



FERREPSY
Occitanie

Journée Scientifique Vendredi 2 JUIN

**Intervention précoce
α Psychoses émergentes**

**L'INTERVENTION PRÉCOCE
« MADE IN AUSTRALIA »**

DR AURÉLIE SCHANDRIN

**Centre d'intervention précoce en psychiatrie
et de réhabilitation psychosociale de proximité**

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• DÉCLARATIONS D'INTÉRÊTS



Otsuka



Boehringer
Ingelheim

Lundbeck



➤ **Aucune à ce sujet**

• MY BACKGROUND

Centre expert
schizophrénie

Unité Jeunes
Adultes

HDJ =
Centre d'intervention précoce
et de RPS

1^{er} et 2^{ème}
cycle de
médecine

Interne DES
de
psychiatrie

Chef de
clinique-
assistant
des
hôpitaux

Praticien
Hospitalier
contractuel

Visiteur /
chercheur
à Orygen

Praticien
Hospitalier
titulaire

2001-2007

2007-2011

2011-2016

2016-2018

2019

Depuis 2020

Université
Joseph Fourier
GRENOBLE



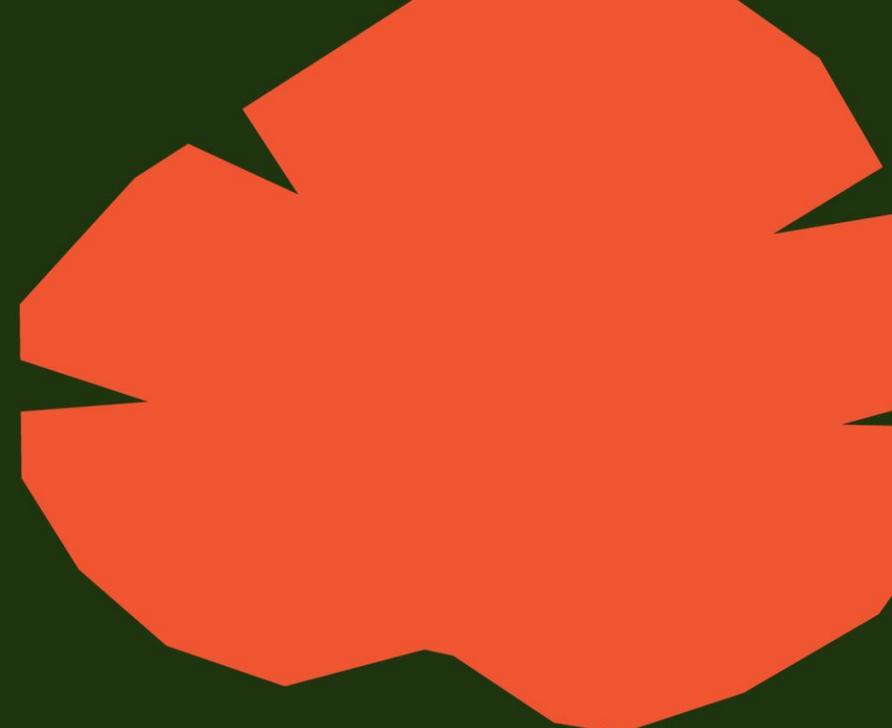
Université de Montpellier
FACULTÉ
de MÉDECINE
Montpellier-Nîmes



fondation
fondamental

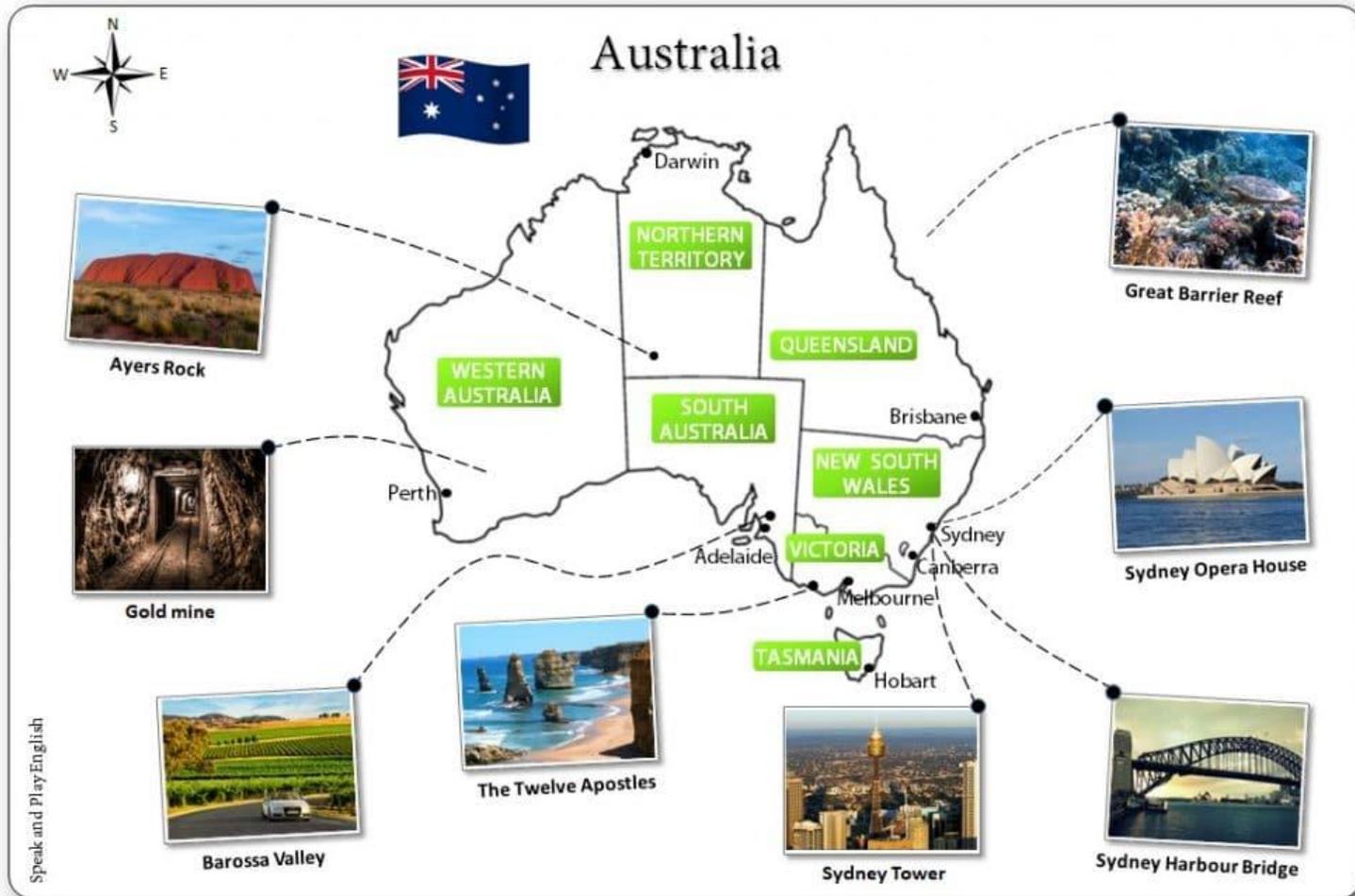


orygen



• **PARTONS ENSEMBLE EN VOYAGE EN AUSTRALIE...**

• UN PAYS QUI FAIT RÊVER



• LE BERCEAU DE L'INTERVENTION PRÉCOCE



VOL. 22, NO. 2, 1996

EPPIC: An Evolving System of Early Detection and Optimal Management

305

by Patrick D. McGorry, Jane Edwards, Cathrine Mihalopoulos, Susan M. Harrigan, and Henry J. Jackson

