

Early Intervention in Psychosis Service Operational Policy

AREA Child and Adolescent Mental Health
Services/Adults of Working Age

POLICY SPONSOR: Consultant Nurse
Psychosocial Interventions
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Specialist Mental Health Services

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REVISED

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TO BE APPROVED BY:	Nursing Advisory Committee	Date Approved October 2005
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	Joint Governance Committee	November 2005

DISSEMINATED TO: CMHT Managers, CAMHS
Managers, General Manager
Specialist MH Services, General
Manager In patient Services,
Adult and CAMHS Consultant
Psychiatrists, Adult and CAMHS
Directors, Consultant Nurses

Added to Intranet by: Margaret Kettlewell **Date added:** 29 December 2005

Directorate: Risk Management

Operational Policy

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1.0 Function of Operational Policy

1.1 This Operational Policy provides the framework for the Early Intervention in Psychosis Service (EIS) and translates the requirements of National Mental Health Policy into practice, this includes:

- The Department of Health Policy Implementation Guide (2001)
- The NHS Plan (2000)
- Modernising Mental Health Services the National Mental Health Strategy (1998)
- The National Service Framework for Mental Health (1999)
- The Newcastle Early Psychosis Declaration (2002)
- Sainsbury Centre for Mental Health Briefing 23 : A Window of Opportunity (2003)

1.2 This Operational Policy informs the expectations of various stakeholders by outlining the service aims, values and principles, as well as the service specifications and standards.

1.3 This Operational policy has been produced and reviewed in consultation with key stakeholders.

2.0 Service Vision

2.1 The provision of the EIS service is centred on the needs and preferences of individuals presenting with a first episode of psychosis and their families/carers. The service assists professionals in the early detection of psychosis. This helps to delay the onset and limit the impact of a first episode of psychosis, foster hope that recovery is possible and maximises the quality of life of service users and their families. The EIS integrates with existing service provision which includes the Family Work Service and CAMHS Developments.

3.0 Service Principles

3.1 The principles of service delivery are those outlined by IRIS (2000), the Sainsbury Centre for Mental Health (2003) and adopted by the Department of Health which include:

- Assessment and treatment of first episode psychosis;
- A youth and user focus;
- Early and sustained engagement to 'stay with' the client up to the first three years of illness, using an assertive outreach approach. Staff-client ratio: 1:14;
- Embracing of diagnostic uncertainty;
- Treatment in the least restrictive and stigmatising setting;
- Use of Psychosocial Interventions and low dose atypical antipsychotic medication (as appropriate);
- 'Streaming' of individuals within mental health services (e.g. admission to age appropriate facilities) which will need further development in the future;
- An emphasis on normal social roles: particularly college, work and social interaction;
- A family orientated approach;
- Service delivery using a partnership approach;
- Promoting optimism about recovery;

4.0 Service Objectives

4.1 The objectives of the Early Intervention service are to:

- Assess and treat individuals in the early stages of a first episode of psychosis;

- Educate and train professionals in the early detection of psychosis;
- Reduce the duration of untreated psychosis locally, to a maximum of three months;
- Facilitate collaboration between primary and secondary care in the recognition and management of early psychosis;
- Engage and sustain intervention for all individuals between the ages of 14 to 35 years presenting in the early stages of psychosis;
- Improve the early clinical outcome and quality of life of young people with psychosis through implementation of evidence-based interventions, such as psychosocial interventions, family work, low dose atypical neuroleptics, crisis planning, relapse prevention;
- Provide a service that works closely with health, social care, youth and voluntary agencies;
- Maintain people within their communities whenever possible.

4.2 The objectives are consistent with NSF standards 1, 4, 5, 6 & 7.

5.0 Service Eligibility and Referral Criteria

5.1 The EIS accept referrals via CAMHS and the CMHT's for adults of working age.

EIS is currently piloting referrals direct from Primary Care (See Referral Section). 5.2

Referrals to the service are expected through completion of an EIS referral form (Appendix A). 5.3

The service is open to anyone who appears to be experiencing a first episode of psychosis between the ages of 14 to 35. This includes those individuals with the early signs of an emerging psychosis, as well as those individuals with frank psychotic symptoms and those individuals with a formal diagnosis of psychosis.

