

Making Cognitive Remediation routinely available

Presented by

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Discipline of Psychiatry

software
presents
PACK®

Das neuropsychologische kognitive Trainingspaket.
The Neuropsychological Cognitive Training Package.
logiciel d'entraînement neuropsychologique et cognitif

deutsch english français

Speed
Attention
Problem

Start



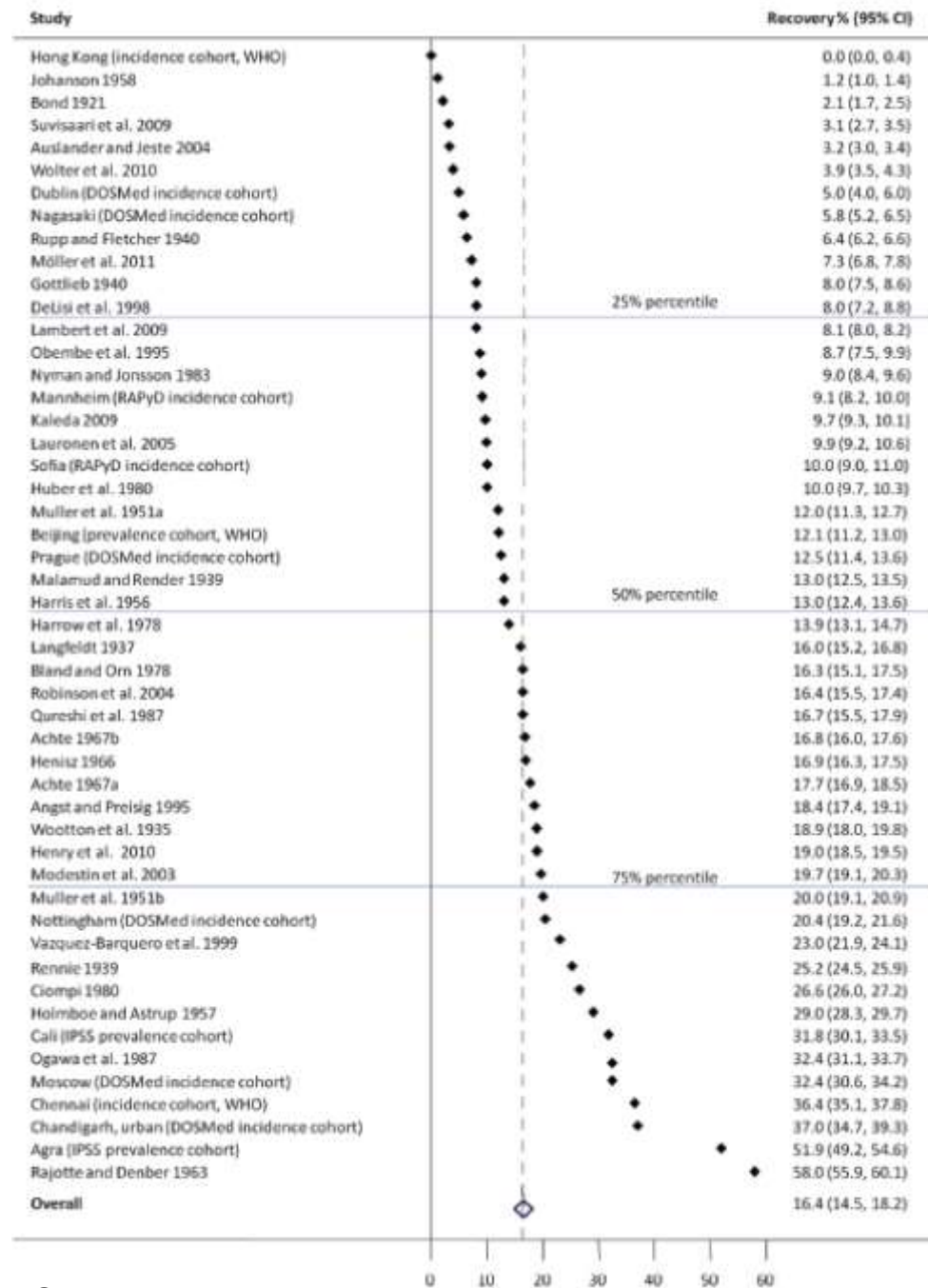
Disclosures

- Dr Harris has received consultancy fees from Janssen, Lundbeck and Seqirus. He has received payments for educational sessions run for Janssen Australia, Lundbeck Australia and Servier. He has developed educational material for Servier. He is the recipient of an investigator-initiated grant from Takeda Pharmaceutical Company. He is the chair of One Door Mental Health.