Abstract

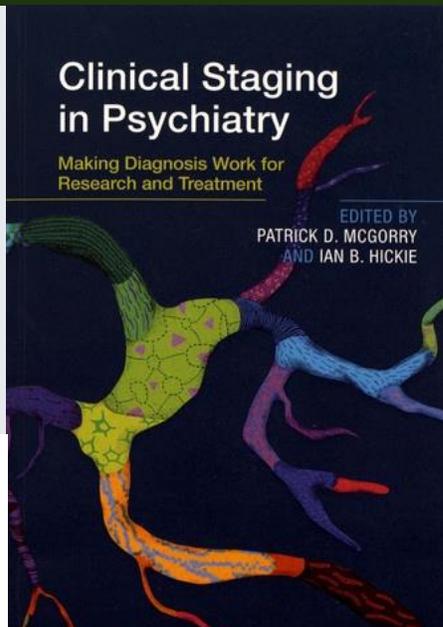
Early intervention at the onset of psychotic disorders is a highly attractive theoretical notion that is receiving increasing international interest. In practical terms, it amounts to first deciding when a psychotic disorder can be said to have commenced and then offering potentially effective treatment at the earliest possible point. A second element involves ensuring that this intervention constitutes best practice for this phase of illness and is not merely the translation of standard treatments developed for later stages and the more persistently ill subgroups of the disorder. Furthermore, it means ensuring that this best practice model is actually delivered to patients and families. The relative importance of these elements in relation to outcome has not yet been established. This article outlines a framework for preventive intervention in early psychosis, based on more than a decade of experience initially gained within a first-generation model. This experience has been followed, after a prolonged gestation, by the birth of the Early Psychosis Prevention and Intervention Centre (EPPIC), a comprehensive "real-world" model of care targeting the multiple clinical foci underpinning the preventive task. Data are reported to illustrate the topography and impact of delay in treatment in our regional setting, and the results of an initial evaluation of

model is contrasted with the first. The implications of these findings and future developments are discussed. *Schizophrenia Bulletin*, 22(2):305-326, 1996.

Very early schizophrenia still constitutes a relatively unexplored territory. Entry into this territory calls for new ideas on the social problems involved in bringing the early schizophrenic under treatment, or where the treatment should be carried out and in what it should consist. [Cameron 1938, p. 577]

These words, penned nearly six decades ago before the availability of neuroleptic treatment, still provide a surprisingly accurate description of the present status of clinical care for young people with an emergent psychotic disorder. They also succinctly state some of the key issues on which we must achieve consensus if we are to provide timely and optimal treatment for new generations of young people and their families affected by this group of pervasive and persistent disorders. Cameron and his contemporary Harry Stack Sullivan were prominent initial explorers of the territory of early psychosis. After an extended dormant period, a second generation of explorers has emerged, found common ground, and established substantial momentum. This article describes our own endeavors over the past decade to map the terri-

Reprint requests should be sent to



Early Intervention IN PSYCHIATRY



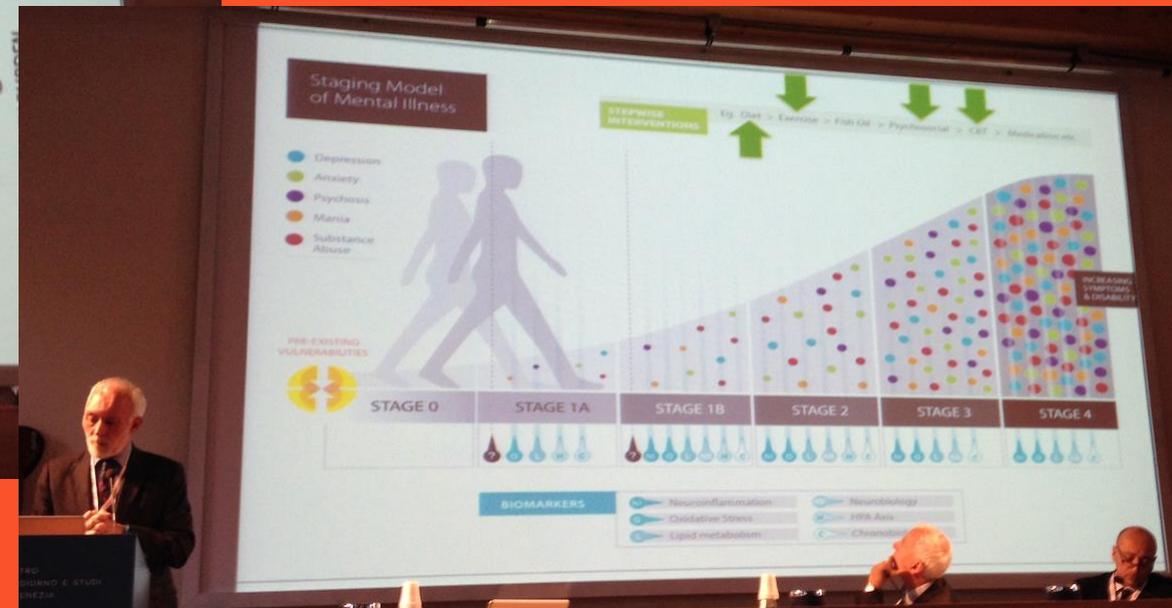
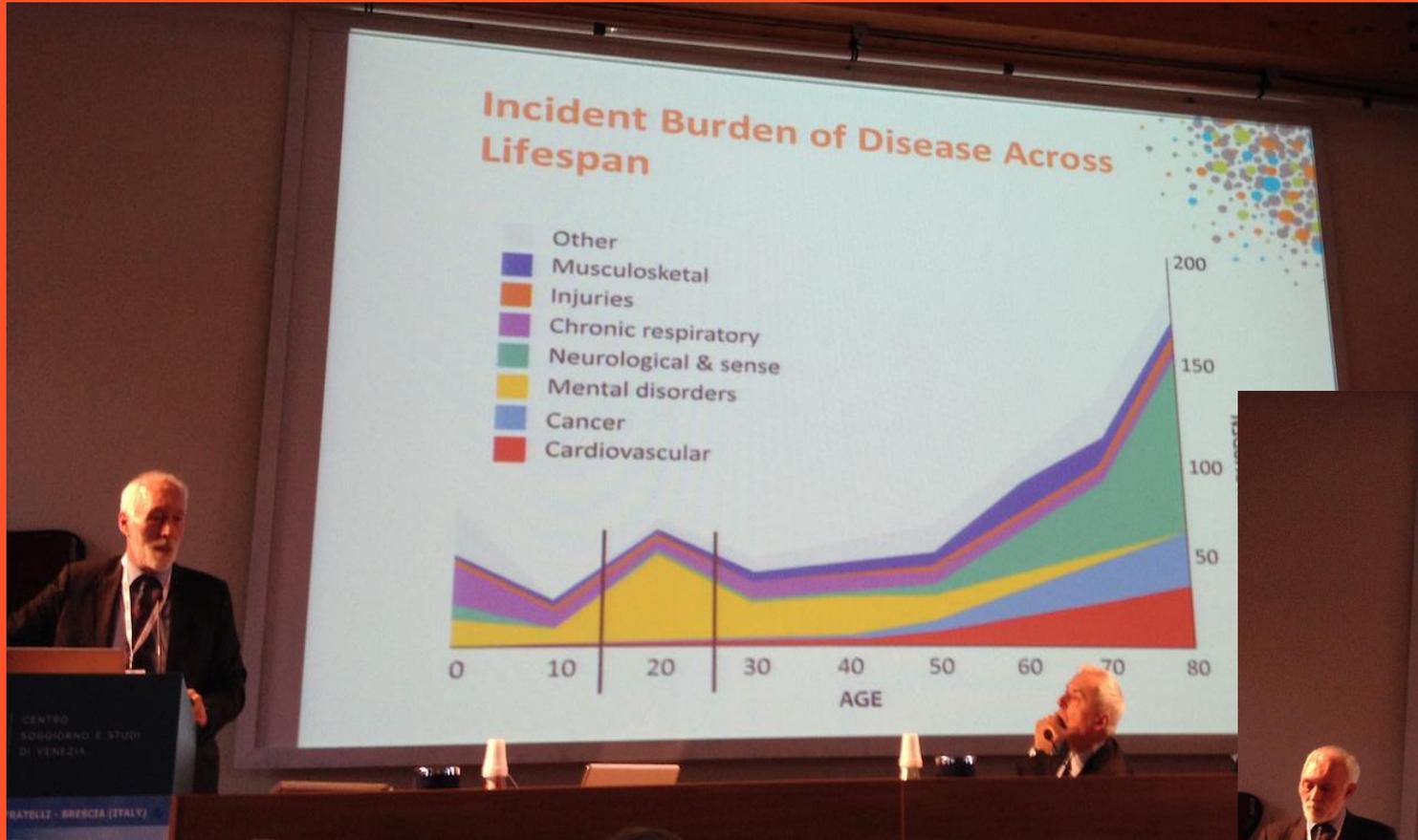
INTERNATIONAL ASSOCIATION FOR YOUTH MENTAL HEALTH



