



**Wednesday, October 19<sup>th</sup>, 2016**

**Milan, Auditorium Giorgio Gaber-Grattacielo Pirelli**

**Meaningful Lives\***

Supporting Young People with  
Psychosis in Education, Training  
and Employment

**Healthy Active  
Lives (HeAL)**

Keeping the Body in Mind  
in Youth with Psychosis



**International Symposium on**

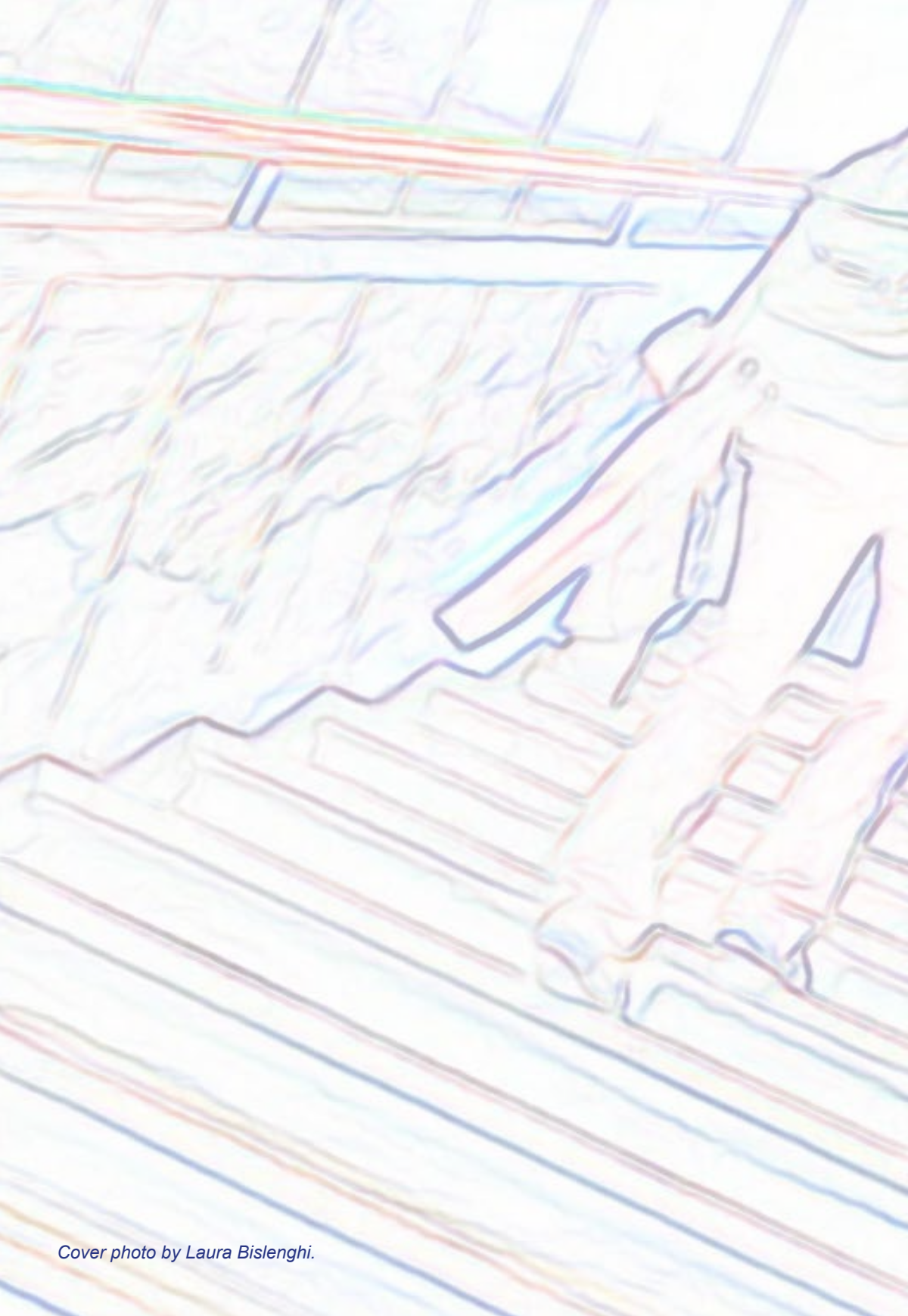
**Promoting Recovery**

**of Young People with Psychosis:**

**The iFEVR and iphYs Joint Meeting**

**in Milan 2016**





Cover photo by Laura Bislenghi.

## Welcome

The multidimensional goals of the iFEVR and iphYs Joint Meeting in Milan 2016 focused on promoting vocational recovery, physical health and well being of young people with mental illness, is in line and in synergy with the spirit and the initiatives of the community psychiatry which inspires the Mental Hhealth work in Italy. Then Milan and the Lombardy Region are very proud to host such a stimulating and enriching event, and to support a sharing of experiences and an opening of new perspectives. The cultural and operative links with the iFEVR and iphYs movement, established from the beginning by some innovative Italian figures and services, shall be extended to all the collaborators of the clinical and civil society involved in the task to change the future of youth with mental illness. Hopefully this symposium will give a determined contribution of knowledge and motivation.

It is a great pleasure to warmly welcome all the organizers, the participants and the supporters of this innovative meeting and to wish everyone a gratifying and fruitful opportunities to work and be inspired together.