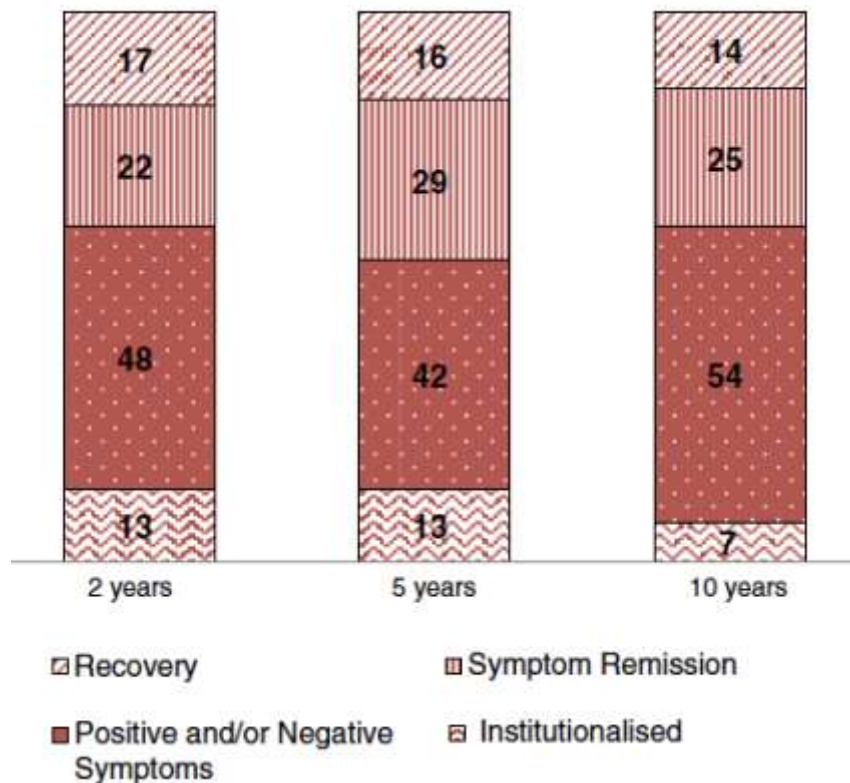
- We have a problem with clinical outcomes in Schizophrenia
- Cognitive impairments are an important contributor to this
- What do our present systems provide in the way of treatment and support for cognitive impairments?
- Can we improve on these?

Outcome

- Outcome for schizophrenia is poor
- Meta-analysis in 8994 individuals from 20 countries had median recovery 13.5% (IQR 8.1-20.0%)
 - Better in low-low middle income countries (12.1 vs 36.4%)
 - No better for women
 - No better over time
- (recovery = clinical remission and good psychosocial outcome)



