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Targets of therapeutic intervention for prevention of repeated hospitalization: need for developing 'personalised care model'

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Social exclusion and Resilience: Newer targets for intervention

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Realizing Our Potential



Ontario's Poverty Reduction Strategy
2014-2019

**1.57
million**

*live in
poverty*

Addressing poverty is a public policy priority. When 1.57 million people live in poverty in as prosperous a place as Ontario, there is a clear need to adapt public supports and investments

Want to admit a patient?

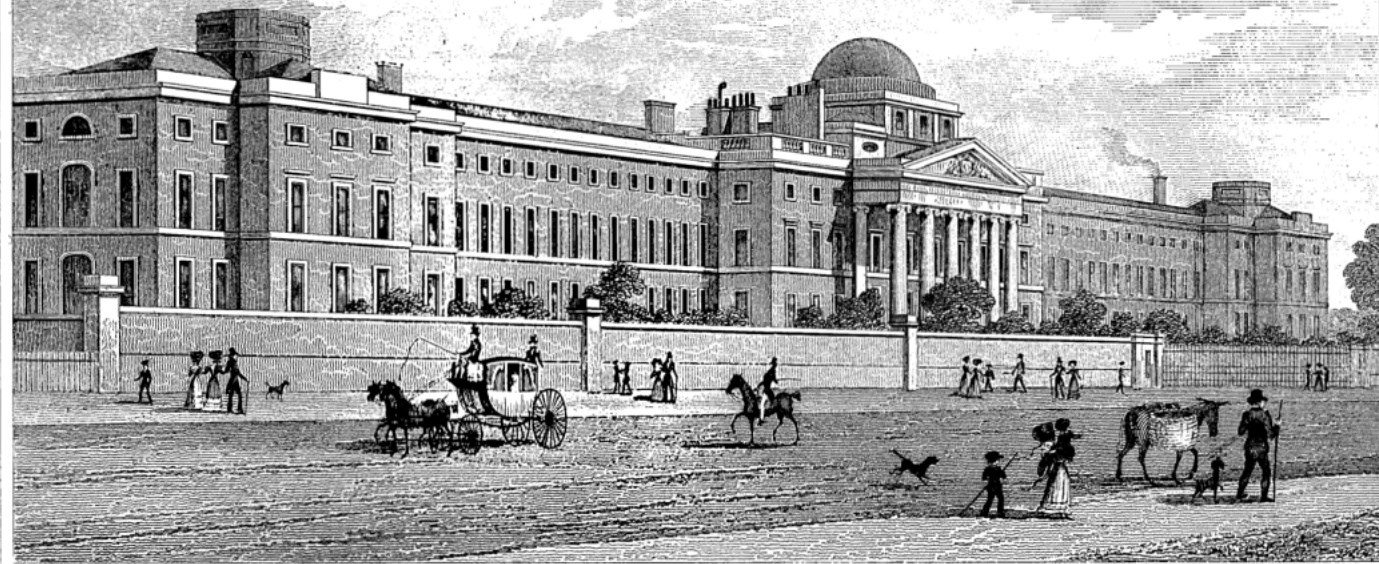
\$ 468

Per patient per year



Bethlem Hospital at St George's
Fields,

1828



Drawn by Tho. H. Shepherd.

Engraved by J. Tingle.

1919



Whitby Psych, Ontario Hospital for the
Insane, Ontario Hospital, Whitby, or OHW,



Alas! then, chance of a dream,
What art thou? What art thou?
Tyranny of Fancy's Reign.

With that disconcerting, angelic smile,
With that sweet, sweet, sweet smile,
Shapes of terror, that would even

Shapes of Pleasure, that but seem
Would split the shaking sides of spleen
& family of the 'here see

The headstrong course of youth thus runs, he 'him by thee to ruin sold,
What comfort from this darling sin? And care thyself, & care thy gold.
No rattling chains with 'ere hear.

