







Journée Internationale des Pathologies Émergentes du Jeune Adulte et de l'Adolescent

Lundi 7 septembre 2020

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A FROG DOWN UNDER A YEAR'S EXPERIENCE AT ORYGEN

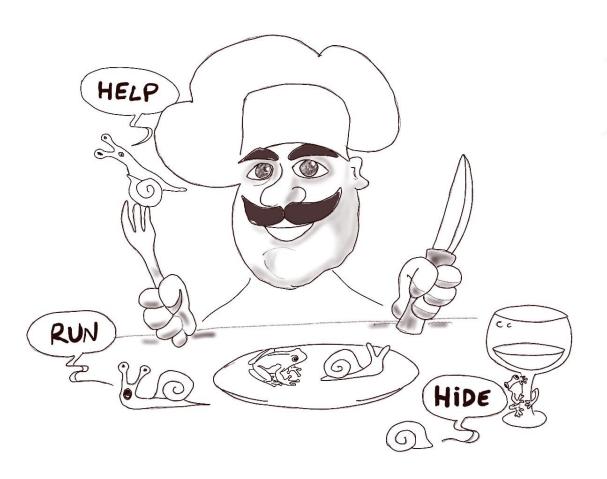
Aurélie Schandrin

Consultant psychiatrist and research fellow in France Visitor at Orygen (2019)





FRENCH FOOD



MY BACKGROUND

General medical studies

Specialty in psychiatry (registrar)

Junior psychiatrist (inpatient unit for adults)

Senior psychiatrist (inpatient unit for young people)

Visitor in Orygen

2001-2007

2007-2011

2011-2016

2016-2018

2019











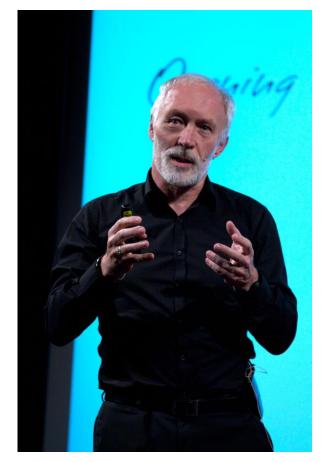




ORYGEN

PAT





ORYGEN, HEADSPACE





Programmes cliniques
Nord-Ouest de Melbourne

Recherche et santé publique Influence internationale





Centres d'accueil et de soins Programme national

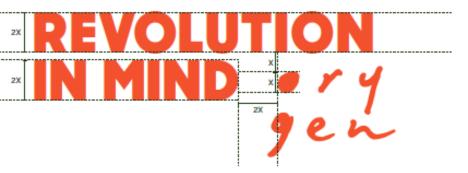
ORYGEN ANNUAL REPORT 2018-2019

CONSULTANT EDUCATION YOUNG PEOPLE IN OUR YOUTH SESSIONS DELIVERED **PARTICIPATION PROGRAMS CLINICAL RESOURCES JOURNAL ARTICLES** DOWNLOADED FROM OUR WEBSITE INTERNATIONAL TRAINING AND RESEARCH PROJECTS **EDUCATION PROGRAMS DELIVERED** UNDERWAY **CLINICAL TRIALS** WEBINARS HELD

UN ETAT D'ESPRIT, UN OBJECTIF : REVOLUTION IN MIND

Never settle.

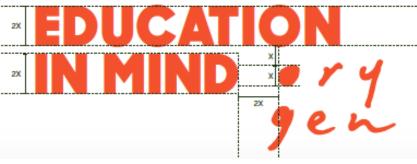
For anything less than what young people need and deserve. For mediocre research, policy, education and clinical care. For complacency from ourselves or one another.













CLINICAL NEUROSCIENCE

This program aims to improve our understanding of the biology of mental ill-health in young people. This covers brain cognitive ability and measures derived from blood samples.

CLINICAL STAGING IN MENTAL HEALTH

This program works to develop criteria for identifying young people presenting with non-specific symptoms who are at risk of progressing to a range of mental disorders such as psychotic disorders, severe mood disorder, mania, and personality disorders.

DIGITAL MENTAL HEALTH

eOrygen pioneers the use of online social media to foster long-term recovery in youth mental health.

FIRST EPISODE PSYCHOSIS

The first episode psychosis program is focused on understanding the biological and psychosocial factors associated with the early symptoms and first experiences of psychosis and mania.

