

Bristol Early Intervention

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Louis Appleby

- *I now believe that early intervention will be the most important and far reaching reform of the NSF era. Crisis resolution has had the most immediate effect but I think early intervention will have the greatest effect on people's lives.*

Why do we need the Early Psychosis Declaration

The World Health Organisation estimates that the burden of psychosis borne by a family was only exceeded by quadriplegia and dementia.

Personal experiences say:

"...our overwhelming feeling was of an opportunity missed – to what degree she has been needlessly disabled by those first four years of care we will never know."

"...services just seemed to passively wait until he was really ill – the service oozed pessimism, lack of investment and lack of imagination."

"...can't get a job, can't get a girlfriend, can't get a telly, can't get nothing It's just everything falls down into a big pit and you can't get out..."

How can I support the Early Psychosis Declaration?

- Find out if you have a local Early Intervention Team – if not – why not?
- Contact your Early Intervention Team and ask how they intend to support the Early Psychosis Declaration and how they are engaging families. Direct them to the contact details below for more information.
- Write to your Primary Care Trust and ask what plans there are for practitioners to be trained in early psychosis.
- Contact your local NIMHE Development Centre and ask how you can be involved in supporting the Early Psychosis Declaration.

...To find all of these details, contact your local NIMHE Development Centre by visiting:
www.nimhe.org.uk

View the Declaration:

www.rethink.org/earlypsychosisdeclaration

For further information, contact:

Rethink National Early Intervention Programme
1st Floor Castlemill
Birmingham New Road
Dudley, West Midlands DY4 7UF

Email: earlyintervention@rethink.org

Telephone: 0121 522 7037

rethink
severe mental illness
reg charity no. 271028

NHS
National Institute for
Mental Health in England

A leaflet produced by Sheena Foster, Carer and Rethink member as part of a 'Partners in Care' collaboration

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the **early**
psychosis
declaration



Imagine a world where...

- People are respected and valued for their differences
- Mental Health is understood by all
- Treatment is easily accessible and available early
- Practitioners willingly engage with your concerns
- No-one loses their dignity
- Hospital admissions are rare
- People remain in school and work surrounded by those who care
- Hopes and dreams for the future are fulfilled
- Family/friends are informed and enabled to support a journey of recovery
- Practitioners and community workers see people as individuals

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NHS
National Institute for
Mental Health in England

Early Intervention

- Family orientation
- Flexible
- Young people focus
- Focus on engagement
- Focus on recovering
 - symptom reduction / management,
 - social and vocational
 - Harm reduction
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AWP Early Intervention

- www.awp.nhs.uk/templates/Page_288_8.aspx
- Bristol
- Swindon
- Wiltshire
- S. Gloucestershire
- BaNES
- N. Somerset

The Bristol EI Team

- Service Manager
- Team coordinator
- Clinical Psychologist
- Administrator (0.6)
- Secretary
- Service User Development Worker
- Care Coordinators
 - (1 social worker, 3 OT, 8 CPN)
- 1 Sports Worker
- 4 Mental Health Support Workers
- Total 24

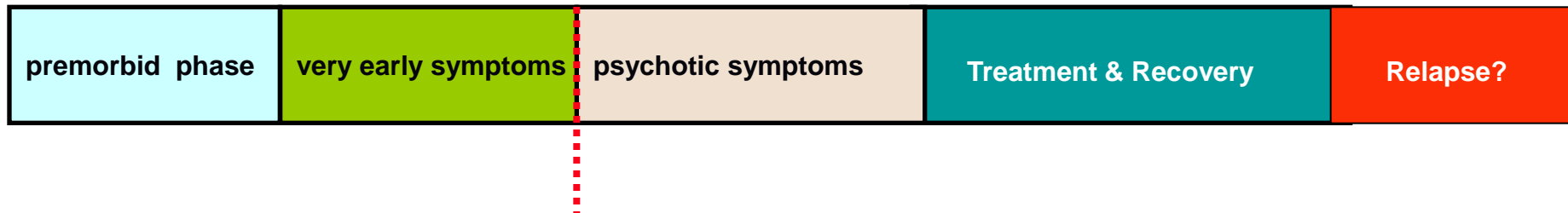
Early Intervention in Bristol

- Between 60 and 70 people per year with a first episode of psychosis taken onto caseload.
- Aim for 3 year intervention
- Current caseload – 160

