

## Appendix 2: Synopsis Proposal Form

<b>Synopsis no.:</b> S2.22
<b>Preliminary title:</b> Pathways to care and access to mental health services of patients at the first episode of psychosis in Europe
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<b>Publication category:</b> 1
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<b>Work Packages involved:</b> WP 2
<b>Partners involved from whom candidate co-authors (additional to working and writing group) should be nominated:</b> Amsterdam, Clermont-Ferrand, Sao Paolo, Barcelona, Madrid, Valencia, Santiago, Cuenca. ???
<b>Objectives (scientific background, hypothesis, methods, and expected results):</b>  <i>Background</i> <p>Psychotic disorders including schizophrenia begin with a prodromal phase of mild symptoms and impaired functioning before the onset of the frank psychosis. This phase could be potentially important from a preventive perspective: early detection of psychosis and access to adequate treatment alter the course of illness. The literature highlights, indeed, that a longer duration of untreated psychosis (DUP), the period between the onset of the disorder and the beginning of the treatment, correlates with an increased resistance to treatment, a higher frequency of relapses (Larsen, 2001; Lester, 2009), the lost of psychosocial skills and worse quality of life (Melle, 2004). The decline of cognitive functions and social skills takes place mostly in the early stages of disease, while there is the most susceptibility to the influence of environmental therapeutic factors (Lester, 2009; Malla, 2005). In the last decade it has renewed the interest in the early stages of the disease with great attention, at an international level, to the early recognition of psychotic onset and its specific treatment (Krstev, 2004), which now is an important aim for public health. However, there is limited data on pathways to care of patients suffering from psychotic disorders and in particular on general/family practice.</p> <p>General Practitioners may have a key role to the identification and management of first-episode psychosis, as they are often the first point of patient contact (Anderson, 2010). Therefore, increasing the uptake of primary care services may reduce the likelihood of negative pathways to care (Anderson, 2013). It would be important to understand which factors are associated with GP recognition of psychosis. This could orientate GPs' training with the aim of reducing the DUP.</p> <i>Aims and Hypothesis</i> <p>The aims of this study are:</p>

- 1) To describe pathways to care of patients at the first episode of psychosis before access to mental health services in different European countries;
- 2) to evaluate clinical and socio-economic factors affecting the GP's detection.

We hypothesize that:

1. Patients with prevalent negative symptoms have longer DUP and are less identified and less referred to mental health services by GPs
2. Worst socio-economic status (to be single, to live alone, to be unemployed and low educated) and different cultural background (to be first generation migrants, ethnic minorities, etc) predict an higher degree of non-medical referral to psychiatric services

#### *Expected Results and clinical implications*

This study could allow to better identify characteristic of FEP people at higher risk of difficult pathway to care and then inform new training for GP and social workers aimed to improve their skills of identification of "negative-psychosis".

#### **Data needed for the study:**

All incident cases in each centre, their diagnosis, age, sex, ethnicity (or country of birth and parental country of birth).

Information on pathway to care could be collected using the Bologna PTC short check-list.

Information from socio-demographic schedule (SACSE), from Bologna Migration History and Social Integration Interview (MH), on DUP (NOS schedule), on substance use (CEQ) and on psychopathology (OPCRIT; CAPE) will be also analyzed.

#### **Plan for statistical analysis (overall strategy):**

Case-control study for core paper on migration history

Path analysis and Poisson regression analysis for in-depth, hypothesis-based, studies

In addition, a qualitative study could be conducted to explore the reasons for GPs' under recognition of the onset of psychosis in several sites with different health-care systems and primary care services. These qualitative findings could be collected with an ad-hoc semi structured interview and may improve GPs' training programs and service organizations.

#### **Other analyses/methods:**

#### **Involvement of external Parties (non EU-GEI):**

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#### **IPR check:**

**Timeframe:** Data to be provided to the analysis team by end 2014. Analyses to begin late 2014 or early 2015. Circulation of manuscript to authors spring 2015, publication by summer 2015.

#### **Additional comments:**