5.4 If clients have specific needs that could be better met elsewhere (e.g. learning disability, neurological deficits) then the EIS will offer advice on treatment, if appropriate.

5.5 The EIS works closely with CAMHS, strengthening the existing transitional arrangements between CAMHS and the adult mental health services.

5.6 Clinical care will be provided to:

- Those clients aged between 14-35 years who are exhibiting symptoms of a first episode of psychosis or suspected first episode of psychosis and are in the first 3 years of illness or
- Those who present new to the mental health services and are in the first three years of an untreated psychosis.

5.7 Clinical care involves a comprehensive assessment of need using valid and reliable measures and psychosocial interventions. (For further details on referral procedure see Section 11. Service Specification).

6.0 Catchment Area

The Early Intervention service covers the geographical catchment area of East Dorset. Nominated EI practitioners within the team work alongside the three localities of Poole, Bournemouth and Dorset.

7.0 Service Structure

7.1 Psychosocial Service

The EIS is one of the services offered under the overall Psychosocial service umbrella. Clinical time from one of the Lecturer Practitioners in PSI is devoted to the EIS. The designated Lecturer Practitioner is involved in the development of the health promotion strategy to raise the awareness of early intervention and educate young people on the early signs and symptoms of psychosis across the Trust area.

7.2 Family Work Service

The EIS is integrated with the family work service which ensures a seamless approach to care. Family work is available to all individuals with a first episode of psychosis and to their carers. Sharing the same team base with the EIS ensures that effective communication occurs and that all individuals with a first episode of psychosis and their carers feel well supported in all their needs. Family work is offered until the specific family work treatment aims have been met. Those families whose relative refuses to engage in family work are

offered input through the Carer Education and Support Programme. Family work continues to be offered to those individuals not eligible for the EIS but who are still in the first five years of their illness. Details of the operational arrangements for the family work service are outlined in the family work operational policy.

Early Intervention Service Team Structure (EIS)

The core team structure for the EIS follows a specialist Early Intervention Team model and is nurse-led. The specialist team model has a variety of advantages that include protocol adherence, phase specific treatment, greater continuity of care, specialised training in psychosocial interventions and a coherent team philosophy/value base.

The EIS accept care co-ordinator responsibility for those individuals referred for treatment if it is considered appropriate. The EIS liaises closely with the CMHT's in their specific locality. Caseloads are in line with the NSF Policy Implementation Guidance. Administrative support for the team is provided by a full-time team assistant.

Social care and occupational therapy input to the team is provided via the CMHT if required.

- 1.0 wte Consultant Nurse
- 3.0 wte Practitioners in Early Intervention
- 0.8 wte Practitioner in Early Intervention
- 0.1 wte Consultant Psychiatrist
- 0.1 wte CAMHS Consultant Psychiatrist
- 1.0 wte Team Assistant

7.3 Child and Adolescent Mental Health Services

The EIS works alongside CAMHS in the care of adolescents aged from 14-18 years with a first episode or suspected first episode of psychosis. The EIS ensures that the individual and his/her family receive a consistent approach across the CAMHS and Adult service boundaries. The EIS only works with adolescents referred to CAMHS in the catchment area of East Dorset. The CAMHS staff involved with the EIS are an integral part of the team and attend the multi-disciplinary team meeting for the discussion of new referrals and the ongoing care of existing clients and their families. The CAMHS staff play a key role in the ongoing developments of the EIS.

Medical responsibility for those individuals between the ages of 14 yrs up to 18 yrs is with the referring Child and Adolescent Mental Health Psychiatrist. In the event that admission to hospital is required, Medical responsibility status will be held by the Consultant Psychiatrist who is involved with Pine Cottage.

7.4 Community Mental Health Teams

All EIS practitioners link with the CMHT's. This ensures individuals with a first episode of psychosis and their families/carers receive a high quality service from point of referral to point of exit from the EIS. CMHT's continue to be responsible for the care of an individual when referred until the EIS have completed their assessment and it has been agreed who is appropriate to take on the care of the individual. In the cases where the individual referred is not suitable for the EIS then this is discussed with the CMHT. A letter detailing the outcome of the assessment and reasons why the individual is unsuitable will be sent to the CMHT and other relevant professionals involved, i.e G.P.