Psychosis: The Early Course

Adapted from
Larsen et al., 2001

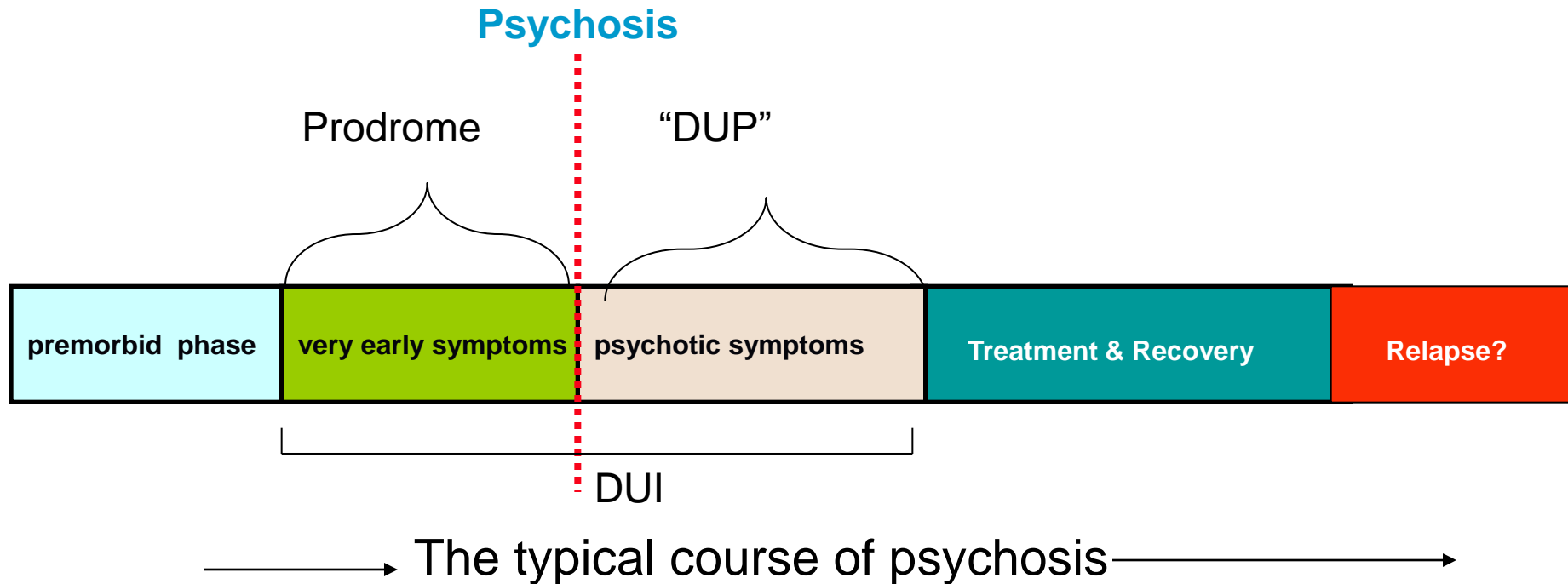
Psychosis



—————> The typical course of psychosis <—————

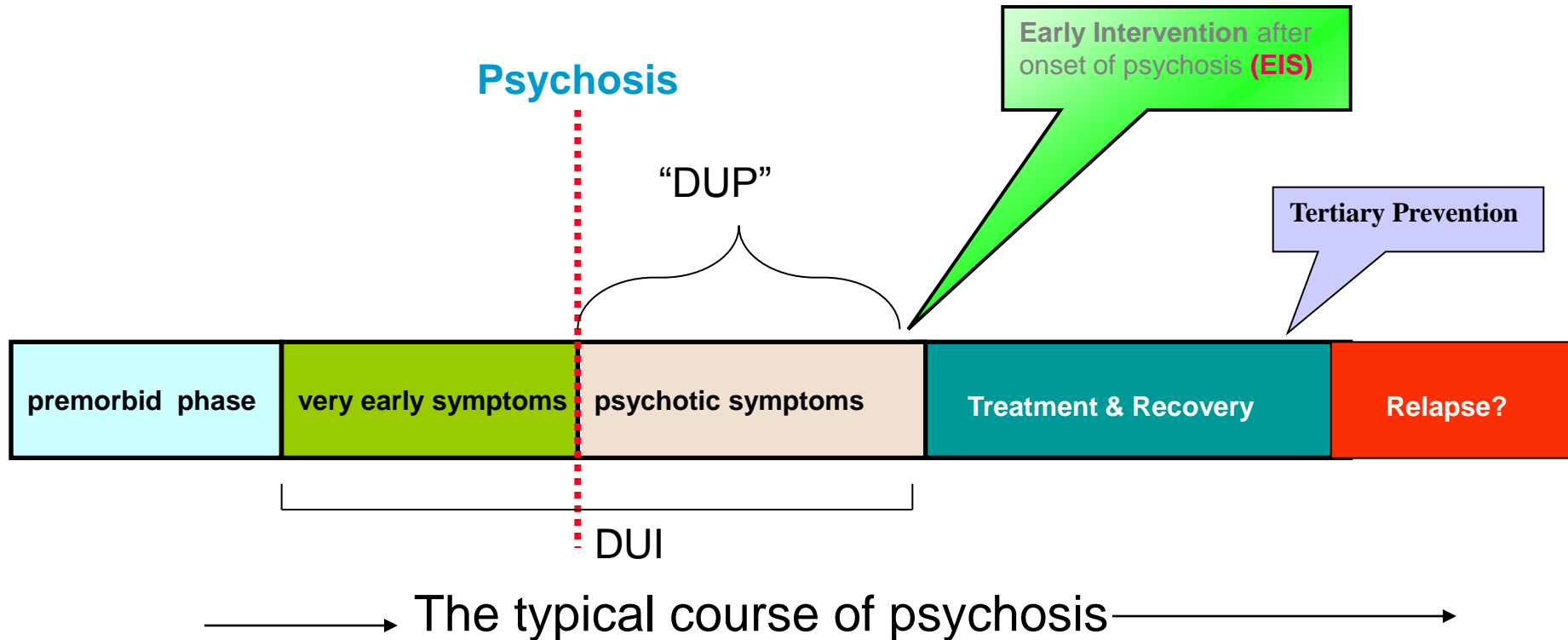