then

1939

St. Thomas, SJHC



Elgin County
Progressive for History



2014

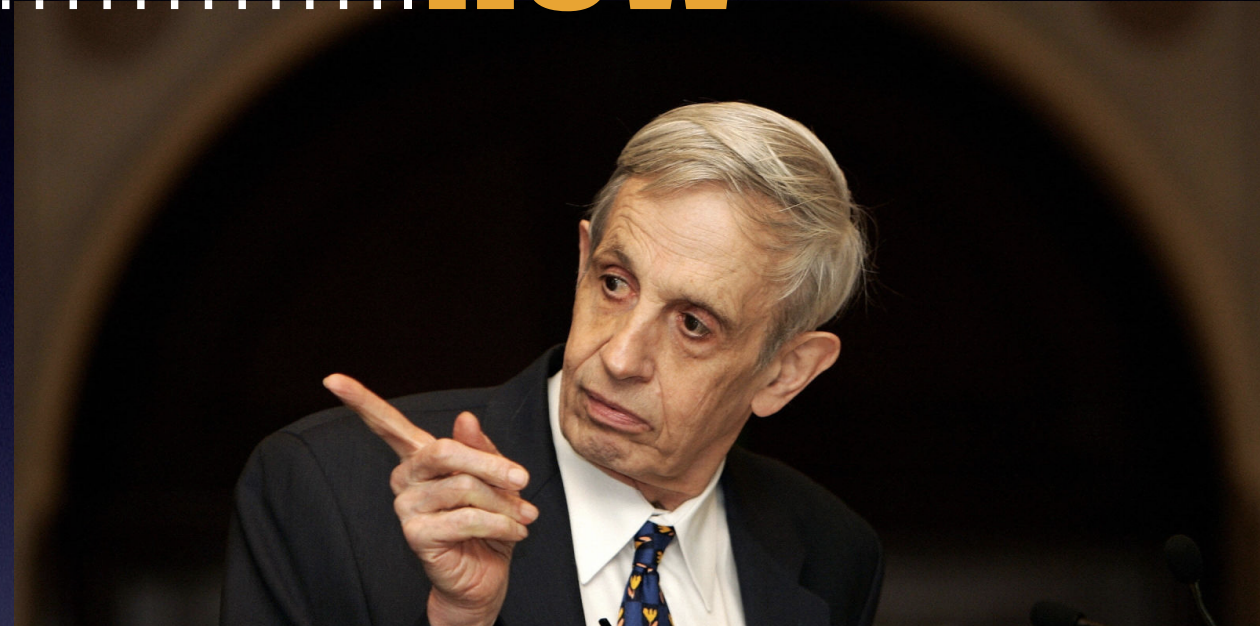
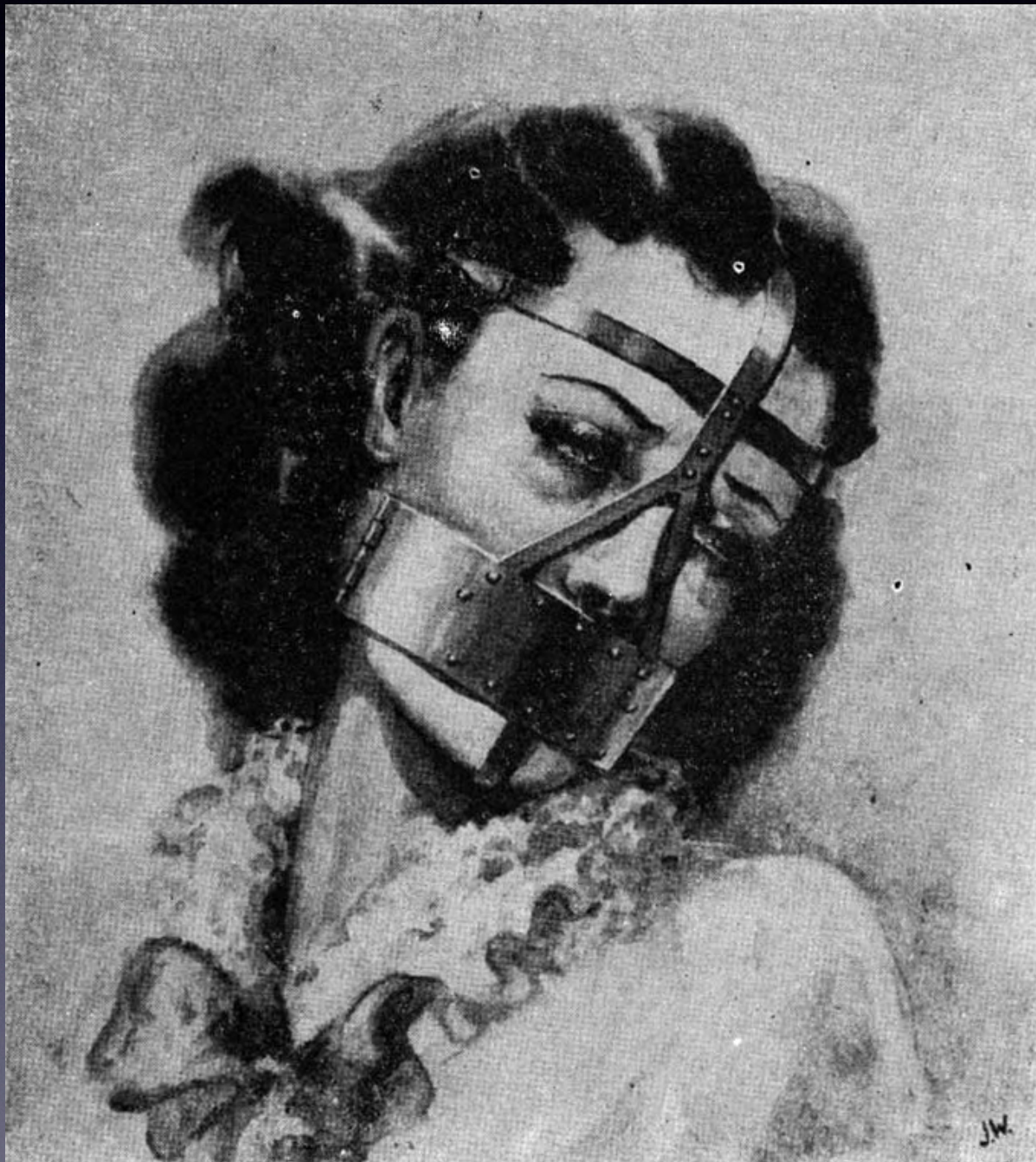


then

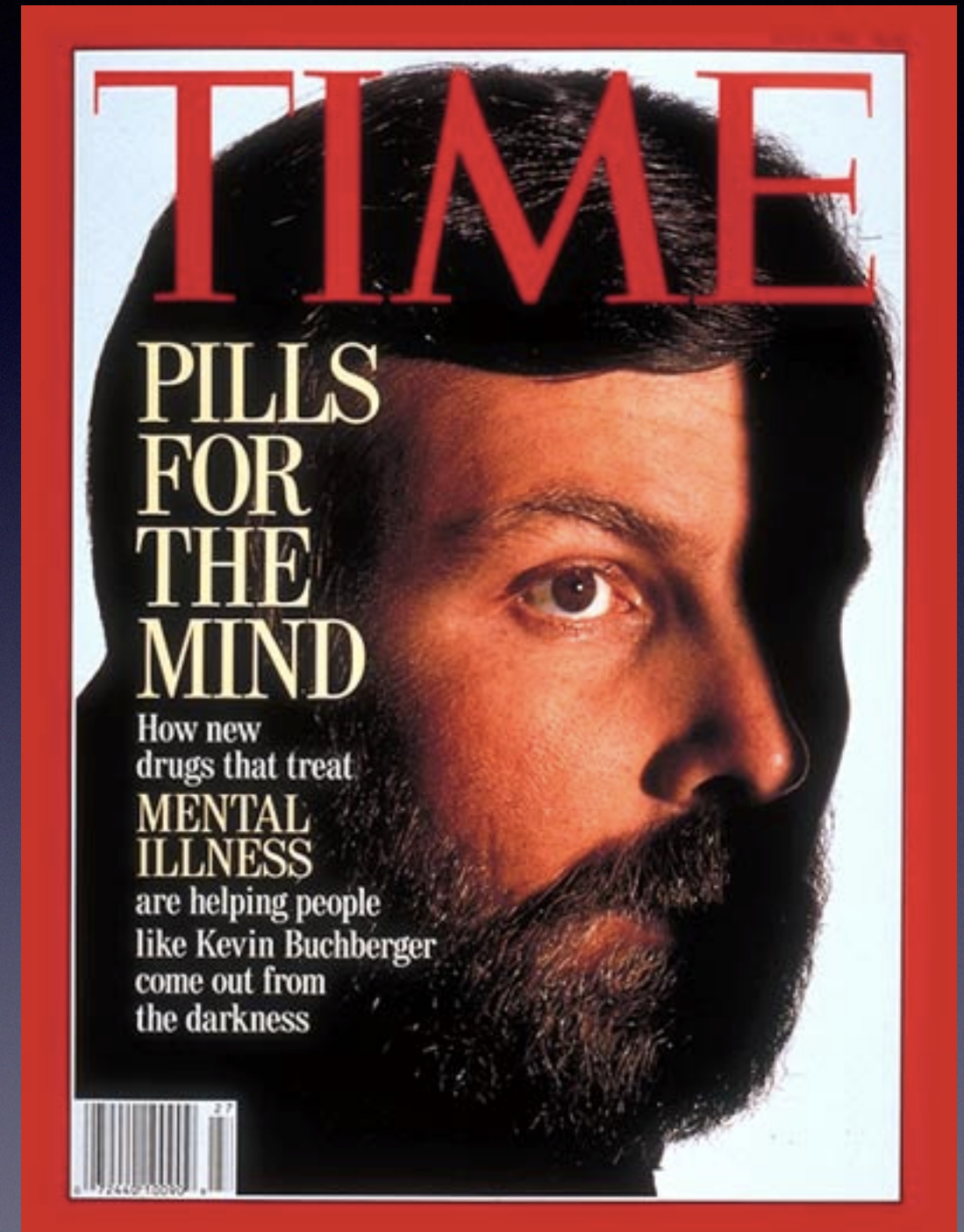
Now



Then... & now



Then... & now



Why do patients get repeatedly
hospitalized?

