

Support for Wellness Achievement Programme (SWAP): A Service for Individuals with At-Risk Mental State in Singapore

Dear Editor,

There has been growing evidence over the years that the early recognition and treatment of psychotic disorders leads to significant improvement and overall prognosis. Several studies have clearly shown that a longer duration of untreated psychosis is associated with a worse outcome or prognosis for the individual.¹⁻³ It has also been shown that psychotic disorders are generally preceded by a prodromal phase, which presents as changes in a person's well-being and psychosocial functioning. This prodromal phase is a period of progressive cognitive and functional deterioration and at times occurs concurrently with the emergence of subthreshold psychotic symptoms. The term 'at-risk mental state' (ARMS) was coined by Yung et al⁴ to describe this prodromal phase whereby an individual is at increased risk of developing a psychotic disorder. Mrazek and Haggerty⁵ had stated that the identification of individuals at this early stage, coupled with pharmacological and psychosocial interventions, might prevent the development of the full blown disorder. Yung et al⁶ found about 40% of patients made the transition to psychosis within a year of identification. Other clinics around the world have found incidence rates that vary from 6% to 50%.^{7,8} With the transition rates being widely variable and low, there has been much debate if intervention for this group of individuals can be justified in view of the stigmatising label of being treated within a mental health service.

Some studies have shown that early intervention in the form of low dose antipsychotics or cognitive therapy reduces transition rates to psychosis.^{9,10} The initiation of antipsychotic medication in individuals with ARMS has proven to be controversial in the face of limited studies within this area to provide absolutely conclusive evidence to support this. However, there are various other aspects of early intervention for individuals with ARMS that justifies establishing such a service. Johnstone et al¹¹ stated that at the very least, early intervention will reduce the impact that a psychotic disorder will have on the individual's life by reducing the duration of untreated psychosis, thereby reducing the degree of psychosocial disruption. It is also clearly evident that patients with ARMS experience significant levels of distress and have comorbid psychiatric disorders. In a study by McGorry et al,⁹ 45% of patients with

ARMS met the criteria for mood and/or anxiety disorder. Therefore, regardless of whether the individuals with ARMS convert to psychosis, most of these individuals referred to the service are distressed, have treatable comorbid psychiatric diagnoses or are significantly limited by their disabilities. Hence access to services and appropriate interventions still prove to be beneficial. Tara et al¹² confirmed the presence of baseline neuropsychological deficits in information processing, with a trend toward impaired verbal learning and memory in individuals with ARMS. In another study by Simon et al,¹³ a comparison of cognitive functioning between individuals with ARMS and first episode psychosis showed that at-risk patients demonstrated a degree of neuropsychological deficits. Hence, early intervention is also targeted at the early cognitive decline as well as the distress associated with the impact of these cognitive problems on the psychosocial functioning of the individual.

In a survey conducted by Tor et al¹⁴ to establish the attitudes of psychiatrists in Singapore with regard to ARMS, it was found that 44.8% and 43.7% of psychiatrists diagnosed ARMS versus psychosis respectively, when presented with a case scenario of ARMS. Despite the controversy surrounding treatment of ARMS, a large proportion (74.4%) of local clinicians chose to treat the patient actively with the majority prescribing antipsychotic medication. There appeared to be a low preference for psychosocial interventions (27.6%) for ARMS. However, 49.4% of psychiatrists would advocate screening of at-risk groups. The authors of this paper aptly reflect that the above findings underscore the uncertainty regarding the diagnosis of ARMS and its management amongst the clinicians in Singapore. This underpins the need for a service such as the Support for Wellness Achievement Programme (SWAP), which focuses on structured assessments and treatment algorithms focusing on psychosocial interventions.