Psychosis: The Early Course

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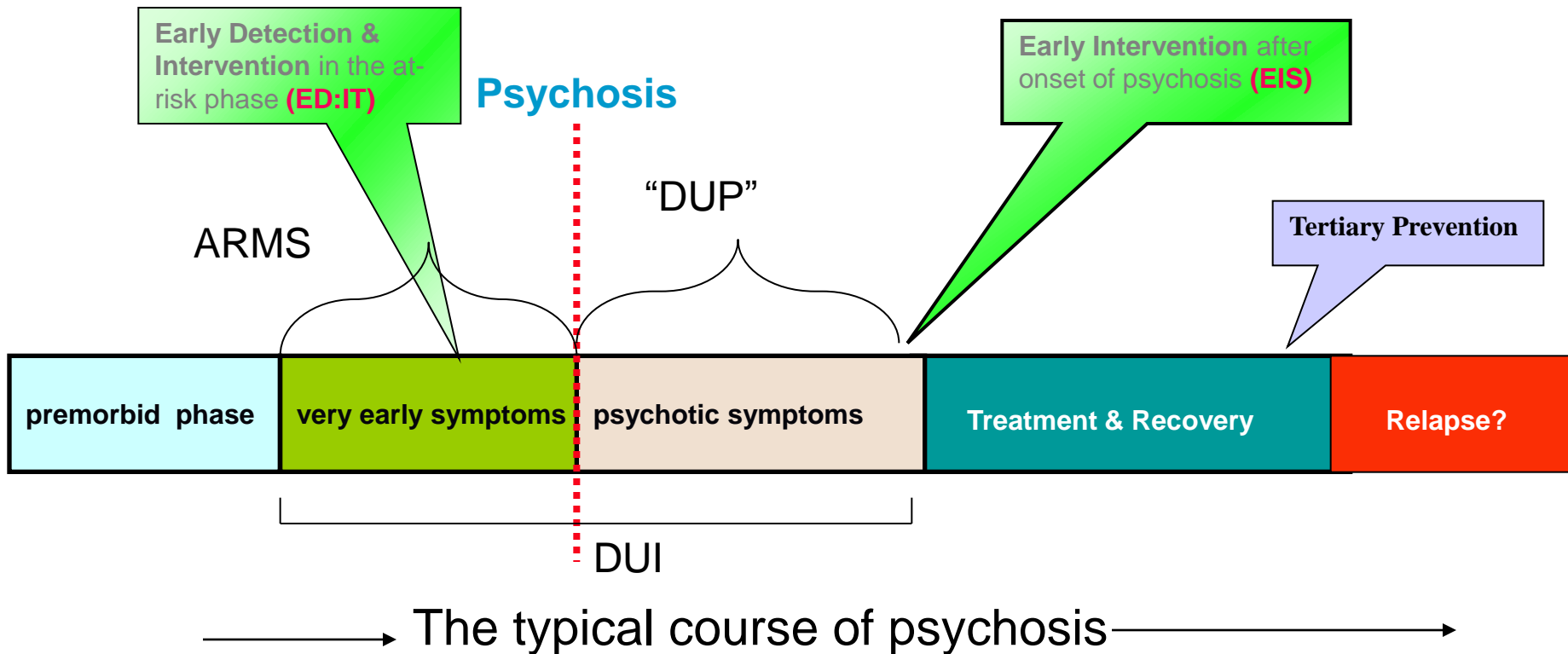
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Psychosis: The Early Course

