

Table DS1 Summary of studies evaluating the effectiveness of specialised early intervention service^a for early psychosis

Study	N	Age at Entry	DUP (median)	FEP Status	Diagnostic Scope	Follow-up	Attrition Rate	Early Intervention	Comparison Group	Outcomes
<u>Studies which adopted an experimental design (i.e., randomised controlled trial)</u>										
LEO Craig et al 2004 ⁴	144 EI: 71 SC: 73	16-40	EI: 10.5 months SC: 7.6 months ^b	Recent-Onset ^c	ICD10 non-affective psychosis	18 months	EI: 8.4% SC: 11%	Specialised team providing 18-month service included assertive outreach, CBT, family counseling and vocational support	Community mental health team with no training in managing early psychosis patients	-EI group had fewer admissions and lower dropout rate than SC group over 18-month follow-up period
Garety et al 2006 ⁷						18 months	EI: 23% SC: 40%			-EI group had better treatment adherence, social and vocational functioning, and quality of life than SC group over 18 months
Gafoor et al 2010 ¹⁴	99 EI: 45 SC: 54					5 years	EI: 37% SC: 26%			-No difference between the two groups in rate and length of admissions over 5 years
COAST Kuipers et al 2004 ⁵	59 EI: 32 SC: 27	18-65	Not reported	Recent-onset ^d	Both affective and non-affective psychosis Diagnostic criteria not reported	9 months	66.1%	Specialised team providing case management, family intervention, psychotherapy for residual symptoms and vocational support (caseload: 1:12)	Community mental health team with no specialised psychosocial intervention (caseload: 1:35)	-No difference between the two groups in symptom severity, functioning, quality of life, unmet needs and length of admissions at 9 months
OPUS Petersen et al 2005 ⁶	547 EI: 275 SC: 272	18-45	EI: 46 weeks SC: 53 weeks	FEP	ICD10 non-affective psychosis	2 years	EI: 25% SC: 40%	2-year integrated service with assertive community treatment, family intervention and social skills training (caseload: 1:10)	Community mental health team with psychosocial treatment available but on a less frequent basis (caseload: 1:20 to 1:30)	-EI group had fewer positive and negative symptoms, better treatment adherence and greater satisfaction with treatment than SC group at 2 years
Bertelsen et al 2008 ¹³	301 EI: 151 SC: 150					5 years	EI: 44% SC: 43%			-EI patients were less likely to live in supported housing and had fewer inpatient days over 5 years -No difference between the two groups in symptom level, global functioning, depression and suicidal behaviour at 5 years
OTP Grawe et al 2006 ⁸	50 EI: 30 SC: 20	18-35	Not reported	Recent-onset ^e	DSM-IV schizophrenia	2 years	EI: 10% SC: 20%	2-year integrated treatment providing home-based case management and structured psychosocial interventions (caseload: 1:10)	Clinic-based case management with no specialised psychosocial intervention (caseload: 1:10)	-EI group had fewer negative symptoms at 2 years than SC group -EI group had fewer minor psychotic episodes and better overall clinical outcome over 2 years than SC group
<u>Studies which adopted a quasi-experimental design (i.e., non-randomised treatment group allocation e.g. historical controlled study)</u>										
EPICC McGorry et al 1996 ¹	102 EI: 51 HC: 51	EI: 16-30 HC: 16-45	EI: 52 days HC: 30 days	FEP	DSM-III-R affective and non-affective psychosis	1 year	EI: 27.5% HC: 33.3%	Specialised team providing 2-year service including case management, psychosocial interventions and specialized inpatient unit (caseload: 1:40)	Inpatient unit specialised for FEP but without community case management	-EI group had fewer admissions and inpatient days over 1 year than SC group -EI group had better global functioning than SC group at 1 year follow-up