Besides several treatment what more can
be done

Does RESILIENCE play a role?

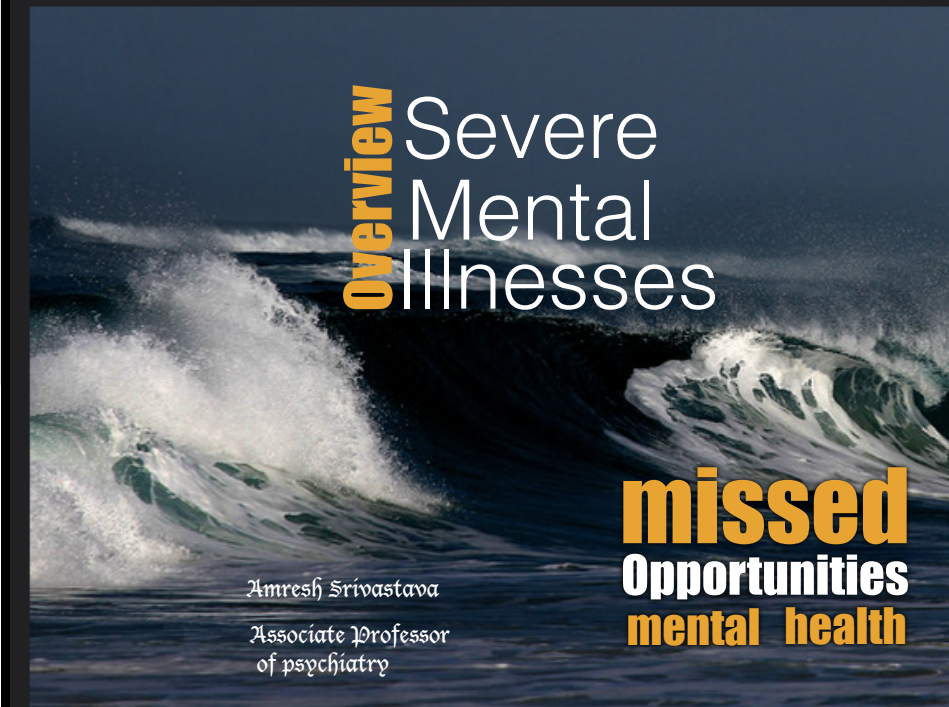
For people with mental illness

It has been a long journey

and for many others

It has been a Sojourn

Mental disorder and poverty

Any mental disorder	18.6%		Mental disorder is increasing	3.5 times increase by 2020
Severe mental disorder	4.1%		Poverty is decreasing	25% by 2020
Progress to SMI from any mental disorder	25%			

Repeated Hospitalisation



**Do patients
and their positive
characterstics**

prevent hospitalization?

**missed
Opportunity**
in first admission

Short-term and long term
objectives

Need for newer ways of
treatment

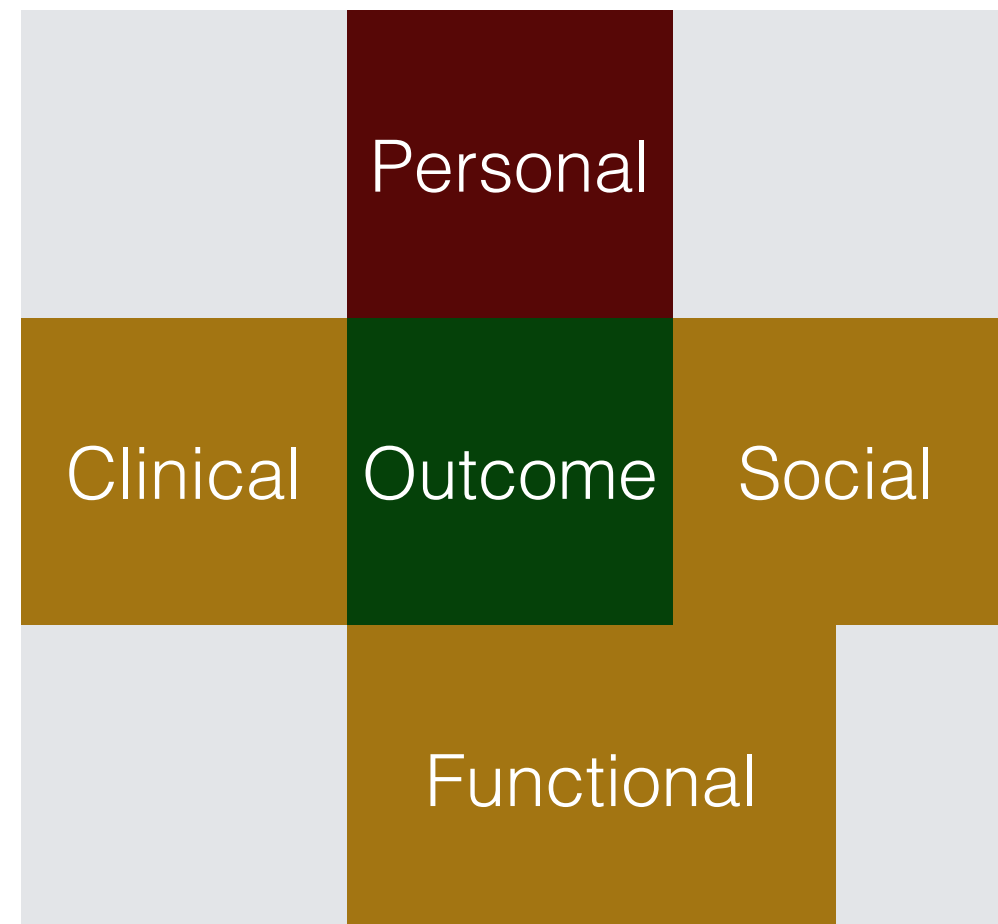
Intervention at ARMS

Treatment for ‘personal growth’