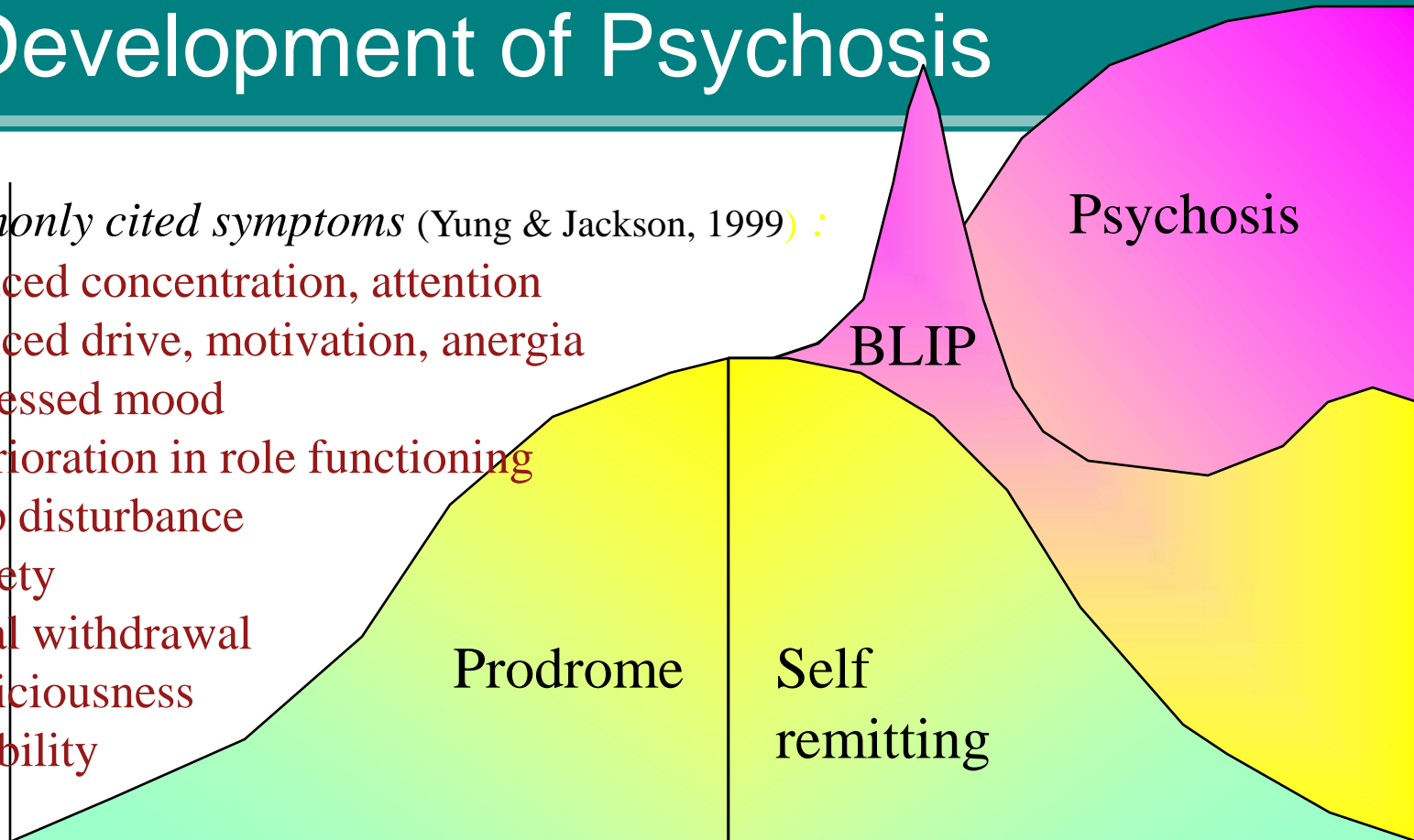
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Development of Psychosis

Commonly cited symptoms (Yung & Jackson, 1999) :

