

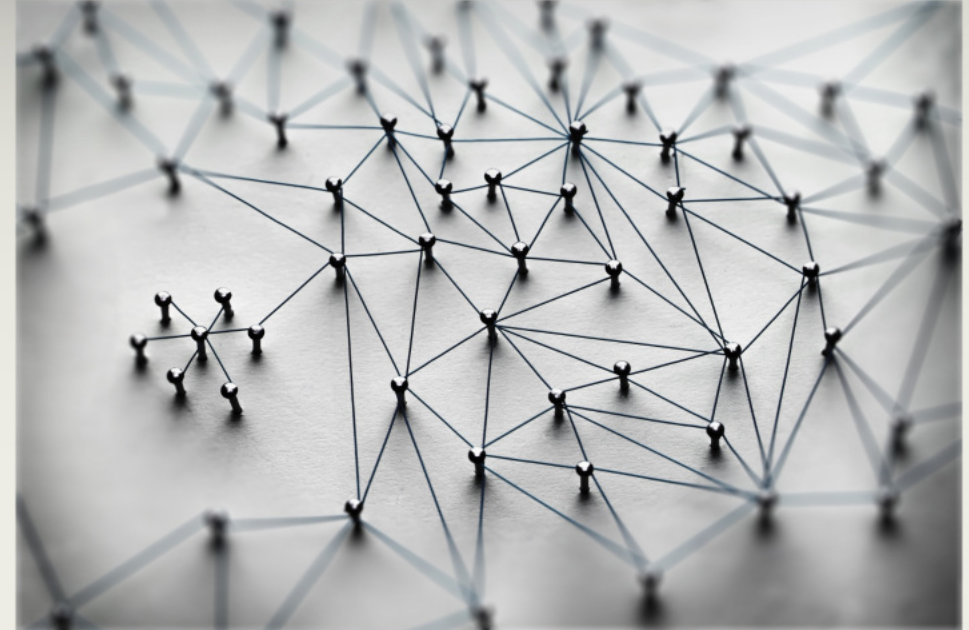


# **The AEGIS Early Intervention Network (EIN)**

Reducing DUP, Increasing Care and Caring

# ● What's an EIN?

- A **Network** of strategically placed professionals who know how to recognize, and **where to refer, individuals experiencing a FEP.**
- This is created by **educating and informing** (through presentations) **key personnel in the places a person experiencing a FEP might show up in trouble.**



# ● **What's an EIN?**

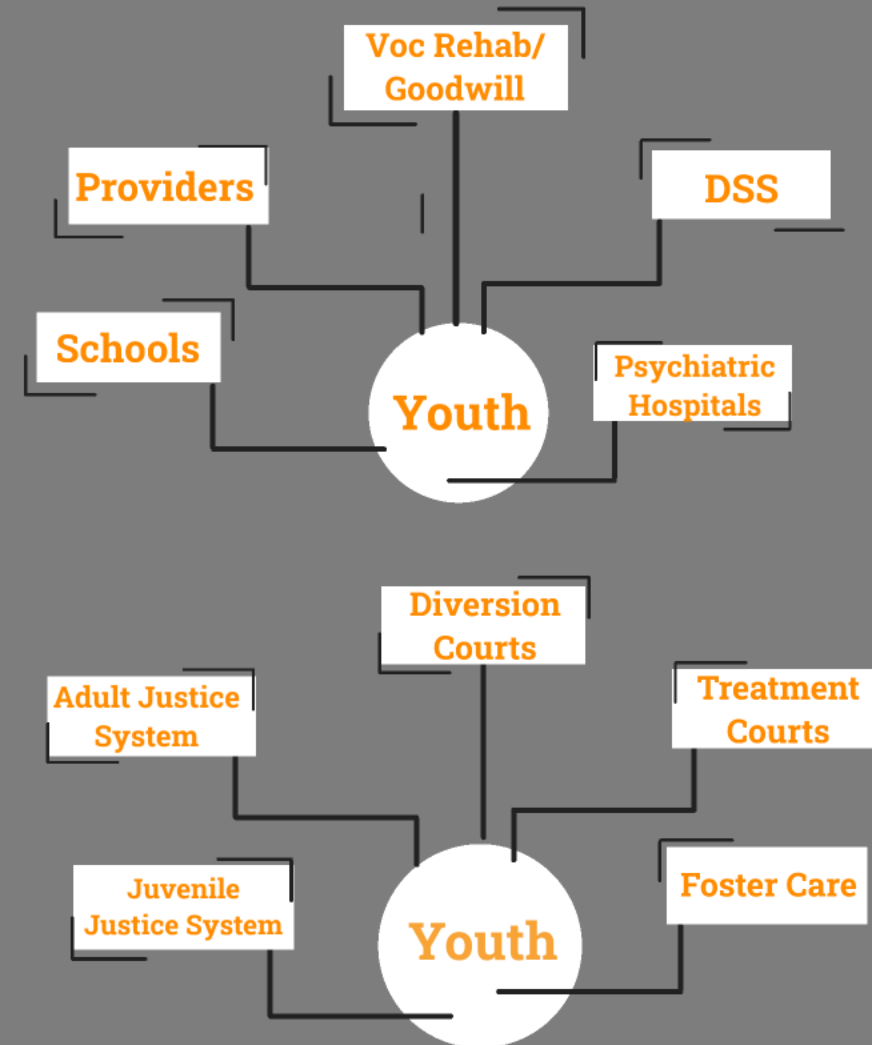
- A **Network of strategically placed professionals who know how to recognize, and where to refer, individuals experiencing a FEP.**
- This is created by **educating and informing (through presentations) key personnel in the places a person experiencing a FEP might show up in trouble.**