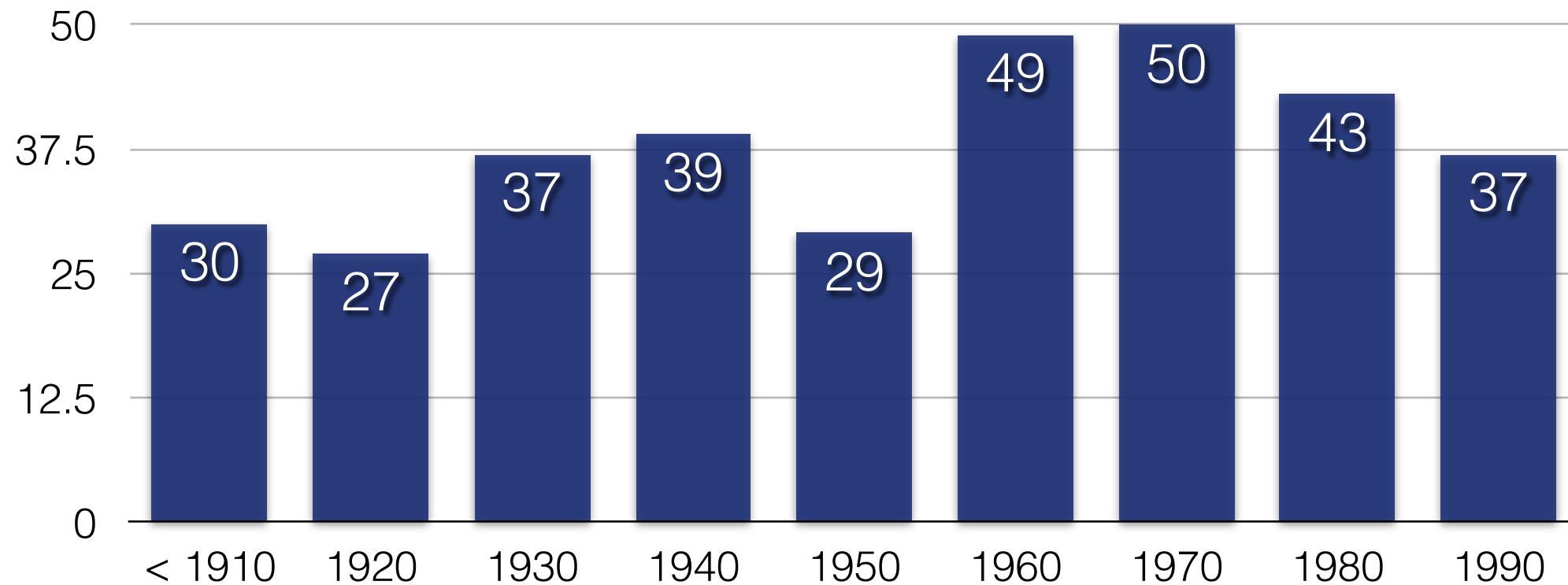
Re-define follow up criteria

A prognostic approach

Therapeutic intervention



100 years outcome of schizophrenia



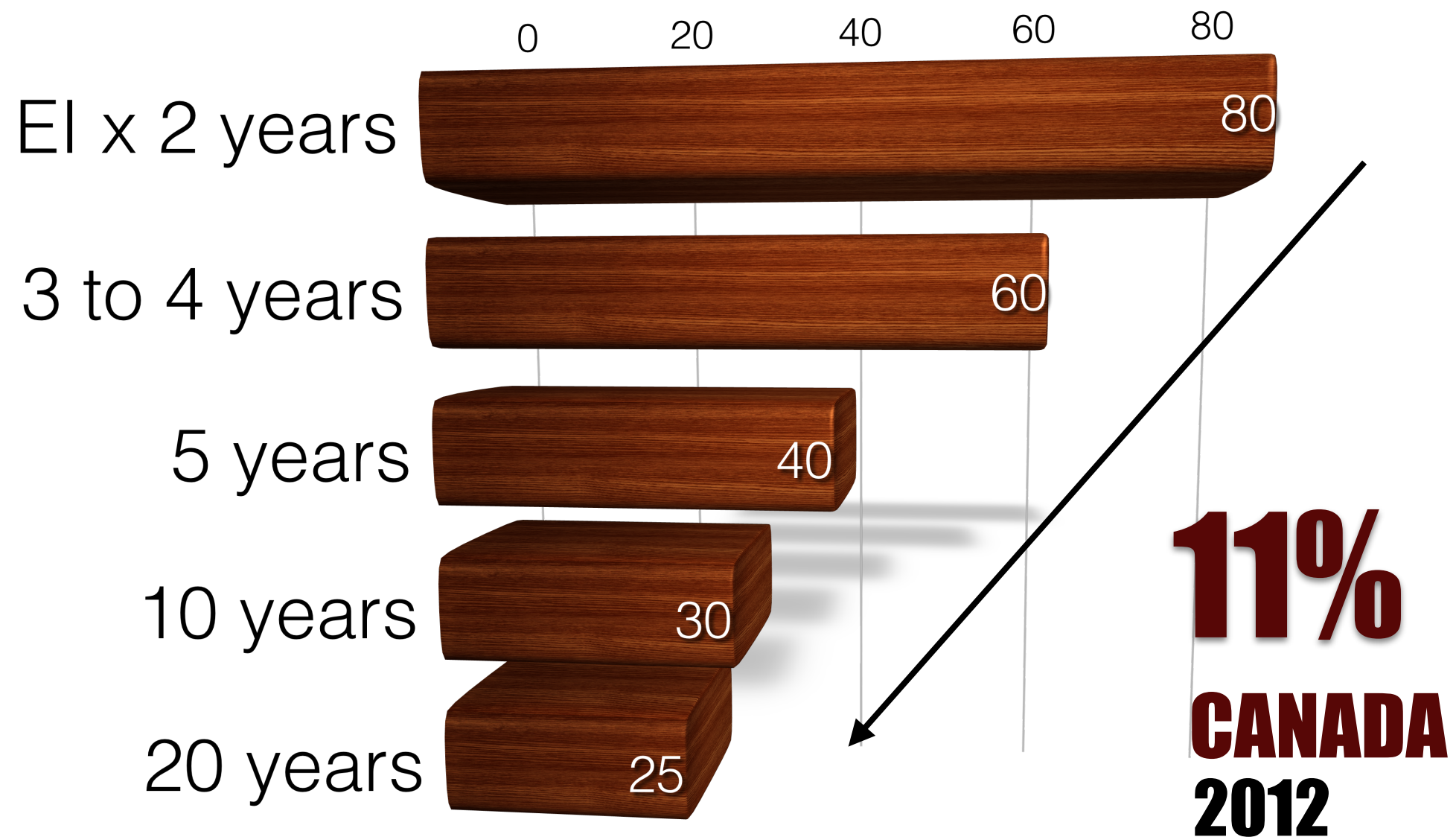
2015

Reduced risk of
being hospitalized

50%

Hagardty et al

Short-term and long term outcome of schizophrenia



16- country WHO study and max recovery in EI

Our studies: Hospitalisation

Hospitalization in acute and recently discharged patients

Suicide behaviour in schizophrenia

Resilience in Recently discharged patients

Risk of suicide at the time of discharge in Early psychosis

Positive psychiatry (PPC) traits in psychopathology and psychosis

Rehospitalised patients


Vulnerable

At-risk for suicide at the time of discharge

Patients have difficulty in accessing healthcare (left without support)