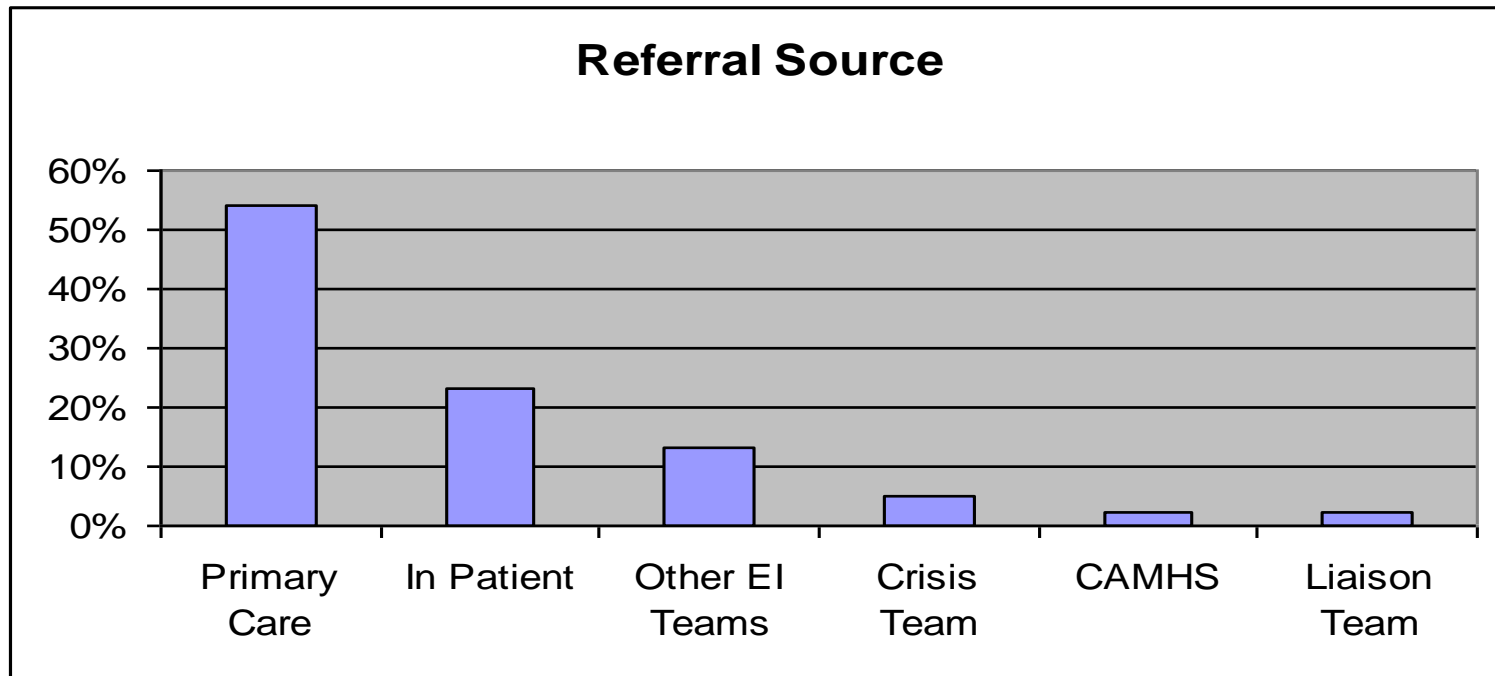
- Reduced concentration, attention
- Reduced drive, motivation, anergia
- Depressed mood
- Deterioration in role functioning
- Sleep disturbance
- Anxiety
- Social withdrawal
- Suspiciousness
- Irritability



