



## WELCOME BACK, COMMUNITY MEMBERS!

The theme of this issue is “Screening, Intervention, and Services”. According to the National Alliance on Mental Illness, psychosis is more common than one would think. In the United States, approximately 100,000 young people experience psychosis each year, and as many as 3 in 100 people will have an episode of psychosis within their lifetime. Research has supported that early intervention and treatment are key factors in recovery. This newsletter hopes to showcase some of the diverse mental health services within the Greater Worcester area which offer support to patients at different stages in their recovery process.

## RESOURCES

### ***Bridging Patients to the Community*** contributed by *William Meehan*



St. Vincent Hospital’s Partial Hospitalization Program (PHP) can be an excellent resource for adult patients in a behavioral health crisis. The PHP is a 9 am to 3 pm program that provides intensive, multidisciplinary treatment for a wide range of behavioral health issues, including mood disorders, anxiety disorders, psychotic disorders, and dually diagnosed substance use disorders. The PHP offers 2 tracks: (1) primary mental health, and (2) dual diagnosis (mental health and substance abuse). Patients are offered 5 groups daily, and also receive medication management, brief individual counseling, and intensive case management, including assistance engaging with community resources for aftercare. After attending the PHP for approximately 2 weeks, patients generally step down to a 9am to 12pm Intensive Outpatient Program (IOP) schedule, as they consolidate their gains and transition back to their everyday lives. Average total length of stay is approximately 4 weeks. To learn more about the St. Vincent Hospital PHP, we interviewed Dr. William Meehan, the Medical Director.

“Saint Vincent’s Partial Hospitalization Program can provide patients with a natural step down from inpatient hospitalization,” he explained. Alternatively, many patients who are in crisis — unable to function at home or at work — are referred directly from their outpatient providers. Patients meet with their case manager, an LICSW, on day one for a thorough assessment. On day two, patients meet with Dr. Meehan or Cheryl Kemp, NP, for a medical assessment. If necessary medications are initiated or adjusted. Patients meet with their care team at least once per week, and often more frequently if the situation warrants. In addition to the support of the care team, the programs offer over 80 group types, including topics involving anxiety, depression, anger management, DBT skills, addiction, expressive art therapy, and mindfulness-based strategies for patients to integrate into their lives. Behavioral activation and cognitive restructuring are integrated throughout. The PHP provides patients with skills and resources to integrate within their lives and encourages patients to establish community networks. Dr. Meehan highlights the role of the supportive environment for the patients: “[Clinicians] here care a lot about our patients, and our patients are compassionate to one another. Our program fosters a warm and welcoming atmosphere which patients quickly recognize and benefit from.”



William Meehan, MD, PhD.  
Medical Director of St. V’s PHP

St. Vincent Hospital’s Partial Hospitalization Program is located in Worcester at 299 Lincoln Street. Parking is free, and a free lunch is provided. Virtually all insurances are accepted, including Medicare. If patients do not have transportation, PHP staff can initiate PT1 referrals even before patients arrive for their intake. For more information or to make a referral, please click [here](#) or call the PHP at (774) 420-3844.

### ***Clinical Services for Youth with Comorbid Psychiatric Disorders*** contributed by *Yael Dvir*

The Center for Autism and Neurodevelopmental Disorders (CANDO) is a collaboration between UMass Memorial Medical Center and UMass Medical School’s Department of Psychiatry. The outpatient clinic offers psychiatric evaluation, diagnostic consultation, and short-term intervention of comorbid psychiatric disorders in youth and young adults, partnering with the patient’s primary care provider to facilitate medication management and treatment. The CANDO clinic services are tailored for neurodevelopmental disorders as well as variety of psychiatric disorders such as anxiety, obsessive compulsive disorder, attention deficit and hyperactivity disorder, and psychosis and mood disorders. As we are specifically interested in psychotic disorders, we spoke with Dr. Dvir, child psychiatrist and the Director of the Psychosis and Mood Disorders Clinic, to learn more.

The CANDO’s Psychosis and Mood Disorders Clinic provides patients and families with a consultation service offering 3-4 weeks of psychiatric evaluation, and psychopharmacologic intervention. Patient consultation typically consists of 3 sessions for diagnostic clarification, with the option of short-term stabilization through medication management, and treatment planning. As services are offered through a primary care physician referral, patients receive careful clinical assessment from integration of knowledge provided by outpatient providers such as psychiatrists, schools, and other agencies as well as specialists within the CANDO clinic.

Dr. Dvir expands upon this collaboration, “Being part of the CANDO clinic, we have the ability to integrate occupational and speech therapists, focused neuropsychological testing and pediatric neurologists for informal consultations, joint assessments, and internal referrals.” She further explains that developmental considerations such as cognitive development, speech and language development and mood regulation strongly influence patient’s presentation creating complex profiles. Symptoms which may seem like psychosis or a psychiatric disorder may instead be attributed to neurodevelopmental disorders and vice versa. It is the responsibility of the CANDO clinic and the interdisciplinary team to carefully assess and evaluate the patient so that they can accurately provide and facilitate short-term intervention, stabilization, and treatment.

If you would like to learn more about the services offered by the UMass CANDO Clinic, please visit their website [here](#) or you may contact them by e-mail at [CANDO@umassmemorial.org](mailto:CANDO@umassmemorial.org).