Where appropriate joint assessments will occur which also ensure clear lines of communication between the EIS and the CMHT. It is important that there is a symbiotic relationship between the CMHT's and the EIS. These close links foster good working relationships between both service areas. This ensures that all individuals receive a comprehensive service to meet their needs.

7.5 Medical Responsibility

When it has been decided following assessment that the EIS will work with an individual, a clear agreement will be made about Consultant responsibility. CMHT catchment area Consultants may wish to retain responsibility or the designated Consultant Psychiatrist working with the EIS may be asked to take on some individuals over the age of 18 years and up to 35 years. The arrangement for medical responsibility will be clearly agreed from the outset and documented in the clients integrated records and care plan. The designated EI Psychiatrist will only manage these individuals whilst in the community, and if an individual requires admission to hospital they are then admitted to the relevant catchment area Consultant's bed and are managed by that Consultant until discharged.

8.0 Responsibilities of the Team

The main areas of responsibility are broadly split into two areas; case management and promoting early detection.

8.1 Case Management

This is based on the service principles and include the integrated care programme approach.

8.2 Early Detection

Early detection aims to reduce the duration of untreated psychosis locally. This approach involves liaising and providing education to those services who come into contact with young people between the ages of 14 and 35 years. This approach continues to be developed and the EIS aim to continue to work towards the systematic training of primary care practitioners across the three localities in the importance of early detection and how to use a national early detection screening tool.

9.0 Relationship with Other Agencies

Both successful case management and promoting early detection depends upon effective liaison across multiple services and agencies. The EIS has developed strong links with primary and secondary care, non-statutory organisations (in particular housing and youth services) and education institutions. Many of these links will have been developed at a local level. The EIS continue to foster good working relationships with key personnel from these organisations/services. The EIS also work closely with the following:

9.1 Primary Care

Primary Care colleagues are crucial to the success of promoting early detection of first episode psychosis. The EIS will continue to strive towards receiving direct referrals from primary care in the future to reduce the possible treatment delay. The EIS also aims to provide more education and training to primary care professionals and support their early detection function through offering rapid assessments and consultation.

9.2 Youth Services

Youth services play a key role in providing a range of services to support young people's needs. This involvement places them in a unique position to assist in the early detection of a first episode of psychosis. The EIS will continue to provide education to the various youth service organisations informally and establish links to be able to advise and suggest referral routes, if required.

9.3 Child and Family Services

The EIS will consult and work in partnership with the Child and Family services as appropriate.

10.0 Service Specification

10.1 Referral

The team will accept referrals from the CAMHS and the CMHT's. It is expected that most referrals will originate from CAMHS (Psychiatrists, Maple Service or Pine Cottage) or via the CMHT's. However, the EIS is currently piloting direct referrals from 4 G.P surgeries in the borough of Bournemouth. These surgeries are: Poole Road Medical Centre, Westbourne Medical Centre, Denmark Road Surgery and Holdenhurst Road Surgery. It is anticipated that all referrals will eventually be taken directly from the first point of contact, i.e primary care. Professionals and agencies working at the first point of contact must feel free to refer young people for an expert assessment or advice based on suspicion as well as a certainty of psychosis within the capacity of the team to respond. (see referral form Appendix A). Figure 1 outlines the Referral and Assessment Pathway.

10.2 Assessment

All clients referred to the service receive an assessment that initially includes information in the domains of 1-4. The majority of assessments are carried out in the community. Subsequent visits determine information in the remaining domains of 5-8:

1. Psychiatric history;
2. Mental state examination;
3. Risk – including suicide risk;
4. Social functioning and quality of life assessment;
5. Psychological assessment;
6. Occupational assessment;
7. Family/support assessment;
8. Contributions from people important to the service user.

The assessment information is used to develop a formulation of the client's needs and goals which guides the interventions to be utilised. This assessment process also highlights individual client's strengths in working towards recovery. Standardised questionnaires are often used to provide information that is also used in the evaluation of the service. Following the assessment, care plans are produced and reviewed on a frequent basis. Assessment and review is an ongoing process. For referral and Assessment Pathway see figure 1.

