Early Intervention in Psychosis

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When your car breaks down you can get help within **60 minutes.**

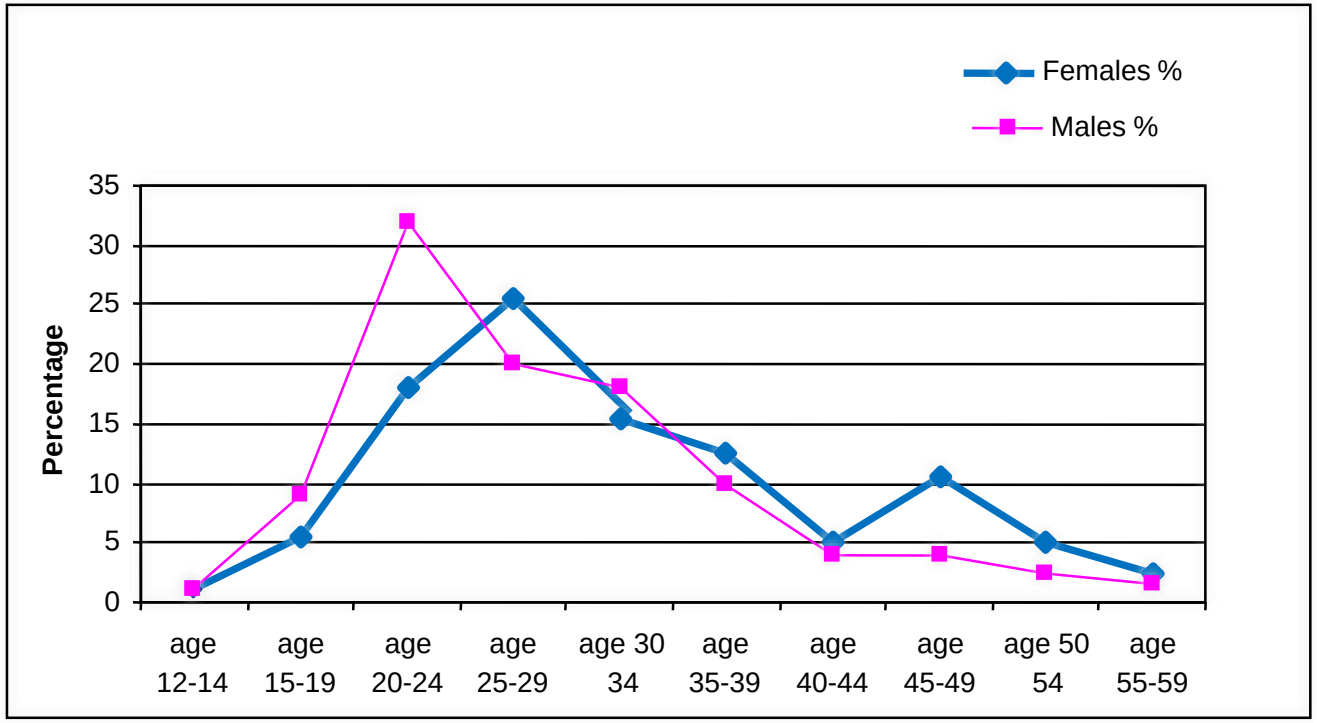
When your mind breaks down it can take **18 months.**

rethink severe mental illness - www.rethink.org

What does an early psychosis team do

1. Prevent psychosis in the ultra high risk individuals
   - identify and intervene on cusp of psychosis
2. Reduce DUP (Duration of Untreated Psychosis):
   - promote early detection & engagement by community agencies
   - Comprehensive initial mental health assessments & diagnosis
3. Optimise initial experience of acute care & treatment:
   - ‘Youth friendly’ Acute Home based/Hospital Treatment
4. Maximise recovery & prevent relapse during critical period:
   - Provide integrated bio/psycho/social interventions
   - focus on functional/vocational as well as symptomatic recovery
   - address co-morbidity and treatment resistance early
   - Support carers and network of community support agencies