## SCREENING TOOLS

### ***Clinically Based Risk Calculator for the Transdiagnostic Prediction of Psychosis***



The key to psychosis treatment is early intervention, and studies show that early detection and treatment can improve long term outcomes. Since the introduction of the At Risk Mental State (ARMS) construct, prevention and intervention of psychosis has been feasible. However, as most individuals who meet ARMS criteria also meet criteria for a secondary diagnosis of comorbid mental disorder, usually anxiety or depression, it has been theorized that psychosis can be detected and treated as it emerges from existing, common mental disorders.

This online individualized risk calculator tool was designed to facilitate the transdiagnostic prediction of psychosis in secondary mental health care settings. By predicting the chance of developing psychosis in individuals who have a prior ICD-10 psychiatric diagnosis, the tool helps facilitate early intervention, treatment, and recovery in help-seeking individuals with early symptoms of psychosis. The key advantage of using this risk calculator is that it is individualized, accommodating the diverse profiles of risk factors among high-risk individuals. By simply using age, gender, ethnicity, and current diagnosis, the algorithm will provide a risk calculation for the next several years.

The risk calculator was validated in individuals accessing secondary mental health care and diagnosed by mental health professionals according to the ICD-10. Although this calculator shows high ecological validity with the use of a clinical case register database, it is limited by a lack of formal validation with research-based criteria. Overall, this tool is most useful to clinicians using the calculator for patients who have accessed secondary mental health services, have an ICD-10 psychiatric diagnosis, and may require focused interventions. If you would like to learn more about the psychosis risk calculator or try it yourself, click [here](#).

### ***Prodromal Questionnaire-16***

The Prodromal Questionnaire – 16 (PQ-16) is a self-reported screening tool to see if a person is at risk of developing psychosis. Symptoms of early psychosis can often be difficult to recognize from the outside, so self-screening is important and convenient. Derived from a longer and more extensive questionnaire, the PQ-16 is made up of true/false questions and scales of severity. Out of the 16 questions, nine questions assess perceptual abnormalities and hallucinations, five questions assess unusual thought content, such as delusional ideas and paranoia, and two items assess negative symptoms, which can include social withdrawal and loss of interest. These are all major symptoms of psychosis that individuals should know for early recognition. Respondents who answer “true” to 6 or more questions are considered to be at risk of developing psychosis and should seek help from a healthcare professional.



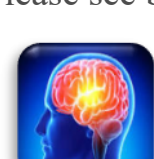
When compared to other screening tools, such as the original PQ-92 and interview-based Comprehensive Assessment of At-Risk Mental States (CAARMS) diagnoses, the PQ-16 has good concurrent validity as well as high true positive rate. Furthermore, the PQ-16 has been noted to have high specificity when differentiating between those at risk for psychosis and those with no CARRMS diagnosis. As previous questionnaires and scales have long administrative time or may be too time consuming for routine screening, the PQ-16 is a convenient screening instrument for large scale help-seeking populations and routine use in secondary mental health care. With the implementation of the PQ-16 and other early screening techniques, the duration of untreated psychosis in undetected patients can be shortened and possibility for recovery is improved. As the average age of onset for psychosis is between 15-25, it is important to note that the PQ-16 has been validated for use in anybody over the age of 12. There are no other requirements for this self-screening assessment. For access to the PQ-16 questionnaire, click [here](#).

## RESEARCH PARTICIPATION OPPORTUNITIES

The UMass Psychotic Disorders Research Program aims to elucidate the etiology of each facet of the triple jeopardy (devastating mental illness, medical co-morbidity, and substance use). The goal of our research is to develop innovative interventions combining pharmacological and psychosocial approaches to ultimately improve the quality of life those living with psychotic disorders. It is our patients and their stories that inspire the research that we do and drive us to apply the findings to patient care.

Research studies are located at **26 Queen Street, Worcester, MA 01610**. **You will be compensated for your time**. If you are interested in participating, please contact us by phone at **508-856-MIND (6463)** or by e-mail at [mind@umassmed.edu](mailto:mind@umassmed.edu).

Please see below for our ongoing research studies.



#### **The Memory Study**

This study seeks to see if exenatide, an investigational drug when used in people with schizophrenia, can improve memory, thinking, and possibly promote weight loss in individuals with schizophrenia.



#### **The Early Treatment Study**

The purpose of this study is to help understand if the experimental drug, paliperidone palmitate, or oral antipsychotic medication is better at preventing a worsening of symptoms of schizophrenia or schizophreniform disorder.

## SEEKING STORIES AND SUBMISSIONS

We are continuously drafting and editing future newsletters to be sent to community members throughout the Central Massachusetts area. If you have a personal story, local resources, recent publications, or upcoming events regarding psychosis or schizophrenia that you would like to share, then please reach out to us to be featured in our next issue. We would love to hear from the members of our community network!

*The Central Massachusetts Psychosis Network aims to create a community space to build knowledge, develop skills, and share resources regarding psychosis, schizophrenia and severe mental illness. Please share with us your novel ideas, useful resources, upcoming events, research updates and inspiring stories. May reach us by phone at 508-856-MIND (6463) or by e-mail at [mind@umassmed.edu](mailto:mind@umassmed.edu). This network was developed by the UMass Psychotic Disorders Clinical and Research Program, which includes four major components: clinical care, research, community outreach, and global initiatives. To learn more about us, click [here](#). Like our [Facebook page](#) and follow us on [Twitter](#)!*