

A large decorative graphic in the center of the slide. It features a white circular area containing text, surrounded by a pattern of blue brushstrokes that form a larger, irregular circular shape. The brushstrokes are of varying lengths and directions, creating a textured, artistic effect.

EARLY INTERVENTION IN PSYCHOSIS

**Presentation to Best
Event**

16th November 2017

WHAT WOULD YOU LIKE US TO COVER?

- Our aims for today:
 - Why Early Intervention?
 - What our service offers (inc. ARMS pathway & NICE Waiting Time Standard)
 - Who and how to refer
- Are there specific areas/issues that you would like information on today?
- If you think of anything after the event, please feel free to contact our team
 - Joanne Tandy (Team Manager)
 - Dr Simon Platts (Clinical Lead)

WHY EARLY INTERVENTION?

- ◉ *“EIS more than any other services developed to date, are associated with improvements in a broad range of critical outcomes, including relapse rates, symptoms, quality of life and a better experience for service users” (p551; NICE, 2014)*
 - Offer treatment at the earliest possible point
 - Ensure that intervention constitutes best practice
- ◉ Other important outcomes:
 - Significantly reduce the risk of suicide and admissions
 - Improves employment, education, functioning and wellbeing outcomes
 - Early intervention may prevent ‘At Risk Mental States’ from developing into first episode clients
 - 10-year follow-up study:
 - Higher rates of recovery from experiences (50%)
 - 90% reduction in risk of unnatural-cause mortality when families involved
 - Cost of not intervening early
 - Poor health outcomes (inc. risk of dying on average 15-20 years earlier)
 - Lengthy & costly use of mental health services

WHY EARLY INTERVENTION?

- Current cost of ‘psychosis’ to society is estimated to be £11.8 billion/year
- EI services are cost effective
 - Significant return on investment for NHS/government (e.g. reduction in bed days)
 - £7,972 per person after 4 years, and £6,780 in the next four to 10 years
 - Over a 10-year period: £15 saved for every £1 invested

ECONOMIC PAY-OFF OF EARLY INTERVENTION SERVICES

Table 13: Total returns on investment (all years): economic pay-offs per £1 expenditure ^a

	NHS	Other public sector	Non-public sector	Total
Early identification and intervention as soon as mental disorder arises				
Early intervention for conduct disorder	1.08	1.78	5.03	7.89
Health visitor interventions to reduce postnatal depression	0.40	–	0.40	0.80
Early intervention for depression in diabetes	0.19	0	0.14	0.33
Early intervention for medically unexplained symptoms ^b	1.01	0	0.74	1.75
Early diagnosis and treatment of depression at work	0.51	–	4.52	5.03
Early detection of psychosis	2.62	0.79	6.85	10.27
Early intervention in psychosis	9.68	0.27	8.02	17.97
Screening for alcohol misuse	2.24	0.93	8.57	11.75
Suicide training courses provided to all GPs	0.08	0.05	43.86	43.99
Suicide prevention through bridge safety barriers	1.75	1.31	51.39	54.45

