

Early Intervention in the Real World

The service for Monitoring and Early Intervention against psychological and mental suffering in young people (SMILE) at the University of L'Aquila: first year experience

Rocco Pollice, Emanuela Di Giovambattista, Donatella Ussorio, Alessia Di Pucchio, Annarita Tomassini, Monica Mazza, Rita Roncone and Massimo Casacchia

Abstract

Aim: To establish a comprehensive early intervention service for young people with mental suffering in L'Aquila, Italy, and to evaluate its effectiveness in delivering user friendly integrated interventions.

Methods: The Service for Monitoring and early Intervention against psychological and mental suffering in young people (SMILE) began operation in November 2005 under the auspices of the Department of Mental Health, University of L'Aquila, Italy. It is the mission of our service to reduce the burden of mental suffering in young people by means of an earlier recognition of signs and symptoms, systematic evaluation of psychological distress and promotion of attitudes that encourage young people to seek care. We also aim to reduce the delays that young people at incipient risk of severe psychiatric illness

experience in accessing appropriate psychiatric care.

Results: Between November 2005 and November 2006, 216 young people (127 women, 89 men; mean age 21.8 ± 5.7 years) were referred for assessment. Thirty-five per cent of patients had a diagnosis of severe mental illness (schizophrenia, bipolar disorder, incipient risk of psychosis). In addition, 80.5% of patients were admitted to the service more than once, totalling 685 admissions. Treatment modalities comprised cognitive behavioural treatment (61.5%), integrated psychosocial treatment (25.5%) and psychopharmacotherapy (15.9%).

Conclusions: The SMILE service provides most of the mental health service requirements for young people with various forms of psychological suffering in Italy. Moreover, it offers appropriate case management with an early multimodal approach.

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Key words: early intervention, early recognition, first-episode psychosis, premorbid adjustment, prodromes.

INTRODUCTION

In recent years, enthusiasm has grown for the need to rapidly identify and treat patients at risk to develop psychiatric disorders in the earliest stages of the illness.^{1,2} The advantages of early intervention in any illness are well known, with additional benefits to be gained in severe and long-standing psychiatric conditions such as schizophrenia.³ Under these circumstances, the identification of a set of

traits or clinical symptoms that reflect a predisposition to develop severe psychotic or mood disorders is fundamental from both a preventive and clinical perspective.⁴

The clinical high-risk strategy focuses on identifying individuals who are considered to be at an increased risk for psychiatric disorders based primarily on the presence of subtle clinical deficits such as recent decline in functioning, anxiety, depression, or attenuated psychotic symptoms.⁵ In

“Distress psicologico e Disturbo Post Traumatico da Stress (DPTS) in una popolazione di giovani sopravvissuti al terremoto dell’Aquila”

“Psychological Distress and Post Traumatic Stress Disorder (PTSD) in a population of young earthquake survivors of L’Aquila”

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Scopo. Lo scopo dello studio è stato quello di valutare l’incidenza del DPTS, la presenza di un distress psicologico e di una sintomatologia post traumatica in una popolazione di giovani sopravvissuti al terremoto dell’Aquila.

Metodi. Tra Aprile 2009 e Gennaio 2010, 187 giovani afferiti consecutivamente presso l’ambulatorio SMILE, sono stati sottoposti ad intervista clinica con le *Semi-structured Clinical Interview DSM-IV-I e -II* (SCID-I e SCID-II) e valutazione psicometrica con *Impact Event Scale-Revised* (IES-R) e *General Health Questionnaire-12 items* (GHQ-12).

Risultati. Il 44,2% e 37,4% manifestavano rispettivamente, livelli di distress psicologico moderati ed elevati. Il 66,7% ha riferito la presenza di una sintomatologia post-traumatica rilevante (*Sindrome post traumatica*) con un IES-R > 28, mentre una diagnosi di DPTS è stata riscontrata nel 13,8% del campione. Il tratto OC, il sesso femminile e l’elevato distress (GHQ \geq 20) risultano essere i principali fattori di rischio per lo sviluppo del DPTS rispetto ai soggetti che presentavano un *Sindrome Post traumatica* per i quali, il displacement e la disgregazione sociale, risultano essere maggiormente associati alla sofferenza post traumatica.

Discussioni. Lo studio, in linea con la letteratura recente, conferma come un disastro naturale produca un elevato distress psicologico con conseguenze a lungo termine e sintomi residui post traumatici. L’intervento precoce sui sopravvissuti ad un trauma collettivo o individuale, indipendentemente dalla presenza di una diagnosi di DPTS, dovrebbe essere quindi un obiettivo primario nell’ambito di un programma di Salute Pubblica.

