



Early Psychosis Intervention Services in Remote and Rural Communities: Challenges and Opportunities

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Introduction

Founded upon evidence-based practices, Early Psychosis Intervention (EPI) programs are specialized services that provide comprehensive clinical care and support to individuals who are experiencing early stages of psychosis. EPI programs have been shown to decrease duration of untreated psychosis, hospitalization, and lower medication use and relapse rates, while improving overall client functional outcome and treatment adherence^{1,2}. However, despite its steady advances and acceptance as a model of care, little research has been conducted regarding the provision of EPI services to rural and remote communities.

The main objective of this project was to understand the facilitators and barriers of care for individuals with early psychosis who live in rural and remote communities.

Methods

We used online surveys followed by semi-structured interviews to collect data from Canadian EPI program team leads, clinical planners, clinicians, or managers, whose programs provide EPI services to rural and remote communities. Interviews consisted of questions related to community geography and demographics, service delivery, as well as successes and challenges with programming. Initial themes identified from the interviews were categorized and summarized. Formal qualitative analysis is currently underway.

Results

Twenty-one interviews with representatives from various EPI programs across 8 Canadian provinces (AB, BC, MB, ON, QC, NS, NL, YT) completed the interviews. Several common themes were identified:

- 1) The hub-and-spoke model of care, which centralizes specialized expertise at a main hub site while extending support and services to satellite locations, appeared to be an ideal model that programs tried to implement or emulate.
- 2) Bringing rural and remote clinicians to the urban centres for training as well as relationship building was reported to be consistently helpful.
- 3) Relationship building within the rural and remote communities is imperative to provide services. In particular, building relationship with rural and remote Indigenous communities supports providing culturally appropriate care.
- 4) Lack of financial resources and staff turnover/retention are significant barriers to providing services.
- 5) Many of the geographically remote areas are now accustomed to using virtual healthcare delivery, which has grown rapidly since the beginning of the COVID-19 pandemic.
- 6) However, it is challenging for the urban team to provide effective support without having a clinician on-site for close monitoring of the client's progress.

Conclusion

To our knowledge, this is the first study that explores the unique challenges and opportunities associated with providing EPI services to rural and remote communities within Canada.

Preliminary findings highlight the preference of rural EPI program representatives for the hub-and-spoke model of care, and the importance of relationship building between rural and urban teams, as well as leveraging telehealth technology for virtual care delivery.

These findings hold significant implications for policymaking and service provision in rural and remote communities and highlight the importance of developing innovative and efficient models of care delivery that address geographical isolation and limited resources in those communities.

Reference / Bibliography

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