'voices', particularly the role of appraisals of voices' power in driving affective dysregulation and compliance with voice commands. Max Birchwood has published over 200 papers, books etc. and his current grant income exceeds £5M.

“Social anxiety disorder in early phase psychosis: the role of shame sensitivity and diagnosis concealment”

SUMMARY: Social anxiety disorder (SAD) is surprisingly prevalent among people with psychosis, including first episode psychosis (Michail and Birchwood, 2009) and exerts significant impact on social disability. The processes that underlie its development remain unclear. The aim of this study was to investigate the relationship between shame cognitions arising from a stigmatizing psychosis illness and perceived loss of social status in co-morbid SAD in psychosis. This was a cross-sectional study, recently published in Psychological Medicine (Michail and Birchwood, 2013). A sample of individuals with SAD (with or without psychosis) was compared with a sample with psychosis only and healthy controls on shame proneness, shame cognitions linked to psychosis and perceived social status. Shame proneness ($p < 0.01$) and loss of social status ($p < 0.01$) were significantly elevated in those with SAD (with or without psychosis) compared to those with psychosis only and healthy controls. Individuals with psychosis and social anxiety expressed significantly greater levels of shame ($p < 0.05$), rejection ($p < 0.01$) and appraisals of entrapment ($p < 0.01$) linked to their diagnosis and associated stigma, compared to those without social anxiety. These findings suggest that shame cognitions arising from a stigmatizing illness play a significant role in social anxiety in psychosis. Psychological interventions could be enhanced by taking into consideration these idiosyncratic



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shame appraisals when addressing symptoms of social anxiety and associated distress in psychosis. Further investigation into the content of shame cognitions and their role in motivating concealment of the stigmatized identity of being 'ill' is needed.

Ross M.G. Norman, Ph.D., C.Psych.

Dr. Norman is Professor in the Departments of Psychiatry, Epidemiology and Biostatistics and Psychology at the University of Western Ontario, and a Scientist in the Lawson Health Research Institute. He was one of the co-founders of the Prevention and Early Intervention Program for Psychoses (PEPP) in London, Ontario. Dr. Norman's research focuses on understanding the determinants of outcomes for individuals treated for psychotic disorders, the benefits of early intervention and the stigma of mental illness.

"Stigma and early intervention for psychosis: can we shrink the elephant in the room?"

SUMMARY: The "stigma" generally associated with mental illness and psychotic disorders in particular, interferes with the goals of the early intervention movement. Despite efforts to improve public perceptions and behaviour with respect to individuals with serious mental illness, there is little evidence of change. In this presentation I will review the conceptual underpinnings of approaches to reducing stigma or its impact, and evaluate evidence for their validity and usefulness. I will present a set of testable postulates concerning the stigma of psychotic disorders and examine their possible implications for its reduction.

Thara Rangaswamy, M.D., Ph.D.

Dr. Thara Rangaswamy is a psychiatrist by training, founding member and Director of the NGO Schizophrenia Research Foundation (SCARF) in Chennai, India. Since 1984, SCARF, a not-for-profit organization, has been involved in care, rehabilitation, research, academics and teaching, community mental health, awareness and education and lobbying. It is a Collaborating Centre of the World Health Organization for Mental Health research. Dr. Thara has forged research links with many international and national organizations working in the field of mental health. She is a member of the expert advisory panel to the Director General of WHO, Geneva, and a member of the International Advisory Group for several projects of the World Health Organization. She is also on the visiting faculty of Columbia University, New York. She has over 120 scientific papers in peer-reviewed journals and is on the editorial committee of a few international journals and organizes a biannual international schizophrenia conference – ICONS. She is the recipient of the President's Gold Medal from the Royal College of Psychiatry, UK in 2010.

"Is early intervention a priority in developing countries? Issues and challenges"

SUMMARY: This presentation presents the dilemma in many LAMI countries in prioritizing mental health services. It will provide a critical overview of Early Intervention programs in LAMI countries with their intrinsic challenges. The harsh ground reality of having to deal with many untreated, chronically ill patients in the community is also a priority in planning and delivering services. The economic impact of these programs are yet another dimension. The various attempts made to reach out to groups of stakeholders with varying needs will be discussed.



Lisa Dixon, M.D., M.P.H.

Dr. Lisa Dixon directs the Center for Practice Innovations (CPI) at the New York State Psychiatric Institute where she is also a Professor of Psychiatry at the Columbia College of Physicians and Surgeons, Columbia University. As CPI director, she oversees key activities for the Office of Mental Health in implementing evidenced based practices for persons diagnosed with serious mental illness. She is currently the Principal Investigator of the NIMH-funded Recovery After Initial Schizophrenia Episode Implementation and Evaluation Study (RAISE-IES), which has developed and fielded an innovative model, the Connection Program, designed to improve outcomes and reduce disability for the population of individuals experiencing their first episode of psychosis (FEP). Dr. Dixon is also leading the statewide FEP initiative, OnTrackNY, which aims to implement the Connection Program throughout the New York State. Until April, 2012, Dr. Dixon was a Professor of Psychiatry, Director of the Division of Services Research at the University of Maryland School of Medicine in the Department of Psychiatry and Acting Director of the VA Capitol Health Care Network MIRECC. Dr. Dixon is an established health services researcher with continuous funding from NIMH, VA and foundations since 1992. Her grants have focused on improving the quality of care for individuals with serious mental disorders with a particular emphasis on services that include families, reducing the negative impact of co-occurring addictions and medical problems, and improving treatment engagement and adherence. Dr. Dixon's work has joined individuals engaged in self-help, outpatient psychiatric care, as well as clinicians and policy makers in collaborative research endeavors. In addition, Dr. Dixon is the current editor of a column in Psychiatric Services dedicated to Public-Academic partnerships. She has published more than 180 articles in peer-reviewed journals and received the 2009 American Psychiatric Association Health Services Senior Scholar Award as well as the Wayne Fenton Award for Exceptional Clinical Care. In addition, Dr. Dixon has a long standing interest in education, and was Director of Education and Residency Training of the University of Maryland-Sheppard Pratt Residency training program at its inception. She practices psychiatry at a local community mental health center and has been a Vice Chair of the University of Maryland IRB for nine years.

“Responding to the challenge of treatment of individuals with co-occurring substance abuse and psychotic disorders: a focus on youth and young adults”

SUMMARY: This presentation will present a brief overview of research on prevalence, course and impact of substance misuse among individuals receiving treatment in Early Psychosis programs. While substance misuse, particularly cannabis, is common at admission, such use typically declines with treatment. Persistent use tends to be associated with increased symptoms. Effective treatment remains a challenge for the persistent users. The RAISE Connection Program treatment model will be described, though outcomes are not yet available.