ory gen



• 2014 : VENICE, LE DÉCLIC





headspace
Sunshine

Orygen



• 2019 : MON RÊVE DEVIENT RÉALITÉ

Orygen

The National Centre of Excellence
in Youth Mental Health

Dr Aurélie SCHANDRIN

Praticien Hospitalier, CHRU Nîmes, Pôle de psychiatrie
585, chemin du Mas de Lauze
30029 NÎMES cedex 9
Tél : 04.66.68.34.26

April 7, 2017

Invitation for a 12 month Research Visit at Orygen The National Centre of Excellence in Youth Mental Health from January 2019

Dr Dr Schandrin,

We are pleased to offer you the opportunity to visit Orygen The National Centre of Excellence in Youth Mental Health in Parkville, Australia for the purpose of a 12 month research placement commencing in January 2019.

Your visit is to enable you to conduct collaborative research with Orygen staff on first episode psychosis. There will also be the opportunity to observe our clinical programs and related research in early intervention in youth mental health. Your visit will be hosted by Professor Patrick McGorry, Executive Director of Orygen and Dr Brian Donoghue, research psychiatrist in first episode psychosis.

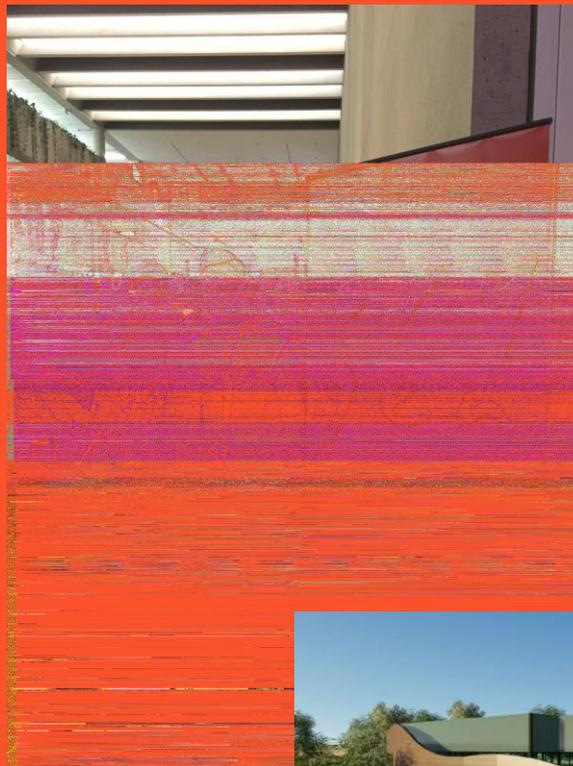
Orygen, The National Centre of Excellence in Youth Mental Health is the world's leading research and knowledge translation organisation focusing on early intervention for mental ill-health. Our leadership and staff work to deliver cutting-edge research, policy development, innovative clinical services, and evidence-based training and education to ensure that there is continuous improvement in the treatment and care provided to young people experiencing mental ill-health.

During your visit you will be continued to be funded by your home institution/ granting bodies and Orygen will not provide any financial assistance for your visit.

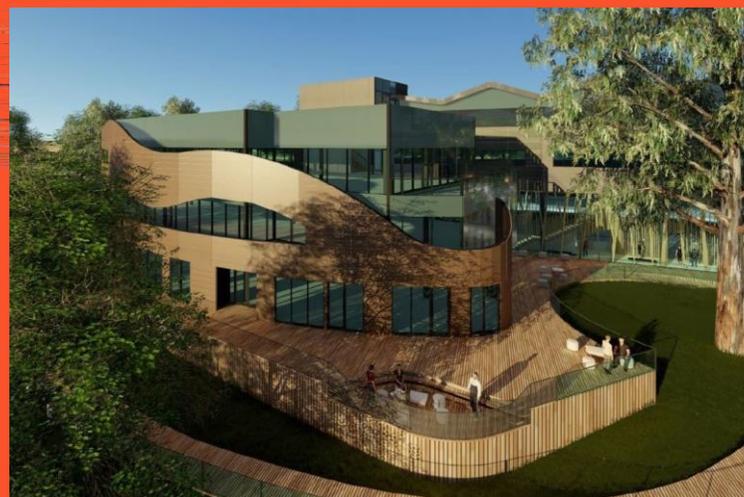
I look forward to welcoming you in 2019.



Associate Professor Rosemary Purcell (M.Psych, PhD)
Director of Research



United for Global Change

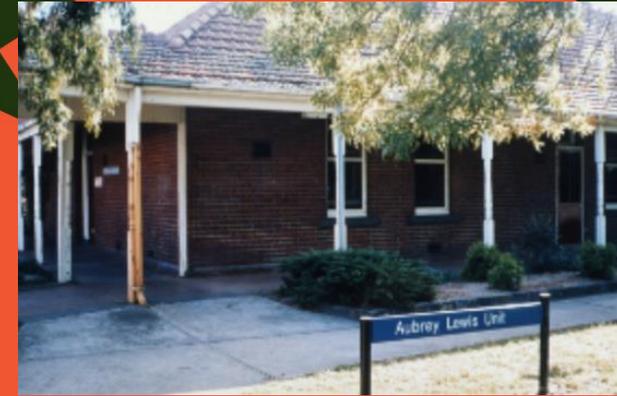




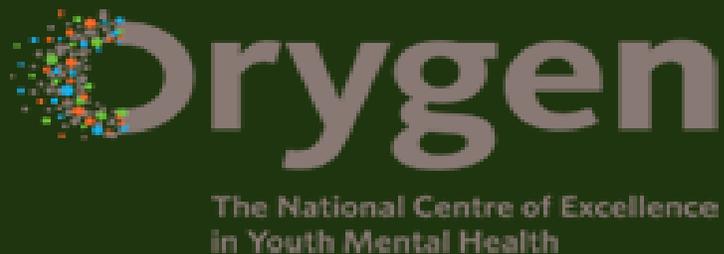
• **ORYGEN**

• L'HISTOIRE D'ORYGEN

- 1984 : 1^{ère} unité de recherche centré sur la prise en charge des PEP (Royal Park Hospital)
- 1992 : EPPIC (Early Psychosis Prevention and Intervention Center) est créé
- 1994 : Création du centre destiné à la santé mentale des jeunes
- 1997 : Projet national pour la psychose débutante
- 2001 : Financement pérenne et reconnaissance en tant que organisme de recherche dans le domaine de l'intervention précoce et de la santé mentale des jeunes
- 2002 : programmes cliniques établis « Orygen Youth Health »
- 2006 : fondation du programme headspace
- 2012 : IAYMH est créé et établi à Orygen
- 2013 : EPPIC devient national
- 2014 : Orygen devient « National Center of Excellence in Youth Mental Health »
- 2018 : Orygen s'installe dans de nouveaux locaux à Parkville