*Anna Meneghelli*

## Background

### iFEVR

The International First Episode Vocational Recovery (iFEVR) Group is a group of researchers, clinicians, carers, people with lived experience, economists and others with an interest in promoting vocational recovery for young people experiencing a first episode of psychosis. The purpose of the group is to provide a forum for exchange and development of ideas and interventions to achieve this aim. The group is also interested in advocacy on behalf of promoting and achieving vocational recovery for young people with mental ill health.

iFEVR website: <https://ifevrdotorg.wordpress.com>

Twitter is @ifevrgroup

*Jo Smith, Eoin Killackey and Miles Rinaldi*  
iFEVR Co-Chairs

### iphYs

The international physical health in youth stream is an international working group consisting of clinicians, service users, family members, and researchers that aims to improve the physical health of young people experiencing psychosis. The iphYs collaboration began in 2010 at the IEPA conference in Amsterdam and then continued at several iphYs meetings including in Sydney in 2011 and 2013 as well as in San Francisco (2012), Leuven (2013), Padua (2014), Tokyo (2014) and Toronto (2015). The iphYs group developed the international consensus statement called Healthy Active Lives (HeAL) aims to reverse the trend of people with severe mental illness dying early by tackling risks for future physical illnesses pro-actively and much earlier. This was launched internationally at the 2014 Tokyo IEPA meeting.

iphYs website: [www.iphys.org.au](http://www.iphys.org.au)

facebook: Keeping the Body in Mind YMH

twitter: @iphYs\_YMH

*David Shiers and Jackie Curtis*  
iphYs Co-Chairs

09.30 – 12.45

## Session 1 iFEVR Special Interest Group Session

### SUPPORTING EDUCATION AND EMPLOYMENT OUTCOMES IN YOUNG PEOPLE WITH FIRST EPISODE PSYCHOSIS

Co-Chairs: Jo Smith, *Worcester, U.K.*, Eoin Killackey, *Melbourne, Australia*, Miles Rinaldi, *London, U.K.*

09.30 – 09.35 **Welcome and Introduction to iFEVR Meeting programme**  
Jo Smith, *Worcester, U.K.*

09.35 – 09.40 **Actions/Pledges from Tokyo 2014 iFEVR Meeting**  
Eoin Killackey, *Melbourne, Australia*

09.40 – 10.00 **Supported Employment and Education in the NAVIGATE Program for First Episode Psychosis: Effect on Work, School and Disability Income**  
Kim Mueser, *Boston, USA*

10.00 – 10.20 **The Adapted Individual Placement and Support Fidelity Scale (AIPSFS): Integrating Employment and Education Support**  
Luana Turner, *Los Angeles, USA*  
Wenche Ten Velden, *Stavanger, Norway*

10.20 – 10.40 **IPS in FEP: preliminary data from STAND UP, an FEP program in Piacenza MHD**  
Silvia Gazzola, Corrado Cappa, Giuliano Limonta, *Piacenza, Italy*

10.40 – 10.50 **Questions to speakers, comments on presentations & general discussion**  
Miles Rinaldi, *London, U.K.*

10.50 – 11.00 **Revisiting Meaningful Lives 9 years on: time for review/ update?**  
Eoin Killackey, *Melbourne, Australia*

11.00 – 11.15 **Coffee & Tea Break**

11.15 – 12.10 **Group Activity: Meaningful Lives review/update**  
a. Card sort review/update of key content  
b. Groups feedback on changes/updates  
c. Voting on top priorities for inclusion using sticker dots  
d. Next steps

12.10 – 12.25 **BOLTS FROM THE BLUE: EDUCATION AND EMPLOYMENT INNOVATIONS & INSPIRATION FROM iFEVR GROUP MEMBERS:**

**Rethinking Values, Transforming the Early Intervention-Higher Ed Intersection: Peer-Led Toolkits Designed to Address Higher Education Disparities for Young People with Psychosis**  
Nev Jones, *Felton Institute, San Francisco, USA*

**Improving functional and clinical recovery by combining Individual Placement and Support (IPS) and Motivational Interviewing-based Adherence Therapy (AT) in people with early psychosis**  
Dorothea Jäckel, Karolina Leopold, Andreas Bechdorf  
*Department of Psychiatry, Psychotherapy and Psychosomatics, Berlin, Germany*

**Back to work or school with the Vocational Case Management (VCM) after a FEP**  
Amal Abdel-Baki, Cynthia Delfosse  
*Clinique JAP, Centre Hospitalier de l'Université de Montréal, Montreal, Canada*

12.25 – 12.35 **Discussion and comment**  
Miles Rinaldi, *South West London & St George's Mental Health NHS Trust, London, U.K.*

12.45 – 13.30 **Lunch**

# Session 1



13.30 – 17.30

**Session 2 iphYs Meeting**

**IMPROVING PHYSICAL HEALTH IN YOUNG PEOPLE WITH FIRST EPISODE PSYCHOSIS**

Co-Chairs: Philip Ward, *Sydney, Australia*, Ernesto Muggia, *Milan, Italy*

13.30 – 13.35 **Welcome and Introduction**

13.35 – 13.55 **HeAL declaration: Progress with endorsement of key stakeholders, and future opportunities**

Jackie Curtis, *Sydney, Australia*  
David Shiers, *Manchester, U.K.*

13.55 – 14.15 **What's new in the HeAL project realized in Programma 2000?**

Anna Meneghelli, *Maria Meliante, Milan, Italy*

14.15 – 14.35 **A survey in the mental health services of Milan promoted & conducted by associations & research institutions: which focus on the physical health of young patients.**