Establishment of SWAP Services

SWAP was first established in Singapore in April 2008 to provide a comprehensive and integrated assessment and treatment service for those experiencing ARMS. This programme was initiated within the remit of the Early Psychosis Intervention Programme (EPIP) to target

individuals with ARMS. Mainstream mental health clinics have traditionally focused on providing assistance to those who have diagnosable levels of disorder. These services have often had negative connotations in terms of stigma and may be viewed in a negative light by young people and their families. Hence, the SWAP service was established with a focus on distinguishing itself from the mainstream mental health services by encompassing the following elements as part of the clinical infrastructure. Firstly, it was deemed that the name of the service should not be stigmatising and hence no direct reference was made to mental health services. Secondly, some clinics should be located within non-traditional mental health settings to encourage individuals to access the service. Currently, the service has initiated clinics at the Community Wellness Centre (CWC), which is within a general polyclinic setting. The clinic at CWC was also initiated to provide an accessible service to the population residing in the south and west of Singapore.

In addition to CWC, there are clinics located at the Institute of Mental Health (IMH), which is a specialist psychiatric hospital in Singapore that functions as a primary, secondary and tertiary service for individuals with the full range of mental health disorders. Setting up the service within IMH also enables us to foster a close relationship with the services based in IMH such as the Department of Child and Adolescent Psychiatry (DCAP) and General Adult Psychiatry. Collaboration with these services as well as psychiatric departments within the other general hospitals within Singapore present as an important source of referral and may be involved in treatment of these individuals.

Assessment and Engagement

SWAP offers its service to help-seeking individuals between the ages of 16 and 30 years.

Phillips et al¹⁵ have defined an operational set of clinical features that can be used to identify individuals presenting with ARMS. This criterion has been adopted by SWAP. The clinical features are a combination of state and trait factors. An individual is deemed to have ARMS if they fulfilled the criteria for any of the 3 groups in addition to a decline in functioning of 30% over the preceding one year, as assessed on the SOFA (Socio-Occupational Functional Assessment) scale. The first group, the 'Vulnerability' group includes individuals with a family history of a psychotic disorder in a first degree relative or a diagnosis of schizotypal personality disorder in the individual. The second group, the 'Attenuated Symptom' group consists of individuals with attenuated or low-grade psychotic symptoms that are deemed to be of subthreshold frequency or intensity. The last group, Brief Limited Intermittent Psychotic Symptoms (BLIPS) consists of individuals that have experienced a frank psychotic episode that resolved spontaneously within

a week. Although the criteria stipulates that there must be a significant deterioration in functioning over the preceding year, individuals meeting one of the aforementioned ARMS criteria without a significant deterioration in the functioning are accepted into the service if they express high levels of distress secondary to the symptoms. The comprehensive assessment of at-risk mental state (CAARMS), a semi-structured questionnaire developed by Yung et al¹⁶ encompasses the above mentioned criteria and is employed to assess individuals to elicit a diagnosis of ARMS. Acceptance into the SWAP service is based on clinical judgment assisted by the CAARMS, which is administered by the case manager.

Individuals with symptoms that are primarily due to substance abuse or other organic factors, those with significant forensic issues and individuals with intellectual disability associated with limitations in socio-occupational functioning are not accepted into the service as their issues would be more effectively managed by the respective subspecialty services.

Treatment and Follow-up

The SWAP receives referrals for assessments at the outpatient clinics from various sources such as the Singapore Armed Forces (SAF), institutes of higher learning (IHLs), family service centers (FSCs), school counsellors, general practitioners (GPs), other restructured hospitals, private psychiatrists and polyclinics. SWAP also receives referrals from the acute inpatient psychiatric wards at IMH. Once individuals are accepted into the programme, they are followed up for a minimum period of 2 years. This period of care may be extended if the individual has not achieved symptomatic stability or if he has difficulties with socio-occupational functioning. SWAP uses a multidisciplinary team approach with the psychiatrist leading the treatment team, which consists of the case managers, psychotherapists and occupational therapist. Management is targeted at the individuals' using a bio-psycho-social model of care. Psychotropic medication is prescribed for any existing comorbid disorders if deemed necessary. However, antipsychotic medication is not routinely prescribed for the individuals with ARMS unless the individual is extremely distressed by the attenuated symptoms or if he requests for it. In such individuals, a low dose of antipsychotic is prescribed.