• ORYGEN ET HEADSPACE AUJOURD'HUI



Programmes cliniques
Nord-Ouest de Melbourne

Recherche et santé publique
Influence internationale

orygen



Centres d'accueil et de soins
Programme national



• ORYGEN ET HEADSPACE AUJOURD'HUI



A frog Ta

• **L'ÉTAT D'ESPRIT D'ORYGEN**

**REVOLUTION
IN MIND** *ory
gen*

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.



• L'ÉTAT D'ESPRIT D'ORYGEN



OUR VISION

For young people to enjoy optimal mental health as they grow into adulthood



OUR MISSION

Reduce the impact of mental ill-health on young people, their families and society

OUR VALUES



Respect



Excellence



Accountability



Innovation



Teamwork

OUR PARTNERS

We have made a strategic commitment to partner with:



Young people and their families



First Nations people of Australia



LGBTIQ+ people



Culturally and linguistically diverse people

• LES AMBITIONS D'ORYGEN

2X **REVOLUTION**
2X **IN MIND** *orygen*

2X **TRAINING**
2X **IN MIND** *orygen*

2X **RESEARCH**
2X **IN MIND** *orygen*

2X **ADVOCACY**
2X **IN MIND** *orygen*

2X **EDUCATION**
2X **IN MIND** *orygen*

2X **CARE IN**
2X **MIND** *orygen*

• **RAPPORT ANNUEL
ORYGEN
2020-2021**

419,799

CLINICAL RESOURCES
DOWNLOADED FROM OUR WEBSITE

120

YOUNG PEOPLE IN OUR
YOUTH PARTICIPATION PROGRAMS

303

JOURNAL ARTICLES

56

RESEARCH PROJECTS UNDERWAY

21

CLINICAL TRIALS

21

RESEARCH STUDENTS ENROLLED

35

COUNTRIES HOST OUR
PARTNER ORGANISATIONS

19,243

SERVICES PROVIDED TO YOUNG PEOPLE
THROUGH OUR HEADSPACE CENTRES

3,818

YOUNG PEOPLE ACCESSED ONE OF OUR
HEADSPACE CENTRES

1,097

NEW CLIENTS ENTERED
THE ORYGEN SPECIALIST PROGRAM

332

INPATIENT
ADMISSIONS

781

EMPLOYEES; 302 CLINICAL,
172 RESEARCH, 307 OPERATIONS

• LES DOMAINES D'EXPERTISE D'ORYGEN

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

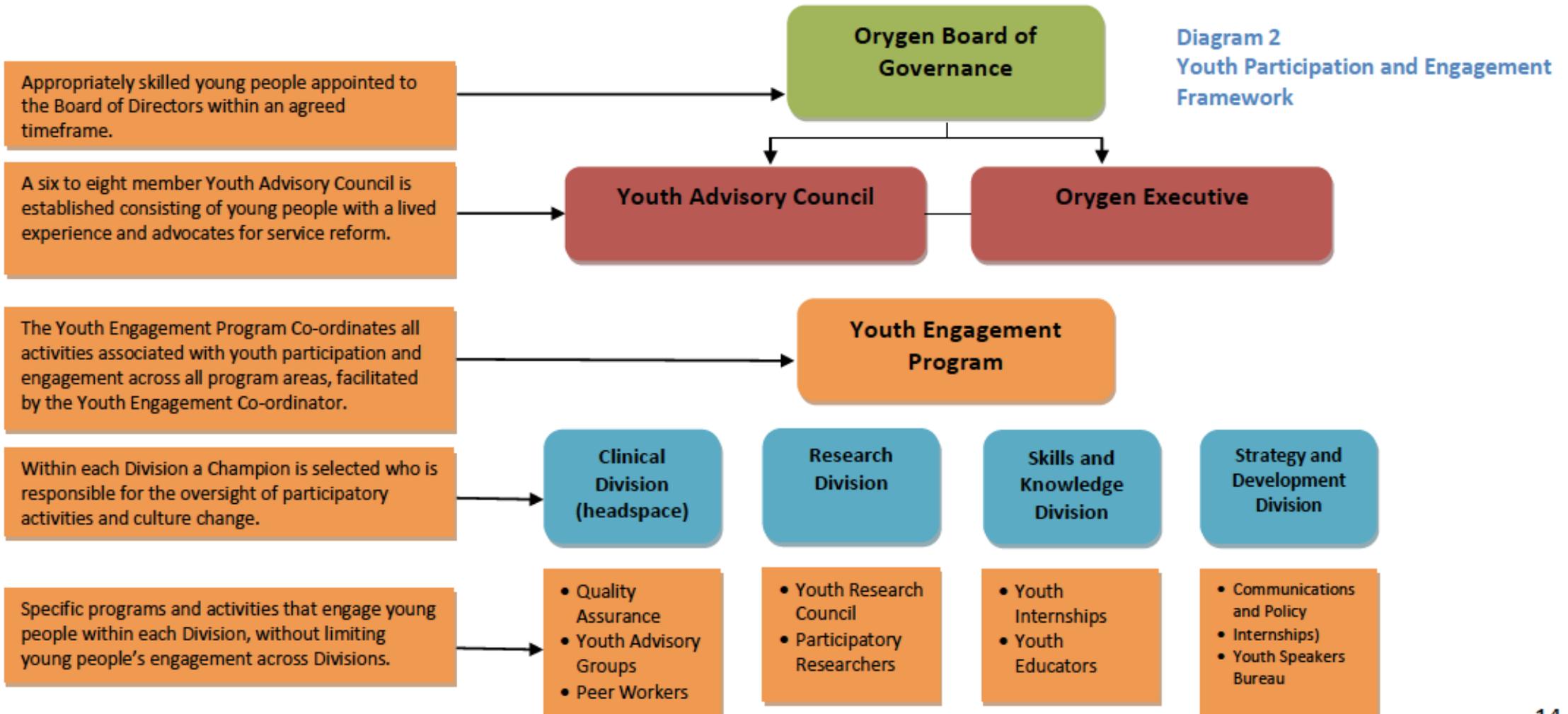
The suicide prevention research program is comprised of several discrete projects that together seek to examine the efficacy, safety and acceptability of interventions specifically designed for at-risk young people.

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 most effective interventions for

• LA PARTICIPATION DES JEUNES À TOUS LES NIVEAUX

Patient partenaire



• LE GUIDE POUR ÉCRIRE AU NOM D'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.

