

6.3 Schizophrenia and other psychoses

The exact cause of schizophrenia is unknown. However some experts believe that the condition is caused by a combination of genetic and environmental factors.

Schizophrenia is one of the most common serious mental health conditions. One in 100 people will experience at least one episode of schizophrenia during their lifetime. Men and women are equally affected by the condition.

In men who are affected by schizophrenia the condition usually begins between 15 – 30 years of age. In women schizophrenia usually occurs later beginning between 25 – 30 years of age¹¹.

¹¹ NHS UK website (accessed March 2010)

Overarching Standard 35: Schizophrenia and other psychoses – early intervention, treatment and ongoing care

A person with either newly diagnosed or established schizophrenia should, following referral from primary care have assessment (including an assessment of risk), early intervention, treatment (including psychotropic medication and psychological therapies as appropriate) and ongoing care (including a yearly physical health check) in line with NICE guidelines. A standardised outcome measurement tool should be used to aid monitoring of treatment and care.

Rationale

Because of the level of distress, anxiety and subjective confusion experienced by people of all ages with schizophrenia and other psychoses it is sometimes difficult for the individual / their families to access services. Evidence shows that appropriate treatment and care in the early stages of the illness will help minimise the severity and length of the first episode and provide users and their families with the opportunity for building a relationship with professionals.

Antipsychotic drugs are an indispensable treatment option for people with schizophrenia with the aim of reducing psychotic symptoms, preventing relapse and promoting recovery. Evidence has shown that pharmacological/drug treatments are often necessary in order for the psychological interventions to be effective.

People with schizophrenia have a high risk of developing physical health problems such as cardiovascular disorders, endocrine disorders and increased mortality. There is a need for long term commitment from professionals to work with the person in order to achieve optimal quality of life and recovery. This will help reduce the risks of long term physical, mental and social difficulties.

Evidence

National Institute for Health and Clinical Excellence (NICE) (2009) Schizophrenia: Core Interventions in the Treatment and Management in Primary and Secondary care (update) <http://guidance.nice.org.uk/CG82>

Gutman et al (2009) Supported Education for Adults With Psychiatric Disabilities: Effectiveness of an Occupational Therapy Program, *American Journal of Occupational Therapy*, May/June 2009, 63:3, pp 245-254

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 in partnership with Primary Care

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. The choice psychotropic drug should be informed by a discussion between the person and the responsible clinician taking into account the relative benefits of each drug and their side effects. The use of an outcome measurement tool assists both the person and the professional assess recovery. Options should be explored in regard to what would work best for the person given their unique context and lifestyle.

Timely – Provides access to appropriate help and support and ensures any physical health needs are detected early

Equitable – A person is offered the opportunity of choice and involvement in their treatment and care.

Effective & Efficient – Early assessment and access to appropriate treatment aids recovery.

Safe – A person, if presenting as a risk to themselves or others should immediately be referred and assessed by mental health specialists in order to minimise the risk 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 levels to be determined once baseline established	March 2014

Percentage of people being offered a choice of medications and psychological interventions	Audit of care plans HSC Trust user and carer forums Patient Client Council	Establish baseline Performance levels to be determined once baseline established	March 2013
Percentage of people receiving psychological and social interventions.	User and carer feedback	Establish baseline Performance levels to be determined once baseline established	March 2013
Percentage of young people who receive education and/or whose inpatient treatment involves the potential (depending on health) for at least 25% of their week (Monday – Friday) in educational activities	HSC Trust report	Establish baseline Performance levels to be determined once baseline established	March 2013