

PROJECT RECOVERY:

Engaging clients overcoming early psychosis in an open dialogue on recovery



Team discussion with Prof Swapna Verma



What does recovery from psychosis mean to you? To a psychiatrist, it may mean the elimination of symptoms—making delusions, paranoia and voices or things that others cannot hear or see go away. To an occupational therapist, it could mean regaining functioning: going back to school, or finding and sustaining employment. To a family member, he may simply want his pre-illness loved one back. Recovery can mean different things to different people.

In Project Recovery, we are a team of psychiatrists, allied health workers, researchers and persons in recovery

(from EPIP and IMH Research Division), working in collaboration to understand what recovery from psychosis means from EPIP clients' point of view. What is unique about Project Recovery is the engagement of persons in recovery within the research team. In our team, we have ex-clients wearing both the professional and client hats to drive and shape this research project.

We are using the Participatory Action Research method, to tap on the recovery experiences of the participants to make sense of what recovery from psychosis means in a collaborative manner. One deliberate assumption that we made in this project is that recovery from psychosis is possible, and in fact, an expectation of our clients.

This project is currently in its first phase—gathering clients together to brainstorm about what recovery means ("participatory"). To complete

the cycle of Participatory Action Research, there will be a second "action" phase. With the insights into our clients' understanding of recovery, the researchers will come up with a working plan to apply the knowledge into creating a change.

By understanding what recovery means to our clients, we could perhaps enhance what we do to provide a truly collaborative recovery culture in helping young persons who are overcoming psychosis. Another potential outcome of this project could simply be to communicate what recovery from psychosis means to our clients to the professionals serving them. This communication could happen in the form of a scientific research article, a technical report, a drama production, or a public forum wherein clients will contribute equally to the dissemination.

Last but not least, an outcome of this study could provide a platform

for clients' voices to be heard and for change to happen. As a first, persons in recovery are engaged as researchers to give the clients' angle to this work. Having ex-clients fully engaged and gainfully employed as mental health service providers/researchers is a relatively new concept in Singapore. We are hopeful that our efforts will activate and empower the clients whom we have the privilege to work with.

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Clinicians' perceptions of pharmacogenomics use in psychiatry



Pharmacogenomics has the potential to guide effective drug therapy and reduce side effects. Despite these benefits, the adoption of pharmacogenomics in clinical practice has been suboptimal and perceptions of psychiatrists towards this technology have been cited as a significant barrier. This study aimed to assess the attitudes and opinions of clinicians in psychiatry in Singapore towards pharmacogenomic testing, and in so doing elicit possible barriers and risks to employing this technology in patient care.

Doctors and pharmacists presently practicing in psychiatry were invited to participate in an anonymous web-based survey. Besides information on participant characteristics and experience in psychiatry, specific themes on pharmacogenomics including self-assessed competency, perceived usefulness in clinical situations, perceived risks and preferred mode of education were evaluated. The study received 194 responses and found that a total of 81% of respondents believed that pharmacogenomic testing would be useful for

identifying suitable treatments and 71% believed that pharmacogenomic testing would be useful for medication intolerance. However, only 46.4% felt competent to order these tests. There were significant differences in responses for gender, doctors versus pharmacists and seniority in position. 94.3% of respondents were concerned about costs and 84.5% were concerned about the lack of clear guidelines on its use. 98.5% of respondents were keen on learning more about the applicability of pharmacogenomics.

In conclusion, most clinicians acknowledge the potential of pharmacogenomic testing in clinical practice. However, concerns with regard to its cost-effectiveness and the lack of clear guidelines are possible barriers to its clinical implementation. For the successful implementation of clinical pharmacogenomics, there needs to be convincing evidence on the clinical validity, utility, cost-effectiveness and clear guidelines on its use.

More information about the study can be found at <http://www.futuremedicine.com/doi/abs/10.2217/pgs-2016-0164?journalCode=pgs>

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