Mihalopoulos et al 2009 ¹¹	65 EI: 32 HC ^f :33					8 years	EI: 37.3% HC:35.3%				-EI group had fewer positive symptoms, higher symptom remission rate at the end of follow-up than HC group -EI group had more favourable course of illness (without active psychosis) in the last 2 years of follow-up
Carbone et al 1999 ²	347 EI:147 HC ^f :200					1 year	EI: 25.2% HC: 30%				-For patients with DUP ranged between 4 weeks and 6 months, EI group had better functional outcome than HC group at 1 year
Parachute project Cullberg et al 2002 ³	388 EI: 253 PC ^g : 64 HC ^h : 71	18-45	Schizophrenia-Spectrum ^h : EI: 21 weeks PC: 12 weeks Non-schizophrenia spectrum: EI: 2.3 weeks PC: 2 weeks DUP data not reported in HC	FEP	DSM-IV non-affective psychosis and affective disorder with mood-incongruent psychosis (affective psychosis not included in HC)	1 year	EI: 31% PC: 20% HC: 0%	Integrated, need-specific treatment including home-based community care, family intervention with some centres providing overnight crisis home as an alternative for inpatient treatment	PC: inpatient and outpatient care provided by Uppsala research unit without specialised intervention for FEP HC: intervention focused mainly on pharmacological and supportive treatment without specialised intervention for FEP		-EI and PC groups had better global functioning at 1 year than HC group -No significant difference between EI and PC in functional and symptom outcomes at 1 year
Cullberg et al 2006 ⁹	143 EI: 71 PC ^g : 29 HC ^h : 43				DSM-IV schizophrenia-spectrum disorders	3 years	EI: 14% PC: 14% HC: 5%				-EI and PC groups had better global functioning at 3 years than HC group -No significant difference between EI and PC in functional and symptom outcomes at 3 years
PEPP Goldberg et al. 2006 ¹⁰	305 EI: 159 HC ⁱ : 146	16-50	Not reported	FEP ^j	DSM-IV non-affective psychosis	2 years	EI: 0% HC: 0%	Specialised team providing 2-year service including case management and protocol-based psychosocial interventions	Generic psychiatric service without specialised interventions for FEP		-EI group had fewer admissions and attendances to Emergency Department than HC group over 2 years
EASY Chen et al 2011 ¹²	1400 EI: 700 HC ^k :700	15-25	EI: 239.8 days HC: 232 days ¹	FEP	ICD10 affective and non-affective psychosis	3 years	EI: 23% HC: 30%	Specialised team providing 2-year service including case management and protocol-based psychosocial interventions (caseload: 1:80)	Generic psychiatric service with limited community support and no specialised psychosocial interventions		-EI group had less severe positive and negative symptoms, fewer suicides, fewer inpatient days, lower disengagement rate and longer full-time employment than HC group over 3 years

CBT, Cognitive-behavioural therapy; COAST, Croydon Outreach and Assertive Support Team; DSM-III-R, Diagnostic and Statistical Manual of Mental Disorders, Revised 3rd edition; DSM-IV, Diagnostic and Statistical Manual of Mental Disorders, 4th edition; DUP, Duration of untreated psychosis; EASY, Early Assessment Service for Young people with psychosis; EI, Early intervention; EPICC, Early Psychosis Prevention and Intervention Centre; FEP, First-episode psychosis; HC, Historical control; ICD10, International Statistical Classification of Diseases, 10th Revision; LEO, Lambeth Early Onset team; OTP, Optimal Treatment Project; PC, Prospective control; PEPP, Prevention and Early Intervention Program for Psychosis; SC, Standard care.

^aOnly randomised controlled trials and other non-randomised case-control comparison studies focusing on evaluation of phase-specific, service-level intervention for early psychosis were included in this summary. Studies that only examined the impact of early detection program on treatment delay or the effectiveness of individual specialised psychosocial intervention for early psychosis were excluded from this review.

^bMean DUP was reported.

^cRecent-onset psychosis in LEO study included patients presenting with first or second psychotic episode, with 86% of EI sample and 71% of SC sample was FEP.

^dRecent-onset psychosis in COAST study included patients having first psychiatric service contact within 5 years due to psychosis from study entry.

^eRecent-onset psychosis in OTP included patients presenting with their first psychotic episode within 2 years from study entry.

^fHC sample was recruited from 1989 to 1992, while EI sample was recruited in 1993. HC sample was interviewed at follow-up for assessment.

^gHC, PC and EI samples were recruited in periods of 1991-1992, 1995-1997 and 1996-1997, respectively. Data of HC were based on retrospective medical record review without face-to-face interview.

^bSchizophrenia-spectrum in Parachute project included schizophrenia, schizoaffective disorder and schizophreniform disorder based on DSM-IV diagnostic criteria.

ⁱHC sample was recruited from 1993 to 1995, while EI sample was recruited from 1997 to 1999. Data of both HC and EI were based on retrospective medical record review without face-to-face interview.

^jFirst-admission sample.

^kHC sample was recruited from 1998 to 2001, while EI sample was recruited from 2001 to 2003. Data of both HC and EI were based on retrospective medical record review without face-to-face interview.

^lMean DUP was reported.

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