

CONSULTATION QUESTIONS

Question 11. What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Comments

RESPONSE TO QUESTION 11 IN DRAFT MH STRATEGY

Question 11

What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

We welcome the points raised in the consultation document specifically highlighting the role of Early Intervention Services for Psychosis within NHS Lothian and NHS Greater Glasgow and Clyde. This evidence-based approach has been demonstrated to deliver better outcomes for people in a Scottish context. The draft SIGN (2011) guideline for schizophrenia provides a wider overview of the evidence base pertaining to the clinically important benefits of Early Intervention Services for Psychosis as compared to standard care, and their cost effectiveness.

A key facet of these services is their ability to reduce the Duration of Untreated Psychosis (DUP). Longer DUP has been repeatedly and robustly associated with poorer long-term outcomes. It is important to note that most untreated psychosis, leading to longer DUP, exists *within* existing mental health services. That is, the individual is in contact with mental health services but psychosis has not been identified.

Early Intervention Services for psychosis offer comprehensive multimodal and multidisciplinary approaches in the early phase of psychosis in order to enhance service engagement, minimise symptoms, reduce distress and maximise functioning. A definition of Early Intervention Services for Psychosis based on the available evidence base is provided in the draft SIGN guideline for schizophrenia. The following components should be included:

- Assertive but sensitive outreach focusing on engagement, delivered according to a psychosocial paradigm
- Ability within the service to tolerate diagnostic uncertainty
- A developmental approach to working with the individuals within the service
- Age and culturally appropriate ways of working
- In-depth multidisciplinary assessment carried out over several weeks
- The assessment of the interaction between historical and current factors leads to a multidisciplinary formulation which informs the interventions, including highlighting possible barriers to interventions and suggesting ways in which they may be overcome

- Family engagement and interventions
- Psychological therapies
- Low dose medications offered as one component of the overall treatment package
- Assessment, interventions and follow-up over the critical period (3 years)

Services should be organised around individual needs rather than according to traditional age-defined service organizational structures. For example, the Early Psychosis Support Service in NHS Lothian is a CAMHS based service but accepts referrals up to the 19th birthday and will continue working with the young person for up to three years over the critical period.

What changes are needed in NHS Scotland?

Despite the challenges involved in redesigning services across Scotland to adopt the approach outlined above, the wider introduction of Early Intervention Services for Psychosis would provide significant benefits to individuals distressed by their experiences of psychosis in line with the direction of travel outlined in NHS Quality Strategy for Scotland.

As highlighted above, the development of appropriate service structures should not be bound by age defined service organisation but organised according to the developmental needs of those accessing such services. In particular, it is known that particular difficulties arise for individuals at transition points (e.g. from CAMH to adult services). Services should therefore be sufficiently flexible to take account of these individual needs. For example, in many cases, particularly where recovery is compromised, it may be more appropriate for an individual to continue receiving care from the Early Intervention Service on a longer term basis.

Whilst Scotland's geography and varied demographic profile provides a particular challenge for the development of Early Intervention Services for Psychosis, models of service delivery elsewhere, e.g. in England and North America, have demonstrated that such approaches can be delivered even within highly rural settings. In such rural settings, the service design may need to be more of a resource to existing services rather than providing direct care. In urban and heavily populated areas, dedicated specialist teams/services are justified by the available evidence base. In either case, workforce training and development must underpin the service redesigns.

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