



Why intervene early?

'Achieving Better Access' -New national Monitor (DoH) standard for First Episode Psychosis (FEP)

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History of Early Intervention in Psychosis (EIP)

- ▶ Shift from hospital to community-based care
- ▶ Clinical course and prognosis of Schizophrenia viewed differently
- ▶ Prognostic influence of duration of untreated psychosis (DUP)
- ▶ Community mental health services not meeting the needs of young people with first episode of psychosis



First Episode of Psychosis (FEP)

- ▶ Common psychiatric disorder
- ▶ Usually preceded by prodromal period
- ▶ Typical onset in young adulthood:
 - psychosis can be particularly debilitating with far-reaching implications for the individual and his/her family.
 - interrupted or halted personal and social development can have life-long consequences
 - accounts for much of the disability experienced by people with chronic mental illness



First Episode of Psychosis (FEP)

All aspects of life are affected:

- Education and employment, relationships and social functioning, physical and mental wellbeing.
- Life expectancy is reduced by 16-25 years from a combination of high rates of suicide mainly within the first five years, and high rates of physical illness, in particular premature cardiovascular disease (Parks et al 2006, Brown et al 2010)

Significant burden may be felt by family and close caregivers:

- with the human suffering caused by psychosis exceeded only by quadriplegia and dementia (WHO 2001)



First Episode of Psychosis (FEP)

- ▶ DUP a prognostic indicator
- ▶ Stigma is a major problem
- ▶ Co-morbidities common



National Service Framework and FEP

- ▶ People aged 14 to 35
- ▶ For 3 years
- ▶ Aim to provide comprehensive range of interventions
- ▶ Reduce DUP



Achieving Better Access' (ABA) New NHS Monitor FEP Standard April 2016

- ▶ In October 2014, NHS England and the Department of Health jointly published **Improving access to mental health services by 2020**
- ▶ Outlined a first set of mental health access and waiting time standards for introduction during 2015/16 and set out an ambition to introduce access and waiting time standards across all mental health services between 2016 and 2020



The New FEP Standard cont

- ▶ by 1 April 2016, more than 50% of people experiencing their first episode of psychosis will begin NICE concordant treatment within two weeks of referral
- ▶ The standard is 'two-pronged' and both conditions must be met to satisfy the standard:
 1. Maximum wait of 14 days from referral to treatment
 2. Treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia



Why this standard?

Evidence for EIP services:

- ▶ 35% of people under their care are in employment, compared with 12% in traditional care
- ▶ They reduce the likelihood of an individual receiving compulsory treatment from 44% to 23% during the first two months of psychosis; and
- ▶ They reduce a young person's suicide risk from up to 15% to 1%
- ▶ reduce the likelihood that individuals with psychosis will relapse or be detained under the Mental Health Act



Why this standard?

- ▶ failure to engage and intervene effectively in early psychosis and its leads to poorer outcomes for individuals and their families and high levels of consequent expenditure
- ▶ far too few individuals experiencing or at high risk of FEP are receiving the 'right care' at the 'right time'
 - can be very long delays in accessing some of the key effective interventions recommended by NICE, particularly the recommended psychological therapies - CBT for psychosis and family therapy - but also physical healthcare interventions and employment support (e.g. individual placement and support schemes)
- These poor levels of access and long waits make very little sense in terms of either high quality care or effective use of NHS resources



What are doing in HPFT for FEP?

- ▶ HPFT has already an FEP pathway within Adult Mental Health Community Teams within Targeted Treatment Teams (TTT)s
- ▶ We are delivering FEP within this existing pathway. There are separate arrangements with CAMHS for service-users aged 14-16.
- ▶ We have an FEP steering group that meets monthly
- ▶ Care and treatment provided in the local quadrants by dedicated FEP care co-ordinators



What are doing in HPFT for FEP?

- ▶ Training underway for the FEP care co-ordinators and we have produced our assessment guidance which includes physical health for FEP care co-ordinators
- ▶ From 1st April 2016 we are working towards assessing and engaging people referred with suspected FEP to SPA within this 14 day waiting target.



What are doing in HPFT for FEP?

- ▶ We met with a group of ex-FEP carers' this month to consult them about how best to deliver support for carers as FEP is a novel experience for most carers and is extremely stressful and "bewildering"
- ▶ From this we have produced an FEP specific carers' pathway for FEP Care Co-ordinators currently under consultation
- ▶ Training agreed in June 2016 to train some FEP Care Co-ordinators to deliver structured carers education and support programmes (twice yearly) for new FEP carers



What do we still need to do in HPFT ?

- ▶ Improve our delivery on NICE compliant care eg CBT
- ▶ Improve our interventions around physical health
- ▶ Make more available **family interventions** (minimum of at least 10 planned sessions) to FEP carers and service-users . Training for this is provided through psychology
- ▶ Better **engagement of carers in planning and developing** the FEP pathway
- ▶ Increase our **signposting and uptake** of the support for carers within this pathway
- ▶ Better provision of information to service-users and carers



What do we still need to do in HPFT ?

Your comments, views and suggestions on the FEP Carers pathway for FEP Care Co-ordinators (to be used in conjunction with the Trust's Carers Pathway)

We are also seeking carers' involvement in our FEP steering group- meets 1st Thurs of the month, 12:30-2pm at Rosanne House, WGC

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