



# MANCHESTER EARLY INTERVENTION IN PSYCHOSIS SERVICE

## **STUDENT MENTAL HEALTH:IMPROVING JOINT WORKING**

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# Aims of Presentation

- Raise awareness about Psychosis.
- Raise awareness of the principles and philosophies of Early Intervention in Psychosis.
- Share information about the evidence base.
- Provide information about Manchester EIS.
- To promote positive relationships between EI, primary & secondary mental health services and education.



*‘PSYCHOSIS IS TREATABLE.*

*RECOVERY IS EXPECTED’*



# What is Psychosis?

- Psychosis describes a condition affecting a person's thoughts, feelings and behaviours.
  - Sensory disturbance.
  - 'Thought Disorder'.
  - Unusual beliefs.
- Positive and negative symptoms.
- Psychosis or Schizophrenia?



# Positive and negative symptoms of Psychosis

- Hallucinatory voices
- Thought echo, insertion, withdrawal, broadcast.
- Delusions.
- Paranoia.
- Delusions of passivity.
- Loss of motivation
- Flattened emotions
- Lethargy
- Anhedonia
- Social withdrawal
- Changes in mood
- Sleep disturbance



# Incidence and occurrence

- Affects about 3% of population.
- FEP 15 new cases per 100,000
- Average age of onset is 22.
- Gender & ethnicity
- Urban areas
- Link with poverty



# Cause?

- No single cause
- Associated with a range of underlying factors:
  - Biological
  - Psychological
  - Environmental
  - Trauma
  - Stress
  - Substance use



# Cost?

- Psychosis can lead to significant suffering for individuals, family & society.
- Loss of income, reduced social functioning, reduced life expectancy.
- High risk of suicide.
- Significant burden on family/close care givers.
- Legal & social harm.





# Early intervention

- Three core components to EIP:
  - Early detection of Psychosis
  - Reduction in period of time to treatment (DUP)
  - Effective treatment within 'critical period'
- Average delay between onset and treatment of 2 years.
- Lengthier DUP, greater opportunity for serious harm.
- Social & personal disability develops most aggressively in first 3 years.
- Earlier the intervention the better the prognosis.



# Aims of EIP

- Liaison between primary and secondary care, education and social services to detect, treat & manage FEP.
- Early assessment and effective interventions.
- Normalise distressing experiences.
- Reduce stigma.
- Maximise functioning.
- Reduce hospital admissions
- Age appropriate.
- Instil hope.



# Philosophy of EIP

- Early detection
- The person will make a good recovery
- The experience of Psychosis is understandable
- Collaborative approach
- Early and sustained engagement with individuals and family
- Least restrictive and stigmatising setting



# Policy context

- The legislative framework
  - National Service Framework Adult Mental Health (DH, 1999)
  - NHS Plan (DH, 2000)
  - Policy Implementation Guide (DH, 2002)
- The evidence
  - Improves outcomes for early psychosis (Bird *et al.* 2010)
  - Cost benefit compared to CMHT (Jones *et al.* 2010)



# Manchester Early Intervention Service

- Partnership between RDaSH & MMHSCT
- Two teams (North-East/South)
  - Service Manager
  - Two Team Leaders
  - 1.5 Consultant Psychiatrists
  - 2 Staff Grade Psychiatrists
  - 0.3 CAMHS Consultant
  - Clinical Psychologist
  - Pharmacist
  - Senior Practitioner
  - Care Coordinators
  - Welfare & Housing Rights Worker
  - 4 Support Time & Recovery Workers



# Eligibility criteria

- Aged 14 – 35
- Living in Manchester (includes homeless population).
- Psychotic disorder present.
  - PANSS score equal or greater than four delusions/thought disorder/hallucinations.
  - Significant periods on most days for at least a week.
  - Includes Bipolar Affective Disorder & Psychotic Depression.
- *Or* constellation of symptoms reflective of psychotic disorder



## Not suitable:

- Prodromal without clear psychotic features.
- Experience only in context of intoxication.
- Learning disability with communication problems at level likely to impede work.
- Psychosis of more than three years duration.
- Organic brain disorder or acquired injury.



# The referral process

- Open referral system.
- Use screening tool.
- Contact team for informal discussion.
- Send referral by post, electronically or fax.
- Cases allocated according to GP clusters.
- Assessment within two weeks.
- Team Meeting.
- FEP – EAP – Not appropriate





# Treatment

- Psychosocial Interventions
- Family Work
- Social Inclusion
- Medication (low dose atypical anti-psychotics)
- Psychological Therapy (CBT, CAT, EMDR)
- Social Interventions



# For example...

- Engagement and assessment
- Emotional support
- CBT approaches for anxiety and depression
- Coping strategy enhancement
- Motivational Interviewing for substance use
- Occupational Therapy
- Use of recognised tools /creative use of tools
- Support for carers and family
- Information and education
- Relapse prevention
- Medication management
- Vocational goal setting
- Practical support with accommodation, debt, benefits, education, employment etc.

