

The Psychosis Clock *is ticking...*

This presentation is free to use for therapy purposes

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Time is of the Essence...

“Early Intervention in Psychosis has, in recent years, become a ‘must-do’ for mental health services. Its inclusion as a key target in the *NHS Plan (Department of Health, 2000)* has impelled many mental health services to develop EIP”.

The Sainsbury Centre Briefing 23 A Window of Opportunity: A practical guide for developing early intervention in psychosis services (2003)

There should be the ability to: “Urgently refer all people first presenting with psychotic symptoms in primary care to a local community-based secondary mental health service (early intervention services, crisis resolution and home treatment team, or community mental health team). Offer early intervention services to all people with a first episode or first presentation of psychosis irrespective of age or duration of untreated psychosis.

NICE clinical guideline 82 Core interventions in the treatment and management of schizophrenia in adults in primary and secondary care (March 2009)

It's a race against the clock...

Over the last ten years, there is growing evidence to suggest that the early recognition and treatment of psychotic disorders can lead to significant improvements in recovery and overall outcomes. Studies suggest that the longer a psychotic episode is left untreated, the worse the outcome / prognosis for that individual. (Crow, MacMillan, Johnson, et al, 1986); (Loebel, Lieberman, Alvir, et al, 1992; Marshall, Lewis, Lockwood, et al, 2005).

Report on early detection and intervention
by CSIP North West and CSIP West Midlands

<http://www.earlypsychosis.org.nz/PDF/UK/2008-early-detection-report.pdf>

You can't turn the clock back...

Consequences of delayed treatment:

- slower and less complete recovery
- poorer prognosis
- increased risk of depression and suicide
- interference with psychological and social development
- strain on relationships; loss of family and social supports
- disruption of patient's parenting skills (for those with children)
- distress and increased psychological problems within the patient's family
- disruption of study, employment and unemployment
- substance abuse
- violence/criminal activities
- unnecessary hospitalisation
- loss of self esteem and confidence
- increased cost of management.

A stitch in time...

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The Clock is Ticking...

There are two major clinical reasons for ensuring a minimal delay between the emergence of psychosis and the initiation of effective treatment. The first is the known association between a long duration of untreated psychosis and a poor outcome in the short term

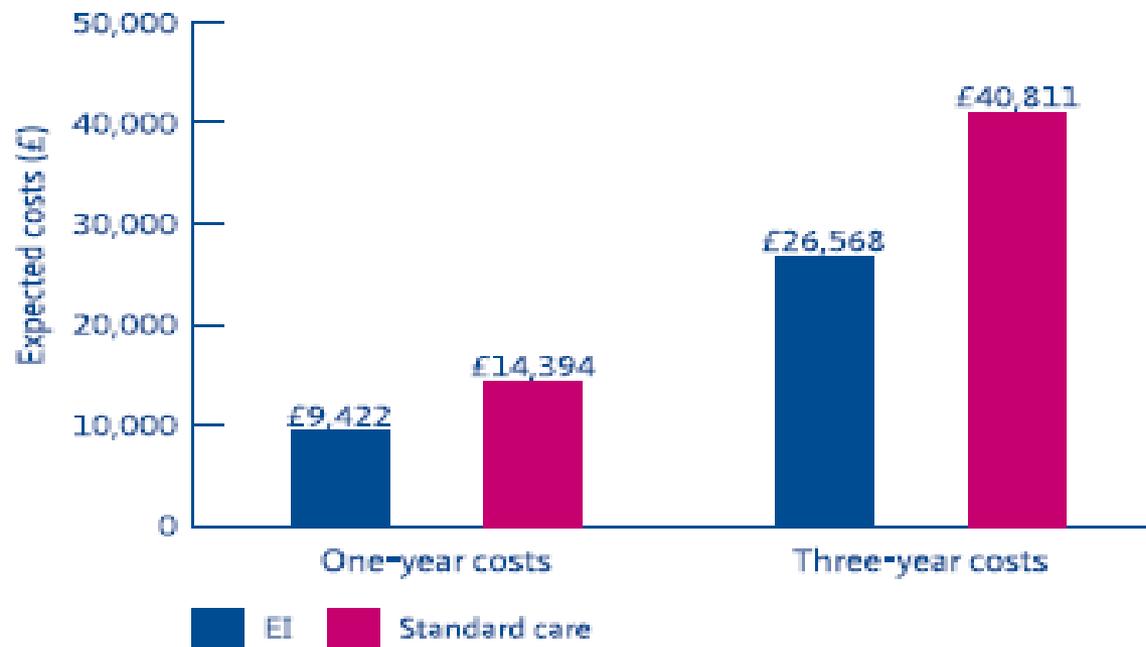
([Loebel et al, 1991](#); [Wyatt, 1991](#); [Norman & Malla, 2001](#)).

