

---

# Early Intervention in Psychosis: Introduction and Justice System Intersections

NevJones PhD  
Assistant Professor  
Florida Mental Health Institute  
University of South Florida  
genevra@usf.edu

# Introduction

## Experience

- Stanford University
- State of California, Prevention & Early Intervention program
- Felton Institute, early psychosis evaluation & QI director
- NASMHPD/SAMHSA & state-level training, technical assistance & consultation



# Agenda

1. Setting the stage: Why early psychosis –justice system intersections matter
2. Strategies
  1. Earl(ier) detection
  2. Specialized early psychosis services
  3. Strengthening existing systems

# But First... Psychosis?

- Variety of symptoms:
  - Hallucinations
  - Unusual beliefs
    - Paranoia, persecution
  - Changes in perceptual experience
  - Derealization/'unreality'
  - Dissolution of self-other boundaries
  - Bizarre or disorganized behavior
  - Affective changes
- Prodrome to first episode
  - Symptoms may be transient, subtle, episodic
  - Intact insight
- *Psychotic symptoms cut across all major diagnoses*

One Photo Here

# Early Psychosis & Justice Involvement

## Early psychosis over-represented in the CJ system

- 57% of an Atlanta/DC first episode psychosis sample previously incarcerated (Broussard et al., 2013)
- 37% incarcerated between initial onset & first treatment (Ramsay et al., 2011, 2014)
- Aggression prior to initial treatment
  -

One Photo Here

# Indirect Intersections

- Single highest risk psychiatric group for:
  - Homelessness/housing instability
  - Unemployment/under-employment (>80%)
  - Victimization
  - Reduced morbidity (15-20 years)
    - Includes Hep C, STDs, HIV
  - Suicide
- Enormous direct & indirect societal costs
  - ~165 billion direct (welfare & services)
  - Indirect = family burden, lost economic productivity

One Photo Here

# Predictors

- Familiar Patterns (Jones et al., 2017):
  - Violence/aggression in FEP associated with:
    - Family housing instability
    - Foster care
    - Removal from family home for neglect
    - Past sexual abuse
    - Substance use
    - Gender (male)
    - Race (African American)
      - *Mediated by disadvantage*

One Photo Here

# Role of Symptoms

- Violence in FEP mediated by anger stemming from: (Coid et al., 2013)
  - Persecutory delusions
  - Belief that one is being spied on
  - Conspiracies
    -

One Photo Here



# Narratives of Intersection

I was on heroin—on dope and heroin. Pile of cocaine, alcohol. Early years I was in a gang. I got into trouble. I've been in jail. They gave me a choice. Go to the military or face somethin' else. At that time they had the draft. I went into the military. Sold up for about six months before the United States started pullin' out. I came back home. I was on leave and I got into trouble. They came and got me and locked me up. I stayed locked up for about nine months. Then I started havin' problems. My mother, she was a heroin addict.