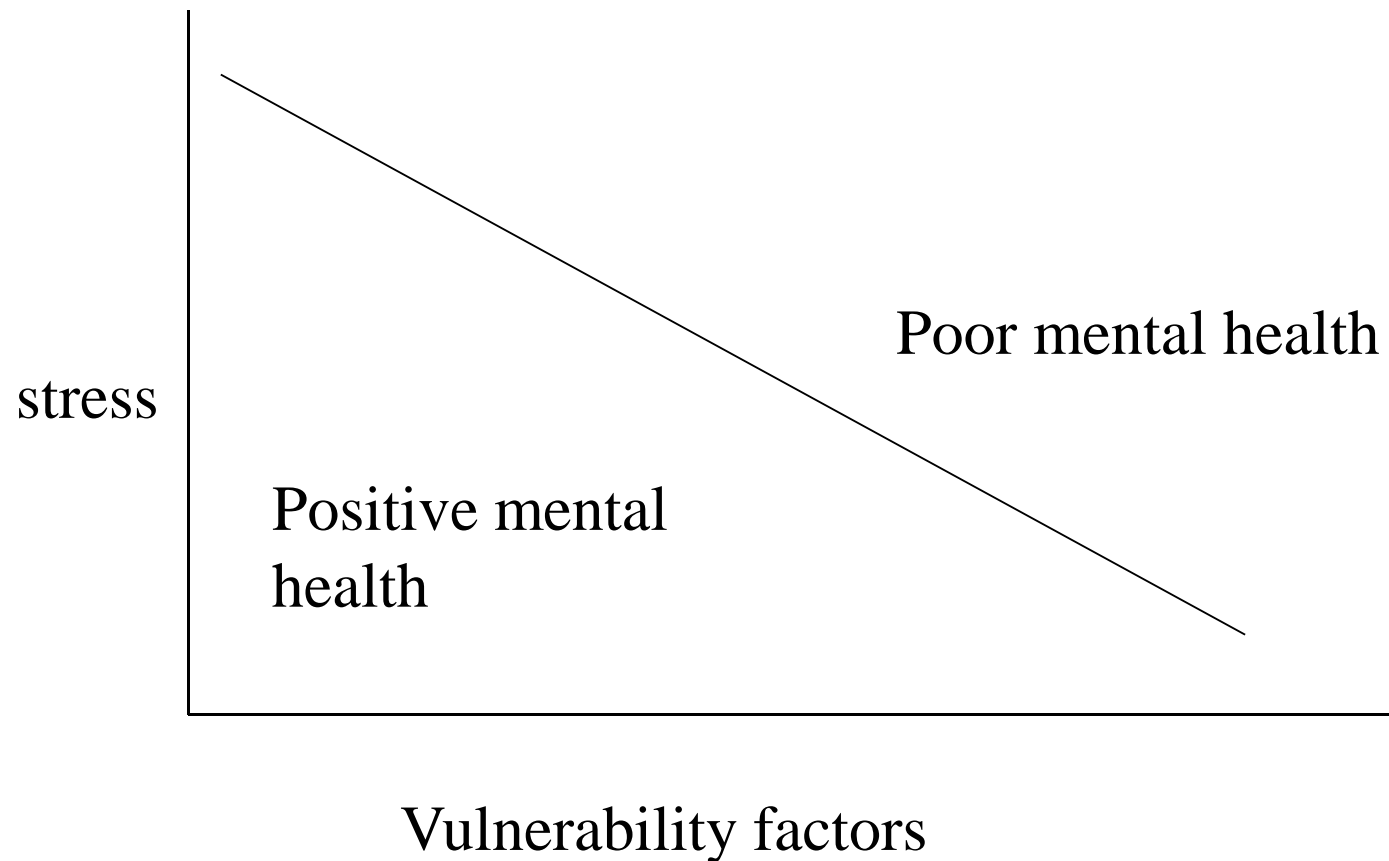


# Stress-Vulnerability Model

- *Integrates* genetics, brain structure, physiological, psychological, early learning and functioning (Vulnerability)
- *Interacts* with coping skills, developmental factors, cognitive and social appraisal mechanisms
- *Creates* a threshold for symptomatic illness (Stress)

Zubin & Spring, 1977

# Stress Vulnerability Model





# Advantages of this model

- A change in thinking by mental health professionals.
- Promotes a proactive approach to psychosis
- Acknowledges personal significance
- Normalises and re-humanises the care process
- Catalyst for developing PSI strategies in the care process
- Promotes collaborative working
- Recovery-based
- Used information and education



# Who does EIP involve?

- Individuals, families and communities
- Health promotion
- Schools, colleges, universities.
- Advice centres
- Primary care
- Employment and training
- Housing
- Voluntary agencies
- Leisure services
- Spiritual groups
- Self- help groups
- Social services
- Substance misuse services
- Criminal justice
- Mental health services
- CAMHS
- Youth services

# The Challenges

- University population?





# Broad Characteristics

- Optimism
- Hope
- Positive
- Patience
- Time
- Choice
- Collaborative working
- Social as well as symptom related interventions
- Recovery can occur even though symptoms remain





*Positive mental health is  
everyone's business and  
every person's right.*



# Thank you

Manchester Early Intervention Service

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# References

Bird, V. Preethi, P. Kendall, T. Whittington, C. Mitchell, J. & Kuipers, E. 'Early intervention services, cognitive behavioural therapy & family intervention in early psychosis: systematic review' *British Journal of Psychiatry*, 2010, **197**, 350-356

Department of Health (1999) *The National Service Framework for Mental Health* London: Department of Health

Department of Health (2000) *The NHS Plan, A Plan for Investment, A Plan for Reform*. London: Department of Health

Department of Health (2001) *Mental Health Policy Implementation Guide*. London: Department of Health

Jones, P. Shiers, D. & Smith, J. (2010) *Specialist EIP Services versus a CMHT model for providing early intervention in psychosis* [www.iris-initiative.org.uk](http://www.iris-initiative.org.uk).

National Institute for Clinical Excellence (2009) *NICE Clinical Guideline 82: Core Interventions in the Treatment and Management of Schizophrenia in Primary and Secondary Care*. London: NICE