Keywords: Terremoto, Disastro naturale, Distress psicologico, DPTS, Sindrome Post-Traumatica.

Aim. The aim of study was to evaluate the incidence of PTSD, the presence of psychological distress and post traumatic symptoms in a population of young earthquake survivors after L’Aquila earthquake.

Methods. Between April 2009 and January 2010, 187 young people seeking help consecutively at SMILE psychiatric service, underwent clinical interview with the Semi-Structured Clinical Interview DSM-IV-I and-II (SCID-I and SCID-II) and psychometric evaluation with Impact Event Scale-Revised (IES-R) and General Health Questionnaire-12 items (GHQ-12)

Results. 44.2% and 37.4% respectively, showed high and moderate levels of psychological distress. 66.7% reported the presence of a significant post-traumatic symptoms (Post-traumatic Syndrome) with an IES-R > 28, while a diagnosis of PTSD was found in 13.8% of the sample. The OC trait, female sex and high level of distress (GHQ \geq 20) appear to be the main risk factors for the development of PTSD than those who had a post traumatic syndrome for which the displacement and social disruption, appear to be more associated with post traumatic aftermaths.

Discussions. Our findings, in line with recent literature, confirm that a natural disaster produces an high psychological distress with long-term aftermaths.

Early intervention for survivors of collective or individual trauma, regardless of the presence of a PTSD diagnosis should be a primary goal in a program of Public Health.

Keywords: earthquakes, natural disasters, psychological distress, PTSD, post-traumatic syndrome.

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Post-traumatic and psychiatric symptoms among young earthquake survivors in primary care Camp Hospital

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Abstract

Earthquakes have been found to be associated with increased prevalence of psychiatric disorders: Post-traumatic Stress Disorder (PTSD) with a diagnosis range of 1.5%-74%, Depression, Anxiety and Sleep disorders and Substance Abuse. Risk factors are varied: exposure to the earthquake, closeness to the epicenter, disruption of social network, financial loss, female sex, low educational level, etc. PTSD diagnosis is difficult because people unconsciously neglect traumatic history and ignore consequences.

Between April 6th 2009 and September 2009, 323 young survivors with age range of 18-30 years were screened for PTSD symptoms at the S.M.I.L.E., a psychiatric service for young people at the L'Aquila Camp Hospital. The screening assessment consisted of: a Socio-demographic schedule with questions about earthquake experience, the General Health Questionnaire-12 items (GHQ-12), Impact Event Scale-Revised (IES-R) and Semi-structured Clinical Interview Diagnosis II (SCID-II).

Regarding psychiatric morbidity, 44.2% and 37.4% had respectively moderate and high stress level. Female gender and unemployment were significantly correlated ($p < .001$) with stress level and Obsessive-Compulsive (OC) trait. After screening assessment, the 66.7% (N=215) of total sample showed a positive post-traumatic symptomatology with a 13.8% of PTSD diagnosis. Obsessive-Compulsive trait, female gender, destruction of housing and high level of stress ($\text{GHQ} \geq 20$) were significant predictors for a PTSD diagnosis when compared with subjects positive for PTSD symptomatology but without a PTSD diagnosis according to DSM-IV criteria.

Personality features must be considered important risks for post-traumatic consequences: OC trait was significantly associated with a high score on the GHQ-12 (≥ 20) and is a significant predictor of PTSD symptoms ("re-experiencing" dimension). Houses destroyed, gender and unemployed were also important risk factors. Our study confirms that a natural disaster produces high levels of mental disorders with significant long-term risk of chronic impairment, like the development of a PTSD diagnosis (13.8%) with enormously costly consequences for the mental health care system and society. This should be a high priority in a public health program.

Cognitive impairment and perceived stress among schizophrenic inpatients with Post-Traumatic Stress Disorder

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ABSTRACT

Rate of *lifetime* traumas in the general population is high, and a lot of evidences suggest that persons with severe mental illness (SMI) are even more likely to be traumatized throughout their lives. Recent Post-Traumatic Stress Disorder (PTSD) studies found a range from 13 to 29% of comorbidity in Schizophrenic patients. Others studies show that SMI patients with PTSD were in poorer health, had lower self-esteem, and had lower subjective quality of life and cognitive deficits compared with those without PTSD. The aim of this study is to examine if PTSD comorbidity in a sample of chronic schizophrenic inpatients admitted after L'Aquila earthquake, is associated or not with neurocognitive and quality of life impairment than schizophrenia inpatients without PTSD.