FUNCTIONAL RECOVERY

The functional recovery research team develops and trials innovative interventions that address areas of functional recovery relevant to young people with mental illness, such as helping young people return to work or education.

MOOD AND ANXIETY

The mood and anxiety program seeks to better understand mood disorders in young people and how best to treat them.

PERSONALITY DISORDER

This research program focuses on understanding, preventing and treating severe personality disorders. A key part of the activities is the Helping Young People Early (HYPE) program.

PHYSICAL HEALTH

This research program works at incorporating physical health care and interventions into the early intervention paradigm and routine clinical services.

SPORT, EXERCISE AND MENTAL HEALTH

This research program helps sporting codes understand the prevalence and nature of mental health issues among athletes, coaches and staff, and strategies to improve mental health and wellbeing in elite sporting environments.

SUBSTANCE USE

This program aims to build an understanding of substance use and substance use disorders in young people with and without other mental illnesses and to develop new treatments for substance use in young people.

SUICIDE PREVENTION

The suicide prevention research program is comprised of several discrete projects that together seek to examine the efficacy, safety and acceptability of interventions specifically designed for at-risk young people.

ULTRA-HIGH RISK FOR PSYCHOSIS

This research program seeks to clarify the risk and protective factors for psychotic disorders in young people and to identify the

CLINICAL CARE



ABORIGINAL AND TORRES STRAIT ISLANDER-SPECIFIC PROGRAMS



AFTER HOURS SERVICES



LOW INTENSITY SERVICES



MODERATED ONLINE SOCIAL THERAPY



ORYGEN IN SCHOOLS



ORYGEN YOUTH HEALTH

CLINICAL CARE



OUR HEADSPACE CENTRES



PARKVILLE COMMUNITY HUB



VOCATIONAL SERVICES



YOUTH ENHANCED SERVICES

THE CHEAT'S GUIDE TO WRITING FOR ORYGEN

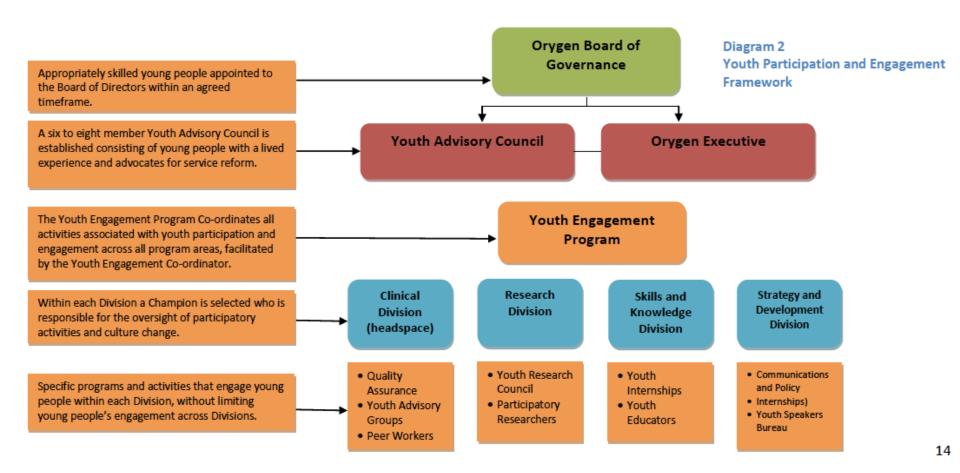
DISCUSSING MENTAL HEALTH: DO'S AND DON'TS

It is important that we use positive, empowering and destigmatising language.

Don't	Do
use terms such as 'mental illness' or 'mental disorder'.	say 'mental health', 'mental ill-health'.
use terms such as 'suffering from' depression or 'depressed person'	say 'young person experiencing depression' or 'young person with an experience of depression'
say 'committed suicide'	say 'died by suicide'
say 'failed suicide' or 'suicide bid'	say 'made an attempt on their life', 'suicide attempt', 'non-fatal attempt'
explicitly discuss methods of self-harm	

For more information, see section: Inclusive language.