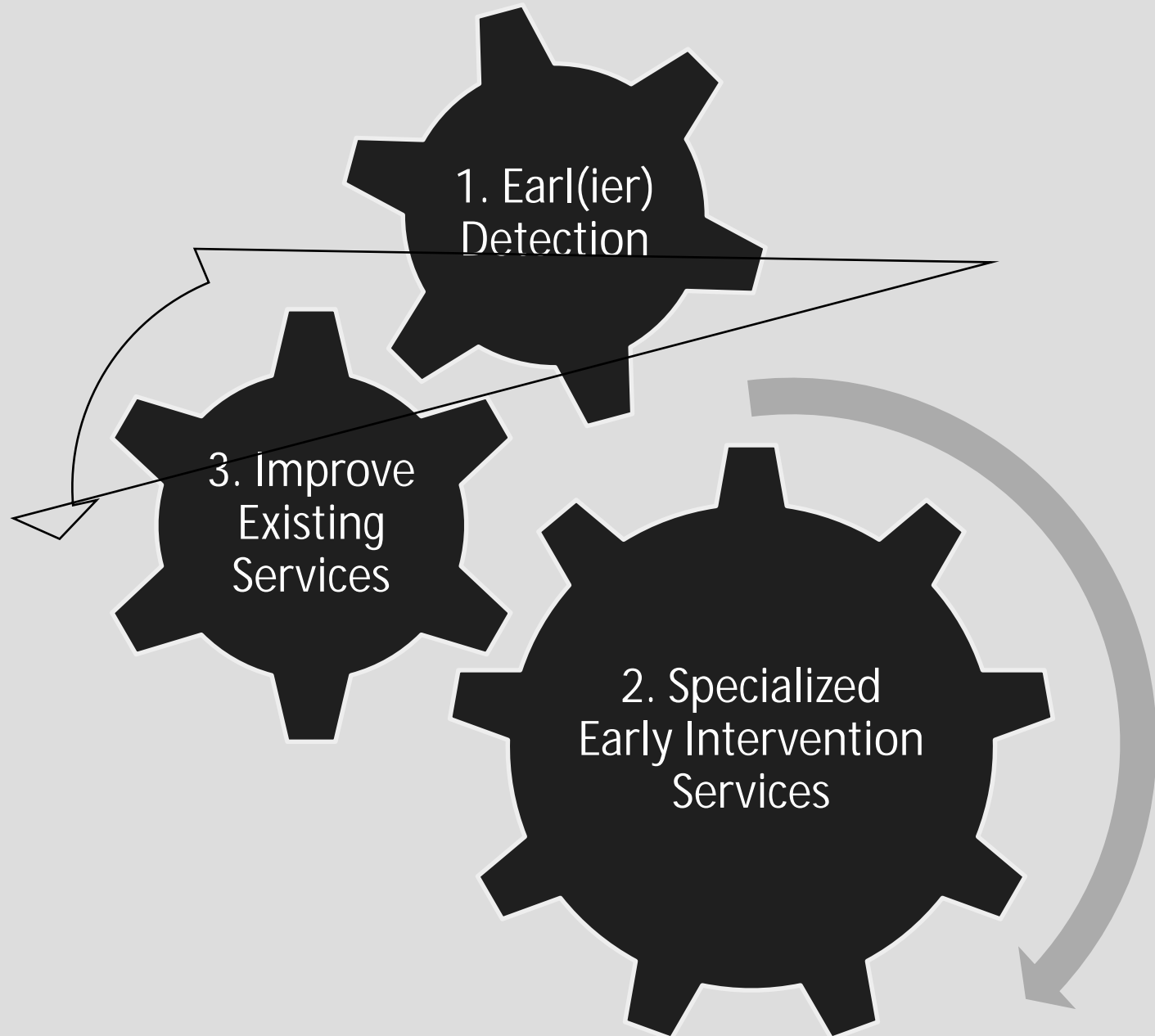
# Early Psychosis & Justice Involvement cont'd

## Does treatment make a difference?

- Rate ratio of homicide in untreated FEP 15.5 times the annual rate of homicide after treatment (Nielsen & Large, 2010)
- Significant reductions in substance abuse (Archie et al., 2007)
- Reduced criminal accusations & suicide attempts (Randall et al., 2016)

One Photo Here

# Strategies



# 1. Detection

- Screening
  - Prodromal symptoms (Prodromal Questionnaire, Brief Version; Yale PRIME Screen)
    - Universal or targeted screening
  - Early psychosis
  - Auditory hallucinations/voices
- Awareness
  - Community members
  - Schools
  - Police force
  - Child welfare
  - Youth organizations

One Photo Here

# Detection Intercepts

One Photo Here

# Detection

- Principles of Engagement
  - Reducing shame
  - Depathologizing
- Addressing power dynamics
- 

One Photo Here

## 2. Specialized Early Intervention Services

### Usual Services

Lengthy wait to access services

Fragmented care

No/minimal family support

Disability must be established to access most services

No access to supported education/employment (SEE)