Recovery in OPUS

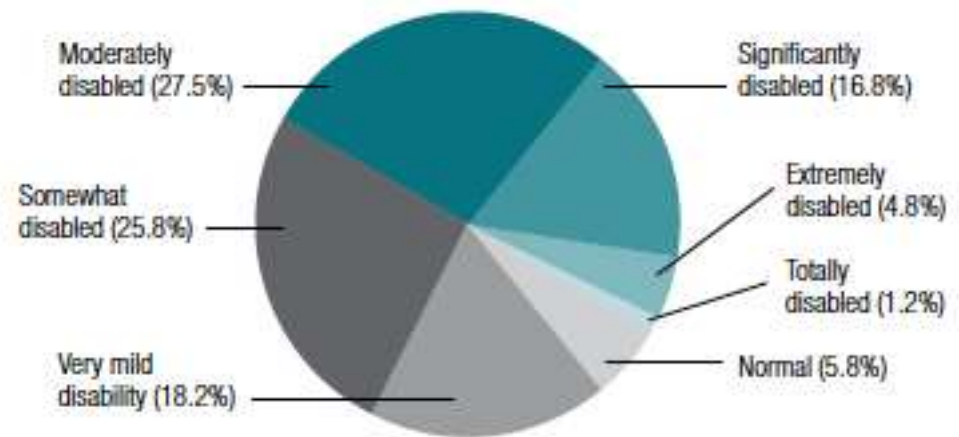


Percentage recovery and remission at 2, 5 & 10 yrs in OPUS study

- OPUS trial followed up 304/496 people with FEP over 10 years
- Although the rates look little different 64% of the sample achieved sustained remission at some stage and 30% achieved recovery for at least a period of time
- 35% asymptomatic but not working/studying
- (Recovery = work or study + minimal-mild sx + no hospitalisations > 2yrs + GAF > 60)

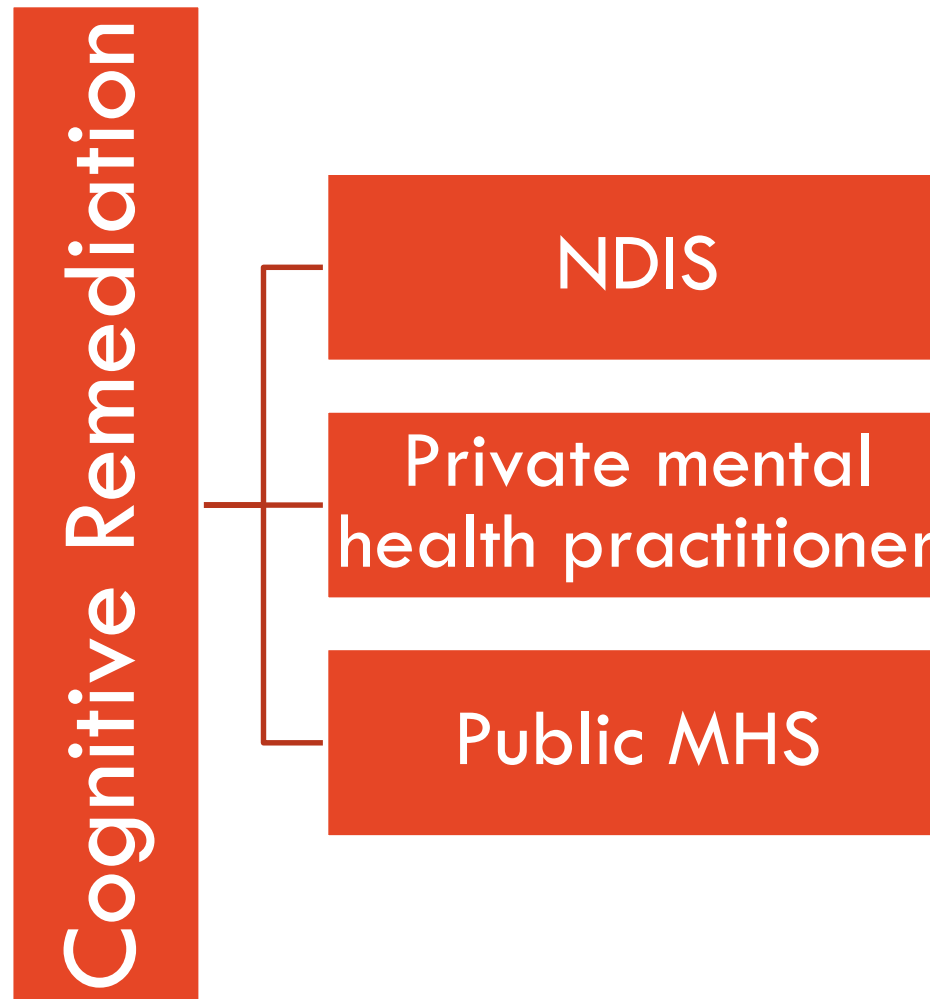
Everyday Function

- 690,000 people have a severe mental illness in Australia
- 290,000 have a psychosocial disability with reduced function
- 65,000 meet the NDIS definition of permanent psychosocial disability