**Systems  
Intercepts**

# System Intercepts

- These places constitute "system intercepts" that also act as referral sources.
- There can be a "hidden agenda" with these presentations to reduce stigma, reduce prejudice, and increase understanding and compassion.

## Transition Age Youth System Intercepts





# ● Why Create an EIN?



- In order to **reduce the Duration of Untreated Psychosis (DUP)**.
- American Journal of Psychiatry in 2005: "**Shorter duration of untreated psychosis was associated with greater response to antipsychotic treatment, as measured by severity of global psychopathology, positive symptoms, negative symptoms, and functional outcomes.**"
- "Duration of untreated psychosis may be a **potentially modifiable prognostic factor.**"

# ● Why Create an EIN?

Trim  
Tabbing!

- In order to **reduce** the **Duration of Untreated Psychosis (DUP)**.
- American Journal of Psychiatry in 2005: "**Shorter duration of untreated psychosis was associated with greater response to antipsychotic treatment, as measured by severity of global psychopathology, positive symptoms, negative symptoms, and functional outcomes.**"
- "Duration of untreated psychosis may be a **potentially modifiable prognostic factor.**"



“Something hit me very hard once, thinking about what one little man could do. Think of the Queen Mary – the whole ship goes by and then comes the rudder. And there’s a tiny thing at the edge of the rudder called a trim tab. It’s a miniature rudder. Just moving the little trim tab builds a low pressure that pulls the rudder around. Takes almost no effort at all....





“So I said that the little individual can be a trim tab. Society thinks it’s going right by you, that it’s left you altogether. But if you’re doing dynamic things mentally, the fact is that you can just put your foot out like that and the whole big ship of state is going to go. So I said, call me Trim Tab.”