Rehospitalised patients are those admitted with suicide

50% readmitted

The image features the word "Resilience" in a bold, 3D, yellow-green font. The letters are blocky and have a slight shadow beneath them. The background is a dark red surface with a fine, black grid pattern. Two bright blue lines intersect at the word, forming an 'X' shape that extends towards the corners of the frame. A single red line runs horizontally across the middle of the image, passing directly behind the word. The overall aesthetic is digital and graphic.

Resilience

Resilience

No consensus definition

A Protective factor

> 500 key words

Adaptability

Neurobehavioral construct

Optimism

Modifiable

Satisfaction

Mindfulness

Contentment

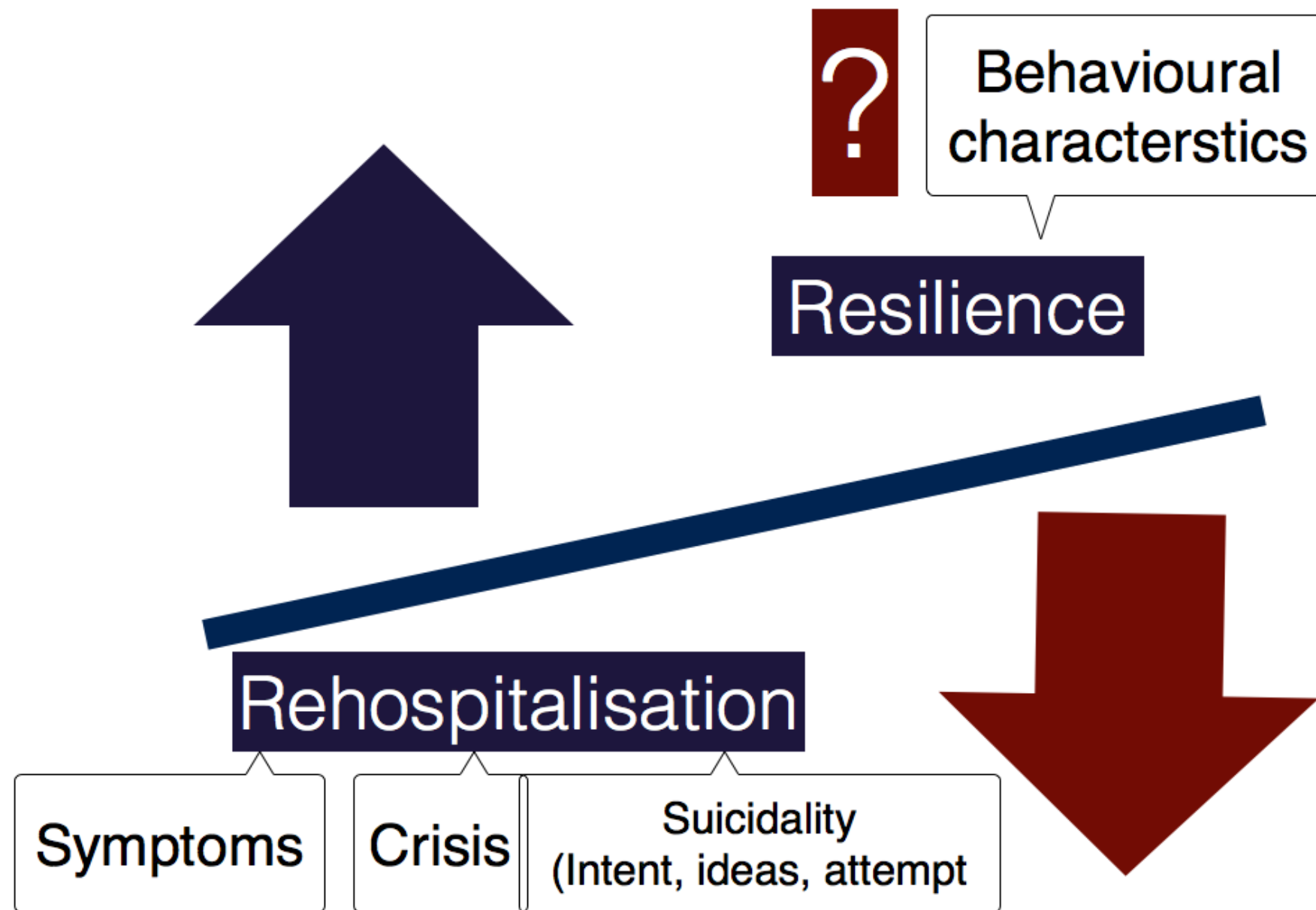
Foresight

Shares common biological features with suicide

Neurocognition	Neuroplasticity	Neuropeptides neuroprotectives,B DNF and NG1/2
Neuro-circuitry Amygdala, hypothalamus. mPFC, ACC	Resilience	HPA Axis, NA, DA, serotonergic system
	Genetics and epigenetics	Genetics and epigenetic

Resilience - A neurobiological construct

Resilience - relapse - rehospitalisation



Hypothesis

We believe that identifying indicators for patient's ability and resources to deal with psychopathology may improve therapeutic outcomes. Knowledge about such indicators may offer better 'personalized – care' to minimise symptom severity