Barbara D'Avanzo, *Milan, Italy*

14.35 – 14.55 **The Bondi Story: Keeping the Body in Mind**

Jackie Curtis & A/Prof Philip Ward, *Sydney, Australia*

14.55 – 15.05 **The Japanese HeAL initiative-2 year progress**

Yousuke Kumakura, *Tokyo, Japan*

15.05 – 15.30 **Coffee & Tea Break**

15.30 – 15.50 **SHAPE: Supporting Health And Promoting Exercise Project for Young people with Early Psychosis**

Jo Smith, Lisa Griffiths, *Worcester, U.K.*

15.50 – 16.35 **BOLTS FROM THE BLUE: INNOVATIONS & INSPIRATIONS FROM iphYs GROUP MEMBERS**

**The Health Hut - Promoting Health Positively**

Saana Eskelinen  
Health Hut Team Psychiatry, Kellokoski Hospital,  
University of Helsinki and Helsinki University Hospital, Finland

**Project SPOLU („Together“):**

**Czech psychology students help patients stay fit**

Barbora Chvatalova, *Masaryk University, Brno, Czech Republic*

**Overcoming obstacles to physical activity in youth presenting first episode psychosis**

Ahmed Jerome Romain, Amal Abdel-Baki;  
*Centre Hospitalier de l'Université de Montréal, Montreal, Canada*

**Sexual health of young people with psychosis and at-risk mental state**

Brian O'Donoghue, *Orygen, the National Centre of Excellence in Youth Mental Health, Melbourne, Australia*

**The UK STEPWISE Trial, a programme of Structured lifestyle Education for People With Schizophrenia**

Stephen Wright, *Stepwise Research Group. Leeds & York Partnership NHS Foundation Trust, London, U.K.*

**Reasons why patients stop their antipsychotic medications: problematic side effects experienced in first exposure to antipsychotic medication in a UK cohort**

Andrew Thompson, Richard Whale, *University of Warwick, Coventry, U.K.*

**The “Healthyheart” study for evaluating the implementation of the Positive Cardiometabolic Health Tool in Norway**

Petter Andreas Ringen, *Clinic for Mental Health and Addiction Oslo University Hospital, Oslo, Norway*

16.35 – 16.55 **Unhealthy lifestyle behaviours and physical fitness in young people admitted to a psychiatric clinic: a comparison with the general population in Italy**

Attilio Carraro, *University of Padua, Padua, Italy*

16.55 – 17.05 **Discussion**

Philip Ward, *Sydney, Australia*  
Ernesto Muggia, *Milan, Italy*

17.05 – 17.15 **2016 and beyond... IEPA 2018**

Jackie Curtis, *Sydney, Australia*  
David Shiers, *Manchester, U.K.*

17.15 – 17.25 **Conclusions**

Philip Ward, *Liverpool, Australia*  
Ernesto Muggia, *Milan, Italy*

17.25 – 17.40 **CME Questionnaire**

Session 2

# Speakers

## **CORRADO CAPPA**

Department of Mental Health and Pathological Addictions, AUSL Piacenza, Piacenza (Italy)

## **ATTILIO CARRARO**

University of Padua, Padua (Italy)

## **JACKIE CURTIS**

University of New South Wales, Sidney (Australia)

## **BARBARA D'AVANZO**

Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milano (Italy)

## **SILVIA GAZZOLA**

Department of Mental Health and Pathological Addictions, AUSL Piacenza, Piacenza (Italy)

## **LISA GRIFFITHS**

University of Worcester, Worcester (U.K.)

## **EOIN KILLACKEY**

University of Melbourne and Orygen Youth Health Services, Melbourne (Australia)

## **YOUSUKE KUMAKURA**

University of Tokyo, Tokyo (Japan)

## **GIULIANO LIMONTA**

Department of Mental Health and Pathological Addictions, AUSL Piacenza, Piacenza (Italy)

## **MARIA MELIANTE**

Programma 2000, Milan (Italy)

## **ANNA MENEGHELLI**

Programma 2000, Milan (Italy)

## **KIM T. MUESER**

Center for Psychiatric Rehabilitation, Boston University, Boston MA (USA)

## **ERNESTO MUGGIA**

Regional Union of Mental Health Associations, Milan (Italy)

## **MILES RINALDI**

South West London and St. George's Mental Health NHS Trust, London (U.K.)

## **DAVID SHIERS**

Manchester University, Manchester (U.K.)

## **JO SMITH**

University of Worcester, Worcester (U.K.)

## **WENCHE TEN VELDEN**

Stavanger University Hospital, Stavanger (Norway)

## **LUANA R. TURNER**

University of California, Los Angeles CA (USA)

## **PHILIP WARD**

University of New South Wales, Sydney (Australia)

## **MEETING VENUE**

**Auditorium Giorgio Gaber**

**Grattacielo Pirelli**

Piazza Duca d'Aosta 3

20124 Milan, Italy

## **HOW TO REACH THE MEETING VENUE**

Public transports

Bus n. 60 - 90 - 91 - 92

Underground line "Green" – "Yellow" stop Central Station

Tram n. 1 - 2 - 5 - 9 – 33 stop

## **LANGUAGE**

The official language of the Meeting is English. Please note that the simultaneous translation will not be provided.

## **REGISTRATION**

The Meeting is open up to 150 Participants and the registration is free.

Registration must be made through the official online registration system at the web site: **[www.tmtworld.it/congress](http://www.tmtworld.it/congress)**. The Organizing Secretariat will confirm the participation to the Participants regularly registered.