# ● **How Did This Get Started?**

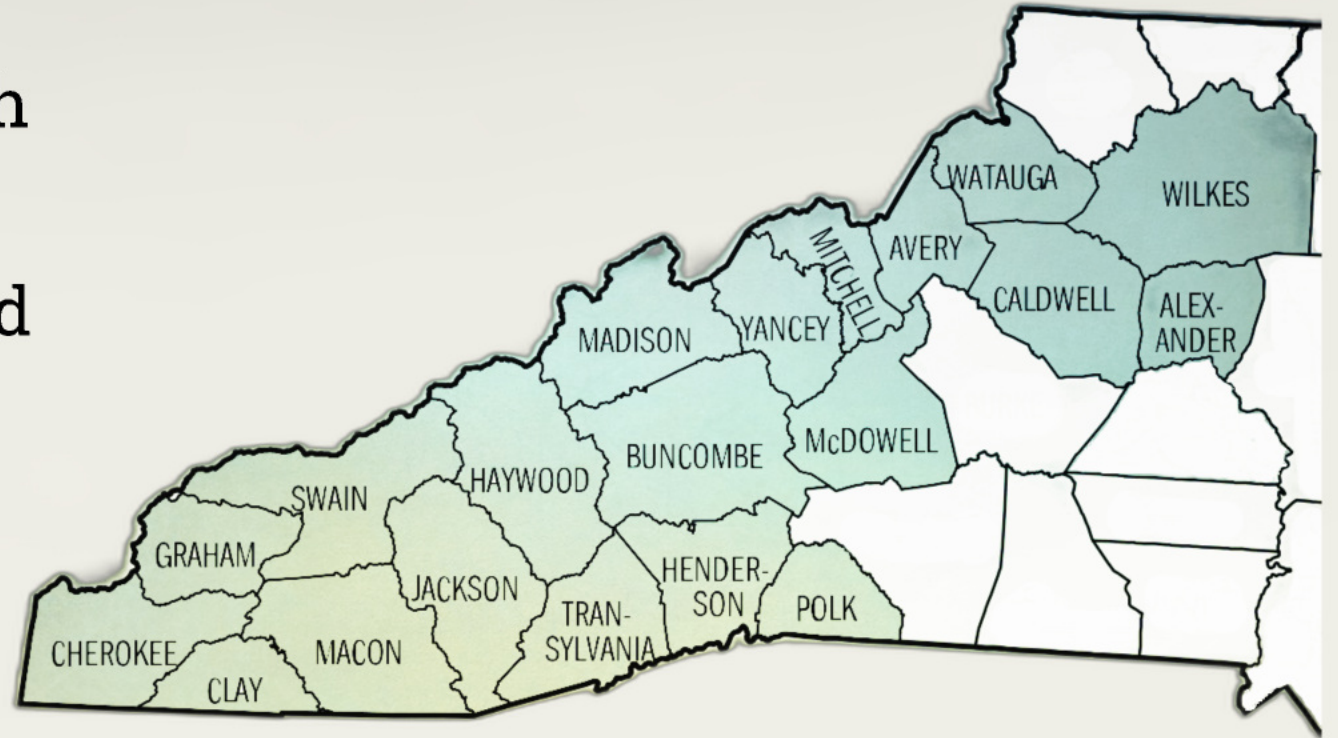
- **Healthy Transitions and rollover funding. Two county EIN and no FEP Clinic west of Charlotte. Use of ACT teams.**
- **This work allowed an opportunity to create a CSC program for WNC.**
- **Established four deliverables**
  - **one an EIN**



# What Have We Done So Far?

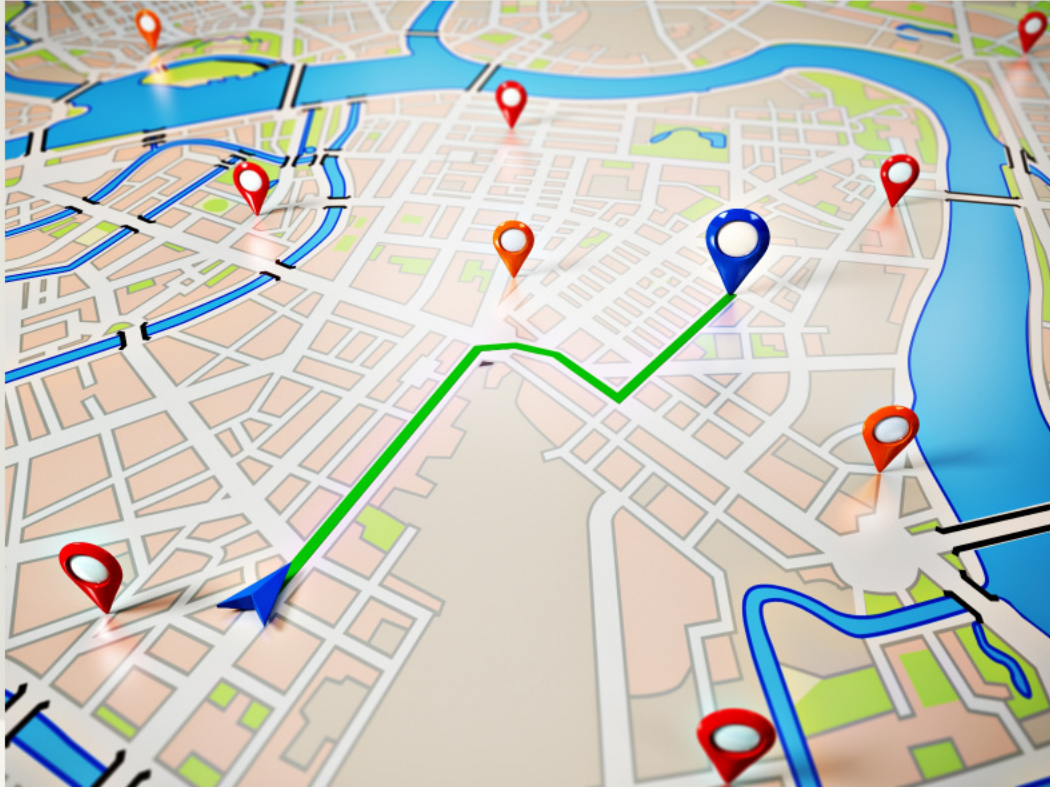
## 20 County EIN:

- Established an Outreach Coordinator for the EIN
- 20 counties documented (ESS)
- Presentations in seven counties
- Creation of Prodromal Care Network





# What Have We Done So Far?



## Maptive:

- Fully Interactive GIS
- Allows at a glance visualization
- Tracks where we've been, when, who's our contact, and all data
- Can spot gaps

# What Have We Gotten Ourselves Into Now?





# What Have We Gotten Ourselves Into Now?

- Pre 3/14 Spending includes:

EIN  
Expansion:  
General  
Public  
Outreach...

Partnership  
with Sunrise  
Community for  
Recovery &  
Wellness

Media/Billboard  
Campaign  
"Recovery is  
Possible"

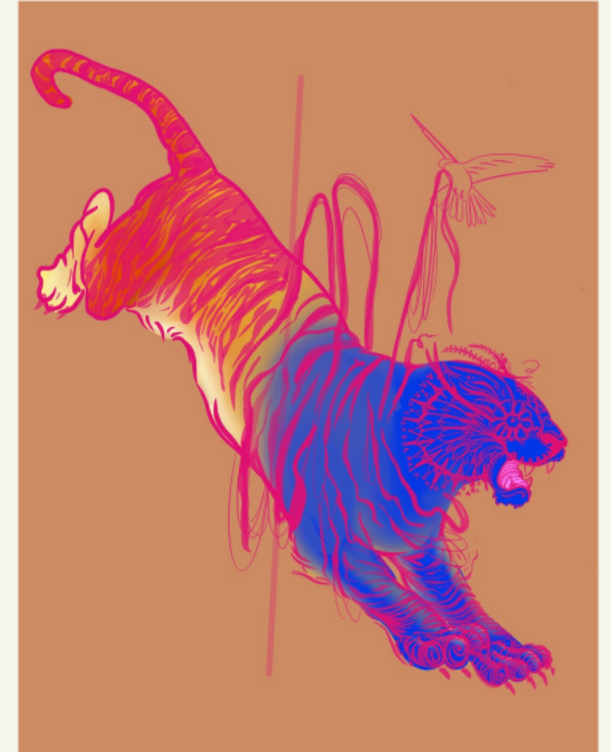
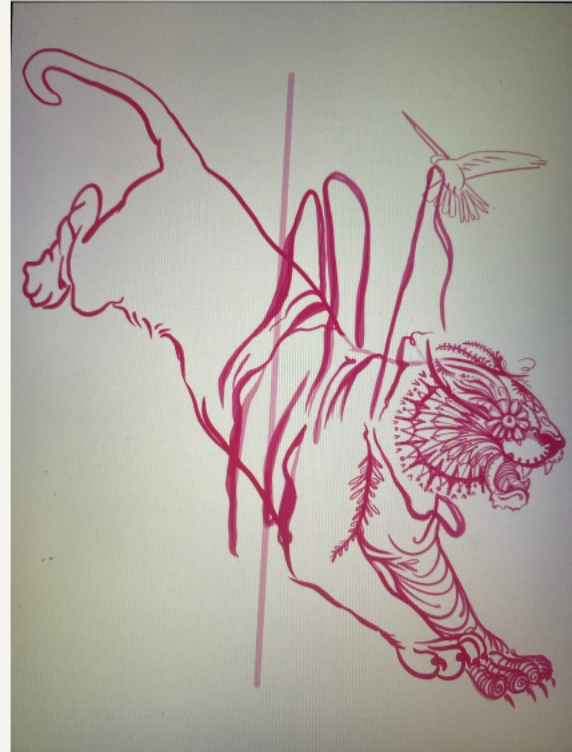
Design  
Efforts:  
Sites, Themes,  
&  
Swag.