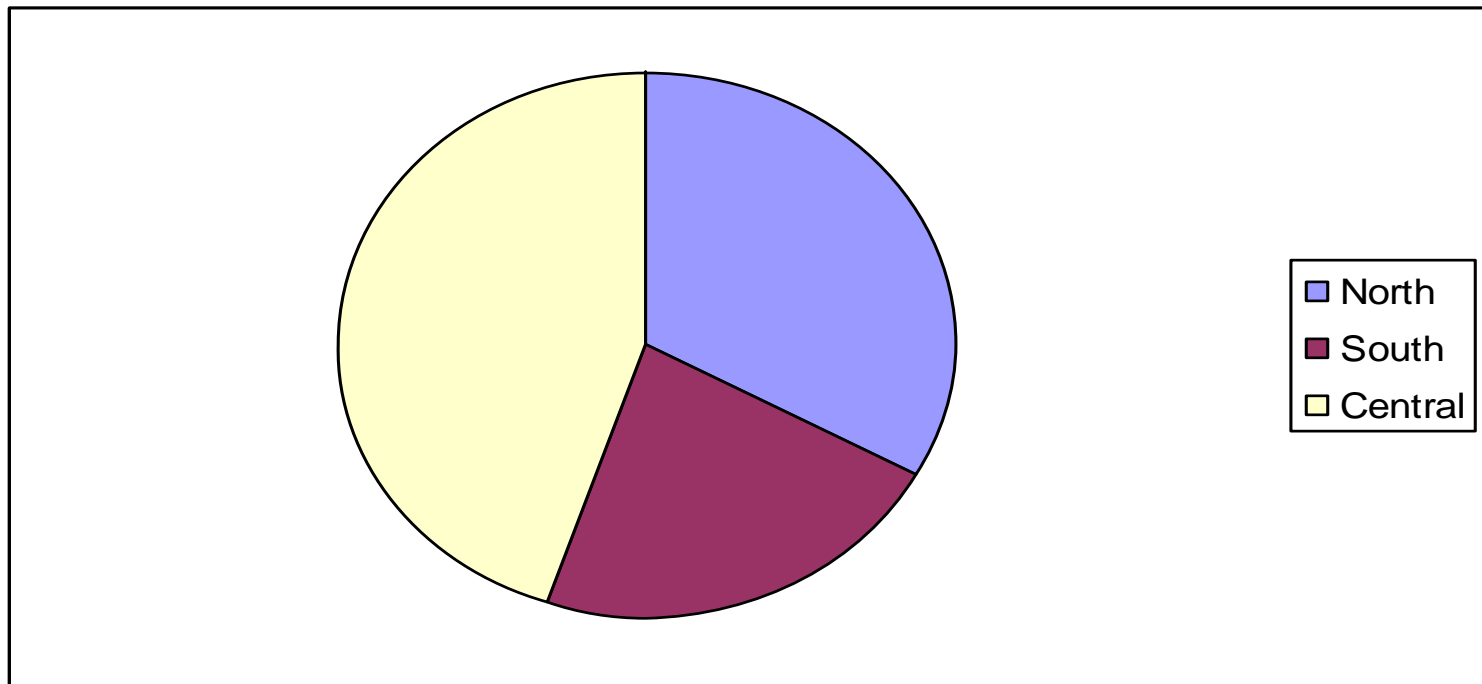
Incidence of Psychosis

- In Bristol – 92 per year
 - 0.022% of Bristol's population
 - 0.05% of Bristol's 14 – 35 year old population
- Target Caseload 62
 - 2007/8 70 new cases
 - 2008/9 67 new cases
 - 2009/10 69 new cases
- In the UK – 7,500 per year