Age of onset for schizophrenia



35% OF PEOPLE

under EIP care are in employment

compared to

12% OF PEOPLE

in standard mental health care

EIP support reduces the probability of someone being ‘sectioned’

FROM 44% TO 23%

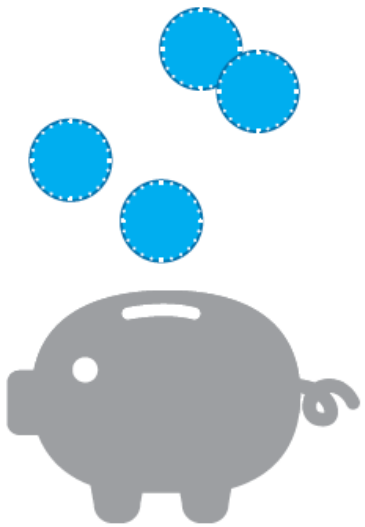
in the first two months of psychosis

EIP support **reduces the risk** of a young person taking their own life

FROM UP TO 15% TO 1%

If everyone who was eligible received early intervention, it would **save** the NHS

£44 MILLION EACH YEAR



50% OF EIP SERVICES

have been **cut** in the past year

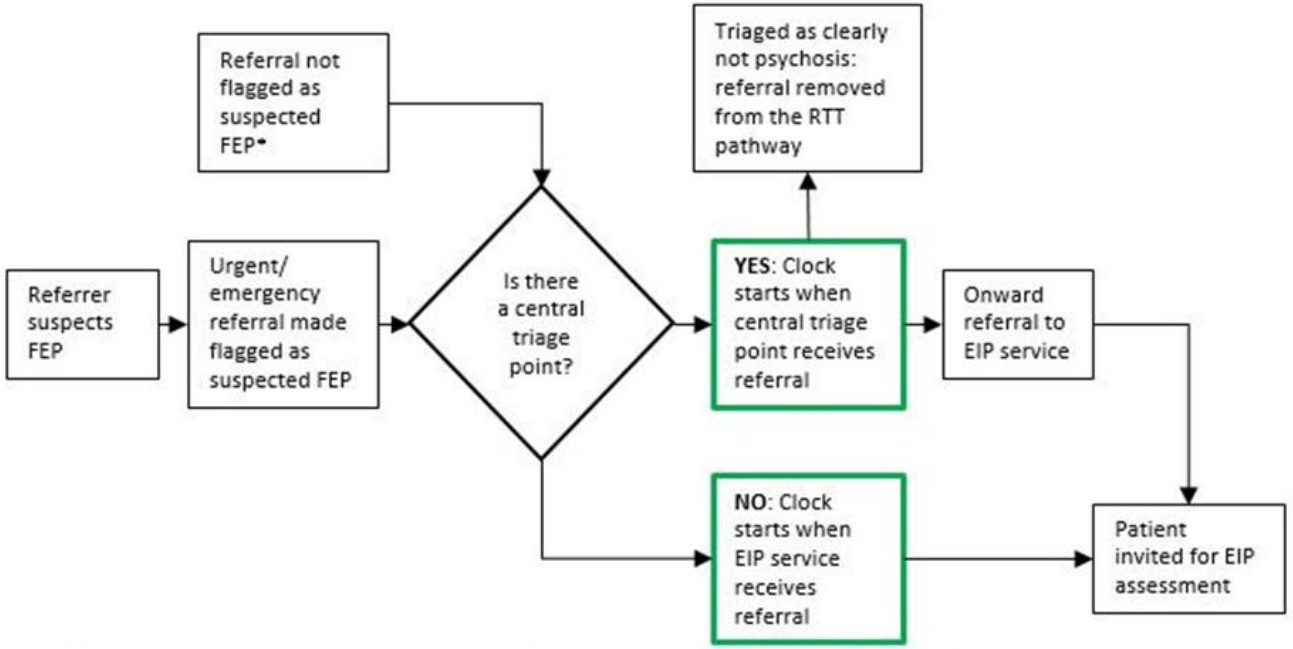
Lost generation report published by RETHINK 2014