**Design  
Efforts:  
Sites, Themes,  
&  
Swag.**

# Design Efforts: Sites, Themes, & Swag.



**Design  
Efforts:  
Sites, Themes,  
&  
Swag.**





**Design  
Efforts:  
Sites, Themes,  
&  
Swag.**



# What Have We Gotten Ourselves Into Now?

- Pre 3/14 Spending includes:

**EIN  
Expansion:  
General  
Public  
Outreach...**

**Partnership  
with Sunrise  
Community for  
Recovery &  
Wellness**

**Media/Billboard  
Campaign  
"Recovery is  
Possible"**

**Design  
Efforts:  
Sites, Themes,  
&  
Swag.**

**Peer  
Conference  
Presentation**

**Website  
Presences,  
QR Code,  
PDFs**

# Secret Agenda: WHO



**WHO  
Organization  
Report**

**WHO  
Guidance:  
The Focus**

**WHO Guidance:  
Key  
Recommendations**







## The WHO Report finds that services:

- Operate within outdated legal/regulatory frameworks
- Are over reliant on biomedical model
- Predominantly focus care on diagnosis, medication, & symptom reduction
- Overlook full range of social determinants impacting people's mental health.

**The WHO Report "Guidance on Community Mental Health Services" was released in 2021**

## **Additionally, the WHO Report finds:**

- People with mental health conditions experience human rights violations.
- Exclusion from community life
- Are stigmatized & discriminated against in employment, education, housing & social welfare based on their disability

**The WHO  
Report  
"Guidance on  
Community  
Mental  
Health  
Services"  
was released  
in 2021**

# Additionally, the WHO Report finds:

- Moving mental health services out of psychiatric/social care institutions didn't automatically lead to dramatic care improvement
- Diagnosis, medication, & symptom reduction remained as focus
- Critical social determinants were often overlooked/excluded from mental health concepts & practice.

**The WHO  
Report  
"Guidance on  
Community  
Mental  
Health  
Services"  
was released  
in 2021**



**Additionally, the WHO**

**Report finds:**

"This leads to an over-diagnosis of human distress and over-reliance on psychotropic drugs to the detriment of psychosocial interventions - a phenomenon which has been well documented, particularly in high-income countries."

**The WHO  
Report  
"Guidance on  
Community  
Mental  
Health  
Services"  
was released  
in 2021**

# Thus, the WHO Guidance:

“...calls for a focus on scaling up community-based mental health services that promote person-centred, recovery-oriented and rights-based health services.”