• LES SOINS CLINIQUES



**ABORIGINAL AND TORRES STRAIT
ISLANDER-SPECIFIC PROGRAMS**



AFTER HOURS SERVICES



LOW INTENSITY SERVICES



**MODERATED ONLINE SOCIAL
THERAPY**



ORYGEN IN SCHOOLS



ORYGEN YOUTH HEALTH

• LES SOINS CLINIQUES



OUR HEADSPACE CENTRES



PARKVILLE COMMUNITY HUB



VOCATIONAL SERVICES



YOUTH ENHANCED SERVICES

• LES SOINS CLINIQUES

Clinical service delivery at a glance

PRIMARY CARE, DELIVERED THROUGH HEADSPACE CRAIGIEBURN, GLENROY, MELTON, SUNSHINE AND WERRIBEE

19,243

SERVICES WERE PROVIDED TO YOUNG PEOPLE

3,818

YOUNG PEOPLE ACCESSED A HEADSPACE CENTRE

2,084

YOUNG PEOPLE CAME TO HEADSPACE FOR THE FIRST TIME



DEMOGRAPHIC

27%

LGBTIQ+

24%

CULTURALLY AND LINGUISTICALLY DIVERSE

15.1%

FIRST NATIONS

0.5%

HOMELESS (OR AT RISK)

AGE

20%

12-14

32%

15-17

23%

18-20

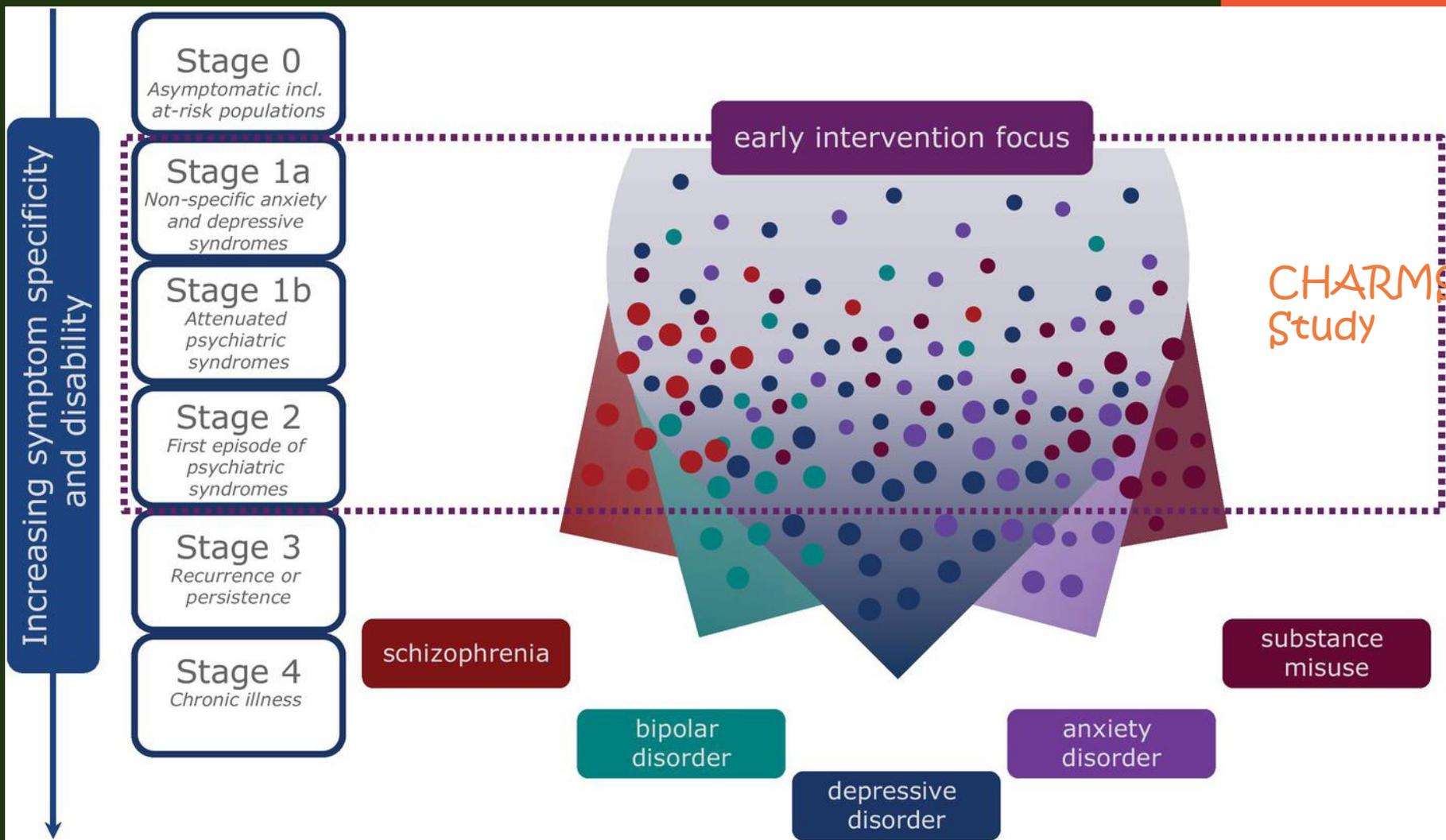
18%

21-23

5%

24-25

• STAGING ET APPROCHE TRANSDIAGNOSTIQUE



• CO-OCCURRENCE DES DIAGNOSTICS

Co-occurring first-episode psychosis and borderline personality pathology in an early intervention for psychosis cohort

Aurelie Schandrin^{1,2}  | Shona Francey^{2,3}  | Lucia Nguyen² | Dean Whitty² |
Patrick McGorry^{2,3}  | Andrew M. Chanen^{2,3}  | Brian O'Donoghue^{2,3,4} 

¹Department of Adult Psychiatry, University Hospital of Nîmes, Nîmes, France

²Orygen, Parkville, Victoria, Australia

³Centre for Youth Mental Health, The University of Melbourne, Parkville, Victoria, Australia

⁴St Vincents University Hospital Elm Park, Dublin, Ireland

Correspondence

A/Prof Brian O'Donoghue, St Vincents University Hospital, Elm Park, Dublin 4, Ireland.

Email: brian.odonoghue@orygen.org.au

Early Intervention in Psychiatry. 2022;1-9.

Abstract

Introduction: Borderline personality disorder (BPD) is common among people diagnosed with first episode of psychosis (FEP), but is often under-recognized and under-researched. This study aimed to determine: (i) the prevalence of borderline personality pathology (subthreshold features and categorical disorder) in a FEP cohort (termed FEP + BPP); (ii) demographic and clinical factors associated with FEP + BPP; (iii) the symptomatic and functional outcomes.

Methods: This study was conducted within the Early Psychosis Prevention and Intervention Centre (EPPIC) at Orygen over the 30-month period between 2014 and 2016. BPP was evaluated by using the Structured Clinical Interview for DSM-IV Axis II Personality Questionnaire BPD criteria.

Results: In a cohort of 457 young people with a FEP (mean age 19.5 years, 56% male), 18.4% had borderline personality pathology (BPP). Compared with FEP alone, young people with FEP + BPP were more likely to be female, younger, Australian-born. In addition, young people with FEP + BPP were more likely to be diagnosed with Psychosis NOS, present with more severe hallucinations, and have alcohol abuse. Young people with FEP + BPP had more relationship difficulties at presentation and they were more likely to suffer of depression and to engage in self-harm throughout the follow-up. In relation to outcome, FEP + BPP was not associated with different rates of remission or relapse, however they were less likely to be admitted to hospital at presentation or involuntarily during their episode of care.

Conclusion: BPP is a common occurrence in psychotic disorders and is associated with more severe hallucinations and depression with higher risks of self-harm. Specific interventions need to be developed.