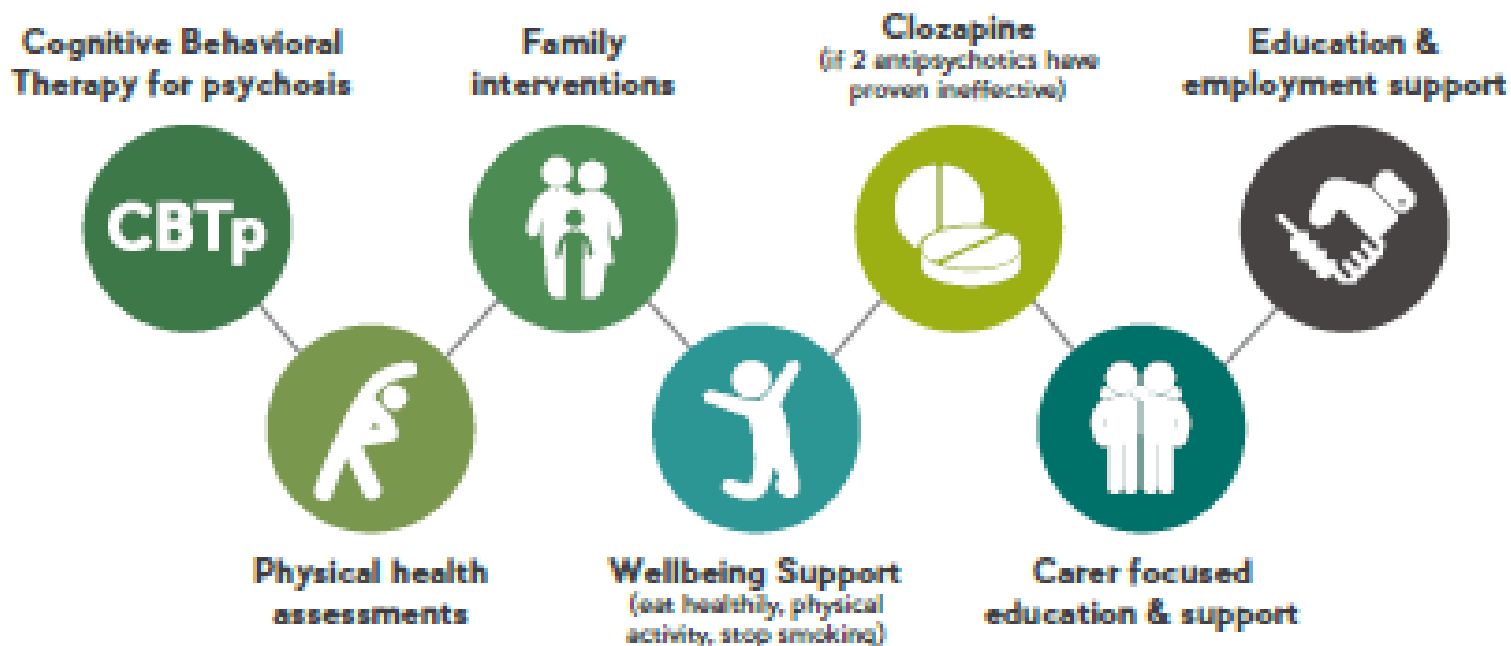
WHAT WE OFFER

- ◉ Range of professions delivering MDT care
 - community mental health nurses, social worker, support time & recovery workers, peer support mentors, occupational therapists, clinical psychologist, cognitive-behavioural therapists, housing & resettlement worker and psychiatrists

- ◉ At Risk Mental State (ARMS) and ‘First Episode’ pathways of care
 - Age range 14 - 35 for ARMS clients
 - 3 - 12 months input
 - Age range 14 - 65 for First Episode clients
 - Up to 3 years input

NICE STANDARDS

A NICE concordant EIP service is able to offer and deliver the below NICE recommended treatments. To meet the new standard, at least 50% of people must commence treatment with a NICE recommended care package within 14 days of referral.



NICE CONCORDANT CARE PACKAGE

1. Adults and young adults with psychosis/ARMS are offered cognitive behavioural therapy for psychosis (CBTp)
2. Families are offered family intervention
3. Service users that have not responded adequately to treatment with at least 2 antipsychotic drugs are offered clozapine
4. Service users who wish to find or return to work are offered supported employment programmes
5. Service users have specific comprehensive physical health assessments
6. Service users are offered combined healthy eating and physical activity programmes, and help to stop smoking
7. Carers are offered carer-focused education and support programmes

AT RISK MENTAL STATES (ARMS)

- ◉ What do we mean by ARMS?
 - Extended period of attenuated (less severe) psychotic experiences
 - ‘Blip’: episode of ‘psychosis’ lasting less than seven days
 - Extended period of very poor social and cognitive functioning, in context of family history of ‘psychosis’ (perhaps accompanied by unusual behaviour, inc. withdrawal from school/friends/family)
- ◉ Why target these clients?
 - 36% will transition to ‘psychosis’ over three years
 - Targeting these clients reduces transition
- ◉ CBT recommended intervention; we’re also offering family interventions/social network meetings

MAKING A REFERRAL

- The criteria for accepting referrals is:
 - Aged 14-65 years of age.
 - Suspicion and/or evidence of psychosis.
 - Significant Decline in social functioning.
 - Evidence that this is a first episode
- Exclusion criteria:
 - People who have very severe learning disability
 - People who are receiving intensive residential rehabilitation (24-hour support)
 - People whose psychotic experiences occur only in the context of acute intoxication
 - People whose psychotic experiences occur as a result of neurological disorder ,organic condition or head injury
 - Those who have already received three years of EIP service and have been discharged.
 - People who have experienced psychosis and have previously accessed mental health services for treatment

CO- EXISTING DIFFICULTIES

- ◉ Co- existing difficulties are common with FEP and should not be used as a reason for exclusion.
- ◉ However where there are significant co-existing difficulties (for example, learning disability) EIP teams will offer expertise and work collaboratively with the lead care provider.
- ◉ FEP and personality problems can co-exist and present in very similar ways. As such the presence of personality based features is not a reason for exclusion from EIP
- ◉ A period of extended assessment may be helpful in assessing suitability and the potential for an individual to benefit from EIP services.

TO REFER

- Referrals can be made directly to the team or through the Trust's single point of access
- Crisis referrals will be seen within 4 hrs
- Urgent referrals can be seen the same day
- Routine referrals will normally are seen within one week.
- Self and/or carer referrals are accepted and will be classed as routine.
- Our aim is to assess and engage into treatment all appropriate referrals within a maximum of 14 days

Contact us:
Tel: 01226 644166

Intranet site:

<http://www.southwestyorkshire.nhs.uk/our-services/directory/barnsley-early-intervention-team/>

To Refer:

Please contact the team or the SPA