The case manager's role involves extensive and in-depth supportive work in helping patients cope with their attenuated symptoms, social, occupational or academic stressors. Case managers work closely not only with patients, but also their families and caregivers, schools counsellors, employers, SAF, FSC counsellors and any other significant caregivers. Supportive work for the patients is

mainly focused on psycho-education, instilling positive coping habits and managing their expectations in addition to monitoring the symptoms and closely monitoring for conversion to psychosis. For certain patients, the case managers do solution focused brief therapy (SFBT) to aid them in resolving their issues within a short time frame. The case managers have clinical supervision by a certified SFBT supervisor on a monthly basis. Case managers' engagement with families and community partners focuses predominantly on psycho-education, support and guidance on how to care for individuals with ARMS.

Patients with complex intrapersonal psychological issues and comorbidities are also referred to the psychotherapists for more focused therapies. Patients that need assistance in employment training, referral and placement are referred to the occupational therapist. The occupational therapist also conducts cognitive remediation therapy for individuals experiencing cognitive difficulties.

Prior to discharge, patients and case managers will discuss and formulate their discharge plans. An individual who has comorbid disorders which requires ongoing treatment will be offered further follow-up with an alternative psychiatrist or general practitioner subsequent to their discharge from the service. Community partners, who have been involved in the care, will be duly informed of the individual's impending discharge and both the individuals and his or her family will be educated on the early warning signs of psychosis as well as the community resources that they could access if the need arises.

Networking, Professional Training and Education

In order to raise awareness of ARMS and the availability of the SWAP service, we have engaged in both professional and public education and training. In addition to increasing public awareness, education has also been focused on high-risk groups such as students at various IHLs as well as gatekeepers such as teachers, school counselors and GPs. We have also conducted outreach training and networked with various community partners such as the SAF, Ministry of Community Development, Youth and Sports (MCYS), Ministry of Education (MOE), IHLs, FSCs, and counsellors. In addition to audio, video and print media website and talks, SWAP also provides training on ARMS and psychosis so that agencies are aware and are able to identify individuals who might benefit from SWAP services. To date, SWAP has trained scores of counsellors and direct workers as well as volunteers from other welfare organisations from MCYS, MOE, FSCs and IHLs. This has led to a significantly successful increase in the number of referrals to the service. SWAP also conducts caregiver workshops for carers of individuals experiencing ARMS to enable them to have a better understanding of the condition and some basic skills

in managing as well as supporting individuals with ARMS.

In recent months, SWAP has also received referrals from the Longitudinal Youth At-Risk Study (LYRIKS), a national research initiative to examine neurobiological and clinical risk factors related to the risk of developing mental problems in young people who are experiencing emotional or psychological difficulties.

To increase public awareness, SWAP also conducts talks, events, exhibitions, and publishes articles in local newspapers. SWAP staff and patients also periodically design and produce brochures relevant to the current youth culture.

Research

There is a strong emphasis on building the capacity to conduct research as a key component to further understand ARMS and contribute to the development of an evolving set of evidence-based practice. Young people referred to the SWAP clinic are assessed using various structures rating instruments at baseline and every 6 months and the data are maintained within a central database, which is used for clinical audit and research purposes. The rating scales that are administered are the Structured Clinical Interview for DSM IV (SCID), Quality of Life Scale (QLS), Global Assessment of Functioning (GAF), Brief Psychiatric Rating Scale (BPRS), Positive and Negative Symptom Scale (PANSS), Scale for the Assessment of Negative Symptoms (SANS), Becks Depression Inventory (BDI), Hamilton Rating Scale for Anxiety (HRSA), Young Mania Rating Scale (YMRS), CAARMS, and Family Interview for Genetic Studies (FIGS). SWAP is also one of the study sites in an international multicentred randomised controlled trial looking at the efficacy of omega-3 fatty acids in comparison to placebo in individuals with ARMS.

Conclusion

There continues to be much debate on this concept of a risk syndrome for psychosis and its inclusion as a diagnostic category in the DSM V. There has been concern over stigmatisation of false positive identifications and unnecessary prescribing of medication. Nevertheless, it is still justifiable and crucial that individuals with ARMS who are help-seeking, distressed or disabled by their symptoms, have access to a service where assessment, monitoring and treatment focused on psychosocial interventions are offered. As clinicians, our primary aim needs to be that of treating and alleviating the symptoms of ARMS regardless of the number of false positives or whether we have been successful in preventing conversion to psychosis.

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