• **SUR LE TERRAIN**

• SUR LE TERRAIN

Headspace

Accueil, soutien
Evaluation et orientation
Pair aideance
Accueil « youth friendly »

YAT

Accès rapide, équipe mobile
Evaluation et orientation
Suivi intensif

EPPIC
→ PEP

PACE
→ UHR

MOOD

→ Troubles thymiques

HYPE

→ Trouble borderline

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

IUP

Hospitalisation 16lits

• EPPIC

- Un des premiers programmes de prise en charge des Premiers Épisodes Psychotiques (1992)
- Programme clinique d'Orygen présent dans chacun des Headspace de Melbourne Nord-Ouest
- Basé sur le case management avec une approche type cognitivo-comportementale
- Equipe EPPIC Heaspace Sunshine :
 - 3 ETP case managers (1IDE, 1psychologue et 1travailleur social) dont un CM responsable de l'équipe et pratiquant le CM intensif
 - 1 médecin sénior présent une fois/semaine et 1 interne
 - Réunion hebdomadaire avec un planning précis des projets thérapeutiques individualisés (PTI) à discuter et valider en direct (Chaque patient tous les 3mois)
 - Consultation médicale avec le CM tous les 3 mois (en lien avec PTI)

• OFFRE DE SOINS



MAKE YOUR PLAY STAY ACTIVE

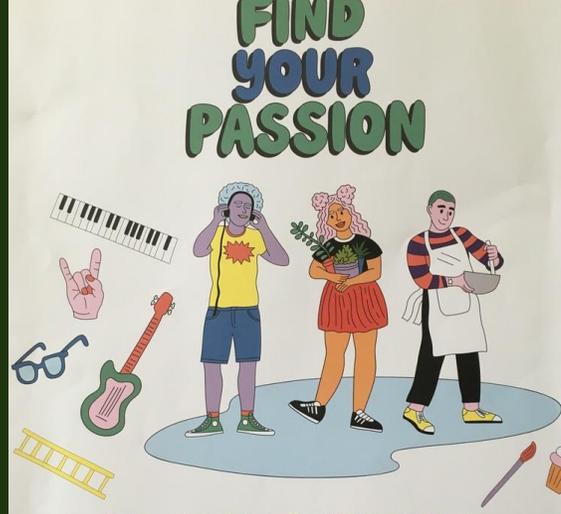
Stay active

Staying active can help you to sleep better, manage stress and boost your mood. Find a way to keep active that you enjoy and incorporate this into your regular routine.

Add a little COLOUR TO YOUR DAY PUT YOUR MENTAL HEALTH IN THE PICTURE

Visit headspace.org.au/tips for our tips for a healthy headspace

 headspace
National Youth Mental Health Foundation



FIND YOUR PASSION

Get into life and do stuff that's important to you
Keep doing the stuff you love to do and the things that are important to you. It can help keep the fun in your life, give you a sense of accomplishment and purpose.

Add a little COLOUR TO YOUR DAY PUT YOUR MENTAL HEALTH IN THE PICTURE

Visit headspace.org.au/tips for our tips for a healthy headspace

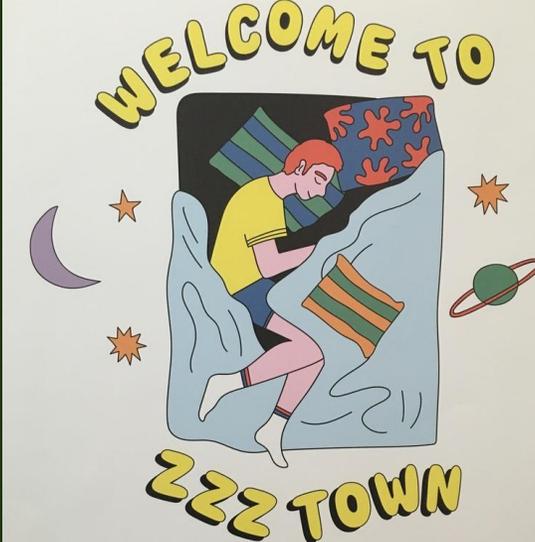
 headspace

What's on this week

- Creative minds - this arvo 4-5pm
 - YOGA - this Wed 4-5pm.
 - MUSIC space - Thurs 4-5:30pm
- Art space - paint our bookshelf! - Fri 1-4pm

join us for these free, fun & supportive groups

Can't wait to see you there!



WELCOME TO ZZZ TOWN

Get enough sleep

Sleep improves your mood, sharpens your concentration and increases resilience. Reducing things that keep you from restful sleep - like noise or light - will help you improve your sleep.

Add a little COLOUR TO YOUR DAY PUT YOUR MENTAL HEALTH IN THE PICTURE

Visit headspace.org.au/tips for our tips for a healthy headspace

FORMATION DES ÉQUIPES

March

Mon Mar 04

Suicide Risk: Engaging, Understanding and Responding
HEC

Tues Mar 05

Critical Thinking and Clinical Reasoning for Mental Health Nurses
HGLC

NEW

Wed Mar 06

Therapeutic Help for Troubling Voices
RMH Level 5

Mon Mar 25 & Tues Mar 26

Motivational Interviewing

TBA



April

Thurs Apr 04

Safewards

RMH Level 5

May

Wed May 15

Brainfreeze: Mental Health on ICE
TBA



August

Wed Aug 21

Mental Health Act

HGLC

Thurs Aug 22 & Fri Aug 23

Safety and Inclusion

HEC

Tues Aug 27

Suicide Risk: Engaging, Understanding and Responding
RMH

September

Tues Sep 03

Brainfreeze: Mental Health on ICE

TBA



Tues Sep 10

Mental Health Assessment in Clinical Practice

HEC

Tues Sep 17

Critical Thinking and Clinical Reasoning for Mental Health Nurses
HGLC

NEW

Thurs Sep 19

Consumer Driving and Mental Health

NEW

Graduate Nurse Program and OT & SW ELP

Workshops identified as Entry Level Program are aimed at Graduate Nurse and Allied Entry Level entrants.

For any enquiries please contact the Graduate Nurse or OT & SW ELP coordinators.

Tues Feb 26

Introduction to the Mental Health Act
RMH

Tues Mar 19

Introduction to Mental Health Assessment
CERES

Tues Mar 19

Working With the Person Who Is Suicidal
TBA

Tues Mar 26

Introduction to Mental Health Assessment
HGLC

Tues Mar 26

Working With the Person Who Is Suicidal
HGLC

Tues May 21

A Taste of Acceptance and Commitment Therapy

For anyone interested in an overview of Acceptance and Commitment Therapy this 1-day workshop provides an introduction to the core principles of ACT and their relevant application in clinical practice.

In order to maximise learning, participants will complete some pre-workshop reading and practice their learning on the day through some simple experiential exercises.

E

Acceptance and Commitment Therapy in Action

This 2-day workshop aims to enhance participants' skills in delivering ACT-consistent interventions in their practice.

This is an advanced-practice workshop requiring participants to have a good understanding of the theory and core principles of ACT, and used ACT in their practice for at least 6 months.

Whilst predominantly experiential in nature and focused on skills acquisition, there will also be opportunities to reflect on ACT-based service developments.

E

Advanced Clinician Training

This intensive training is designed for the experienced mental health clinician to follow the continuum of care for mental health consumers with co-occurring substance use issues from intake to discharge.

Throughout this interactive training, participants will put theory into practice in group and individual activities designed around real situations.

There are prerequisites for this training. For more information please contact MHTDU.

E

Brainfreeze: Mental Health on ICE

This training will explore new developments in psychoactive substance use with a particular focus on methamphetamines and examine the tension/dichotomy in the literature around substance misuse.

It will also identify current trends & innovations in clinical interventions.