Ministerial announcement

Access and Waiting Times Standard for Psychosis

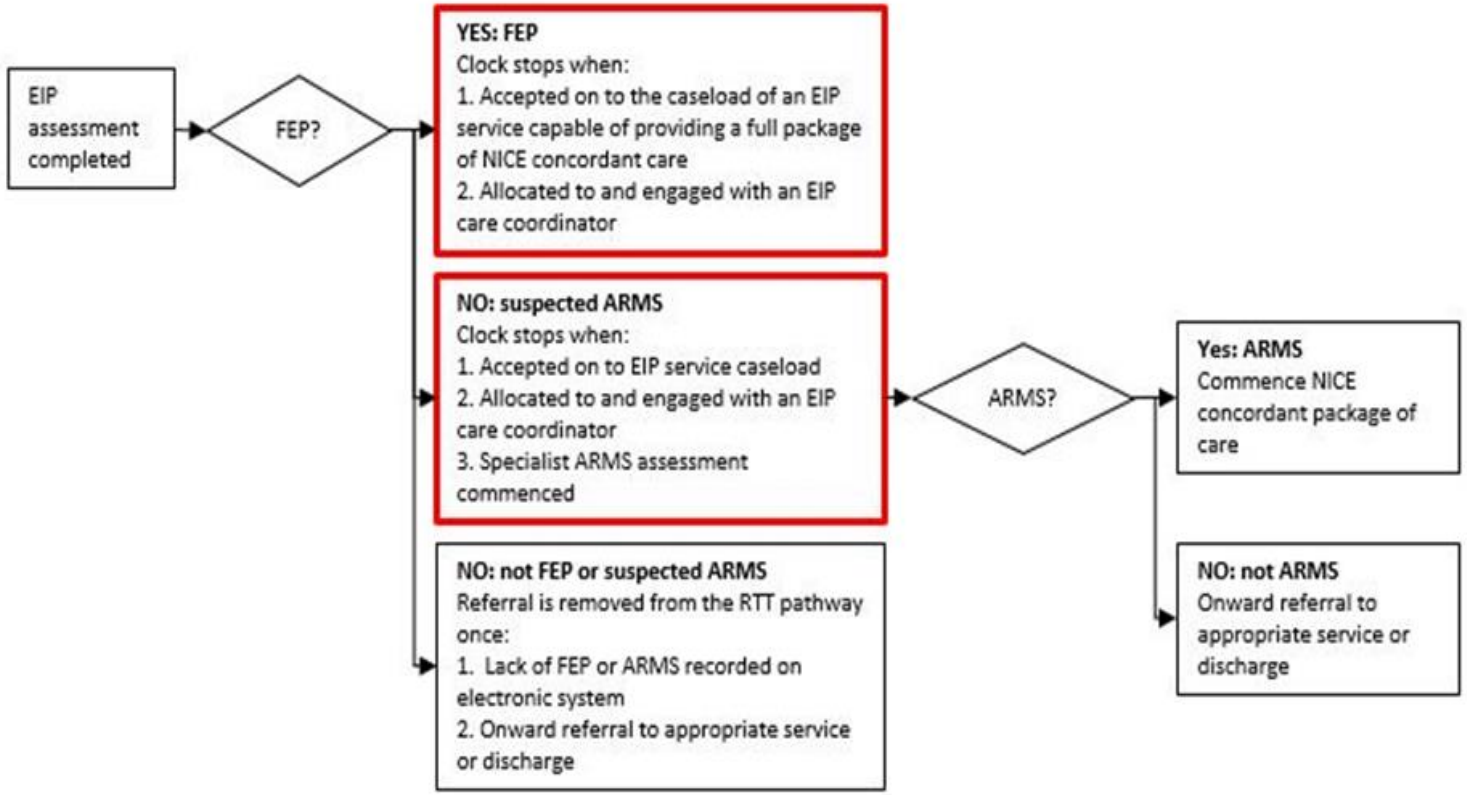
- More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral (Rising to 60% by 2020)

