Early Intervention for young people with psychosis

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Definitions of Psychosis

• ICD 10 F20-29 Schizophrenia, Delusional Disorders, Schizotypal Disorders, Schizoaffective Disorders, Acute and transient disorders, Other nonorganic psychotic disorders.

• Mental state characterised by the presence of delusions, hallucinations and/or thought disorder. Affective blunting and loss of motivation can occur. Secondary features such as depression, anxiety, sleep disturbance and social withdrawal.
Incidence & Age of Onset

- 9% of 7/8 year olds have the experience of hearing voices in a given year – more frequent in adolescents.

- 2% of people (3 in 100) will experience a psychotic episode in their lifetime; as common as insulin dependent diabetes.

- Peak of incidence of first episode psychosis 14-35 years old. 80% will experience their first episode between the ages of 16-30, 5% under 15.

- GPs suspect an emerging psychosis in 1.4 patients a year (Simon et al., 2005). Early features of psychosis may be difficult to distinguish from normal adolescent behaviour and substance misuse (Etheridge et al., 2004; Falloon, 2000).

- 75% of people with first episode psychosis make contact with their GP on matters related to psychosis (Cole et al. 1995), 50% of these contacts occur during the prodromal phase.

- Concerns over acquiring a psychiatric label or receiving treatment may explain why 50% of young people who perceived themselves to have more serious psychological difficulties, avoided raising these issues in the consultation, thereby potentially impeding GP recognition (Martinez et al., 2006).
Early signs of psychosis

- Change in psychosocial functioning
- Changes in affect – anxiety, irritability and depression
- Difficulties with concentration and memory
- Changes in thought content such as preoccupation with an idea
- Sleep disturbance/loss of energy
- Social withdrawal
- Attenuated positive symptoms – brief & intermittent
Referring onto CAMHS

- A young person presents with persistent (symptoms have occurred for 4 weeks or more) multiple symptoms, and are distressed.

- Also consider adolescents who are considered to be at ultra high risk of experiencing a psychotic episode, those
  - who are experiencing brief time limited or sub diagnostic threshold symptoms
  - who have a first degree relative who has experienced psychosis
  - who have either of the above factors and a significant decrease in functioning
  - who are a risk to themselves or others
Costs of Psychosis

- Longer the illness is left untreated the greater the risk – slower recovery and poorer recovery, greater the risk of relapse.
- Earlier age of onset associated with poorer outcome.
- Suicide risk – 10% lifetime risk. Highest in the 5 years after the first episode.
- Developmental disruption
- Distress of symptoms and associated impact of illness
- Chronic and secondary mental health problems into adulthood
- Impact of medication
- Stigma
- Full financial costs of chronic illness
Best Outcomes

- Early Intervention Service offering a specialised service model that promotes early detection and provides evidence based interventions for treating psychosis.
- Dedicated standalone specialist multi-disciplinary teams
- Active pharmacological treatment from the earliest stage with lowest effective doses of atypical antipsychotics
- Interventions and relationships with patients and carers based on the recovery model.
- Case managed approach
Recovery Model

Recovery is a gradual process that is unique for each person. It involves supporting the young person to recover as they define it. It also means ensuring that the young person and their family continue to thrive and return to their usual activities. It aims to promote the young persons involvement, independence and autonomy throughout the phases of psychosis. The recovery model holds in mind that there can be many setbacks during this process and that it can resemble a roller coaster ride.
Phases of Psychosis

Prodromal Phase or At Risk Mental State
- Require early detection and engagement with mental health services to monitor mental state and offer support

First Episode of Psychosis
- Acute phase (first 6 months)
- Prompt assessment and treatment
- Crisis plans
- Family support and information
- Liaison and working with the wider network

Recovery Phase (6-18 months)
- Psychological therapy
- Psychosocial Interventions
- Substance Use Interventions
- Pharmacological Treatment
- Requires repair of confidence
- Return to optimal functioning
- Family and personal adjustment to stress management
- Work on early warning signs and relapse prevention
- Building Resilience

Critical Period (up to 5 years)
- Requires promotion of independence
- Self monitoring
- Building resilience and support systems
- Agreeing aftercare following discharge from a specialist early intervention service
- Using the relapse prevention work to aid easy identification of early warning signs and what action to take if identified, including re-assessing mental health services

National guidelines suggest 3 year intervention package.
Care Package

- Positive risk management
- Management of co-morbid substance use
- Early introduction of self-management & relapse prevention
- Screening and monitoring of physical health
- Psychoeducation
- Monitoring of mental state
- Pharmacological treatment
- Crisis plans
- Family Interventions
- Psychological interventions including cognitive behavioural therapy and relapse prevention
- Psychosocial interventions
- Peer support
- Substance Use Interventions
- Liaison
Access to CAMHS

**Greenwich CAMHS**
Highpoint House, Memorial Hospital
Shooters Hill, London
SE18 3RG
Tel: 0203 260 5200
Fax: 0203 260 5274
Email: oxl-tr.greenwichcamhsreferrals.nhs.net

**Bexley CAMHS**
Highpoint House, Memorial Hospital
Shooters Hill, London
SE18 3RG
Tel: 0203 260 5200
Fax: 0203 260 5273
Email: oxl-tr.bexleycamhsreferrals.nhs.net

**Bromley CAMHS**
2 Newman Road
Bromley,
Kent
BR1 1RJ
Tel: 0208 315 4430
Fax: 0208 464 8271
Email: oxl-tr.bromleycamhsreferrals.nhs.net
Partnership Working

- Working together to identify adolescents at risk of a psychotic episode and those experiencing a psychotic episode.
- Information in GP surgeries about psychosis and how adolescents can seek from both their GP and mental health services.
- To ensure easy and prompt access to specialist early intervention service for both consultation and to refer adolescents onto.
- Clear assessments - including areas of uncertainty
- Shared care protocols - medication management, side-effect monitoring
- Working in partnership to monitor and manage physical health needs. Monitoring for the emergence of cardiovascular disease/diabetes as at greater risk. A physical health check to be done at least annually.
- Clear crisis plans and relapse prevention plans
- To facilitate GPs involvement in CPA meetings
- Working in partnership when adolescents are discharged from CAMHS to their GP, particularly for those who prefer to be discharged to their GP at an early stage.

...and what do GPs want from the partnership?
Early Detection In Primary Care

Presenting features of psychosis
http://www.youtube.com/watch?v=cboPAwUqP48&feature=player_embedded

Exploring emerging features of psychosis
http://www.youtube.com/watch?feature=player_embedded&v=K0Rx6THq0Ns
References and Resources

- NICE Guidelines Psychosis and Schizophrenia in Children and Young People (2013)
- International Clinical Practice Guidelines for Early Psychosis (2005)
- The Early Psychosis Prevention and Intervention Centre (EPPIC) world class standard in early intervention eppic.org.au. Please note the EPPIC Early Diagnosis and Management of Psychosis: A Booklet for General Practitioners, is based on the Australian health system so some information may not be relevant.
- IRIS Initiative – Early Intervention in Psychosis www.iris-initiative.org.uk
- Voice Collective – Peer Support for young people who experience voices and visions www.voicecollective.co.uk