YOUTH PARTICIPATION



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MON EXPERIENCE

MON SÉJOUR À ORYGEN

Observation

- Organisation d'Orygen
- Clinique (programme EPPIC, case management, pairs aidance)

Formation

Recherche

- Projets d'Orygen et plus particulièrement ceux centrés sur les troubles psychotiques émergents
- Rédaction de publications et de protocole
 - Co-occurrence FEP / BPD (Orygen project)
 - ✓ PREPS PEPsy-CM
 - ✓ Vidéolnsight

ORGANISATION CLINIQUE

YAT

Accès rapide, équipe mobile

Evaluation et orientation

Suivi intensif

EPPIC

→ PEP

MOOD

→ Troubles thymiques

PACE

→UHR

HYPE

→ Trouble borderline

Headspace

Accueil, soutien

Evaluation et orientation

Peer support

Youth friendly

IUP

Hospitalisation 16lits

- Suivi ambulatoire spécifique selon la pathologie
- Basé sur le case management
- Limité à 2ans

CO-OCCURRING FIRST-EPISODE PSYCHOSIS AND BORDERLINE PERSONALITY PATHOLOGY IN THE EPPIC COHORT

Borderline Personality Disorder (BPD) + Psychotic disorders

- Controversial concept
 - Psychotic symptoms in BPD remain misunderstood and stigmatized
- Population often excluded from studies while frequent:
 - 38% people with BPD have a psychotic disorder (Slotema 2018)
 - 17% subjects with schizophrenia (SCZ) and 25% with first episode psychosis (FEP) meet the criteria of BPD (Bahorik 2010, Francey 2018)
- Population with poorer outcomes
 - Less improvement in symptomatogy and functioning (Bahorik 2010)
 - More comorbidities: mood disorders, substance-related disorders (Gleeson 2012, Francey 2018)
 - Higher risk of suicidal and violent behaviour (Gleeson 2012, Francey 2018)
- No guidelines to treat this population highly stigmatized among mental health professionals with an impact on their prescribing (Aviram 2006, Francey 2018)

CO-OCCURRING FIRST-EPISODE PSYCHOSIS AND BORDERLINE PERSONALITY PATHOLOGY IN THE EPPIC COHORT

Our study aims to better understand the population with co-occurring FEP and borderline personality pathology (BPP), in an large early intervention for psychosis cohort (EPPIC cohort), by:

- (i) determining the proportion of young people with co-occurring FEP and BPP;
- (ii) comparing individuals with FEP+BPP vs. individuals with FEP alone on:
 - initial demographic and clinical profile, referral pathways
 - clinical and functioning outcomes
 - use of care and engagement;
- (iii) describing pharmacology treatment in both groups and its association with outcomes.

Chief investigator: Dr Aurélie Schandrin

Co-investigators

- Pr Andrew Chanen
- Dr Shona Francey
- Pr Patrick McGorry

- Dr Brian O'Donoghue
- Lucia Nguyen
- Dean Whitty

PEPSY-CM

National grant

- PREPS 2018 (programme de recherche sur la performance du système des soins)
- Budget: 896.816€

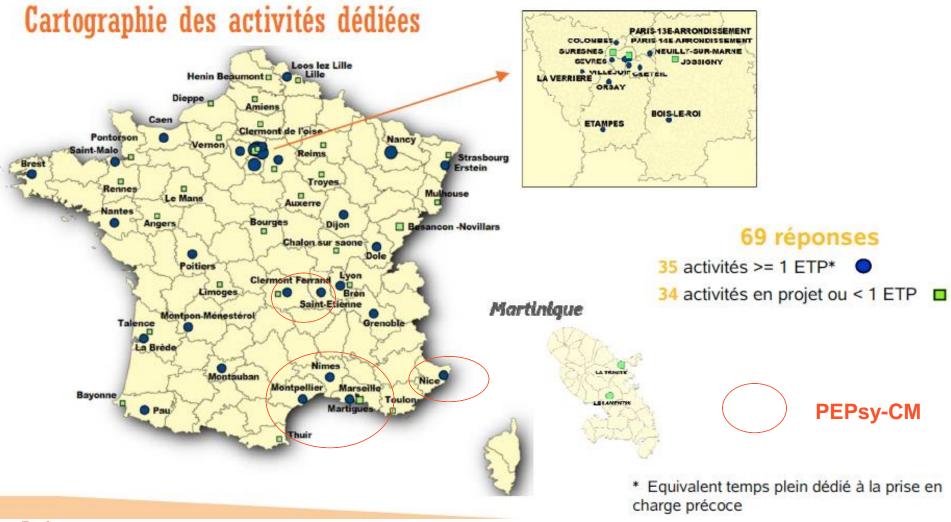
Multicentric RCT

- 3 years Program for Early Psychosis based on Case Management (PEPsy-CM)
 vs TAU
- Start in 2020 in 7 hospitals
- Sample: 250 subjects with First Episode of Psychosis
- Recruiting 2 years, follow-up 3 years

