

6.2 First Episode Psychosis

Early Interventions in Psychosis

Early intervention can improve the longer term course of psychosis, prevent mental and social decline and lead to better outcome. Services which provide early interventions aim to offer appropriate, up to date, evidence-based and individual needs assessed interventions to young people experiencing a first-episode psychosis and their families/carers.

Benefits for the individual include the reduction of the impact of a first psychotic episode through earlier recognition of symptoms and improvement in the course of illness. It supports the development of appropriate coping skills as well as reducing social disablement, improved vocational prospects, increased understanding of illness and prevention of relapse.

For the family/carer interventions lead to enhanced affinity with professionals and other agencies, decreased stress and enhanced communication within the family.

Overarching Standard 34: First episode psychosis – assessment and early intervention

A person experiencing early signs of psychosis should have an assessment of their psychological, physical, clinical and social needs including an assessment of risk undertaken by a mental health specialist(s) using an appropriate outcome measurement tool to aid diagnosis and age appropriate onward referral.

Rationale

Early assessment, care and treatment improve opportunities for early engagement for the person and their family/carer which has been shown to improve long term outcomes and improved quality of life.

Evidence

Canning (2008) Early Intervention in Psychosis

Birchwood et al. Early Intervention in Schizophrenia. *The British Journal of Psychiatry*. 1997; 170: 2-5

Bamford Review: A Strategic Framework for Adult Mental Health Services (June 2005) http://www.rmhdni.gov.uk/adult_mental_health_report.pdf

Edwards J & McGorry P.D. (2002) (eds) *Implementation Early Intervention in Psychosis. A guide to establishing early psychosis services*. London. Martin Dunitz

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009 <http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

DHSSPS (2009) Promoting Quality Care - Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services <http://www.dhsspsni.gov.uk/good-practice-guidance-and-risk-assessment.pdf>

Responsibility for delivery/implementation

HSC Trusts

Primary Care

In partnership with voluntary and community organisations

Quality Dimensions

Person Centred – people and what is important to them, their family and friends are central to the assessment and early intervention/treatment process. Options should be explored in regard to what would work best for the person given their unique context and lifestyle.

Timely – the earlier a detailed assessment is completed and appropriate treatment and care is commenced, the better the outcomes.

Equitable – primary care and Specialist services available across Northern

Ireland.

Effective/Efficient - appropriate assessment improves the effectiveness of care and treatment choices which provide a better way of managing care.

Safe – minimises risks to self and others.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Agree and implement standardised outcome measurement tool	HSC Trust report	All HSC Trusts	March 2013
Percentage of people being treated where outcome measurement shows improvement after 12 months	HSC Trust report	Establish baseline Performance level to be determined once baseline established	March 2014
Percentage of young people (Under 18 years) receiving early intervention services provided by a psychosis team work jointly with CAMHS	Case Notes Audit	Establish baseline Performance level to be determined once baseline established	March 2013