Clock start



* If assessed by the central triage point as suspected FEP this referral should be flagged and moved on to the first episode pathway, and the clock will start on the day the central triage received the referral

Clock Stop


EIP assessment completed
FEP?
YES: FEP
Clock stops when:
1. Accepted on to the caseload of an EIP service capable of providing a full package of NICE concordant care
2. Allocated to and engaged with an EIP care coordinator
NO: suspected ARMS
Clock stops when:
1. Accepted on to EIP service caseload
2. Allocated to and engaged with an EIP care coordinator
3. Specialist ARMS assessment commenced
NO: not FEP or suspected ARMS
Referral is removed from the RTT pathway once:
1. Lack of FEP or ARMS recorded on electronic system
2. Onward referral to appropriate service or discharge
ARMS?
Yes: ARMS
Commence NICE concordant package of care
NO: not ARMS
Onward referral to appropriate service or discharge

The three stretches for EIP:-

1. Over 35s, an increase of 20-35% in caseload.

   Issues - dilute youth focus, new boundary at 65, is it the same offer?

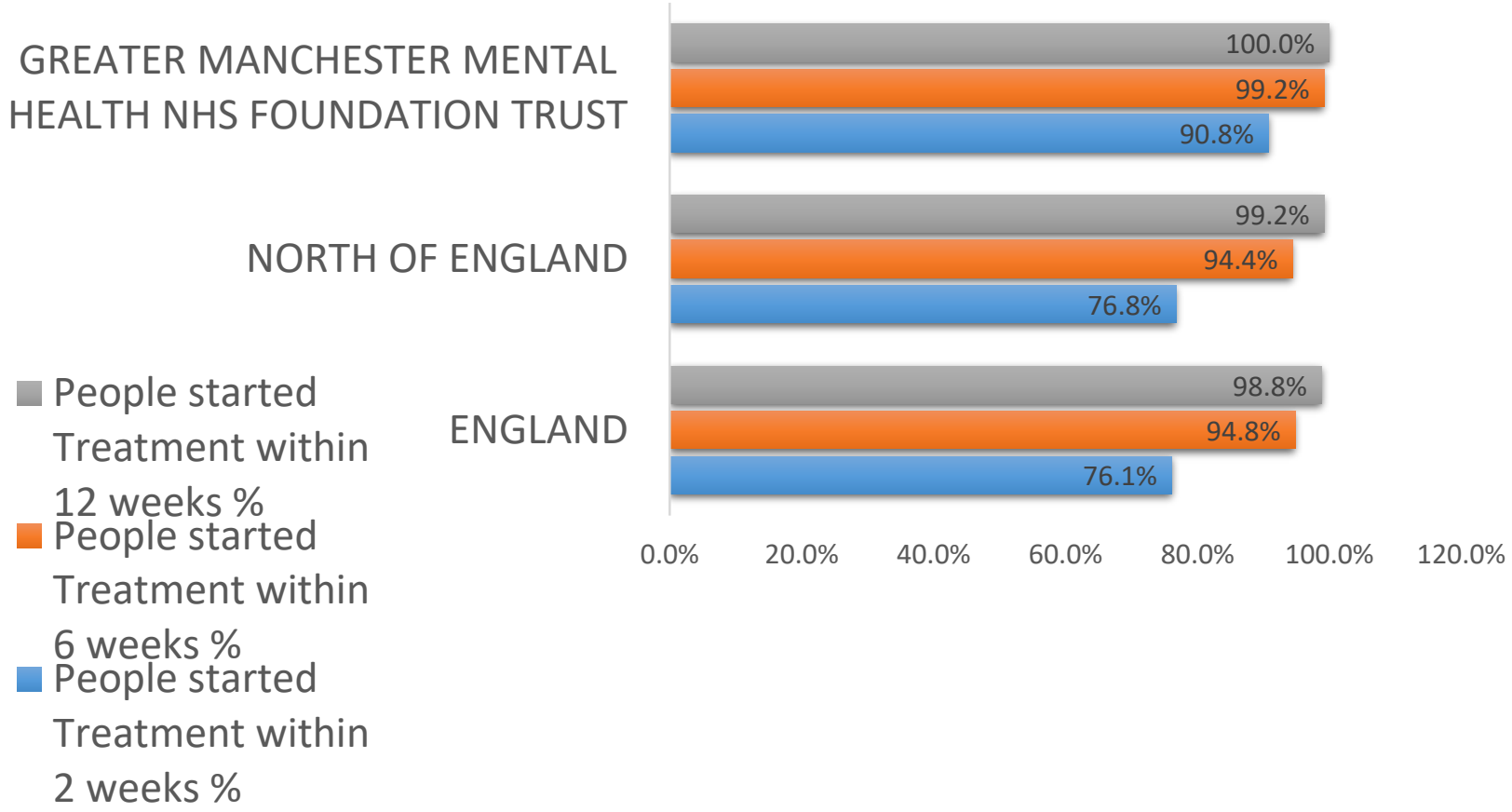
2. ARMS, the workforce calculator assumes one ARMS case for each new FEP case. The workforce calculator adds additional resource for this work.