Following EPPIC guidelines



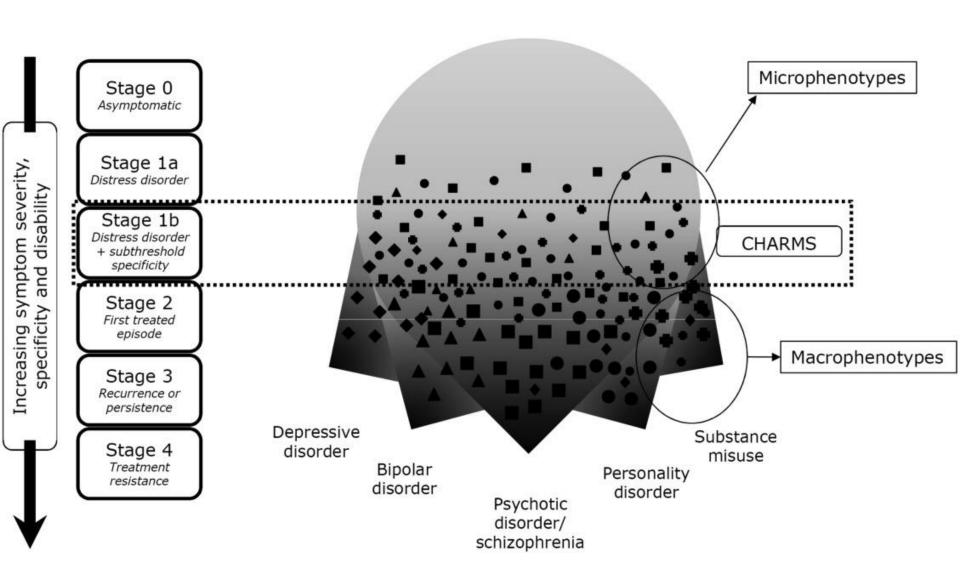




Reference group

- Case management : Shona Francey (Orygen), Nadir Mebdouhi (CHUV Lausanne)
- Medical management: Brian O'Donoghue (Orygen)
- > Fidelity to the model: Eoin Killackey (Orygen)
- Trial methodolgy : Sue Cotton (Orygen)
- International context: Patrick McGorry (Orygen), Philippe Conus (CHUV Lausanne)

STAGING, TRANSDIAGNOSTIC: CHARMS STUDY

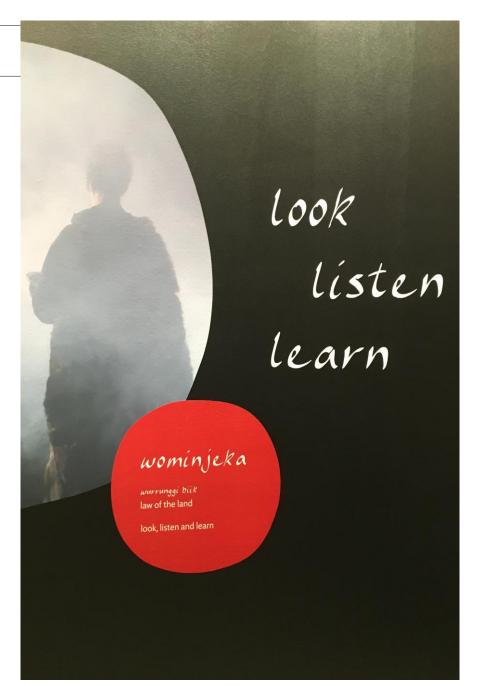


STAGING: THERAPEUTIC RESPONSE

Increasing severity, complexity or chronicity of condition					
Increasing intensity, cost and time in care. Decreasing number of people treated.					
Stage 1a	Stage 1b	Stage 2	Stage 3	Stage 4	
Types of evidence based interventions					
	Secondary mental health services				
Medication					
Assertive case management					
Face-to-face – individual					
Face-to-face – grou	р				
Online					

MY JOURNEY

Take a break
Get out of my comfort zone
Feel different
Observe, listen, speak
Open my mind
Improve and discover myself
Have new challenges





THANK YOU