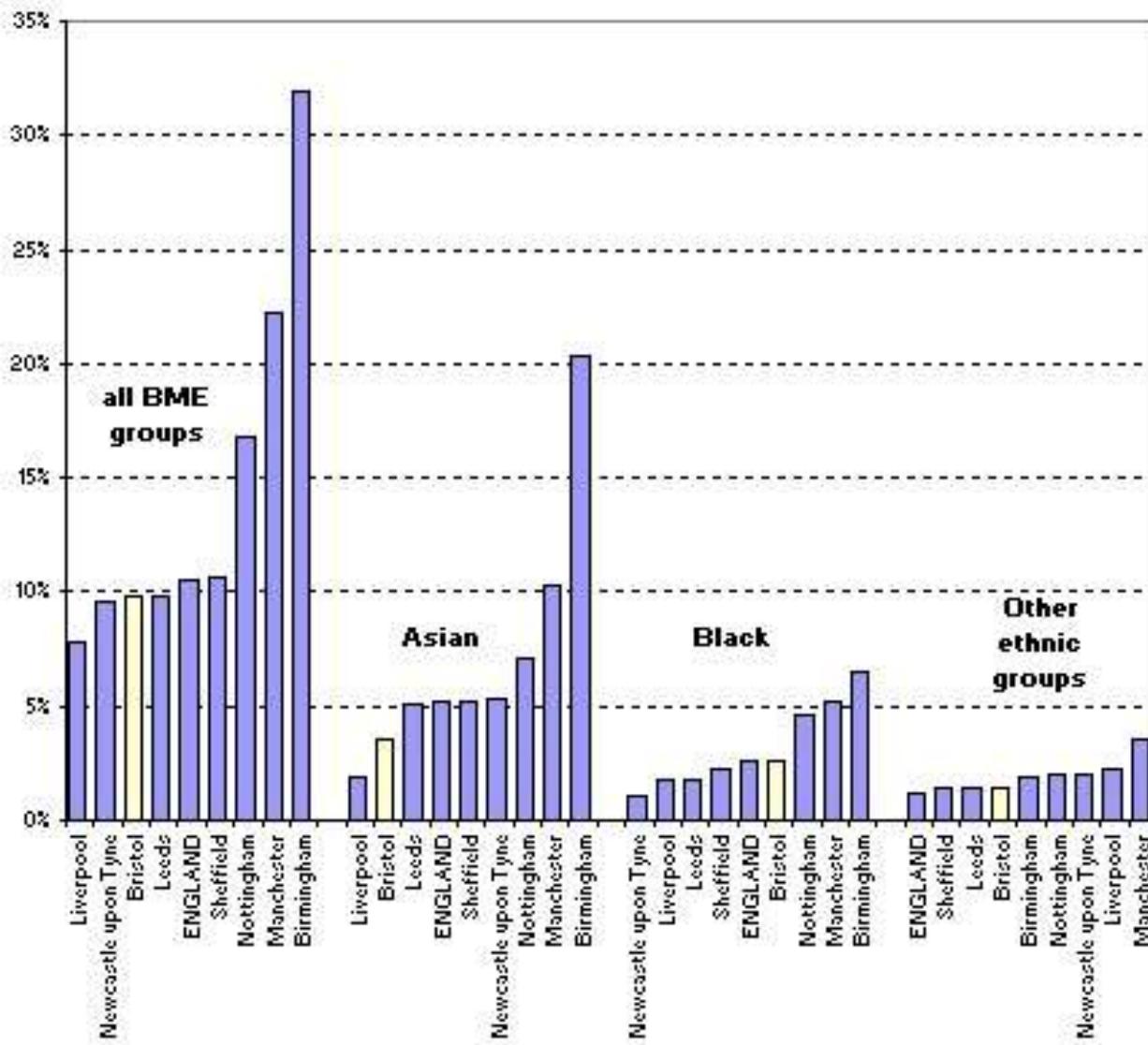
Where do Referrals Come From?