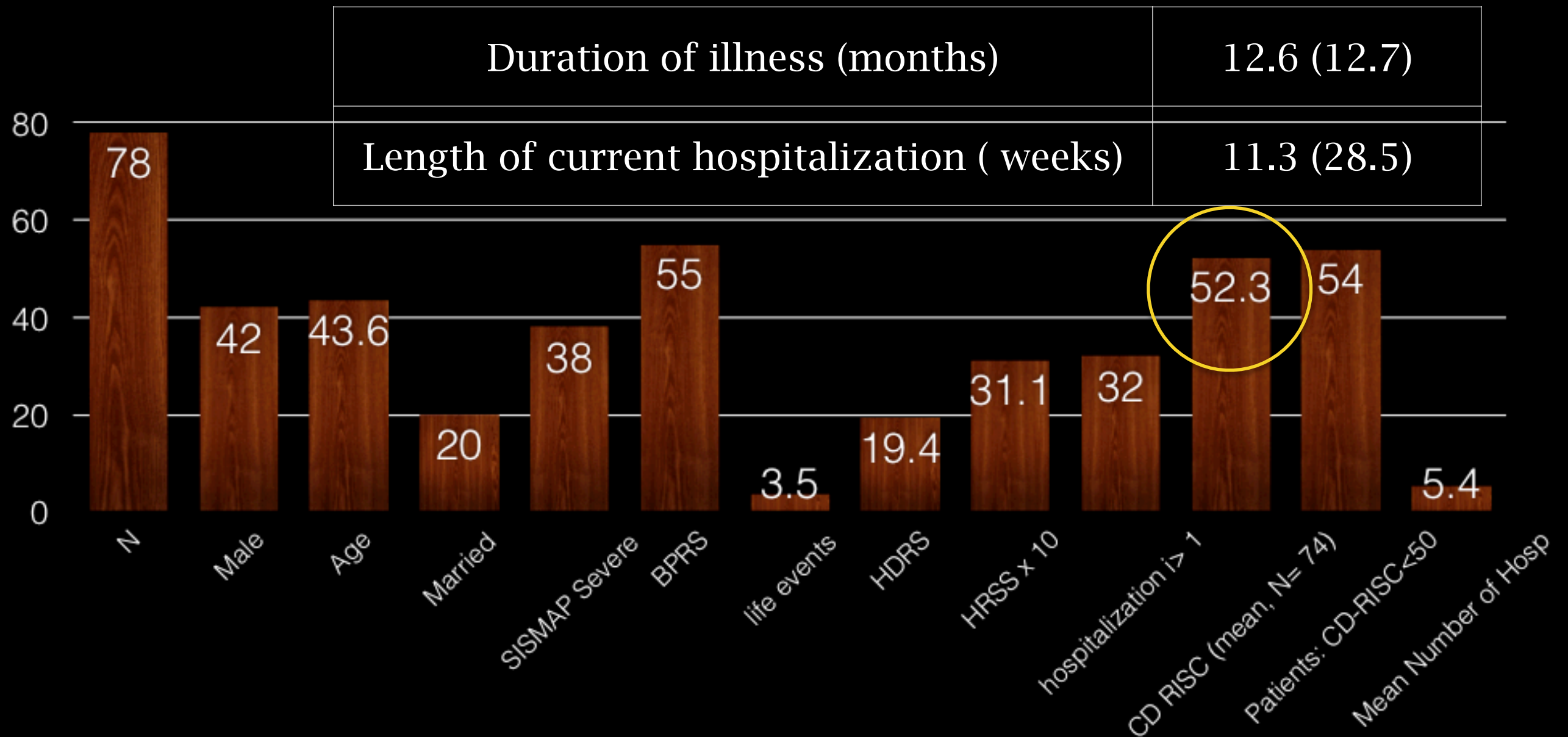
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Re-organization of description of resilience

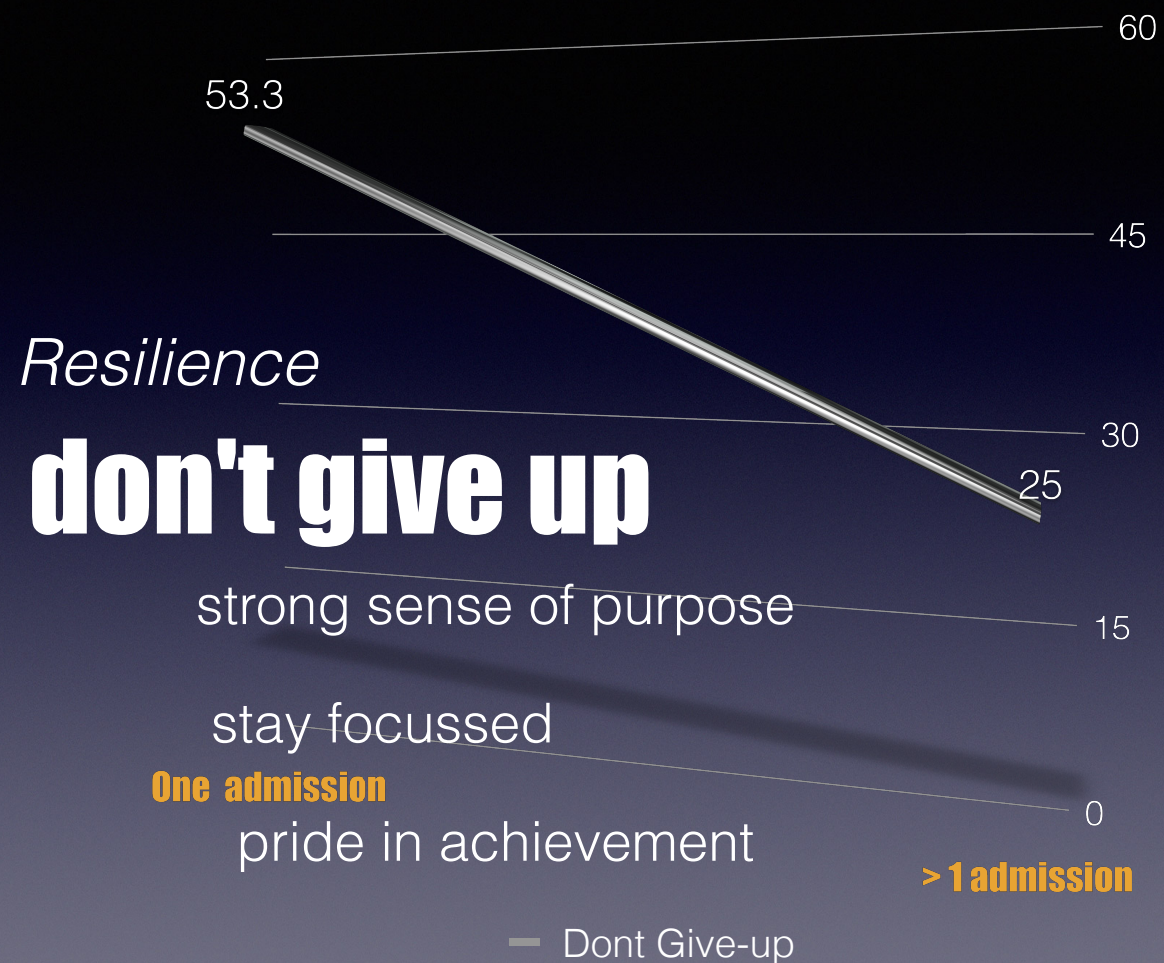


CD-RISC-25	
12 items	4,5,7,8, 10,12,14,
5 items	24,3,6,13
8 items	25,22,18, 16, 11,9,2,1