(Morgan et al, 2011, second Australian survey of people living with psychotic illness in 2010, N=1,825)

Funded approaches to cognitive remediation in Australia



National Disability Insurance Scheme

Core Supports

- Assistance with self care
- Social participation
- Disability accommodation
- Transport

Capacity Building

- Training in planning
- Building capacity to participate
- Employment related advice
- Exercise advice
- Behavioural support
- Life skills
- Lifelong learning

Capital Support

- Home modifications
- Assistive technology

NDIS will not fund

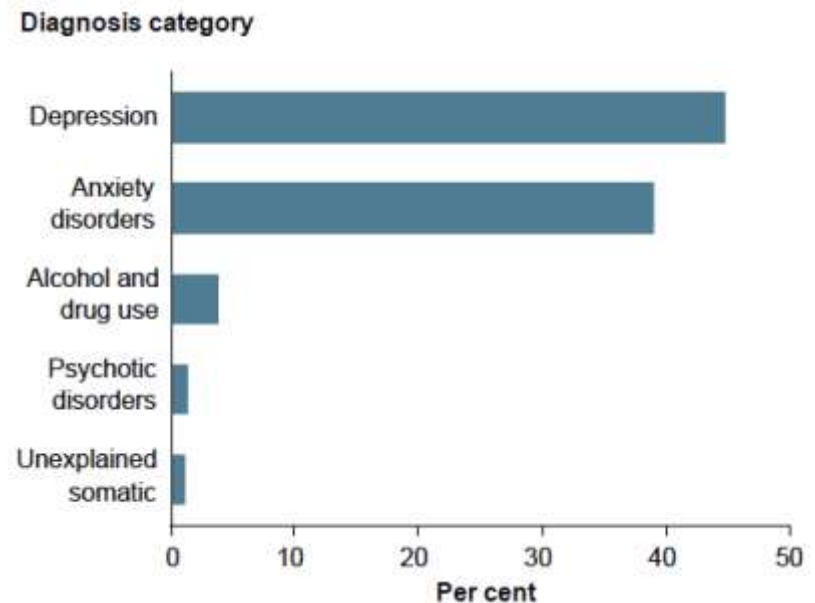
- Clinical care, including acute, ambulatory and continuing care in the community, rehabilitation/recovery.
- Clinical early intervention or child and adolescent developmental needs.
- Residential care where the primary purpose is for inpatient treatment or clinical rehabilitation, or where the services model primarily employs clinical staff.
- Supports relating to a co-morbidity with a psychiatric condition where the co-morbidity is clearly the responsibility of another service system (for example, treatment for a drug or alcohol issue).

NDIS

- Allows for considerable scope for cognitive remediation
- Payments for approved support is at a high level (approx. \$214/hr) for psychology, other rates are lower (\$179/hr)
 - Generating therapist interest
 - However great inflexibility – needs to be determined by planner
 - System in evolution
- Budget for Capacity Building has been restricted in consumer plans limiting funds available
- No clear idea about how NDIS funds are being used for people with psychosis at present