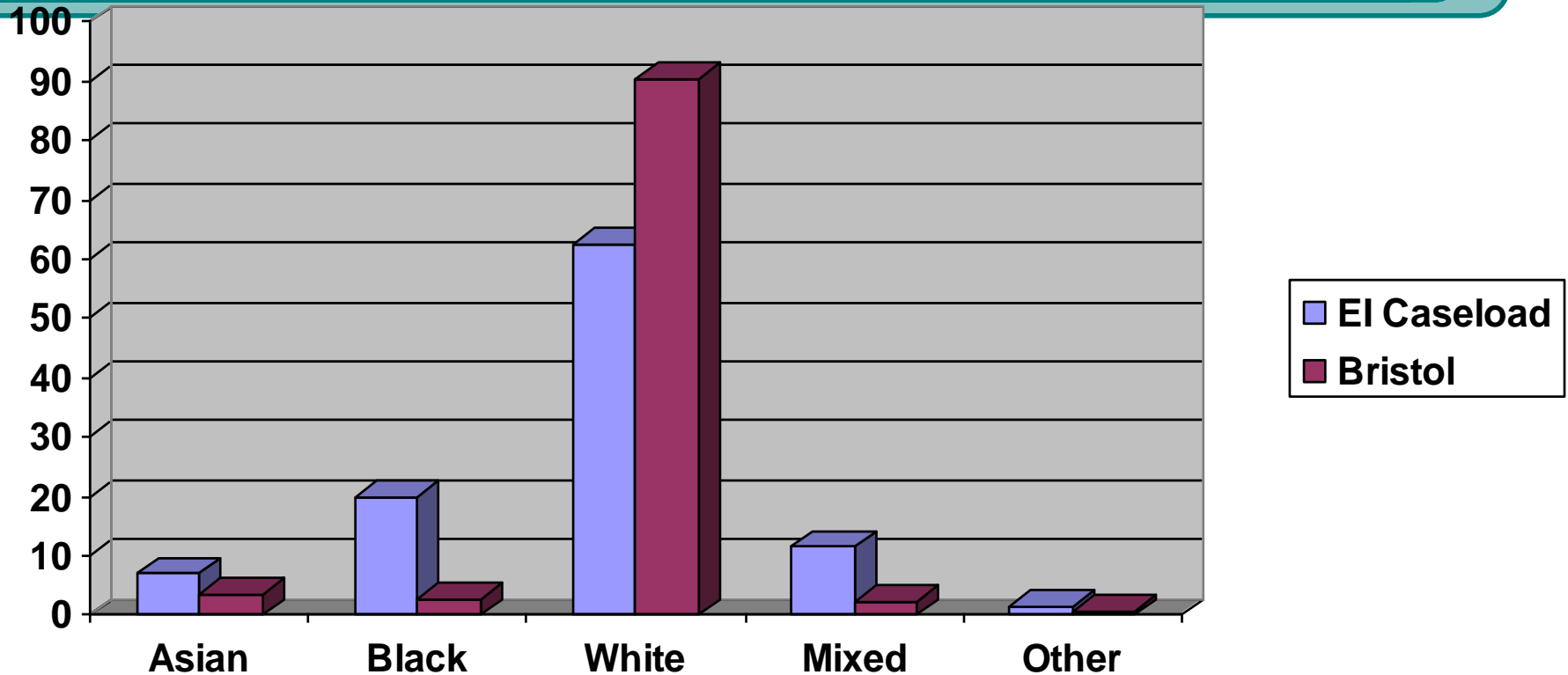
And Where in the City



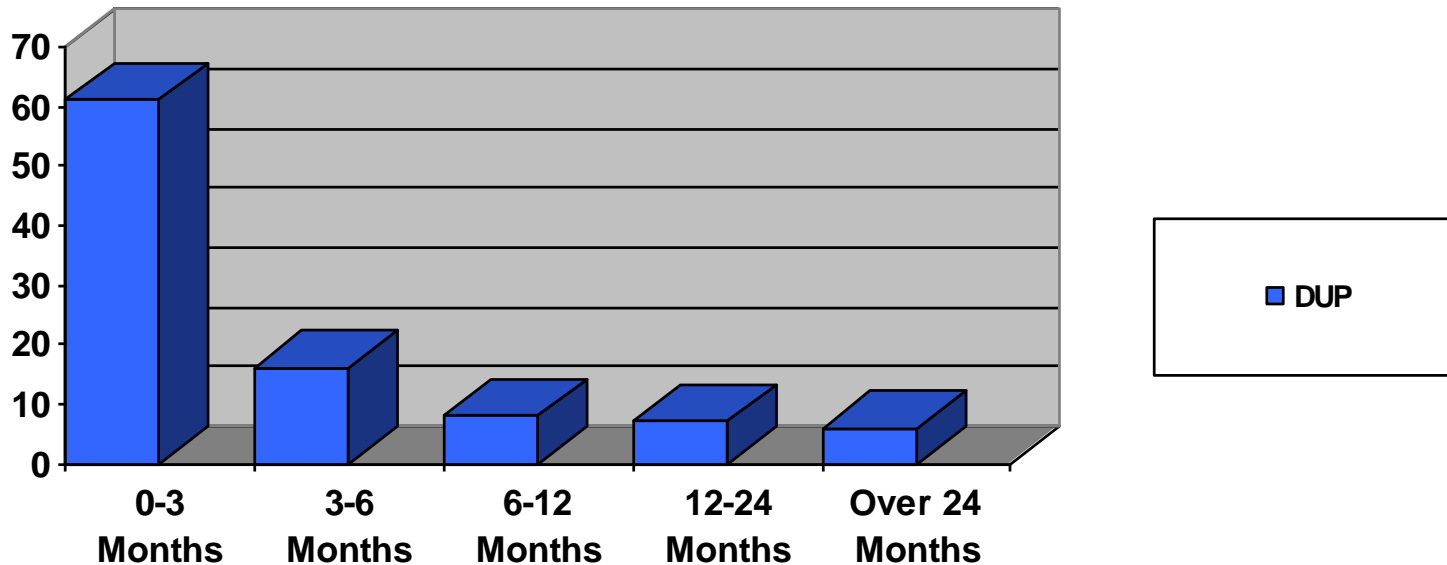
Ethnic groups as a percentage of total population



BME Representation (Caseload)



Duration of Untreated Psychosis



October 2009 (70% of Caseload)

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Discharges at 3 years

- April – October
 - 27 discharges
 - 70% discharged to primary care

Referral

- Age 16 - 35
- Symptoms of psychosis??
- Embrace 'diagnostic uncertainty'
- Marked changes in behaviour with no other explanation??
- Is this the first episode / has there been previous treatment for psychosis?

Interventions

- Medication – information, prescription, decision
- Psychosocial case management
- Vocational interventions (IPS)
- Social interventions
- Family work / Family Involvement
- Cognitive Behavioural Therapy
- Sport and Exercise – BALP
- Physical Health Care
- Dual Diagnosis and Interventions