   Issues - Will we get flooded with these referrals?. How much time allocated to ‘watch & wait’. Should this be under 30s only? Does the work force calculator add in extra care coordinator capacity?

3. NICE compliance – NICE Guidance has evolved since EIP teams set up. Suggests increase in CBTP, FT and employment support.

   Issues – Is this workforce available? Do we really understand the demand for these intervention.

Meeting the 2 week standard



Interventions to maximise outcomes associated with a First Episode of Psychosis

- Referral to EIP and start treatment within 2 weeks
- Offer CBT for Psychosis
- Offer Family Interventions
- Offer Clozapine (if not responded to other meds)
- Provide Supported Employment Programmes
- Assessment of Physical Health
- Promoting Healthy Lifestyles (exercise, smoking cessation, diet)
- Offer carer focused education and support

North Region Averages from last national audit 2016

NICE intervention	# teams who meet Level 2 threshold	Regional ave	Level 2 threshold	National ave
% take up of CBTp for those with FEP	37/45 (82%)	23%	12%	24%
% take up of FI for those with FEP	25/45 (55%)	16%	10%	16%
% take up employment and education support for those with FEP	34/44 (77%)	32%	10%	30%
% of those with PH assessment	14/45 (31%)	41%	70%	39%
% of those with weight and smoking intervention	27/44 (61%)	35%	25%	19%
% of carers who took up support	37/44 (84%)	52%	25%	38%
% offered clozapine following 2 antipsychotic	N/A	4%	N/A	N/A
% with 2 outcome measures	11/45 (24%)	26%	25%	20%