E

CBT for Bed-based Services

This workshop will equip participants with a practical understanding of cognitive behaviour therapy and the skills required to use this therapy in bed based services.

Safewards

Motivational Interviewing

Motivational Interviewing is a goal-oriented style of communication that pays particular attention to the client's perspective. It is designed to strengthen personal motivation and commitment to, a specific goal, by exploring the person's own reasons for change in an atmosphere of acceptance.

Participants will have a chance to experience MI processes.

Psychopharmacology

Professor Phil Maude presents the latest developments in psychopharmacology, interventions and therapeutic strategies. The workshop uses the principles of a recovery-focused approach to explore how nurses can support consumers around medication in a recovery-focused way.

Responding to Vulnerable Children & Families - A

This workshop is designed for clinicians working in services and teams involved in 'Child Every Chance'. Providing an opportunity to discuss complex aspects of vulnerable children at risk, Child Protection situations that may arise.

Emphasis on providing clarity and consistency regarding the Children's Court of the perspectives of Consumers and

Safety and Inclusion

Holistic, client-centred thinking and practice. Safety and Inclusion (Aboriginal and Torres Strait Islander people, CALD, children, family and community care). Clinicians delivering Trauma Care, Single Session Family Consultation, Violence Safety Planning, and cultural safety require sound clinical engagement, skills to approach every presentation and without judgement.

This 2-day interactive workshop provides the foundations necessary to work with consumers and their families, understand and ensure we provide a safe and inclusive environment. Enabling easy scaffolding of specific skills or processes needed in discrete practice. The workshop will also consider ways to ensure safety and support for yourself and your colleagues.

• PAIR AIDANCE



- **Relation mutuelle** qui implique un jeune qui a vécu une expérience en santé mentale et qui va soutenir un autre jeune qui vit actuellement une expérience en santé mentale : **échanges d'expérience**
- Interventions de nombreux jeunes au sein des headspaces : **volontariat** (quelques heures par semaines) ou **interventions rémunérées**
 - **Pair aideance pour les jeunes**
 - **Pair aideance pour les jeunes centrés sur le travail/formation**
 - **Pair aideance pour les familles des jeunes**



SUPPORT



EMPOWERMENT



CONNECTION



HOPE

• CASE MANAGEMENT

- Modèle ancien développé dans les années 60 :

ACT (assertive community treatment)

- Système de soin basé sur des **prise en charge ambulatoires**
- **Modèle médico-décentré** avec des case managers autonomes et responsables de leur file active

Médecin : diagnostic et prescriptions, supervision des projets de soins personnalisés

Case-manager : profils différents pour une équipe pluridisciplinaire (infirmier, psychologue, travailleur social) avec des niveaux en terme d'expérience

Coordinateur des CM : CM expérimenté et qui pratiquera le CM dit ir

- **Culture du « paper work »** (transmissions, administratif)
- Des personnes formées sur le terrain et au cours d'un programme régulier de **formation continue**



• ÉTUDE PEPSY-CM

- **PREPS 2018** (Programme de recherche sur la performance du système des soins)

Budget : 896.816euros

- Etude RIPH 2 : étude prospective multicentrique contrôlée randomisée

réalisée en ouvert avec évaluation en aveugle de comparaison de deux prises en charge

- **groupe expérimental « coordinateurs de soins »** : soignants formés au case management des troubles psychotiques débutants
- **groupe contrôle « prise en charge habituelle sans coordinateur de soins »**

Nb : Supériorité déjà démontrée mais aucune étude en France

- **Population** : 16-30ans, Premier Épisode Psychotique **NSN = 256**

- **CENTRE** : NÎMES, MONTPELLIER, THUR, TOULOUSE, (MILLAU)

- **CJP** : récurrence (courbe de survie, durée de suivi de 3ans)

- **CJS** : hospitalisations, rémission clinique et fonctionnelle, adhésions aux soins, qualité de vie des patients et des familles, satisfaction, volet médico-économique

• CHECK-LIST PEPSY-CM

- Basé sur les recommandations de bonnes pratiques

The image displays three documents related to early psychosis intervention. The left document is a French manual titled "Le case management dans la psychose débutante: un manuel", produced by EPPIC. The middle document is "THE EPPIC MODEL INTEGRITY TOOL", which includes a list of key areas: Recommendations, Formation, and Science de l'implementation. The right document is the "Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide". Logos for Orygen Youth Health, EPPIC, and CHUV are visible.

Orygen YOUTH Health | EPPIC Early Psychosis Prevention and Intervention Centre

Le case management dans la psychose débutante: un manuel

Texte original produit par EPPIC

Orygen The National Centre of Excellence in Youth Mental Health | EPPIC Early Psychosis Prevention and Intervention Centre

THE EPPIC MODEL INTEGRITY TOOL

- **Recommandations**
- **Formation**
- **Science de l'implementation**

CHUV

Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide

• CHECK-LIST PEPSY-CM

Etude ancillaire de PEPsy-CM
Etude observationnelle de la pratique du CM en France
= Thèse de Robin Pierot

- Formation initiale au case management
- Utilisation d'outils spécifiques et validés (psychoéducation, EM, ...)
- Nombre de cas / ETP case manager, aspect multidisciplinaire de l'équipe
- Délais d'attribution du CM puis de contact et du 1^{er} rdv
- Projet thérapeutique individualisé à 6 semaines puis tous les 3 mois
- Système d'évaluation du niveau de rémission clinique et fonctionnelle
- Plan d'action en cas de rechute
- Evaluation enregistrée des risques auto et hétéro-agressifs à chaque visite
- Planning de transition à la fin du suivi
- Nombre de visite par semaine en phase de rémission récente, en phase aigue
- Nombre de rdv médicaux par mois
- Rdv famille réguliers
- Surveillance somatique et effets indésirables du traitement
- Accompagnement pour le logement, pour l'emploi ou scolarité
- Psychoéducation réalisée