# Convention on the Rights of Persons with Disabilities (CRPD)

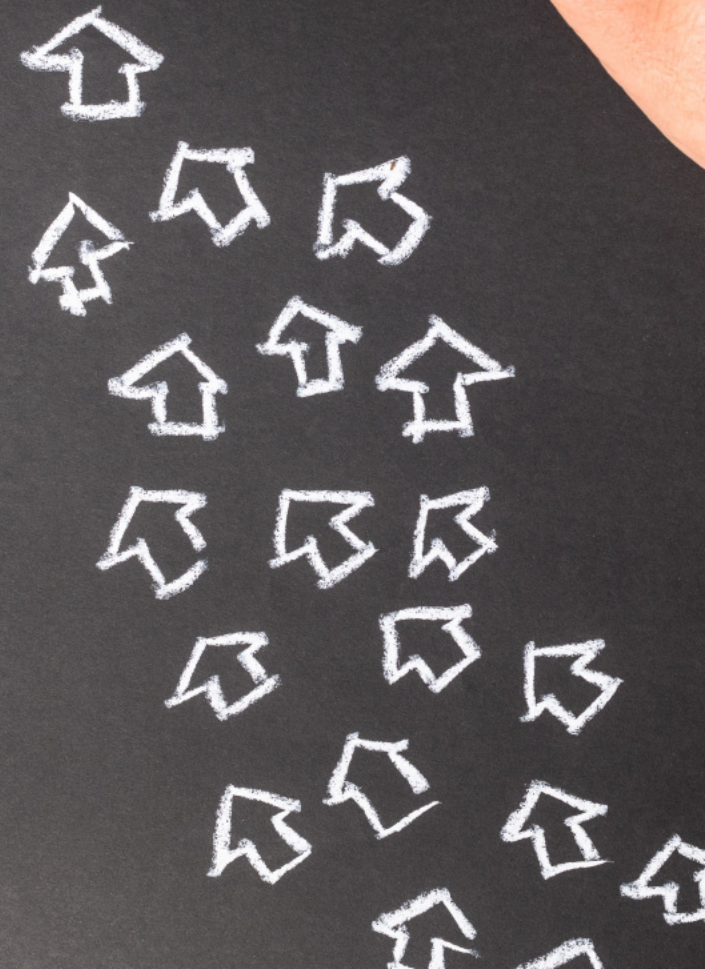
- CRPD foundation for WHO Guidance
- Signed in 2006, and by the United States in 2009





# Convention on the Rights of Persons with Disabilities (CRPD)

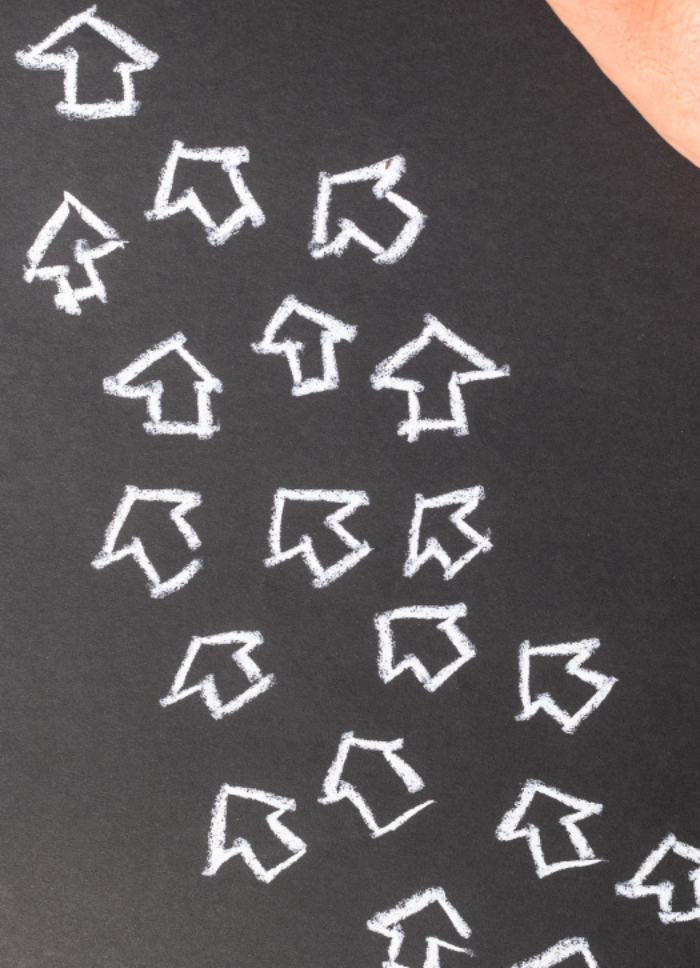
CRPD "recognizes the imperative to undertake major reforms to protect and promote human rights in mental health," and "...establishes the need for a fundamental paradigm shift within the mental health field, which includes rethinking policies, laws, systems, services and practices across the different sectors which negatively impact people with mental health conditions and psychosocial disabilities."