Staff with minimal training in psychosis

### Early Intervention

Rapid access

Comprehensive coordinated services

Extensive family support components

Intensive services provided for any early psychosis client

SEE from service outset

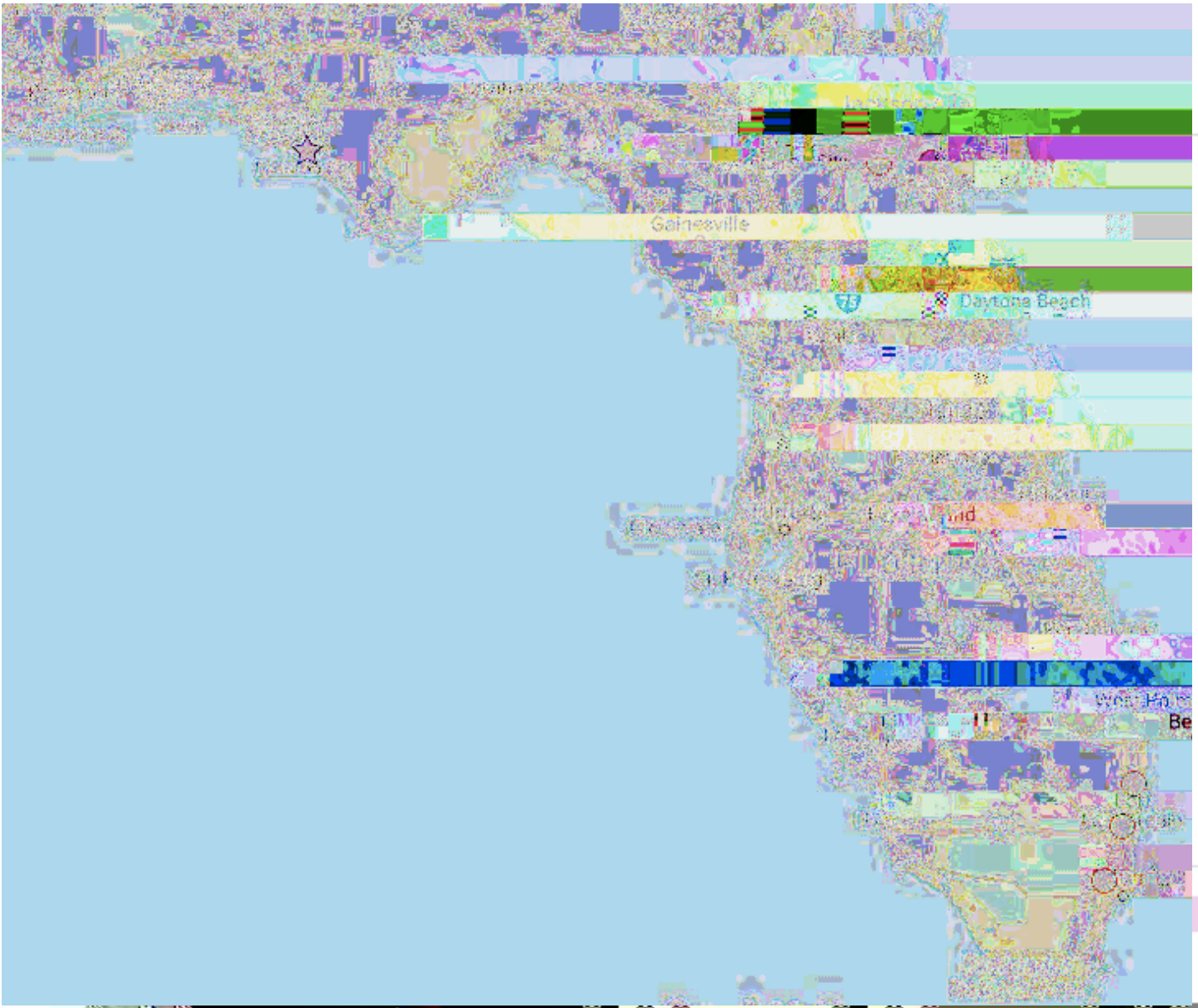
All staff receive intensive training in psychosis-focused interventions







# Florida Landscape



# 3. Improve Existing Services

- **Psychosis-focused**
  - Trainings & continuing education for providers
    - Includes psychosis-trauma links
  - Academic program requirements
  - Assessment/counseling/therapy in MH & J settings
  - Screening tools

One Photo Here

# Improving Services

One Photo Here

Questions???

One Photo Here

# Select Resources & References

- Bhui, K., Ullrich, S., Kallis, C., & Coid, J. W. (2015). Criminal justice pathways to psychiatric care for psychosis. *The British Journal of Psychiatry*, 207(6), 523-529.
- Ford, E. (2015). First-episode psychosis in the criminal justice system: identifying a critical intercept for early intervention. *Harvard review of psychiatry*, 23(3), 167-175.
- Ramsay Wan, C., Broussard, B., Haggard, P., & Compton, M. T. (2014). Criminal justice settings as possible sites for early detection of psychotic disorders and reducing treatment delay. *Psychiatric Services*, 65(6), 758-764.
- Randall, J. R., Chateau, D., Smith, M., Taylor, C., Bolton, J., Katz, L., ... & Brownell, M. (2016). An early intervention for psychosis and its effect on criminal accusations and suicidal behaviour using a matched-cohort design. *Schizophrenia Research*, 176(2-3), 307-311.
- Wasser, T., Pollard, J., Fisk, D., & Srihari, V. (2017). First-episode psychosis and the criminal justice system: using a sequential intercept framework to highlight risks and opportunities. *Psychiatric services*, 68(10), 994-996.