1. Psychopathology and Level of Resilience



Hospitalisation



Hospitalisation

Resilience

don't give up

strong sense of purpose

stay focussed

pride in achievement



Resilience

don't give up

strong sense of purpose

stay focussed

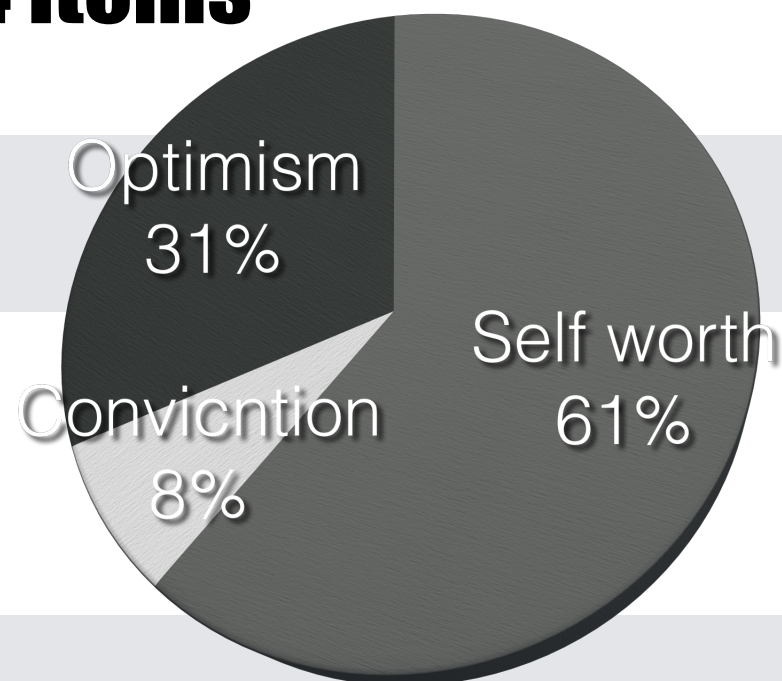
**pride in
achievement**



Behavioural Characteristics of resilience

Main target for intervention is increasing/ building
SELF-WORTH

4 items



8 items

Resilience has Negative correlation with
Hospitalisation

Resilience building therapy

for Self-worth

to prevent
Psychopathology

and
Hospitalisation

Acute and recently discharged (not long-term) RMHC.St.Thomas

Hospitalized more than once

32%

Duration of illness

12.6 years

Length of current hospitalisation

11.3 weeks

Resilience on CD-RISC > 60

22%

PPC factors

Self worth

Characteristics of patients who are repeatedly
hospitalised

4 feature

Characteristics of patients with high suicidality who are
repeatedly hospitalized

