F254. EXPANDING THE REACH OF NAVIGATE CSC PROGRAMS ACROSS THE U.S.: WHAT DO WE KNOW?

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Background: The Recovery After Initial Schizophrenia Episode-Early Treatment Program (RAISE-ETP) study was a landmark investigation whose positive results led to increased funding and support to build first episode psychosis programs across the US. Every state in the country received dedicated funding to implement a coordinated specialty care (CSC) program designed to identify and treat persons with first episode psychosis within the context of the nation’s multi-payer health system. Since the funding began in 2014, numerous CSC programs have been developed but little is known about which models of treatment providers are implementing and the success of these programs. The research here presents data from a survey focusing on providing feedback from the first episode psychosis programs in the US implementing NAVIGATE, the CSC program utilized in RAISE-ETP. The survey targets the program directors in the NAVIGATE programs; the aims of the survey include 1) to describe the program characteristics of NAVIGATE teams in the US and 2) to better understand how NAVIGATE programs are identifying and enrolling people into their services. Capturing local data on CSC team composition and case identification strategies is particularly critical in multi-payer systems lacking guidance and oversight from a national health system.

Methods: An online survey is being conducted to assess the implementation of NAVIGATE programs in the US and evaluate the procedures that the program director utilizes to identify and enroll NAVIGATE participants in services. Program directors from NAVIGATE programs are being identified and contacted to participate by national trainers to join a national database of first episode programs. Program data collected includes information about the location of the program, staff in the different NAVIGATE team roles (prescriber, individual clinician, family clinician, and employment/education specialists, as well as optional roles such as peer advocate and case manager), program enrollment criteria, number of participants screened and enrolled, and rates of planned and unplanned discharge. In addition, program directors are asked questions to report community based strategies to identify participants and screening procedures to enroll participants. Data analysis will focus on presenting the demographic and clinical characteristics of the programs. Common themes will be ascertained, including barriers and facilitators to identifying and enrolling participants with first episode psychosis. Helpful recommendations provided by the project directors on identifying and screening participants will be synthesized and reported.

Results: There are approximately 30 NAVIGATE programs in 14 states in the US. Results will highlight the dissemination of NAVIGATE in the US and implementation of these programs across a wide range of different communities. We will describe the dissemination of NAVIGATE across the US and similarities and differences across NAVIGATE programs. Results also will provide feedback on the challenges and helpful strategies that program directors have used to engage people in treatment.

Discussion: The findings from this survey will be the first to provide an overview of the implementation of the NAVIGATE program in the US. The results will provide an overview of the dissemination of the NAVIGATE program, the only CSC program evaluated in a national US trial. Recommendations could help inform the ongoing development and dissemination of coordinated specialty care programs.

F255. FACTORS RESPONSIBLE FOR DELAY IN TREATMENT SEEKING IN PATIENTS WITH PSYCHOSIS- A QUALITATIVE STUDY FROM CENTRAL INDIA

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Background: Delay in treatment seeking in psychoses is not only influenced by stigma, societal attitudes, unawareness, under-diagnosis but also is coloured by the socio-cultural background of the patient. Finding out these reasons for delay in treatment can help both the patient and the family members by reducing the morbidity & burden associated with untreated psychosis.

Methods: This is a hospital based cross-sectional study, conducted Raipur. Included are purposeful sample of 25 family members & patients with a diagnosis of schizophrenia, schizoaffective disorder, or psychotic disorder—not otherwise specified—using the Mini International Neuropsychiatric Interview-Plus version, aged 18-60 years, who are able to understand and speak Hindi, and in regular contact with the patient. DUP is defined as the number of months from the onset of positive psychotic symptoms until start of proper treatment. Semi-structured interview was conducted by using open ended questions to assess the factors responsible for treatment delay and verbatim were recorded.

Qualitative analysis

We used content analysis for the purpose of this study. Each investigator generated separate categories and themes after reading the transcripts word by word. Theme generation was continued till theoretical saturation emerged and. Categories and themes identified by both the investigators in common were used in the results as it would increase their validity.

Results: 1. Socio-demographic profile

64% of patients were diagnosed with Schizophrenia and the rest were diagnosed with Psychosis NOS. Mean total duration of untreated psychosis was 15 months. Relation of family members with the patient was like parent (48%), spouse (24%), siblings (12%), children (8%), uncle/aunt (4%), grand-parents (4%).

2. Results of qualitative analysis

Based upon the content analysis technique used, we have generated certain categories of factors responsible for treatment delay and generated themes in each category.

A. Illness related factors

- Unawareness of illness
-- Supernatural causation of illness
-- Biological causation of illness
- Stigma associated with illness

B. Patient related factors

- Underlying pre-morbid personality
- Symptoms at the onset
- Onset along with life events
- Poor insight/uncoooperative patient
- Impaired functioning

C. Family related factors

- Shared societal beliefs
- Cultural constraints
- Lack of support from significant others or poor social support

D. Treatment related factors

- Poor knowledge of general physicians about psychiatric disorders and poor referral
- Misconceptions about the effects of medication

E. Others

- Financial constraints

Discussion: The most common cause of delay is unawareness about the illness apart from the supernatural causation. To our knowledge this is the first study where we found that if the patient’s personality presents in an exaggerated way, or patient’s psychopathology is in line with the socio-cultural background, it might lead to delay. Though the findings about patient’s poor insight, uncooperativeness, negative symptoms, absence of violence, financial burden, stigma, lack of social support was proved by many studies, preserved functioning is our novel finding.

Though these themes seem to be separate, they are interdependent and interact in a complex way leading to the delay in treatment seeking. Interventions focused at each and every step need to be devised in further studies in order to overcome these barriers.