35 items scorés de 1 à 5

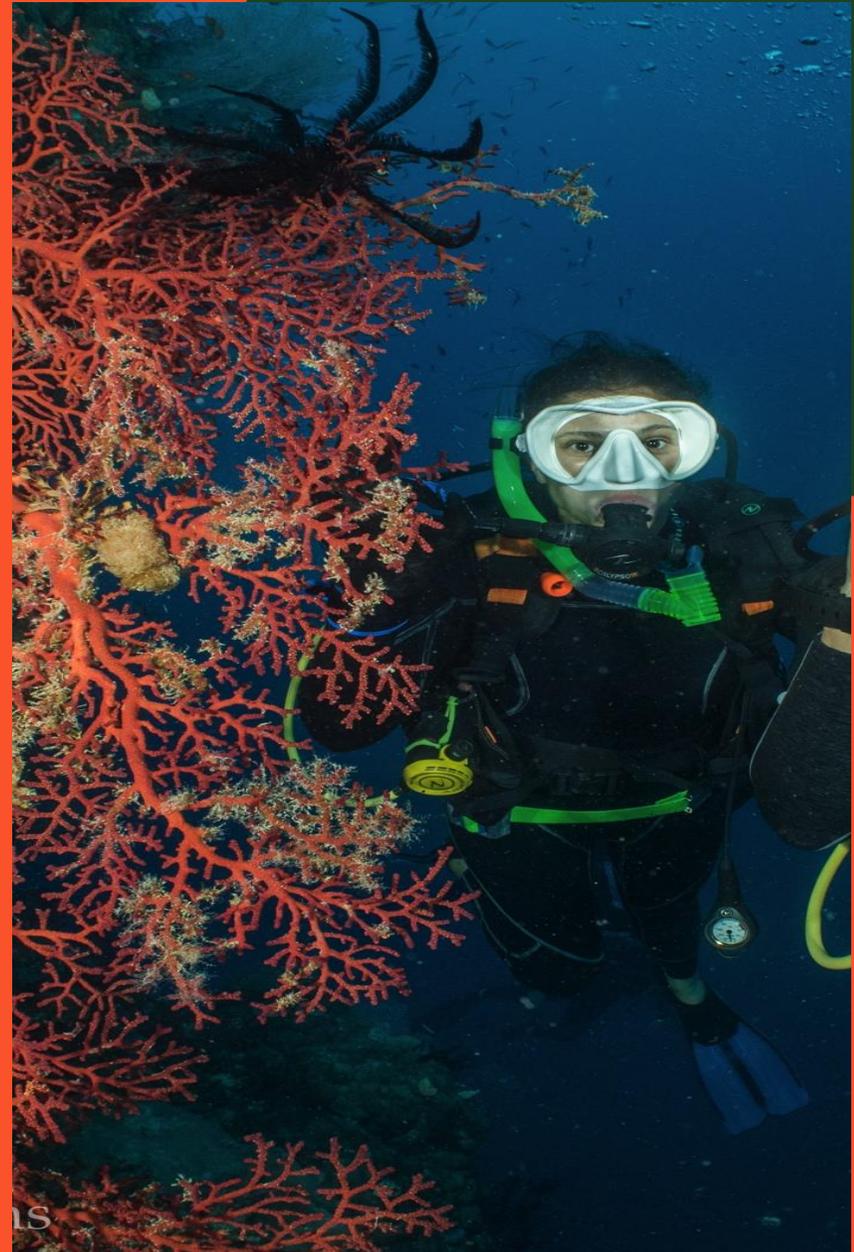
Score final de 1 à 5



- **PARTAGE D'EXPÉRIENCE**

• MY JOURNEY

- Take a break
 - Faire une pause



• MY JOURNEY

- Take a break
- Get out of my comfort zone
 - Sortir de sa zone de confort



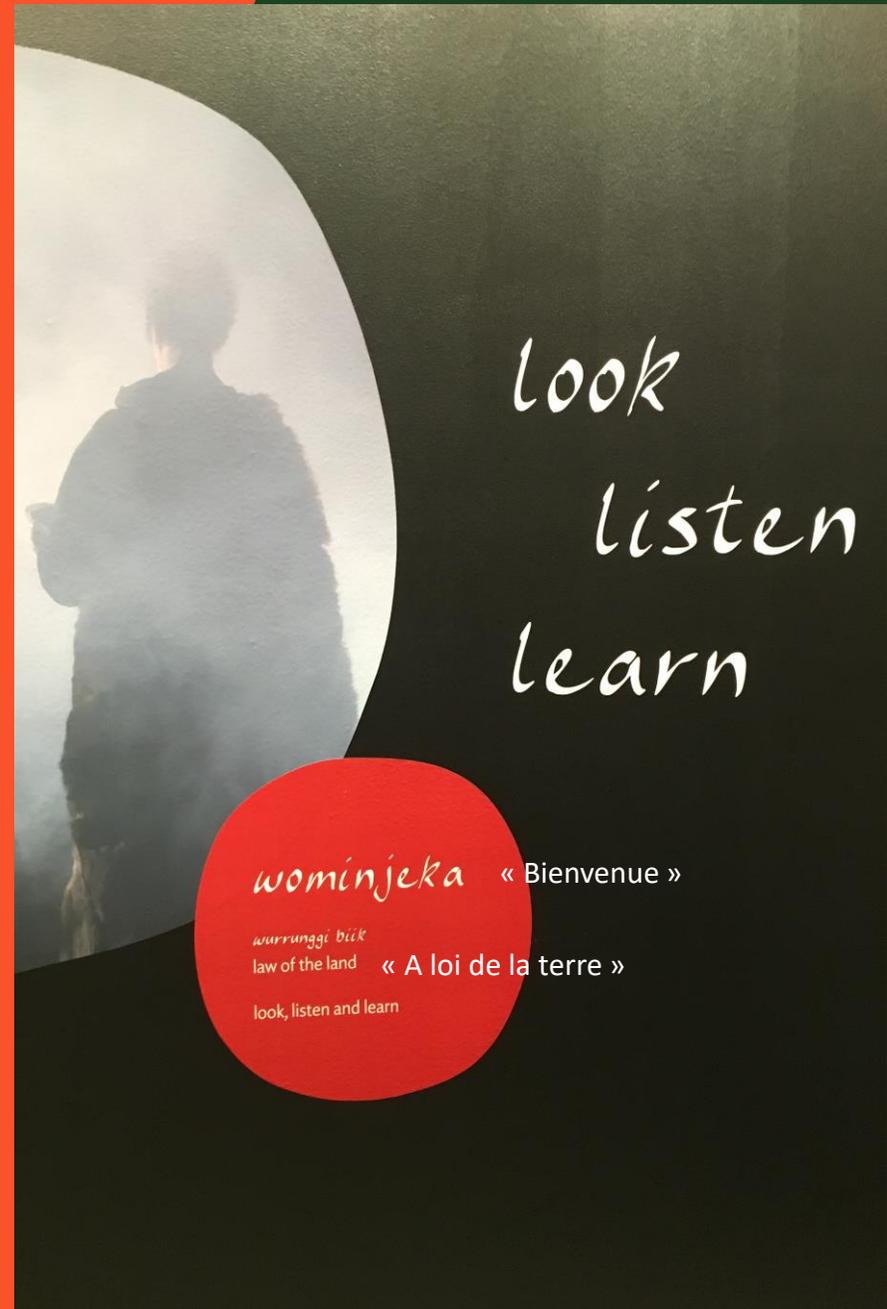
• MY JOURNEY

- Take a break
- Get out of my comfort zone
- **Feel different**
- **Se sentir différent**



• MY JOURNEY

- Take a break
- Get out of my comfort zone
- Feel different
- **Observe, listen, learn**
- **Observer, écouter, apprendre**



• 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**
- **Avoir de nouveaux challenges**



- **CHU NÎMES**
PARTENAIRE OFFICIEL D'ORYGEN



La Villa ORYGEN

Centre d'intervention précoce qui propose une approche Optimiste et des soins de Réhabilitation psychosociale en psychiatrie pour la « Youth GENeration » dans le Gard 30

#REVOLUTIONINMIND
#SOYEZREHAB



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PSYTRUCK 3.0

REVOLUTION IN MIND

orygen

• TAKE HOME MESSAGE

L'INTERVENTION PRÉCOCE « MADE IN AUSTRALIA » SELON ORYGEN =

- UN ÉTAT D'ESPRIT, UN MOUVEMENT QUI SE VEUT AMBITIEUX ET RÉVOLUTIONNAIRE
- UN MODÈLE QUI DONNE DE L'ÉNERGIE ET DE L'ESPOIR
- UN SECRET : SAVOIR SE RÉINVENTER!!!
- UNE CAUSE PLUS IMPORTANTE QUE SOI, QUE LES OBSTACLES
➤ **La santé mentale des jeunes**



FERREPSY
Occitanie



Never settle.

REVOLUTION IN MIND *ory gen*

- **MERCI ET RENDEZ-VOUS LÀ BAS**

10th-12th
July 2023



IEPA
LAUSANNE



IEPA Francophone – 5ème conférence internationale

13 juillet 2023 – Lausanne



INTERNATIONAL ASSOCIATION FOR
YOUTH
MENTAL HEALTH



**VANCOUVER
2024**