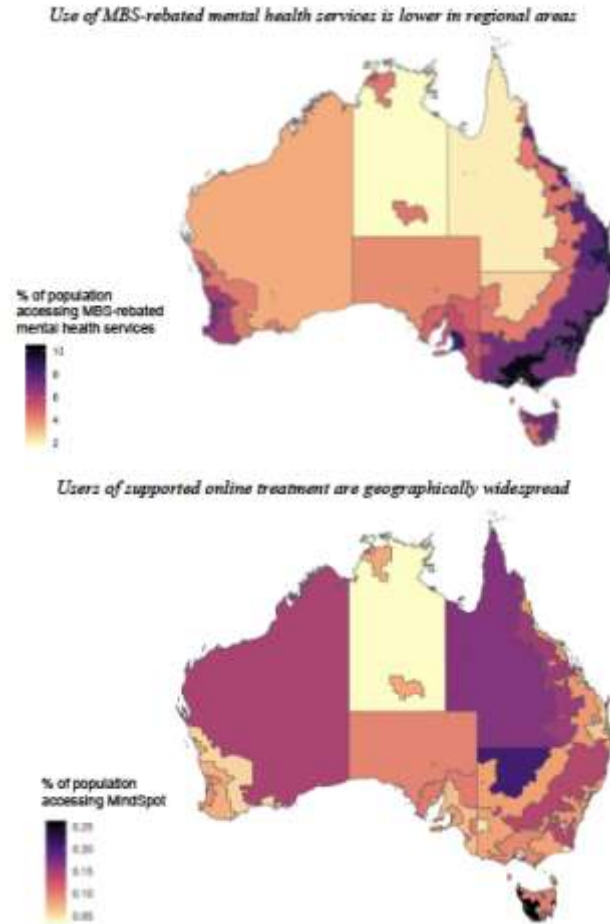
Private Mental Health Clinician

- Cognitive remediation is available, however rarely for psychosis
 - ADHD
 - Memory/dementia
- Access is via Better Access program, PHN and the Psychological Therapy Services
 - Rapid increase in use of benefit
 - Private allied health rarely see people with psychotic disorders
 - Rebate \$80-120 per ht



Top 5 diagnostic categories for ATAPS 2015-16

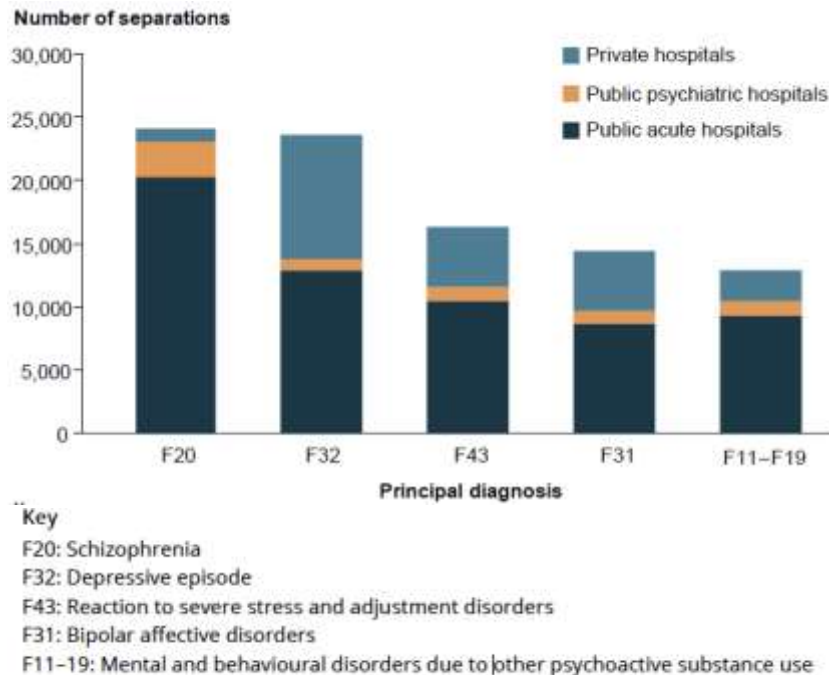
Private psychological services across Australia



- Difficulty in provision of psychological services outside metropolitan areas
- Does not reflect uptake of psychological services as provided via the internet
- Development of online mental health services well advanced