The other key reason for early intervention is the notion that the first 3 years of psychosis constitute a critical period during which repeated relapses occur, a 'revolving-door' pattern of admissions is established, long-term treatment-resistant symptoms emerge and major personal, social and occupational disabilities accumulate

([Birchwood et al, 1998](#)).

Time costs money ...

Figure 1. The costs of early intervention in psychosis



Source: McCrone, Knapp, Dhanasari, Nov 2009, 3(4) p266-273

Act in a timely manner...

8 weeks before I become ill

Start to feel anxious and stop going out with friends

6 weeks before I become ill

Start to have problems concentrating

4 weeks before I become ill

Start to have difficulty sleeping

2 weeks before I become ill

Increase the amount of alcohol I drink. Usually I drinking at the weekend but start drinking every day, also smoke more cannabis

Admission to hospital

Voices get worst and start telling me to kill myself and other people

Don't want to see anyone and hide myself away. Frightened of what I might do to myself and others

Watch...

- **Psychosis affects people in a range of ways**
- Monitor...any changes in thinking, feeling and behaviour
- Withdrawn, anxious or stressed, mistrustful, suspicious, depressed, confused?
- Psychosis can disrupt day-to-day tasks; going to work, shopping or eating.
- It can also affect behaviour; concentration, relationship problems, sleep, self neglect, avoidance, doing or saying things that others do not understand, harmful or risky behaviours
- **If evident...start to consider psychosis...**

www.mind.org.uk

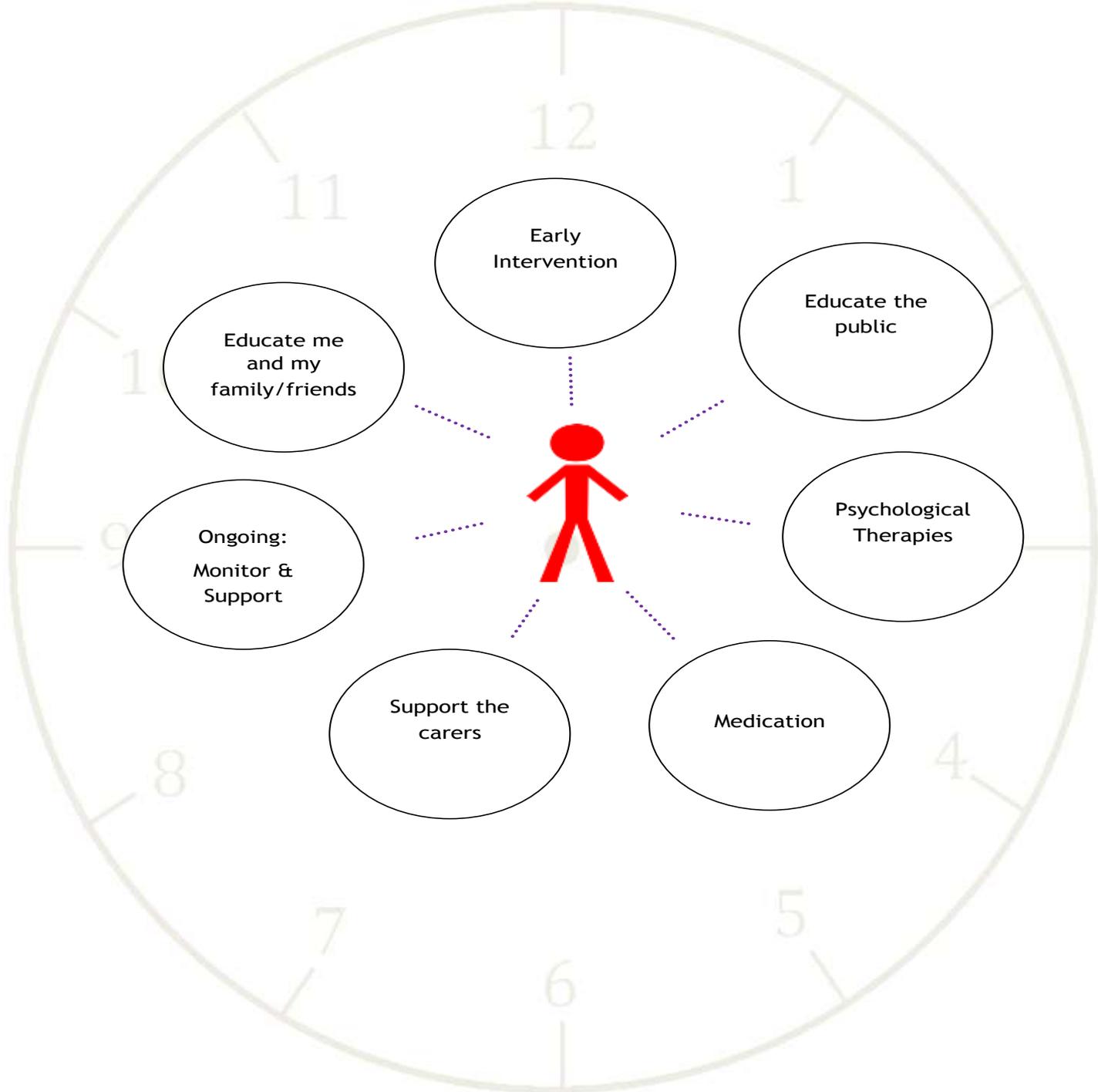
IF ALARM BELLS ARE RINGING...