The sample of this study recruited after L'Aquila earthquake (between April 2009 and December 2009), consisted of 54 schizophrenic earthquake survivors admitted consecutively at Psychiatric Inpatients Unit of L'Aquila San Salvatore Hospital. Each patient was assessed with the Positive and Negative Syndrome Scale (PANSS) and General Health Questionnaire - 12 items (GHQ-12). The Impact of Event Scale-Revised (IES-R) to study post-traumatic symptomatology and Structured Clinical Interview for DSM-IV (SCID-I) for PTSD diagnosis. Cognitive assessment battery consist of WAIS-III Digit Span and Trail Making Test to assess working memory and executive functions, respectively. Severity of illness was assessed by the Clinical Global Impression Scale (CGI). They were on antipsychotic drugs, and the mean daily chlorpromazine-equivalent dose was 236.38 mg (SD 183.5).

Seventeen percent of 54 schizophrenic inpatients (n=9) met the DSM-IV criteria for PTSD. Subjects with PTSD had significantly higher scores on the PANSS Positive Symptom subscale ($P \leq .015$) and higher GHQ-12 mean score (30.50 vs 16.93). Post-traumatic symptomatology showed a significant difference in hyperarousal subscale between the two groups (with and without PTSD) and a significant worsening of working memory for PTSD sample. PTSD symptom measures positively correlated with the PANSS total and Positive score and GHQ-12 score ≥ 20 ("high stress level").

PTSD in schizophrenic patients is associated with more cognitive impairment, a high level of stress perceived and more positive symptom. Evaluating PTSD in patients with schizophrenia could have important implications from both clinical and research perspectives.

Marked increase in substance use among young people after L'Aquila earthquake

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Dear Sirs,

On 3 December 2010, a remarkable piece published in the *Financial Times* reported that “eighteen months after an earthquake struck the heart of Abruzzo, Italy, killing 309 people, the region’s capital city, L’Aquila (town with a population of 72,000 and a health district of 103,788), is still a ghost town. Buildings and monuments have been secured and all the rubble removed, but the “red zone” in the 13th-century city centre is still a no-go area and its residents, relocated elsewhere, are starting to despair of ever returning”. The 2009 L’Aquila earthquake (Richter magnitude 6.3) killing 309 residents, injuring over 2,500, leaving 28,000 homeless and 66,000 displaced, caused destruction or serious damage to between 3,000 and 11,000 buildings (the 65% of building and homes).

Exposure to destruction and death caused by natural disasters has been shown to lead to psychological disorders and substance use as a by-product of both the material and spiritual losses [1]. This study provides data on how patterns of substance use changed among young people who survived the earthquake that struck L’Aquila on 6 April 2009.

A total of 1,078 young subjects (mean age 21.4 ± 5.6 years) participated in a mental health survey conducted between March and December 2010. They represent 8% of the population with the age range of 16–30 and 1.5% of the general population. They were recruited in

different settings: 323 of them self referrals at “S.M.I.L.E.” (a psychiatric service for young people); 123 at SACS (a University Service of guidance and mentoring for students); the rest of them (632) were university and high school students, voluntarily enrolled to this survey.

All subjects screened that resulted positive to both the Patient Health Questionnaire (PHQ-9) and the Self-rating Anxiety State (SAS), were further interviewed by a research psychiatrist and then, for some of them, consensus DSM-IV diagnoses were made by project psychiatrists according to the Structured Clinical Interview for DSM-IV (SCID-I). Of them, 314 (29.1%) had an ICD-10 diagnosis of anxiety disorders (43%), mood disorders (34%), post-traumatic stress disorder (16%), and psychosis (7%). There were 31 participants who had a personal or family history of physical trauma due to the earthquake. Increased substance use was assessed with one question per substance (alcohol, tobacco, cannabis) asking if the users had increased their use in the postearthquake compared with the preearthquake period. To this aim, a 4-point scale was used (none, less than before, equal to before, greater than before). The 12-item General Health Questionnaire (GHQ-12) was used for assessing perceived health. All participants provided their consent to participate in the study and the local ethical committee approved the study protocol.

In persons with an ICD-10 diagnosis of psychiatric disorders ($n = 314$), the use of alcohol, tobacco, and cannabis was reported to be increased in the postearthquake period by 179 (57%), 128 (41%), and 69 (22%) subjects, respectively. Interestingly, none reported a reduced use of these substances following the disaster. In persons without an ICD-10 diagnosis of psychiatric disorders ($n = 764$), the use of alcohol, tobacco, and cannabis was reported to be increased in the postearthquake period by 374 (49%), 289 (38%), and 138 (18%) subjects, respectively. None of

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Cognitive function and clinical symptoms in first-episode psychosis and chronic schizophrenia after the 2009 L'Aquila earthquake

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