## **CERTIFICATE OF ATTENDANCE**

Certificates of attendance will be issued at the registration desk following full attendance of the Meeting.

## **CME (Continuing Medical Education)**

T.M.T. Srl, is the CME Provider of the Meeting (Identification code n. 676), and applied CME Accreditation for Italian Participants (MD, Psychologists, Professional educators, Nurses). Please be aware that for the acquisition of credits is mandatory to have attended the 100% of the whole duration of the Meeting and selected at least the 75% of correct answers of the CME Questionnaire.

## **REGISTRATION DESK AND SECRETARIAT**

The Registration Desk and Meeting Secretariat will be open as follows:  
Wednesday, October 19th, 2016 from 08.30 to 18.30.

## **CME PROVIDER & ORGANIZING SECRETARIAT**

T.M.T. Srl

Via Mecenate 12 - 20138 Milan, Italy

Tel. +39.0258012822 - Fax +39.0258028245

E-mail: [congress@tmtworld.it](mailto:congress@tmtworld.it)

Web site: [www.tmtworld.it](http://www.tmtworld.it)

# General & Scientific Information

# Speakers

# Information



*Session 1*  
**iFEVR**  
*Abstracts*

## **SUPPORTED EMPLOYMENT AND EDUCATION IN THE NAVIGATE PROGRAM FOR FIRST EPISODE PSYCHOSIS: EFFECTS ON WORK, SCHOOL, AND DISABILITY INCOME**

**Kim T. Mueser**

Center for Psychiatric Rehabilitation, Boston University, USA

Participation in work and school are common goals of persons with a first episode of psychosis (FEP). However, evidence for the effectiveness of the coordinated specialty FEP programs has been mixed in programs that have not included a supported employment and education (SEE) component. Furthermore, studies of FEP programs with an SEE component typically require motivation to work or go to school as an eligibility criterion, limiting their generalizability to the broader FEP population. These limitations were overcome in NIMH Recovery After Initial Schizophrenia Episode Early Treatment Program (RAISE-ETP) study. 404 FEP participants at 34 community treatment clinics participated in a cluster randomized trial comparing usual Community Care (CC) to NAVIGATE, a comprehensive, team-based treatment program that included an SEE component. All NAVIGATE participants were offered SEE regardless of their initial interest in work or school. Monthly assessments over 24 months recorded days of work and attendance at school, days of participation in SEE, and employment and public support income, including disability income. Analyses focused differences between the groups in work and school outcomes, and public income support, and the role of SEE as a mediator of outcomes. The NAVIGATE program was associated with a significantly greater increase in work or school participation, which appeared to be mediated by receipt of SEE services. No group differences were observed in earnings or public support payments. The findings suggest that SEE plays a critical role in improving work or school involvement in coordinated specialty care programs for persons recovering from an FEP.

## **THE ADAPTED INDIVIDUAL PLACEMENT AND SUPPORT FIDELITY SCALE (AIPSFS): INTEGRATING EMPLOYMENT AND EDUCATION SUPPORT**

**Luana Turner<sup>1</sup>, Randi Kydland<sup>2</sup>, Wenche ten Velden Hegelstad<sup>2</sup>.**

<sup>1</sup>NAV / Norwegian Labour and Welfare Service

<sup>2</sup>Stavanger University Hospital, Regional Centre for Clinical Research in Psychosis, Norway

*Purpose:* Supported employment is an integral and poignant component of recovery. However, supported education services are often viewed as a separate intervention. As early interventions have become key to improve outcomes, supported education is a natural expansion of the supported employment intervention. The Individual Placement and Support (IPS) model demonstrates excellent fidelity to allow the integration of educational services. This presentation will provide a brief overview of AIPSFS project, and the basis for an integrated IPS fidelity scale.

*Material and methods:* A multi-site international work group (USA, Australia, UK, the Netherlands, Norway) adapted the IPS fidelity scale by Bond et al<sup>(1)</sup> to integrate supported employment and education. The utility of this integrated scale was piloted in Norway. An external expert rated the intervention.

*Results:* The intervention scored *fair* for the vocational section, and *good* for the educational component. Challenges included IPS workers did not serve clients from designated mental health care teams exclusively, and frequency of contacts with educational services is flexible as opposed to fixed. Strengths were easy to use, rapid enrollment/collaboration with educational/employment facilities, close collaboration with treating clinicians, and

integration with mental health care.

*Conclusion:* The integrated scale is a promising tool for ensuring quality delivery of an integrated education/employment intervention. Testing at sites in other countries is under development.

<sup>(1)</sup> Bond GR, Peterson AE, Becker DR, et al.: Validation of the Revised Individual Placement and Support Fidelity Scale (IPS-25). *Psychiatric services*. 2012;63(8):758-63.

## **IPS IN FEP: PRELIMINARY DATA FROM STAND UP, AN FEP PROGRAM IN PIACENZA MHD (ITALY)**

**Silvia Gazzola, Corrado Cappa, Giuliano Limonta,**

Department of Mental Health and Addictive Behavior, AUSL Piacenza, Italy

*Aims:* Evaluating the efficacy of the IPS path (Individual Placement and Support) in relation to the competitive start of a job, in users already enrolled for early treatment in psychotic onset, into the STAND-UP program, of the Mental Health of AUSL Piacenza.

*Methods:* The intervention is realized by a dedicated team, already educated to this task, able to support the user while looking for, getting and maintaining a job. No preliminary filter is applied to users who ask to work, as settled by the evidence-based methodology of IPS.