GET IN EARLY!

Don't delay...

Refer to specialist mental health services for early intervention in psychosis...



Education for Clients

All clients and families should be given appropriate written and verbal psycho-education within one week of the initial assessment. This should account for the young person and their family's cognitive and developmental level. It should also be sensitive to their explanatory model, and be provided in a flexible and collaborative way

The Early Psychosis Prevention and Intervention Centre Melbourne Australia <http://www.eppic.org.au/>

Education for families

- “When people develop psychosis, their families are intensely affected and will need significant support - regardless of whether the person is living within or outside the home.
- Families also play a key role in assisting with assessment, and in supporting the person through treatment and recovery, and have the important knowledge about the person. When families and friends are actively engaged in the early intervention program, the client’s long-term outcomes improve significantly (J. Addington, Collings, McCleery & D. Addington, 2005). The outcome is also better for the family: the family experiences less stress and disruption, is better able to cope with their relative’s illness, and is more empowered”.

Ontario Early Psychosis Intervention Program Standards (2011)

Psychological Therapies

- Offer CBT to all people with schizophrenia.
- Offer family intervention to families of people with schizophrenia living with or in close contact with the service user.
- Consider offering arts therapies, particularly to help negative symptoms of schizophrenia.
- Start CBT, family intervention or arts therapies either during the acute phase or later, including in inpatient settings.

NICE clinical guideline 82 Core interventions in the treatment and management of schizophrenia in adults in primary and secondary care (March 2009)

Medication

Offer oral antipsychotic medication to people with newly diagnosed schizophrenia.

NICE clinical guideline 82 Core interventions in the treatment and management of schizophrenia in adults in primary and secondary care (March 2009)

Atypical antipsychotics should be used as first-line therapy, commencing with a low dose and titrating upwards very slowly over a period of several weeks ('start low, go slow').

*International clinical practice guidelines for early psychosis
The British Journal of Psychiatry (2005) 187: s120-s124*

Offer clozapine to people with schizophrenia whose illness has not responded adequately to treatment despite the sequential use of adequate doses of at least two different antipsychotic drugs. At least one of the drugs should be a non-clozapine second-generation antipsychotic.