5 factors

Behavioural Characteristics

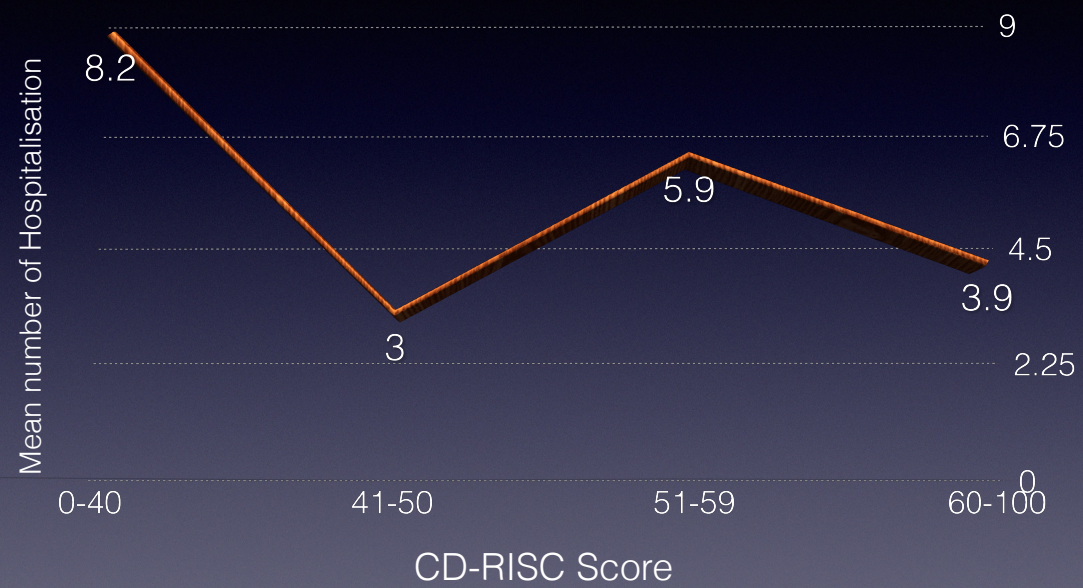
I do not give up

Under pressure
I stay focussed

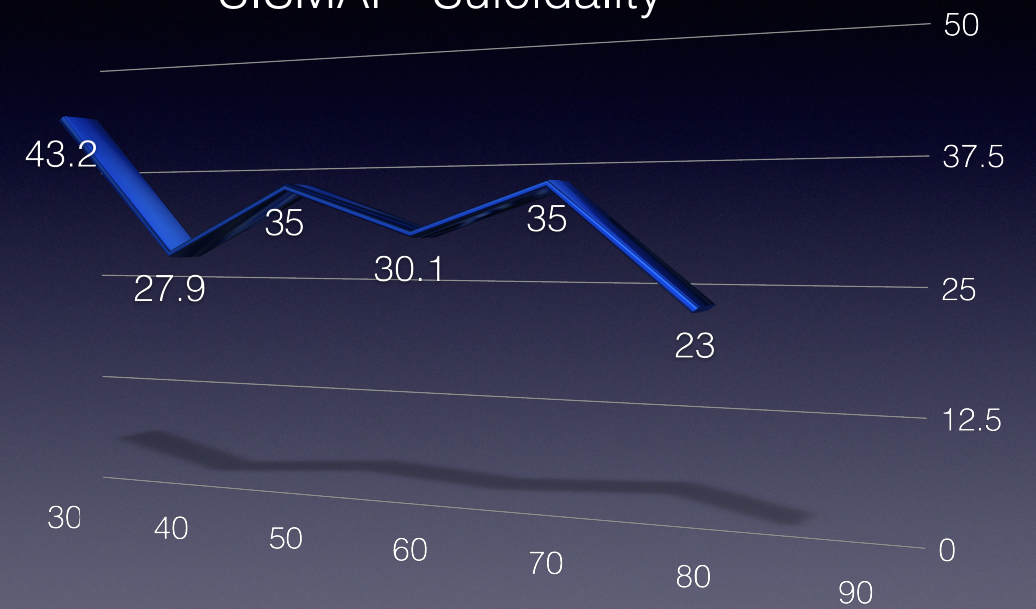
Take pride in my
achievement

I have strong
sense of purpose

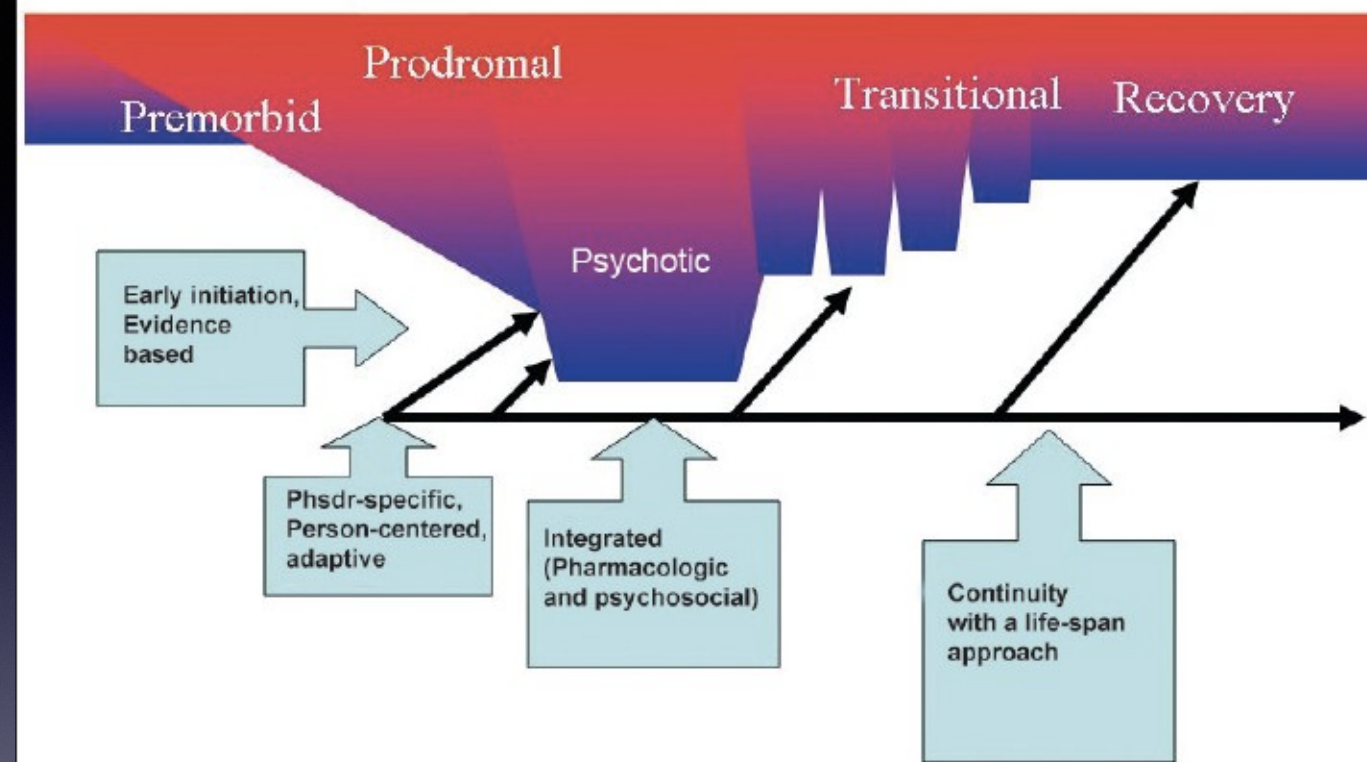
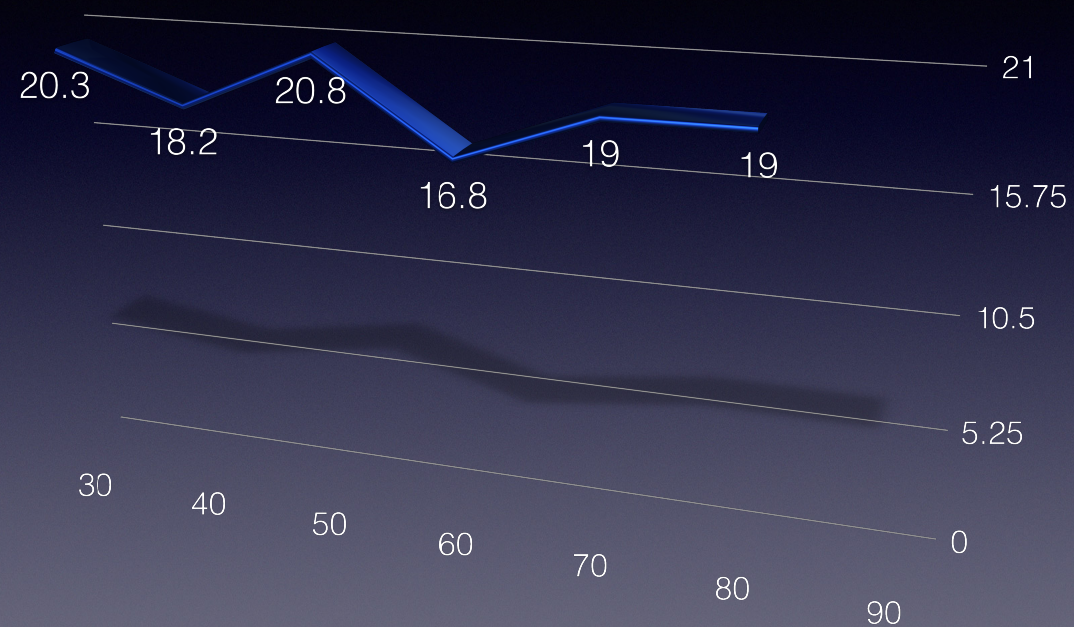
Resilience and hospitalisation



SISMAP- Suicidality



HDRS



Q 1

What is the best time of intervention?

Early phase

Q 2

What type of resilience building measure will be effective ?

Increasing self-worth

Q 3

Which symptomatology is also relate dot behavioural traits ?

suicide

Q4

Do Behavioural traits play a role?

5 different traits have positive correlation

Negative correlation with duration of illness

Medium severity of symptoms

After a certain duration severity of psychopathology is not correlated with resilience

Risk - Resilience - Response: Newer Interventions

Resilience - building measures	Mindfulness training	Yoga
combined recreational sport and psychosocial rehabilitation	Harm-reduction approach	TM
metallization and cognitive training	protection approach	Meditation
moderate resilience and emotional intelligence	promotion approach	Medications
Cognitive interventions	Psychotherapies	transmagenetic modulation

Clinical implications of research of resilience

New understanding - new hope

Newer intervention

Effective treatment in early phase

Meaningful integration of treatments

Prevention of mental disorders



hope