SUPPORTED EMPLOYMENT PROGRAM IN FIRST EPISODE PSYCHOSIS: CLINICAL OUTCOME IMPROVEMENTS AT 1 YEAR FOLLOW UP

A. Toll[1,2], L. Morro[1], A. Mané[1,2,3], D. Bergé[1,2], A. Palma[1,2], V. Pérez Solà[1,2,3]

[1]Institut de Neuropsiquiatria i Addiccions, Hospital del Mar, PSMar
[2]Institut Hospital del Mar d'Investigacions Mèdiques (IMIM), Barcelona, Spain
[3]Centro de Investigación Biomédica en Red de Salud Mental

INTRODUCTION

Psychosocial interventions are an essential part of the treatment and recovery of people with severe mental illness such as schizophrenia. It is well-accepted that medication alone is not sufficient to help with the recovery and various issues a person might encounter when attempting to lead a satisfying life in the community [1] [2].
Supported employment (SE) programs are recognized as being evidence-based with more than 15 trials in various countries having demonstrated that SE programs help people with severe mental illness obtain real-world competitive employment [3].

OBJECTIVES

With this study we want to asses if patients with first episode psychosis (FEP) that were included in SE program of our hospital have higher scores in GAF scale and decreased scores in PANSS scale (and subscales) after 1 year follow – up compared with patients that only did pharmacological treatment.

METHODS

188 FEP patients were consecutively admitted to Hospital del Mar since January 2008 to September 2014 and entered the first episode programme of the institution. The included evaluation were, among others: sociodemographic data, duration of untreated psychosis (DUP), diagnosis, substance use, the Positive and Negative Symptoms Scale (PANSS) and the global assessment functioning scale (GAF).
Later, we offered to these FEP patients the possibility to participate in the SE program. In all, 28 patients were included in the program and 160 patients only did pharmacological treatment. We also recorded the number of admissions and of emergencies of these patients.
We studied differences in age, gender, DUP, substance use, number of readmissions and emergencies, GAF scores at baseline and 1 year follow – up and PANSS subscale scores at base and 1 year follow – up between two groups. We used the Chi-Square test for categorical data and Mann-Whitney test to compare the means for continuous data.

RESULTS

There were no significant differences in age, gender, DUP, diagnosis or substance use between the two groups of patients. Furthermore we did not find significant differences in PANSS (total and subscales) scores and GAF scores between two groups at baseline.
On the other hand, we found a significative decreased PANSS scores (positive, negative, general pathology and total) in SE group at 1 year follow - up and also a significative higher GAF scores in SE group at 1 year follow – up.
Nevertheless, we did not find significative differences between two groups in relation number of readmissions or emergencies.

Table 1. Sociodemographic and clinical variables in FEP patients.

	Supported Employment	Non Supported Employment	U Mann Whitney	X2	p
Gender (%men)	60,7	58,5		0,047	0,5
Age (m, ds)	24,39 (4,246)	25,27 (5,152)	1895,5		0,507
DUP (m, ds)	55,11 (90,146)	112,6 (202,769)	734		0,22
Diagnosis (%)				8,198	0,224
Schizophreniform	17,9	23,8			
Psychosis NOS	46,4	49			
Schizophrenia	3,6	7,5			
Brief psychotic disorder	7,1	10,2			
Affective psychosis	21,4	6,1			
Induced psychosis	3,6	2			
Delusional disorder	0	1,4			
Cannabis use (%)	57,1	49,7		0,527	0,302
Alcohol use (%)	71,4	56,5		2,175	0,15
Cocaine use (%)	17,9	18,4		0,004	0,595
PANSS P basal (m, ds)	27,38 (5,661)	25,71 (6,668)	1013,5		0,344
PANSS N basal (m, ds)	17,14 (8,052)	16,27 (6,427)	1154,5		0,945
PANSS PG basal (m, ds)	42,81 (10,196)	43,27 (10,919)	1136,5		0,857
PANSS T basal (m, ds)	86,44 (18,318)	84,44 (22,508)	831,5		0,565
GAF basal (m, ds)	29,78 (7,138)	29,84 (11,582)	1364		0,463
PANSS P 1 year (m, ds)	7,15 (0,555)	10,83 (6,079)	149		0,001*
PANSS N 1 year (m, ds)	11,92 (6,739)	14,64 (6,055)	223,5		0,049*
PANSS PG 1 year (m, ds)	19,31 (2,898)	28,28 (10,008)	105,5		<0,001*
PANSS T 1 year (m, ds)	39,92 (7,963)	53,96 (20,734)	177		0,007*
GAF 1 year (m, ds)	80,94 (13,012)	64,28 (17,054)	207		<0,001*
Readmissions (m, ds)	1,82 (1,188)	1,62 (1,396)	1756,5		0,188
Emergencies (m, ds)	3,21 (5,412)	3,24 (3,251)	1912		0,544

CONCLUSIONS

In our sample, FEP patients that were included in the SE program had a better clinical outcome and global functioning compared with patients that only did a pharmacological treatment. Moreover, these differences between two groups do not seem to be explained by baseline patient's characteristics. This finding are in agreement with the results of other studies that show that evidence-based psychosocial practices for individuals with severe mental illness can greatly improve people's lives, unfortunately these programs are scarcely implemented nowadays [1] [3].

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INAD
Institut de Neuropsiquiatria i Addiccions

Parc de Salut MAR Barcelona

* The authors declare they do not have any conflict of interest.