Referral and Assessment Pathway

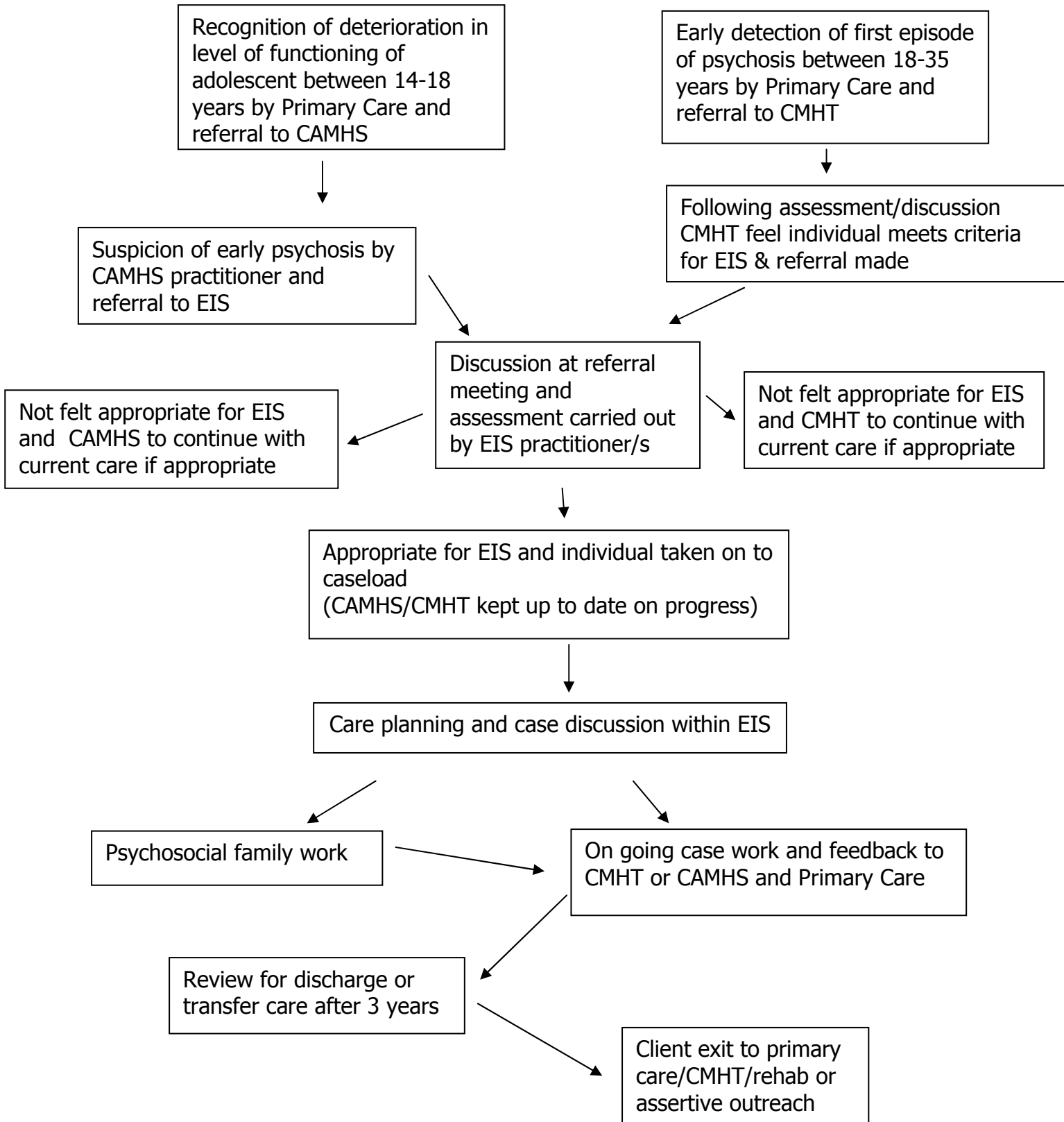


Figure 1

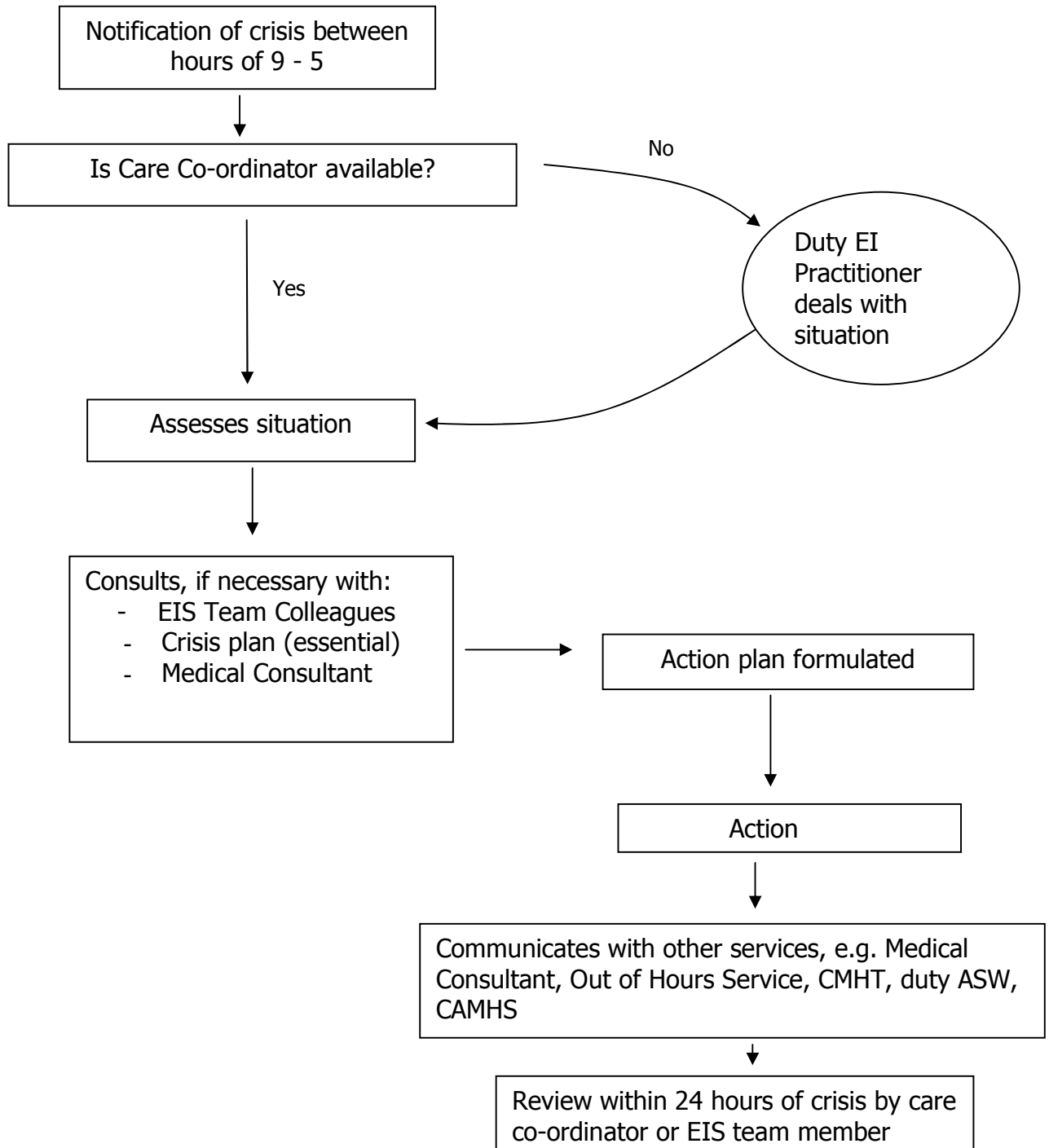
Core Features of E.I.S

- | | |
|-----------------------------------|---|
| 1. Early detection and assessment | Engagement & comprehensive evidence-based assessments |
| 2. Pharmacological treatment | Management of symptoms includes low dose atypical antipsychotic medication & routine monitoring |
| 3. Support daily living | Housing matters, financial and income matters, physical healthcare |
| 4. Psychosocial Interventions | Family Work, which incorporates psycho-education and support for families, relapse prevention and cognitive behavioural techniques |
| 5. Education and Occupation | All clients undergo vocational assessments, supported employment, education or other valued occupation |
| 6. Acute Care | Whenever possible, acute and crisis work is provided at home. Where needs indicate a period away from home, this is provided in a suitable safe environment |