*Results:* 12 users among the ones enrolled into the STAND-UP program have been sent to IPS since October 2010. Number of job interviews carried out by them: 21; number of jobs: 15; only one user used welfare payment; 2 users quit their jobs; 6 go on with their jobs; 1 user left IPS.

*Conclusions:* Application of the IPS method, verified by a dedicated Fidelity Scale shows an accordance to international results in getting a job for people at onset of psychosis. 6 users up to 12 (50%) are continuing their job. Only one interrupted attending IPS; the intervention aimed at supporting the search for a job goes on for the others.

## **REVISITING MEANINGFUL LIVES 9 YEARS ON: TIME FOR REVIEW/UPDATE?**

**Eoin Killackey**

University of Melbourne and Orygen Youth Health Service, Melbourne, Australia

The Meaningful Lives statement arose from the foundation meeting of the International First Episode Vocational Recovery group in London in June 2008 and was launched at IEPA in Melbourne in October 2008. It was also published as an article in *Early Intervention in Psychiatry* in 2010. The statement set out a rationale for early vocational intervention for young people with mental illness, which at that time was not a key focus of research or practice first episode psychosis. The momentum created by the statement has led to a number of international meetings, as well as symposia at major international conferences and an increased focus on vocational recovery as a central part of the package of care for young people with psychosis. Eight years after its introduction, it is an apt time to consider reviewing and revising both the rationale, goals and call to action of the statement. In part this acknowledges the progress that has been made in this area. It is also prompted by the evolution of IEPA towards a broader mandate taking in the whole field of youth mental health. In this presentation, that will precede a broader discussion, I will reintroduce the original statement, outline some of the areas for progress and set the scene for a discussion concerning reviewing and updating the statement.

# iFEVR Bolts from the Blue Abstracts

## **RETHINKING VALUES, TRANSFORMING THE EARLY INTERVENTION-HIGHER EDUCATION INTERSECTION: PEER-LED TOOLKITS DESIGNED TO ADDRESS HIGHER EDUCATION DISPARITIES FOR YOUNG PEOPLE WITH PSYCHOSIS**

**Nev Jones**

Felton Institute, San Francisco, USA (\*and peer advocate\*)

Supported education and employment ostensibly represent a core commitment of early intervention in psychosis services, but programs nevertheless often place greater weight on symptomatic versus functional recovery and emphasize individual intervention instead of forging programmatic partnerships with universities and developing tools to address structural stigma. This presentation underscores the importance of peer leadership in redirecting attention toward the institutional barriers young people face. We will introduce a state-of-the-art peer-developed technical assistance project focused on increasing support for students in higher education settings through university-based program development, hard-hitting legal advocacy and targeted efforts to challenge problematic institutional, faculty and staff practices.

## **IMPROVING FUNCTIONAL AND CLINICAL RECOVERY BY COMBINING INDIVIDUAL PLACEMENT AND SUPPORT (IPS) AND MOTIVATIONAL INTERVIEWING-BASED ADHERENCE THERAPY (AT) IN PEOPLE WITH EARLY PSYCHOSIS**

**Dorothea Jäckel**, Karolina Leopold, Andreas Bechdorf.

Department of Psychiatry, Psychotherapy and Psychosomatics, Berlin, Germany

There is strong evidence for Individual Placement and Support (IPS) to improve functional recovery and strong evidence for Motivational Interviewing-based Adherence Therapy to improve adherence to antipsychotic medication and thereby to improve clinical recovery in people with early psychosis. Until today there is no evidence based intervention program which focuses on both functional and clinical recovery. Thus the aim of our Randomised Controlled Trial (RCT, n = 84) is to investigate an innovative intervention which focuses on functional recovery like IPS combined with Motivational Interviewing-based Adherence Therapy in order to improve functional and clinical recovery in people with early psychosis.

## **BACK TO WORK OR SCHOOL WITH THE VOCATIONAL CASE MANAGEMENT (VCM) AFTER A FEP**

**Amal Abdel-Baki, Cynthia Delfosse**

Clinique JAP, Centre hospitalier de l'Université de Montréal, Montreal, Canada

Psychosis compromises the educational and professional projects of young patients. Supported employment (SE) approaches especially IPS model have been shown as efficient for vocational recovery in FEP. However IPS is not easily available in the context of lack of resources. Vocational case management (VCM) which integrates all the main principles of SE within the case management approach has been developed in Montreal Canada. VCM offers comprehensive support for reintegration into work or studies within an early psychosis intervention program. The presentation will describe VCM and present its effectiveness in resumption of work or school. Most subjects held competitive employment, and the employment rate was similar to that of the general population of same age.

# *Session 2* **iphYs** *Abstracts*



## INTRODUCTION

iphYs (international physical health in youth stream) is an international working group consisting of clinicians, service users, family members, and researchers that aims to improve the physical health of young people experiencing psychosis. The **iphYs** collaboration began in 2010 at the IEPA conference in Amsterdam and then continued at several **iphYs** meetings including in Sydney in 2011 and 2013 as well as in San Francisco (2012), Leuven (2013), Padua (2014), Tokyo (2014) and Toronto (2015). The iphYs group developed the international consensus statement called Healthy Active Lives (HeAL) aims to reverse the trend of people with severe mental illness dying early by tackling risks for future physical illnesses pro-actively and much earlier. This was launched internationally at the 2014 Tokyo IEPA meeting.

iphYs website: [www.iphys.org.au](http://www.iphys.org.au)

facebook: Keeping the Body in Mind YMH

twitter: @iphYs\_YMH

## HEAL DECLARATION

### PROGRESS WITH ENDORSEMENT OF KEY STAKEHOLDERS, AND FUTURE OPPORTUNITIES

**Jackie Curtis<sup>1</sup>, David Shiers<sup>2</sup>**

<sup>1</sup>Youth Mental Health, South Eastern Sydney Local Health District, Bondi; School of Psychiatry, University of NSW, Sydney, Australia

<sup>2</sup>Manchester University; Psychosis Research Unit-Greater Manchester West NHS Foundation Trust, U.K.