Productivity Commission, 2019

Access in Private Hospitals

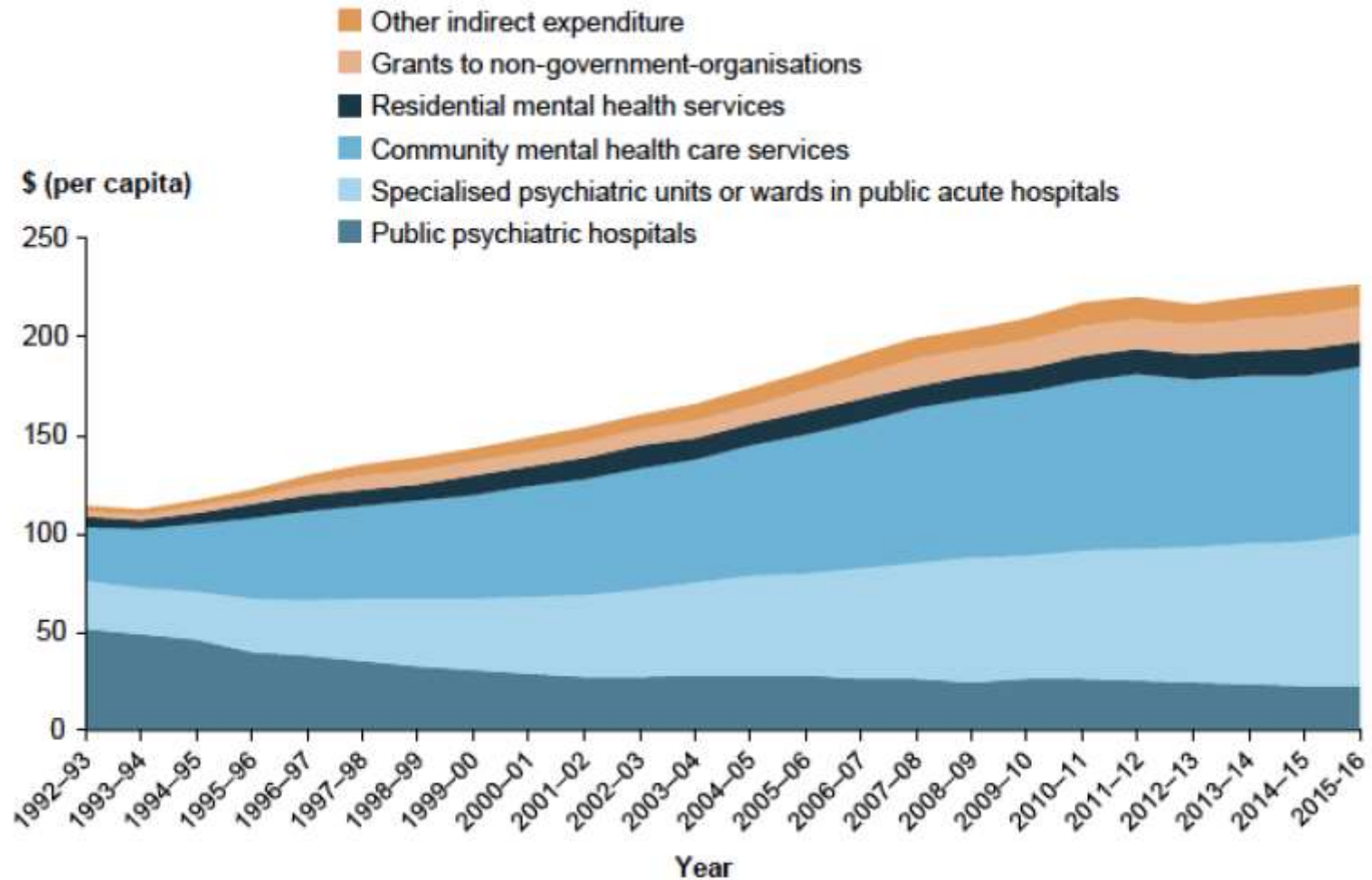


- Private hospitals have relatively few admission of people with schizophrenia
- When asked, no private hospital in Sydney provided CRT

