

Early intervention in first-episode psychosis in Norway: the TIPS strategies



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Since late 1980s, our focus has been on the detection and treatment of first-episode psychosis in Rogaland county, in south-western Norway. We organised the first national conference on early intervention in 1992, and the first (unofficial) international early intervention conference in 1995. This focus on tailoring services for first-episode psychosis gradually developed into a multicentre research project: the TIPS project (TIPS being an acronym for early detection and treatment). TIPS focuses on reducing the delay in accessing effective treatment for first-episode psychosis, i.e. reducing the duration of untreated psychosis, to reach patients in an earlier stage of illness development, and to achieve better short- and long-term outcome.



Structures were developed systematically within the TIPS framework so that a system for early detection was established in Rogaland County, the experimental site, while in the comparison sites in Oslo and Roskild there were no early detection systems. The treatment package was standardised and similar between sites. The main results of the TIPS research projects can be summarised as follows:



- It is possible to reduce the duration of untreated psychosis through information campaigns and low-threshold, easily accessible services.
- Patients that are reached earlier in the development of their illness also have a shorter period of active psychosis.
- Patients whose illness is detected early are less symptomatic at first presentation.
- Patients whose illness is detected early are less suicidal at first presentation.
- Follow-up studies of up to 5 years after initial presentation show that early intervention improves the extent of negative symptoms, depression and cognitive functioning, thus demonstrating secondary prevention.

The major elements in the Norwegian early intervention services are:



- Information campaigns targeting the general public, high school teachers, and health care professionals in both primary and specialised services.
- Low-threshold, active outreach detection teams, accessible to the public by phone or email without a referral from a GP or other.

In contrast to other specialised early intervention services internationally, the detection team does not offer treatment. Treatment is offered within the ordinary services, in both inpatient and outpatient units. This secures continuity in treatment, even after the first two years, if necessary.



In Norway, the duration of untreated psychosis is also established as a national quality indicator, which all health trusts have to report three times a year. In 2009/2010 there will be a national "Break-through project" in Norway, to facilitate the implementation of early intervention services nationwide.



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