Young people experiencing psychosis and its treatments are particularly prone to weight gain and metabolic disturbances, frequently accompanied by physical inactivity and tobacco smoking, creating vulnerability to future cardiovascular disease and diabetes. Damaged self-esteem, stigma and social exclusion resulting from weight gain and poor physical health pose additional burdens. Inequalities in healthcare frequently exacerbate these problems. The International physical health in youth stream (iphYs), established in 2010, has brought together people with a shared commitment to tackle this health injustice. iphYs has energised several collaborative international initiatives – not least the development of the Healthy Active Lives (HeAL) declaration, setting out clear principles, goals and processes including five-year targets that encourage cardiometabolic risk prevention to avoid future physical health complications. At its heart, HeAL challenges us to imagine a world where young people experiencing psychosis have the same life expectancy and expectations of life as their peers who have not experienced psychosis. It is two years since the IEPA endorsed HeAL in Tokyo and three years since *Associazione Italiana Interventi Precoci nelle Psicosi* (AIPP) endorsed the declaration in Modena. Today in Milan it is therefore timely to reflect on the journey of HeAL and the iphYs collaboration so far, and speculate where next.

## WHAT'S NEW IN THE HEAL PROJECT REALIZED IN PROGRAMMA 2000?

**Anna Meneghelli, Maria Meliante**

Programma 2000, Cambiare la Rotta onlus, Milan, Italy

Programma 2000, addressed First Episode and High risk of psychosis, set up in Milan in 1999, has completely taken up the challenge of the HeAL Declaration.

The collaboration with iphYs started in 2012 at IEPA conference in San Francisco, continued with the participation to the iphYs meetings in Padua (2014) and Tokyo (2014), and especially with the promotion of the Italian version of HeAL Declaration (the first from English in the world!). This version was launched in Modena during the III AIPP annual scientific day (2013) and was presented in many national scientific events.

From the beginning, our objective has been the lifestyle modification of young patients, borrowing strategies from health psychology and physical science and three groups were implemented: a motivation and self-efficacy group, an “healthy food” group, and a physical exercise and sport group. Our work has been progressively developing towards the following main directions:

- an increasing involvement of the participants;
- an updating of method including more rigor in the assessment process;
- an improvement of collaboration with external agencies (i.e. Cambiare la rotta onlus) and internal departmental structures (i.e. the recent activation of the “smoking cessation group” in cooperation with the department of prevention medicine).

## A SURVEY IN THE MENTAL HEALTH SERVICES OF MILAN PROMOTED & CONDUCTED BY ASSOCIATIONS & RESEARCH INSTITUTIONS: WHICH FOCUS ON THE PHYSICAL HEALTH OF YOUNG PATIENTS.

**Barbara D'Avanzo**

IRCCS Istituto di Ricerche Farmacologiche Mario Negri and on behalf of Tartavela, Cooperativa Lotta contro l'Emarginazione, WAPR Italia, Cambiare la Rotta onlus, Milan, Italy

Family and consumer associations have been drawing attention on the physical health of mental health service users, including safety of long-term psychotropic drugs use and lifestyles, thus converging with research indications about increased morbidity and mortality in this population. A partnership between a research institution and third sector organisations has designed a survey of activities for physical health of chronic and young users in the Milan mental health services. A questionnaire developed by researchers and association volunteers assessed the implementation of activities aimed to monitor and promote physical health of mental health service users. Trained volunteers administered the questionnaires to the professionals responsible of the identified services. Of the 34 services contacted, 28 accepted to participate. Currently, 18 questionnaires have been collected. With no financial support, the partnership has enabled gaining a clearer view of service commitment in this issue. Professionals appreciated volunteers' effort, engaging in a useful exchange.

## THE BONDI STORY: KEEPING THE BODY IN MIND

Jackie Curtis & A/ Philip Ward

South Eastern Sydney Local Health District, & UNSW, Sidney, Australia

The Bondi Early Psychosis Program is a multidisciplinary, community-based team that treats young people with FEP. Since 2006, the team have developed and implemented strategies to screen and intervene to protect cardiometabolic health in young people. This has included the development of the Positive Cardiometabolic Health algorithm in 2010, subsequently adopted across NSW mental health service, and then adapted as the Lester Tool in the UK, where it has been incorporated into NICE guidance. Implementation of lifestyle interventions culminated in 2013 in the formal evaluation of the Bondi “Keeping the Body in Mind” (KBIM) program. This multidisciplinary, 12-week intervention aimed to attenuate weight gain in young people (15-25 years) recently commenced on antipsychotic medication. KBIM includes weekly, individualized, and group-based dietetic, exercise, health-coaching and motivational interviewing components delivered by specialist clinicians. Seventy-five percent (75%) of the intervention group did not experience clinically significant weight gain at the conclusion of the intervention. Two-year follow up data for the intervention group indicated that preventing weight and waist circumference gains can be sustained. Primary outcomes from the 12-week program have been replicated in a second sample of youth with FEP (n=17). KBIM is now being extended to other adults with SMI with the health service investing in lifestyle intervention clinicians as part of routine care. These interventions can attenuate antipsychotic-induced weight gain in young people with FEP and provide evidence that one of the key Healthy Active Lives (HeAL) targets ([www.iphys.org.au](http://www.iphys.org.au)) can be achieved in real-world clinical practice. Additional components of the program include oral health, sexual health screening and tobacco cessation. People with psychosis deserve support to secure the same life expectancy and expectations of life as their peers who do not have psychosis.