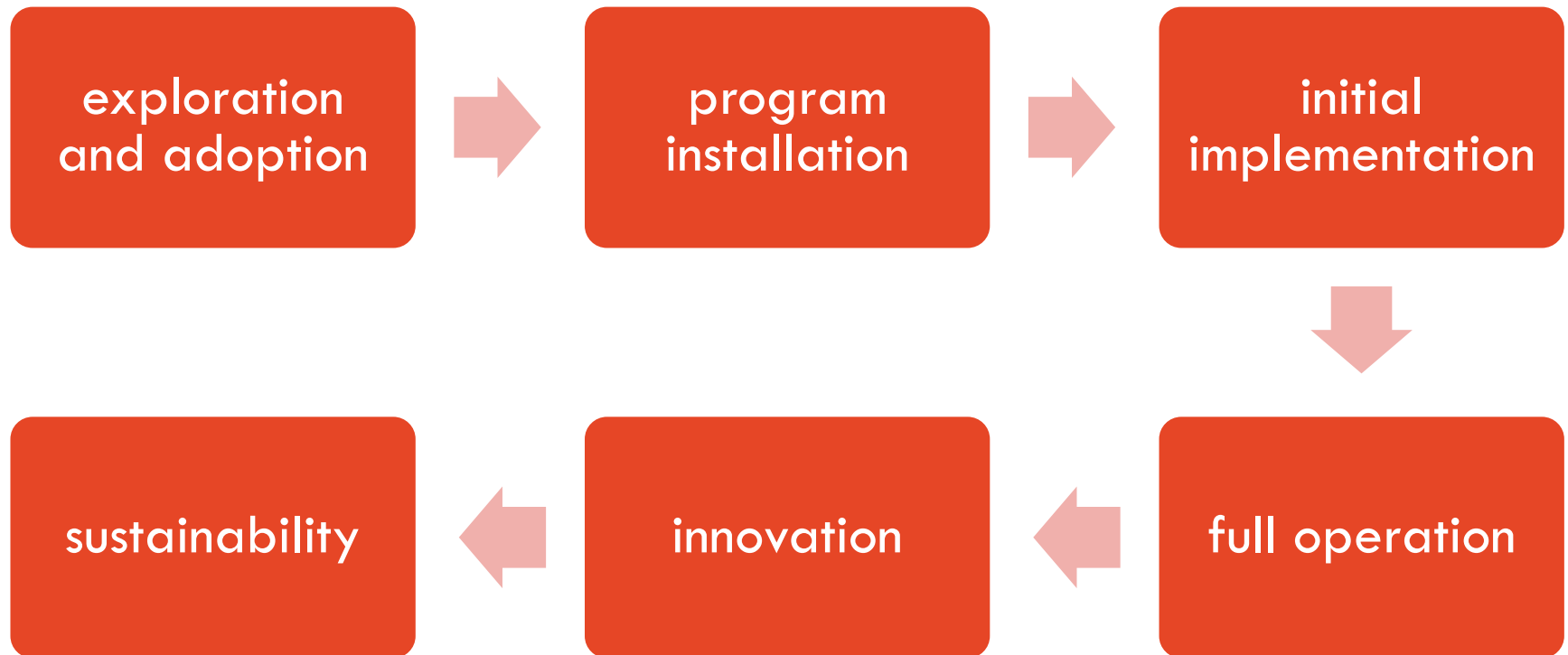
Public Mental Health Systems

- Space where most CRT is delivered at present for psychosis (?)
- Training programs best represented by Dr Frances Dark
- Recovery and rehabilitation programs are presently in flux due to changes in funding and expectations