# Convention on the Rights of Persons with Disabilities (CRPD)

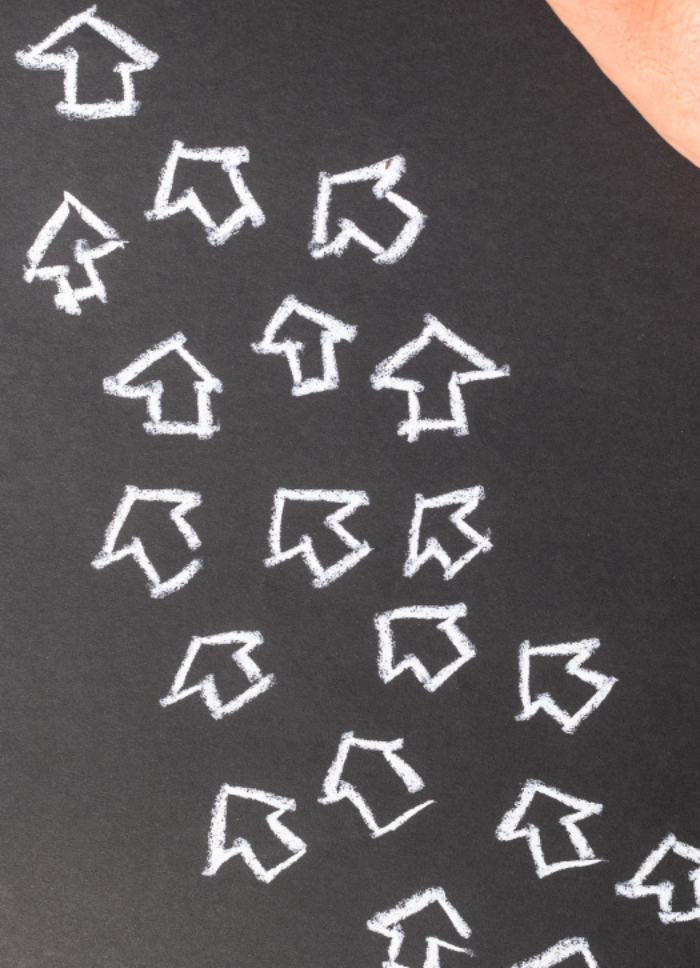
And, the CRPD calls for: "...respect for difference and acceptance of persons with disabilities as part of human diversity and humanity". It prohibits discrimination on the basis of disability of any kind and requires that people with disabilities be able to enjoy all human rights on an equal basis with others.





# Convention on the Rights of Persons with Disabilities (CRPD)

"...rethinking policies, laws, systems, services, and practices across the different sectors which negatively impact people with mental health conditions and psychosocial disabilities."







**Key  
Recommendations  
from WHO  
Guidance**

- **Person-Centered, Recovery-Oriented, Rights-Based Approach in Mental Health =**
  - **Broadening mindsets**
  - **Address stigmatizing attitudes**
  - **Eliminate coercive practices**

**Key  
Recommendations  
from WHO  
Guidance**

[The] “development of a human rights agenda and recovery approach cannot be attained without the active participation of individuals with mental health conditions and psychosocial disabilities. People with lived experience are experts and necessary partners to advocate for the respect of their rights, but also for the development of services and opportunities that are most responsive to their actual needs.”

**Key  
Recommendations  
from WHO  
Guidance**



# What's Next?



What's  
next?

- Second Round of Spending  
March 15th through June 30th.
- Campaign moves to the web
- Social Media (Presence, Content creation, and content sharing/partnerships)
- Targeted Google advertising
- Possible expanded partnerships? (Mental Health GPS Warm Line, Alabama (No, not the state), HVN, Others)

# Conclusion: How Can We Collaborate Further?

- The Future is Unwritten...
- How might we add/link your information to our web presence/s?
- Need to include referral information across all projects, for each site that wishes it





# Conclusion: How Can We Collaborate Further?

- How might we collaborate, to the extent it's desired, in the creation of a unified state network of information and referral that's targeted to each specific audience (Clinical, professional but not Clinical, General Public)?

