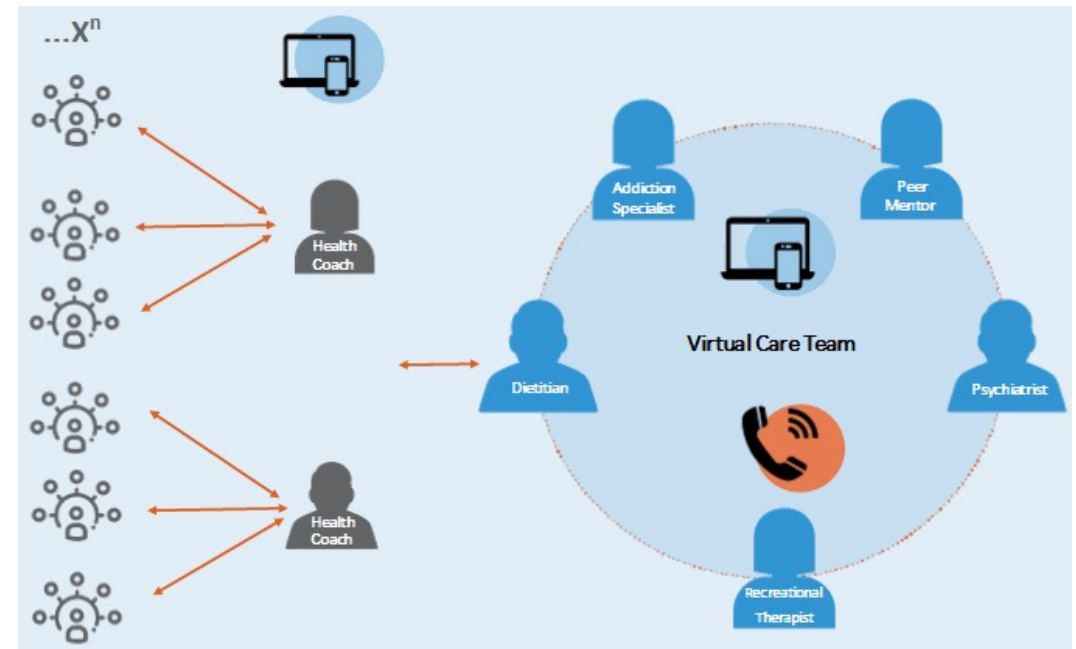


Technology-Enabled Collaborative Care for Youth (TECC-Y) with Early Psychosis

Osnat Melamed^{1,4}, Laura Lachance^{1,4}, Rebecca Carriere^{3,4}, Rosa Dragonetti^{1,4}, Elizabeth Dettmer^{2,4}, George Foussias^{1,4}, Seena Grewal^{2,4}, Margaret Hahn^{1,4}, John Haltigan^{1,4}, Sean Kidd^{1,4}, Sara Ahola Kohut^{2,4}, Daphne Korczak^{2,4}, Benoit Mulsant^{1,4}, Athina Perivolaris¹, Trisha Tulloch^{1,2,4}, Aristotle Voineskos^{1,4}, Ian Zenlea^{3,4}, Peter Selby^{1,4}



Aim

Primary

To evaluate participant engagement using a technology-enabled collaborative care model (CCM) for youth with early psychosis.

Secondary

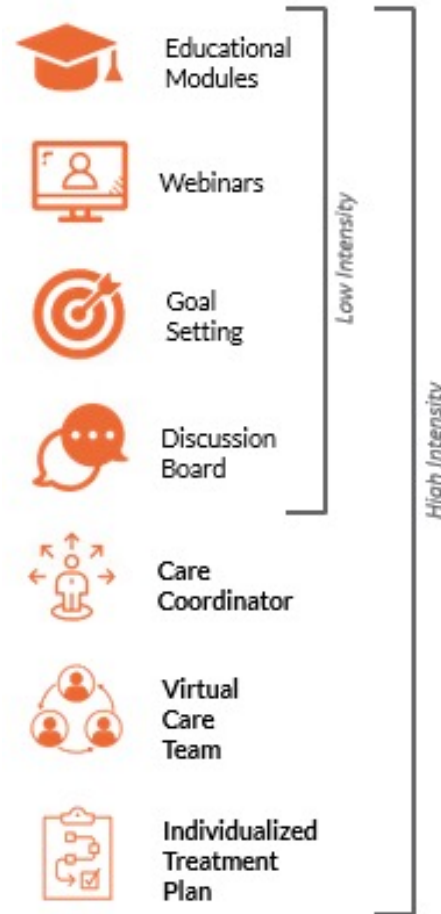
Feasibility of a TECC model for early identification and management of poor nutrition, physical inactivity, and smoking

Method

Feasibility study among youth (ages 16-29) with early psychosis in Ontario. Participants randomly assigned to the TECC model, a health coach supervised by a virtual care team (high intensity, HI; n=29), or a self-directed learning group (low intensity, LI; n=23) for 12 weeks.

Model Features

- Weekly 1-1 client-centered coaching sessions with a behavioural health coach
- A virtual care team (see figure) providing individual treatment recommendations to participants
- Access to a Peer Support Discussion Group, self-management education modules, and monthly live webinars



Findings

- Self-perceived benefit of health behaviour change for **physical activity** and **nutrition** significantly **declined** among the LI group while staying stable in the HI group
- Change over time differed significantly between groups for the QIDS (depression), the confidence/physical activity RR, and the importance/physical activity RR; trend-level for the eating/confidence RR.

Conclusions

Technology-based interventions for people with psychotic disorders primarily focus on symptom improvement and medication adherence. Our study integrates care for physical health issues into existing mental health services.