Current expenditure on MHS

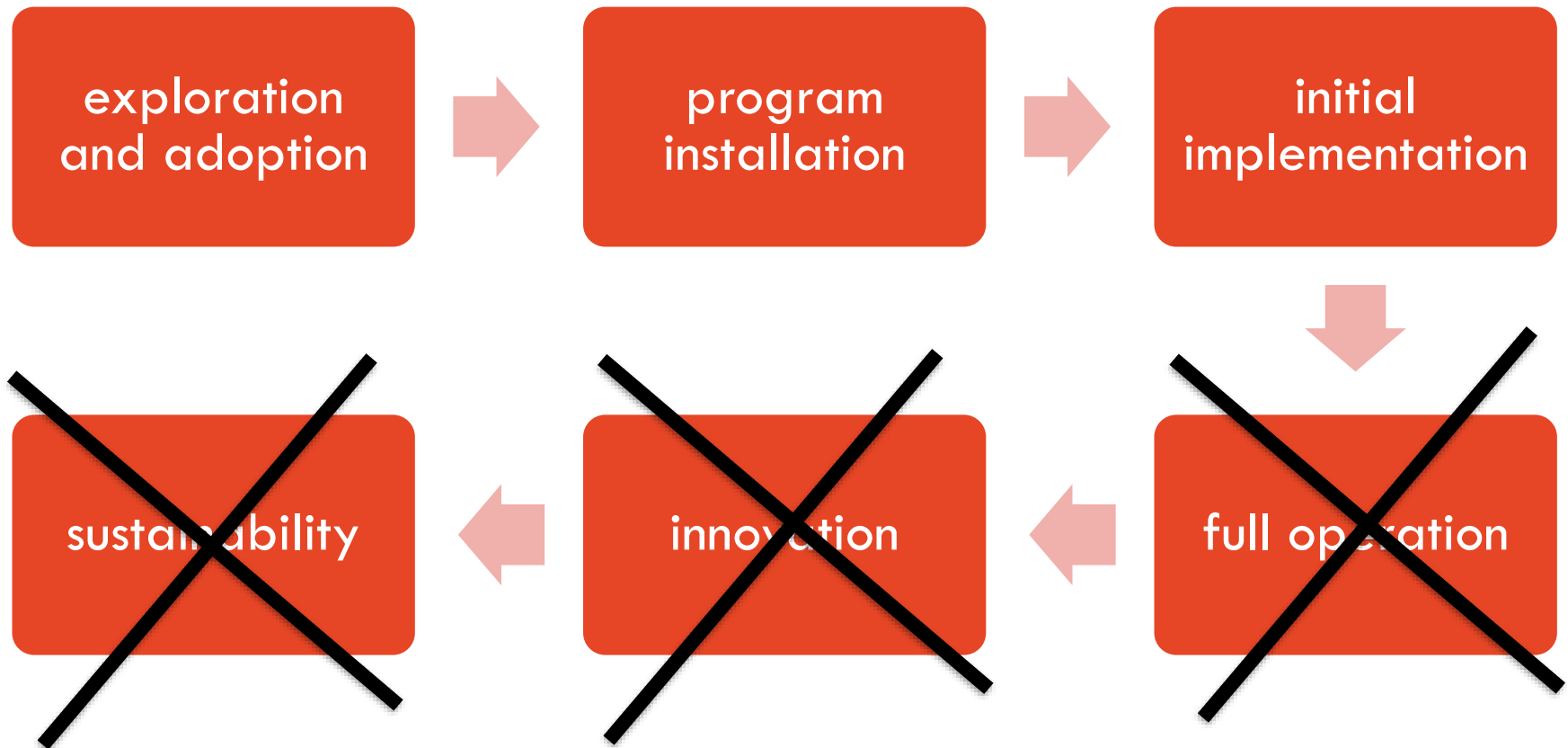


Implementation of new programs



Fixsen et al, 2005

Implementation of new programs



Fixsen et al, 2005

Exploration and Adoption



- Clear recommendations for the use of CRT exist in local guidelines
- Understanding of the role of cognitive deficits in long term functioning poorly understood and rarely acted on
- Development of CRT+ strategies
- Who owns cognitive remediation?
 - Staff capable of delivering programs clearly exist
- Leadership and support

Program installation & initial implementation

- NDIS funding model could (and already does) provide for CRT in its Capacity Building funding
- Therapy providers can be broadly based and provide either group or individual treatment
- NDIS is clearly targeted to psychosis and high needs

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- NDIS funding model could (and already does) provide for CRT in its Capacity Building funding
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- NDIS is clearly targeted to psychosis and high needs
- Consideration of internet-based Brain Training/CRT should be trialed considering success of other internet-based treatments
- Develop CRT as a building block in recovery strategies to synergise improvements
 - Supported employment/education
 - Social Skills programs

Full operation, innovation and sustainability

- No integrated CRT available for a large catchment area outside Brisbane
- Research and development of new models of care continue in Sydney (BMC, Dementia research, Harris), Brisbane (Dark) and Melbourne (Rossell)

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- No integrated CRT available for a large catchment area outside Brisbane
- Research and development of new models of care continue in Sydney (BMC, Dementia research, Harris), Brisbane (Dark) and Melbourne (Rossell)
- **Workforce development**
- Requires integration into training curriculum of relevant mental health professions
- Further development of rehabilitation and recovery models of care

How can we make CRT routinely available?

- Go where the money is for those most disabled
 - Develop the NDIS workforce so it is capable of delivering CRT
- Develop recovery and rehabilitation models in health that combine psychosocial interventions with CRT to synergise effects
- Embed training and supervision in system