10.3 Risk Management

Alongside other services, the Early Intervention service encourages positive risk management through conducting comprehensive risk assessments and crisis planning. Crisis planning is jointly undertaken with the client and their carers, who are given copies of the crisis plan. The crisis plan outlines who is to be alerted in a crisis and how the crisis can be addressed in the least restrictive and stigmatised setting. Between the hours of 9.00 am and 17.00 pm any crisis work is provided by the EIS. Out of hours support may be required on occasion by the CPN Out of Hours service or Crisis Resolution Team if appropriate. If it becomes necessary for clients to be admitted to hospital the EIS attempt to reduce the trauma of this process and support the client to have choice, where possible, in their treatment. The client should ideally be admitted to a separate age, gender and culture appropriate setting. Figure 2 outlines the care pathway in a crisis situation.

Crisis Pathway



The difficulty faced by staff when dealing with a crisis will be acknowledged and all practice will be supported.

Figure 2

10.4 Case Closure

The Early Intervention Service routinely works with clients for up to three years during the critical period. An outreach approach is utilised to ensure that no service users are lost to follow up and clients will not be discharged if they fail to engage in treatment. Clients may be discharged from the Early Intervention Service within the first three years if their illness is very stable, if they no longer have clear clinical needs and wish to be discharged from the service. The following discharge possibilities are considered over the three years:

- If stable and well – discharge to primary care;
- If unwilling to engage with EIS and refer to the Assertive Outreach Team transferring ICPA responsibility;
- If many negative symptoms and residual positive symptoms are evident and clinical need indicates then refer to the CMHT for ongoing care and an intensive support package;
- If well but concerns about ability of primary care to care for the individual – follow up as an outpatient for an agreed period with the medical Consultant taking on ICPA responsibility;
- If relatively well but still exhibiting major clinical need then refer for appropriate secondary care follow up transferring ICPA responsibility to the appropriate CMHT;
- If the service user moves out of area before three years – the early intervention service will transfer ICPA and ensure a care package is established in a new area.

10.5 Staff Supervision

All of the EIS team members have regular peer supervision facilitated by a psychologist from the CAMHS team (minimum of once a month). This helps to support staff and promote the fidelity of the early intervention model. Each individual team member has separate monthly clinical supervision as per Trust policy.

10.6 Co-Morbidity

The EIS provide assessment and treatment for co-morbid problems, such as substance misuse. Given the age and gender of service users substance misuse issues are prevalent. Training and specialist support will be sought to enable team members to work effectively with these issues if required. If necessary a referral to specialist services may be needed for some clients.

11.0 Integrated Health Records

The EIS adheres to the Trusts Integrated Health Records Policy. Therefore the Integrated Health Records of the clients involved with the EIS follow the client as per policy. Records are kept up to date and details recorded on to the PEAK system. This ensures all team members and the CPN Out of Hours service, if providing back up to a service user, have access to up to date information and care plans.

12.0 Management and Co-ordination

The EIS is line managed by the General Manager for Specialist Mental Health Services. The Consultant Nurse in PSI is the clinical lead for Early Intervention in the Trust and is responsible for the overall co-ordination and development of the service ensuring that relevant standards/national targets are met and that the operational policy is adhered to. The EIS team leader is responsible for the day to day running of the service. She is also responsible for supporting the liaison of the EIS with other agencies and services.

13.0 Clinical Governance

EIS staff work within a clinical governance framework and comply with existing Trust standards. The EIS carries both a team and individual responsibility to support the quality of services through clinical governance structures within adult mental health services. This includes risk management, effective care provision, educational/professional development and developing user feedback including:

- Evidence-based interventions as outlined in the NICE Schizophrenia Guidelines;
- Support through staff training and development;
- User involvement in the development and monitoring and delivery of services;
- Audit of approaches and feedback to continuous improvement, via learning through feedback;
- Recruitment and retention strategies for staff;
- Good performance management.

