

KEY:

Speaker No. 1 – Bill Pollock

Speaker No. 2 – Dr. Kate Dardy

Transcript

Speaker 1

Thanks for being with us here on Show Me Today, the voice of Missouri. Treating early psychosis requires more than just medical care. It takes a dedicated team of professionals who work together to support young people and their families through therapy, education, medication management, and community support. But like many areas of healthcare, the professionals providing this care can face burnout and workforce shortages. Dr. Kate Hardy joins us to discuss why sustaining this specialized workforce is so important and how it directly affects outcomes for people experiencing early psychosis. Dr. Hardy, thank you for joining us.

Speaker 2

Thank you.

Speaker 1

When we talk about early psychosis care, what does the team behind coordinated specialty care typically look like?

Speaker 2

So the team within a coordinated specialty care program is absolutely critical to the care that's delivered. It is a group of individuals, a multidisciplinary team of providers from different professional backgrounds. typically a program manager, medication management, somebody providing therapy, case management, a family partner, a peer, and supported education and employment. And that group of individuals works together in this really coordinated way, including the title of the team, to provide supports in a very holistic, wraparound approach for the individual experiencing psychosis and their family member.

Speaker 1

This care requires close collaboration. What makes the workforce in early psychosis programs unique compared to other areas of mental health treatment?

Speaker 2

I think one of the things that makes the CSE team really unique is frequently teams will adopt a much more flat hierarchy than we might see in other mental health teams. And so as part of that approach, what we're really trying to support through the coordinator specialty care team is that every individual, every provider's perspective is valued in the same way and their input is coordinated in a way that supports the individual. Within this, we also take a shared decision making approach. So thereby the individual is the part of that discussion and that decision making and really a component, a key component of the team themselves as they help to guide what their own treatment should look like. So the team also includes the individual who's receiving services. I think the other thing that I've seen around coordinated specialty care, and don't get me wrong, I see this across all mental health services of the passion, the dedication, the commitment that folks that are working in behavioural health workforce show up and provide on a day-to-day basis. But what I see in coordinated specialty care are providers who are so committed to a recovery orientation for psychosis, that they are passionate and enthusiastic about working with young people, that they are so focused on identifying the goals and the values of the young person and adapting the interventions and the services that are provided to meet those values and goals. And that can be slightly different from how we might see traditional mental health services being provided. So I think overarchingly, it's the energy that we see the sort of the workforce bringing to this work that is kind of the secret sauce in a lot of ways.

Speaker 1

That's Dr. Kate Hardy. She is joining us courtesy of EPC Missouri. And you talk about that energy, but you know, we hear about burnout in healthcare. How does that affect programs that treat early psychosis?

Speaker 2

Yeah, absolutely. And I think we see burnout as a major issue across behavioral health broadly. And it's something as these coordinated specialty care teams are being developed, as they are moving towards sustainability, particularly in Missouri, we want to be really cognizant of the impact of the work on the workforce, on the team itself. and think proactively about what can be done to help the whole team prepare for and potentially hopefully prevent or recognise burnout as it's coming up. There's a number of things that folks within the behavioural health workforce face on a daily basis, from productivity

challenges to financing to billing to thinking about the individual's needs and supporting and responding to crisis. There's so many things that providers face that can have an impact on burnout that if we can get ahead of that, if we can think about what those impacts might be, if we can plan for that, we can be much better equipped to respond to that and support individuals as they experience burnout.

Speaker 1

Dr. Hardy, we've been talking here on the program about these first episodes, and why is consistency in care so important for young people who are experiencing psychosis for the first time?

Speaker 2

Yeah, when we're thinking about a young person experiencing psychosis for the first time, for many, not always, but for many, this is their first contact with mental health services. For those who have had previous contact with mental health services, it may not have been the most positive experience. For those who have come in through an inpatient route, through hospitalization, sometimes involuntarily, again, those experiences may not have been particularly positive. To some, it may have been extremely traumatic. So having a team that can recognize that, can be responsive, that is going to be available for the individual through the course of their time with the programme and typically people in programmes on average for about two years. So knowing that your providers are going to be there, that there's going to be consistency is a really important component of that, which again, we can support by supporting around burnout because burnout is one of the things that we know contributes to staff turnover, understandably. I think one of the other things that we know around consistency is if we think about SAMHSA's trauma-informed approach to providing mental health care, again, having a consistent and stable workforce is going to be really supportive of that. If your provider is constantly changing, that's going to feel very destabilizing for an individual and their family. So if we can support really stable teams, we're going to be able to support the individual more effectively and over a longer term.

Speaker 1

I imagine, Dr. Hardy, it could be a challenge to retain professionals in a demanding field like this. What are some strategies that help support and keep clinicians in this work?

Speaker 2

I think there's a number of different things. I think, first of all, It starts with getting the right applicants and hiring the right people. And where I've seen that work successfully in

teams, they've been able to be very clear about the role and about expectations and about what working within the team or working with this population is going to be like. Where I've seen that not work so well as being when there's been a mismatch between what the provider has expected that work to look like and what the reality of it is. So I actually think it starts really up with ensuring we have very clear role clarity in the application and interview and hiring phase. There's also a component even further upstream if we think about training. So how do we train a workforce to effectively deliver these services? in what should be within a coordinated specialty care, a community setting. So this requires an individual getting out of the office, going into the community, meeting the individual where they're at, going to their home, going to the school, going to the college, going to the workplace. If that's not the provider's orientation, if that's not something that they've been trained in, that's going to be harder to help the person acclimate to as they come into the program. So upstream training about how to work in this, making sure we have the right fit through the hiring process. And then within the team itself, what can we do on the day-to-day to ensure that we're supporting each other within a team environment? So regular check-ins, being able to support each other when there's challenges with somebody's client, for example, or service user, recognising when they may need some additional supports, Celebrating successes, both of the individuals receiving services, but also of the clinicians. Providing time to sort of step away and to have reflection. Access to training, we know access to training allows people to feel more skilled, which can help people to feel more comfortable in their role. But we need to protect time for people to do that. Doing training shouldn't feel like something they have to do over and above their work. It should be an integral part of their work so they can continue to build their knowledge and skill set. And I think also making sure that the team itself is just really aware of what burnout might look like, what the challenges there might be, what does it mean for you as an individual? How does it look for you as an individual? And what can you do as an individual to respond to that? And just really normalizing conversation about that.

Speaker 1

Dr. Kate Hardy, I'm sure this will be a big focus at the 2026 Early Psychosis Care Conference, which is happening the 24th and 25th at the Sheridan Downtown Crown Center. Will you be there?

Speaker 2

I absolutely will. I have been there since the very first one, and it has been such a privilege and honor to see this conference grow, to see and then bring in some amazing speakers from across the country who are so knowledgeable about this work within different settings. And I'm very, very much looking forward to coming and attending this year.

Speaker 1

Yeah, registration's still open. Let me give you the website, epcmisouri.org. Dr. Kate Hardy, we certainly appreciate all of your work and it's recognized.

Speaker 2

Very much. Thanks for having me.

Speaker 1

Yeah. This is Show Me Today, The Voice of Missouri.