

Predictors of Service Disengagement from EASY Program in Young Psychosis Patients: A 3-year Follow-up Study in Hong Kong

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BACKGROUND: Disengagement from mental health service is a serious problem for patients with first-episode psychosis (FEP), with a rate of 23% to 30%. Previous study on FEP patients showed that low illness severity, substance abuse, living without family are some of the predictors of disengagement. This study aims to investigate the predictors of service disengagement from the Early Assessment Service for Young people with psychosis (EASY) program. **METHODS:** Seven hundred FEP patients aged from 15 to 25 were recruited. All of them received phase-specific early intervention service, EASY, from 2001 to 2003, which is a territory-wide, government-funded case management program in Hong Kong. Data from inpatient and outpatient clinical records of participants were systematically retrieved according to standardized procedures. Baseline socio-demographics, clinical and functional data when entering EASY, as well as the outcome data per month in the following three years were retrieved. Potential predictors of service disengagement were examined using cox proportional hazards regression model. **RESULTS:** A total of 161 cases (23%) disengaged from service by the end of the third year. Cox regression analyses were carried out using the following independent variables: diagnostic category, baseline CGI-S symptom score and SOFAS score, self-harm attempts, medication compliance, taking of atypical antipsychotics at month twelve, total months with default statuses and hospital admission in first year. Diagnostic category, types of medication and total months with default statuses were significant predictors ($p < .05$). When focusing on Schizophrenia patients, the duration of untreated psychosis (DUP), pre-DUP self-harm, baseline employment status and medication compliance, taking of atypical antipsychotics at month twelve, average positive symptom score (first year), total months with default statuses and hospital admission (first year) were used as independent variables. DUP and baseline employment status were significant predictors ($p < .05$). **CONCLUSION:** The current study found that patients who were not taking atypical antipsychotics, had a diagnosis other than schizophrenia and more default incidences were more likely to disengage. On the other hand, a longer DUP and higher baseline occupational functioning were predictors for the Schizophrenia group. Degree of symptom severity and substance abuse were not found to be significant predictors.