The team leader is responsible for the development and maintenance of the team's clinical governance portfolio.

13.1 Promoting Best Practice

EIS staff have a right to access skills and knowledge which promote clinical effectiveness. The NSF summarises the present state of knowledge. Early Intervention is a highly skilled area of practice, which needs staff who are well trained and committed to working with people with a first episode of psychosis and their families. All staff working in the EIS are trained in psychosocial Interventions. As well as individual responsibilities for their own lifelong learning, EIS staff are supported by an annual personal development review.

14.0 Evaluation

The evaluation of the EIS data enables a comparison across key indicators of outcome (e.g. relapse rates and duration of untreated psychosis) and of other clinical issues (e.g. engagement, access to evidence-based interventions). This evaluation is used to guide further developments of the EIS.

Early Interventions in psychosis is a relatively new research area and it will be important to contribute to the evidence base. This will be achieved by linking with other services and Dorset Healthcare NHS Trust continues to be involved in the South West Regional Network for Early Intervention and other relevant national forums.

15.0 User and Carer Involvement

Promoting user and carer involvement is a central role for each team member, both in their individual work and as part of the team. Service users and carers are involved in the care planning process and the service will encourage users to make informed choices at all stages of their care. Service users and their carers will be asked for feedback on the service provided via an annual questionnaire which the outcome will contribute towards the on going development of the service.

16.0 Service complaints/comments

The procedure and standards for dealing with complaints will be in line with existing Trust policies and protocols.

19.0 Safety of Staff

This will follow current Trust policies and guidelines.

20.0 Review Date

This Operation Policy will next be reviewed in July 2008.

APPENDIX A

MPI No

Dorset HealthCare



NHS Trust

REFERRAL FOR EARLY INTERVENTION SERVICE

Forename: Care Co-ordinator:
Surname: Consultant:
Address: CMHT:
..... Tel No:
..... GP:
Tel No: GP Address:
Date of Birth: GP Tel No:
MHA Status: CPA level:
Carer's Name: Relationship of Carer to Patient:
Carer's Address:
Carer's Tel No:

Is patient aware of referral to the service? Yes
 No
Is carer aware of referral to the service? Yes
 No

PLEASE TICK RELEVANT BOXES

Is this the patient's first episode of illness? Yes
 No
Has the patient presented to services in the past year? Yes
 No

Is the patient experiencing a psychotic or suspected psychotic episode?

Yes

No

Has the patient a current diagnosis?

Yes

No

If so what?

Current medication:

Is the patient experiencing the following non-specific symptoms?

Irritability Impaired personal hygiene

Reduced concentration Sleep disturbance

Reduced motivation Anxiety

Depressed mood Social withdrawal

Suspiciousness Deterioration of role functioning

Is the patient experiencing the following specific symptoms?

Thought disorder Passivity experiences

Hallucinations in any modality Paranoia

Delusional beliefs Negative symptoms

Has the patient been using substances?

Yes

No

If so which of the following?

Cannabis Cocaine Ecstasy

Alcohol Heroin Mushrooms

Nicotine Amphetamines Solvents

Current life stressors evident?
e.g. relationship break up, exams

Yes
No

Details:

.....

.....

Current supports:

.....

.....

Current ways of coping:

.....

.....

Additional information: ...e.g. risk.....

.....

.....

Signed: Print:

Designation: Tel No: Date:

Ward/Service:

***Please send to Early Intervention Service, St Ann's Hospital, 69 Haven Road,
Canford Cliffs, Poole, Dorset BH13 7LN Tel: 01202 492073 Fax: 01202
492112***

For Leaflet see attached document "What is Early Intervention in Psychosis". This will be disseminated throughout Primary Care and Associated Agencies.

Operational Policy

References

- (1) Department of Health (2000) NHS Plan. A Plan for Investment, a Plan for Change. London. Department of Health.
- (2) Department of Health (2001). The Mental Health Policy Implementation Guide. London.
- (3) The Sainsbury Centre for Mental Health, Briefing 23 (2003). A Window of Opportunity. A Practical Guide for developing Early Intervention in Psychosis Services.
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- (7) Northern Birmingham Mental Health NHS Trust (2000). Initiative to Reduce the Impact of Schizophrenia.