Increase in number of cases

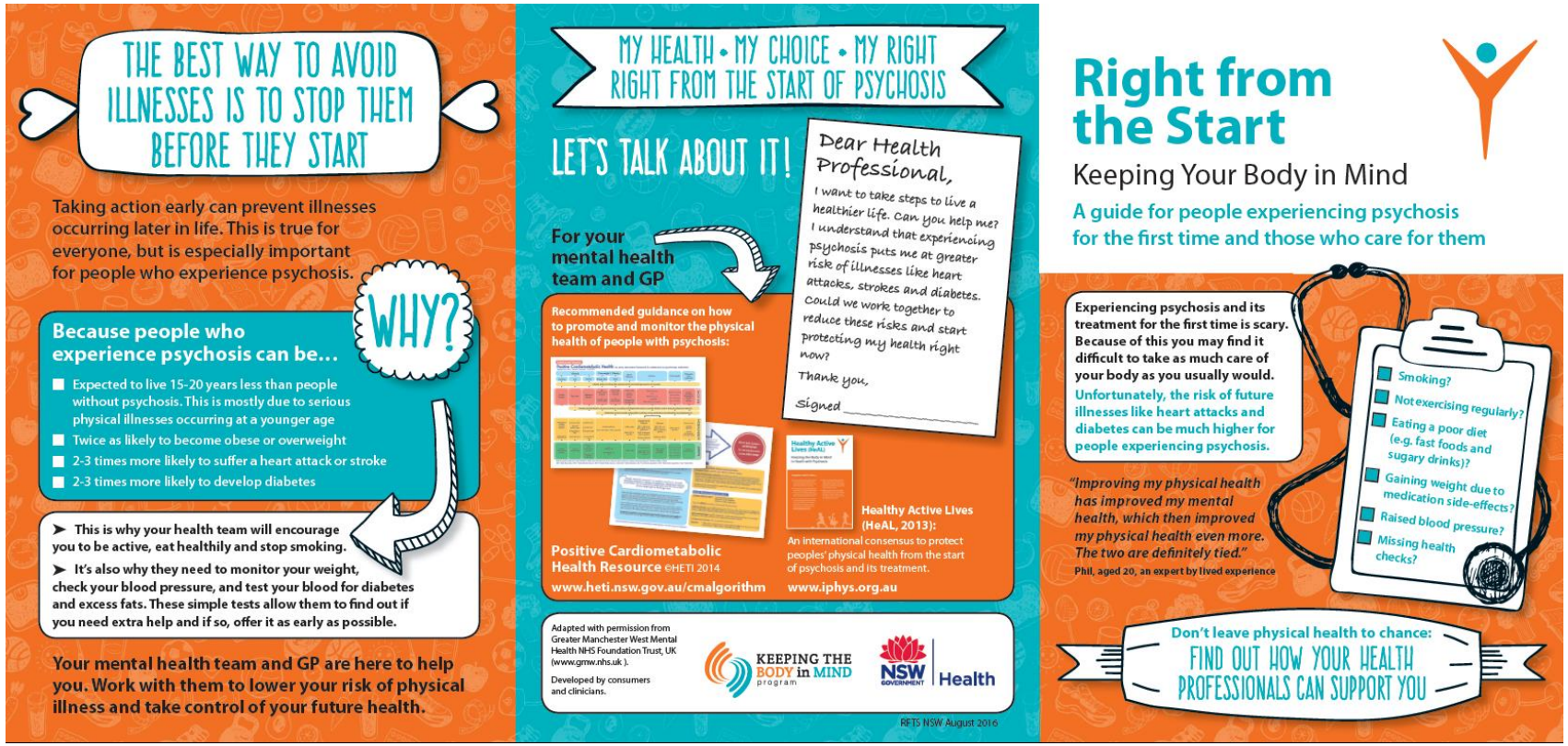
- Across England we have seen an increase in the number of cases of FEP
- In the past we regularly saw 7500 cases per year
- Currently it is averaging at an increase of 70% more cases per year
- We had predicted 25-30% increase associated with the change in age to 65 but this is over and above that!

Reason for this increase?