## THE JAPANESE HEAL INITIATIVE – 2-YEAR PROGRESS

Yousuke Kumakura

Department of Mental Health, The University of Tokyo, Tokyo, Japan

Worse physical health and premature death among persons with severe mental illness has been described in several countries by using large databases or national registry. However, little is known in Japan due to the lack of such statistical data. This structural lack itself shows neglect of physical health in persons with severe mental illness in Japan. We, working team members of the HeAL Japan Initiative, recognized the urgent need to treat this neglected problem, and have been carrying out activities. Further extending the HeAL principles for young people experiencing psychosis, we aim to realize the society where physical health of all people experiencing mental health problem is valued and needed supports are provided. Our action consists of three pillars: research, treatment and care, awareness and solidarity. We developed an early intervention framework, adapted to the Japanese healthcare system, for people on psychotropic medications. To develop and provide effective care, we reconsidered the relationship between physical, mental and social health through narrative of HeAL Japan’s members experiencing mental illness themselves. In this presentation, we will share with you our 2-year progress.

## SHAPE: SUPPORTING HEALTH AND PROMOTING EXERCISE PROJECT FOR YOUNG PEOPLE WITH EARLY PSYCHOSIS

Jo Smith, Lisa Griffiths, Marie Band, Briony Williams

University of Worcester and Worcestershire Health and Care NHS Trust, Worcester, U.K.

Twenty six young people with early psychosis engaged in a 12 wk combined exercise and lifestyle education intervention as participants in the SHAPE (Supporting Health And Promoting Exercise) Programme. Anthropometric data were measured at baseline, 12 weeks and 12 months post-intervention. Lifestyle behaviours and clinical measurements (resting heart rate, blood pressure, blood lipids, HbA1c and prolactin) were assessed at baseline and 12 mos. Mean baseline data suggests participants were at an increased health risk with elevated values in mean BMI (70% overweight/obese), waist circumference, resting heart rate, and triglycerides. Over 50% reported smoking daily and 52% of participants were prescribed highly obesogenic antipsychotic medications (Clozapine, Olanzapine). At 12 weeks and 12 months, no changes were observed in mean BMI, waist circumference or any other clinical variable ( $p > 0.05$ ). Positive impacts on lifestyle behaviours included 7 participants eating ~400g of fruit/vegetables daily, 2 ceased substance use, 2 ceased alcohol use, 4 ceased smoking and 5 were less sedentary. SHAPE supported participants to attenuate their physical health risk following a 12-week intervention which was sustained at 12 months follow up. Participants also made positive lifestyle behaviour changes contributing to weight maintenance and physical health.

## UNHEALTHY LIFESTYLE BEHAVIOURS AND PHYSICAL FITNESS IN YOUNG PEOPLE ADMITTED TO A PSYCHIATRIC CLINIC: A COMPARISON WITH THE GENERAL POPULATION IN ITALY

Attilio Carraro

Department of Biomedical Sciences, University of Padua, Italy & Casa di Cura Parco dei Tigli, Villa di Teolo, Padua, Italy

*Background:* People with severe mental disorders have a higher prevalence of unhealthy lifestyle behaviours and risk factors, are less physically fit, and consequently experience higher rates of physical illness compared to the general population. Regular physical activity can play a key-role in managing and counteracting this situation.

*Method:* Participants were 1437 inpatients, 709 men (49.3%) and 728 women (50.1%) with severe mental disorder consecutively admitted over a 3-year period to a neuropsychiatric hospital in north-east Italy. Approximately one quarter 363 (25.3%) were aged between 16 and 35 years. Sedentariness, smoking, obesity (BMI  $\geq 30$ ) and type-2 diabetes were assessed and compared to rates found in the general population in Italy. In addition, a health-related fitness test battery was administered and data were again compared with the general population. *Results:* Rates of sedentariness, smoking, obesity and type-2 diabetes were significantly higher than the general population, particularly in younger patients. Physical performance levels (walking capacity, low back and hamstring flexibility, and hand grip strength) were also significantly lower than those observed in the general population. *Discussion:* Unhealthy lifestyle behaviours and poor fitness represent serious problems that need to be addressed with specific programmes to aid the recovery of young people with psychiatric illnesses.

# iphYs Bolts from the Blue Abstracts

## THE HEALTH HUT - PROMOTING HEALTH POSITIVELY

**Saana Eskelinen,**

*Health Hut Team, Kellokoski Hospital, University of Helsinki and Helsinki University Hospital, Finland*

Our psychosis outpatient clinic has developed and implemented a lifestyle-intervention for first episode schizophrenia patients aged 18-35 years called "Promoting Health Positively". We aim to accomplish the HeAL Five Year Targets by offering targeted support in smoking cessation, weight control and physical activity based on the specific needs of a patient. Patients' case-managers coordinate the process according to the flow chart. The GP and the patient choose together the interventions needed on the grounds of the information gathered. The evaluation part consists of a home visit by the case-manager, a questionnaire, basic measurements and laboratory tests, and a GP visit.

