

Early intervention programs for mood and anxiety disorders improve patient outcomes and provide access to care

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In a series of studies from Lawson Health Research Institute, Western University and ICES, researchers examined the impact of Canada's only early intervention program for youth with mood and anxiety disorders. Results suggest that treatment at the First Episode Mood and Anxiety Program (FEMAP) at London Health Sciences Centre (LHSC) leads to improvements in patients' symptoms and functioning, access to psychiatric care in the most appropriate settings and fewer visits to the emergency department (ED).

FEMAP is a novel outpatient mental health program that provides treatment to emerging adults, ages 16 to 25, with emotional concerns that fall into the categories of mood and anxiety symptoms. Treatment at FEMAP takes a patient-centred approach in a youth-friendly setting where [patients](#) receive care from a multidisciplinary team.

For past FEMAP patient and research participant, Kirstie Leedham, the value of programs like FEMAP is clear. "FEMAP helped me to understand that there wasn't something wrong with me and that I wasn't alone in the way that I felt. I learned to cope and deal with things in more constructive ways that made things so much easier. Before entering the program, I had trouble finishing school, no job prospects and couldn't hold down a relationship. Now, three years out of the program, I have a great job, am married and own a house, which are things I never thought would be possible."

Through a recent study published in *Psychiatric Services*, researchers found that treatment at FEMAP leads to improved patient outcomes. The study included 370 youth eligible for FEMAP services. Before beginning treatment at FEMAP, they were, on average, experiencing moderate depression, moderate anxiety and low satisfaction with their quality of health. They also reported poor functioning an average of 4.3 days per week.

Of 370 youth eligible for treatment at FEMAP, 322 attended a clinical assessment. Seventy-one disengaged from treatment either before or immediately following the clinical assessment. The research team found that those who disengaged early had less severe symptoms than those who stayed engaged.

Follow-up questionnaires were completed by 174 youth approximately six months into treatment. The research team discovered significant improvements in patient outcomes, including reduction in mood and anxiety symptoms, improved functioning and a higher quality of health satisfaction.

"These results demonstrate the effectiveness of early intervention programs offering personalized treatment that adjusts to patient's needs and wishes. The data suggests our model is successful in helping patients manage their mood and [anxiety disorders](#)," says Dr. Elizabeth Osuch, Clinician-Scientist at Lawson, Associate Professor at Western University's Schulich School of Medicine & Dentistry, and Medical Director at FEMAP.

Another study by the team, published in *The Canadian Journal of Psychiatry*, suggests that FEMAP improves patients' access to care. The team analyzed de-identified public health data from 2009 to 2014. They discovered patients treated at FEMAP were three times more likely to see a psychiatrist, had more rapid access to care and lower rates of ED

visits when compared to patients treated elsewhere in the same geographic region.

"Our results suggest FEMAP provides access to mental health care in the most appropriate settings by preventing ED visits, demonstrating the health system potential of this novel [treatment](#) program," notes Dr. Kelly Anderson, Associate Scientist at Lawson, Assistant Professor at Schulich Medicine & Dentistry, and Adjunct Scientist at ICES.

The research team is also investigating FEMAP's impact on costs to the health system. In a study published in *Early Intervention in Psychiatry*, they examined de-identified public health data from 2009 to 2015 to compare 366 FEMAP patients to a control group of 660 patients who received care elsewhere in the geographic region. They found that over the course of one year, FEMAP patients cost the health system significantly less money for inpatient hospital services, ambulatory services and drug benefit claims, and significantly more money for physician services. Overall the cost of FEMAP was less, but the difference was not statistically significant.

"While the total cost difference was not found to be significant, these results might represent FEMAP patients accessing care in settings most appropriate to their needs," explains Dr. Ava John-Baptiste, Associate Scientist at Lawson, Assistant Professor at Schulich Medicine & Dentistry, and Adjunct Scientist at ICES. "Increased use of physician services combined with access to a broader range of treatments, including psychology, counselling and social services, may make FEMAP a worthwhile investment."

More information: Ava A. John-Baptiste et al, Healthcare utilization costs of emerging adults with mood and anxiety disorders in an early intervention treatment program compared to a matched cohort, *Early Intervention in Psychiatry* (2019). [DOI: 10.1111/eip.12790](https://doi.org/10.1111/eip.12790)

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