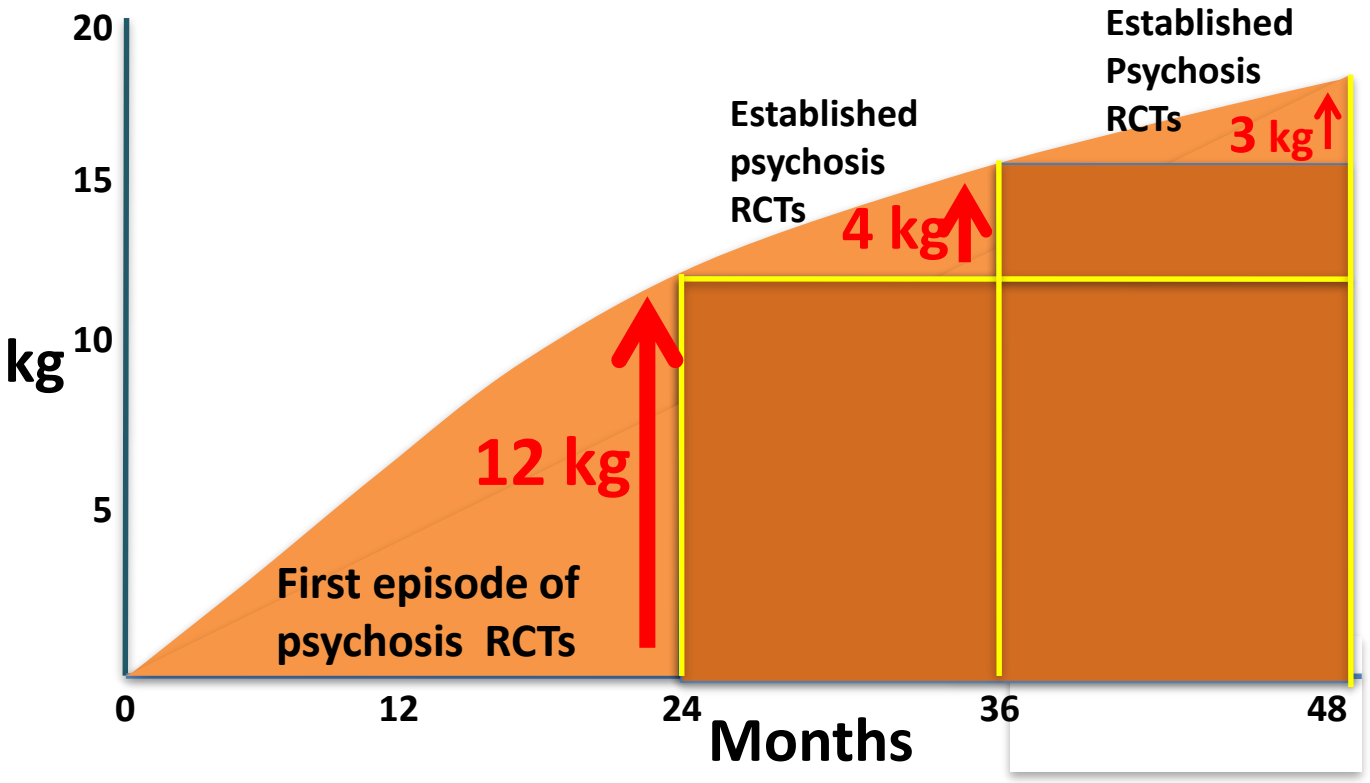
- Prediction models were wrong
- Austerity and reductions in social care particularly for looked after children
- Increase in legal highs such as spice
- Increase in the number of people from troubled countries exposed to trauma within communities
- Teams finally seeing all cases of psychosis regardless of diagnositcs

- If this was an initiative to identify early cases of cancer we would be justifiably heralding this a real success

Right from the start



Antipsychotic-Induced Weight Gain in Chronic and First-Episode Psychotic Disorders: a Systematic Critical Reappraisal



Alvarez-Jimenez et al; CNS Drugs, 2008 22: 547-562

In conclusion

- EIP services are well and truly embedded within clinical practice right across England
- Theses services have achieved a huge amount over the past couple of years to see people within a 2 week time frame – internationally recognised
- They are now evaluating what interventions are offered to individuals and their families to promote recovery and measuring whether this is achieved

- Cancer UK – more than 25,000 patients joined clinical trials last year - we need to encourage research across our services and ensure people get access to early trials and we make the most of research opportunities.

Thank you

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