## PROJECT SPOLU („TOGETHER“): CZECH PSYCHOLOGY STUDENTS HELP PATIENTS STAY FIT

**Barbora Chvatalova,**

*Masaryk University, Brno, Czech Republic*

In the Czech Republic, hospitalization is often recommended as a means of treatment for young people with first-episode psychosis. Prolonged stay in a dull hospital environment, lack of psychotherapy and meaningful conversation with other inmates (who often possess bad habits like smoking and coffee overuse), unhealthy food and restricted movement frequently lead to development of secondary health problems. In 2012, I've started a project which sends students of psychology volunteer to psychiatric hospitals, where they organize various free-time motoric activities. Nowadays the biggest Czech psychology students' project, [SPOLU](#) brings many benefits which improve patients' quality of life and process of recovery.

## OVERCOMING OBSTACLES TO PHYSICAL ACTIVITY IN YOUTH PRESENTING FIRST EPISODE PSYCHOSIS

**Ahmed Jerome Romain, Amal Abdel-Baki**

*Centre Hospitalier de l'Université de Montréal, Montreal, Canada*

Our clinical research physical activity program integrated within an Early intervention for psychosis service (EIS) has highlighted that, although FEP patients wish to get advices on healthy life habits, particularly exercising, only a proportion of mental health professional do so (different obstacles have been identified). Furthermore, initiating and maintaining PA is an important challenge for that population. The integration of a kinesiologist specialized in behaviour change in our EIS lead to the development of new solutions. We will present preliminary results of ongoing studies to better understand which interventions are feasible, acceptable and efficient to overcome obstacles to the persistence of PA practice. These interventions take into account obstacles and preferences identified by FEP patients.

## SEXUAL HEALTH OF YOUNG PEOPLE WITH PSYCHOSIS AND AT-RISK MENTAL STATE

**Brian O'Donoghue**

*Orygen, the National Centre of Excellence in Youth Mental Health, Melbourne, Australia*

This study will present findings relating to the sexual health of 70 young people aged 15 to 25 with either a first episode of psychosis (N=54) or ultra-high risk for psychosis (N=16). Over three-quarters of young people were sexually active however over one-third did not use any form of contraception and 30% had previously been pregnant. 37.5% of young people had clinically relevant sexual dysfunction and this was associated with antipsychotic medications prescription and negative symptoms. Finally, planned interventions for improving the sexual health of these young people will be discussed.

## THE UK STEPWISE TRIAL, A PROGRAMME OF STRUCTURED LIFESTYLE EDUCATION FOR PEOPLE WITH SCHIZOPHRENIA

**Stephen Wright**

*Stepwise Research Group, Leeds & York Partnership NHS Foundation Trust, London, U.K.*

STEPWISE is a multi-centre randomised controlled trial of a structured lifestyle intervention for people taking antipsychotic medication for schizophrenia, schizoaffective disorder or first episode psychosis. The primary outcome is weight change (kg) at 12 months. Biomedical, economic and behavioural outcomes are also considered. 414 participants were recruited from 10 NHS trusts, of whom 64 (15.5%) had first episode psychosis. Participants were randomised to receive the structured intervention or NICE concordant lifestyle information only. The intervention comprises 4 x weekly group lifestyle education sessions with trained facilitators, 3 monthly 'booster' sessions and fortnightly motivational support. Initial follow up concludes March 2017.

## REASONS WHY PATIENTS STOP THEIR ANTIPSYCHOTIC MEDICATIONS: PROBLEMATIC SIDE EFFECTS EXPERIENCED IN FIRST EXPOSURE TO ANTIPSYCHOTIC MEDICATION IN A UK COHORT

**Andrew Thompson,** Richard Whale,

*University of Warwick, Coventry, U.K.*

Commonly used antipsychotics have differential side-effect profiles and these may be differentially highlighted in antipsychotic naïve patients. We examined the side-effect reasons for medication discontinuation in the first year of treatment in a large first episode psychosis. 73.3 % of patients discontinued medication over the first year; of these discontinuations 133 (43.0%) were due to side-effects. Of the 4 most prescribed antipsychotics, weight gain was responsible for most discontinuations for olanzapine (26.5%), extrapyramidal side effects/agitation for aripiprazole (31.0%), sedation for quetiapine (26.0%) and sexual side-effects/elevated prolactin for risperidone. Given the similar efficacy of antipsychotics, clinicians need to weigh up the relative risks of side effects in conjunction with their patients.



## THE “HEALTHYHEART” STUDY FOR EVALUATING THE IMPLEMENTATION OF THE POSITIVE CARDIOMETABOLIC HEALTH TOOL IN NORWAY

**Petter Andreas Ringen**

Clinic for Mental Health and Addiction Oslo University Hospital, Oslo, Norway

The study uses a window of opportunity to answering whether an implementation of the Norwegian adaptation of the Positive Cardiometabolic Health-tool will lead to A) improved monitoring, prevention and treatment, and B) reduced cardiometabolic risk in people with severe mental illness. The Norwegian health care system with unselected representative patient populations and high quality health registries, gives good possibilities for a study of this kind, including follow-up on morbidity and mortality. The project involves specialized health care services from several of the major hospital trusts in Norway in collaboration with the primary health care and the participation of patients.

**THANKS for their support to:**



*and as unrestricted educational grant*