NICE clinical guideline 82 Core interventions in the treatment and management of schizophrenia in adults in primary and secondary care (March 2009)

Carers Support

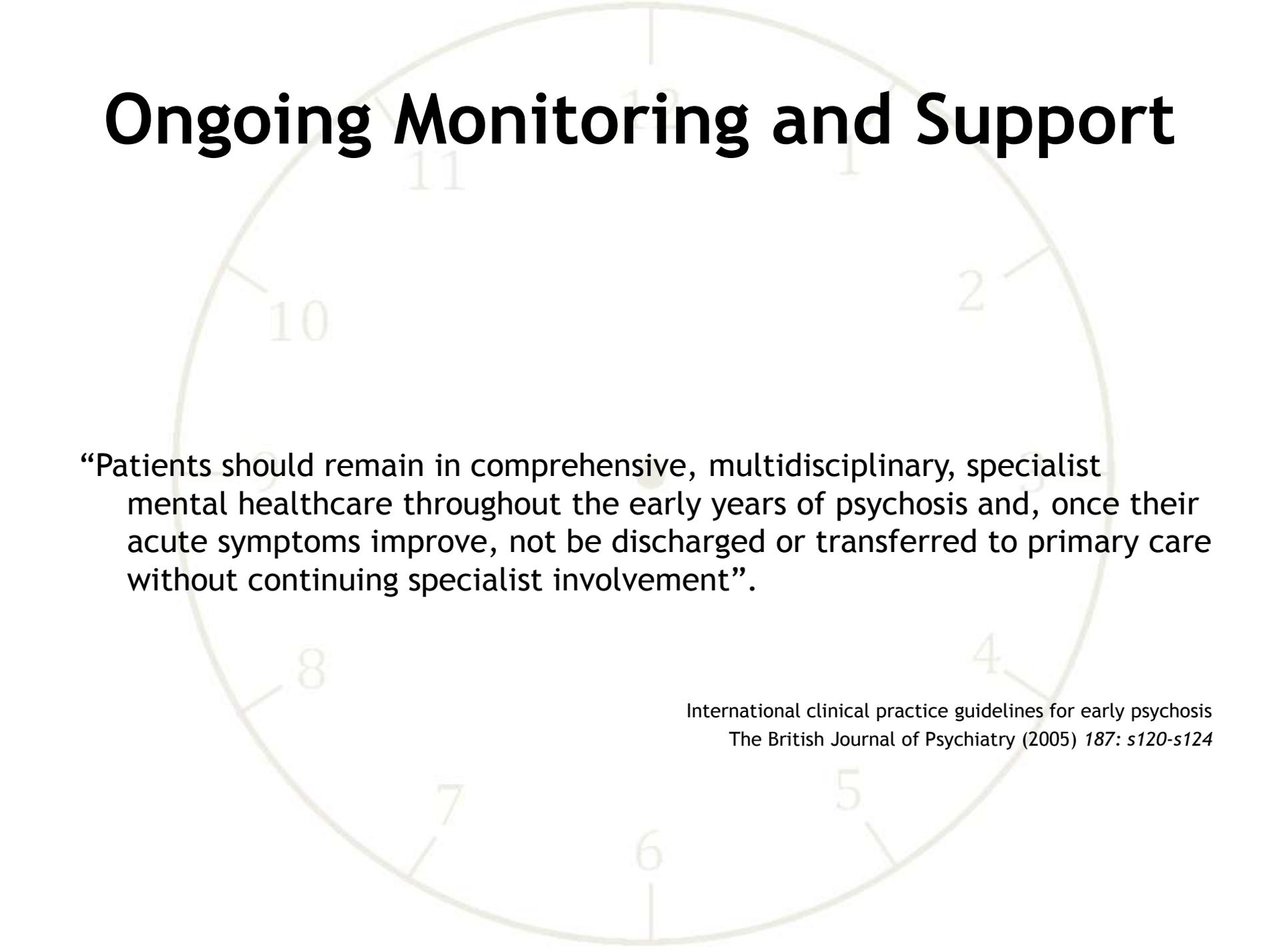
- Families should be provided with ongoing support and information, wherever possible in a partnership that involves the patient, family members and treating clinicians.

International clinical practice guidelines for early psychosis
The British Journal of Psychiatry (2005) 187: s120-s124

- Families can also be a significant source of support for other families going through the same experience (Norman, *et al.*, 2008). Families need education and support to be able to fulfil these roles (Hamilton Wilson, Hobbs & Archie, 1999).

Ontario Early Psychosis Intervention Program Standards (2011)

Ongoing Monitoring and Support



“Patients should remain in comprehensive, multidisciplinary, specialist mental healthcare throughout the early years of psychosis and, once their acute symptoms improve, not be discharged or transferred to primary care without continuing specialist involvement”.

International clinical practice guidelines for early psychosis
The British Journal of Psychiatry (2005) 187: s120-s124

Educating the Public

“The community should be well informed about psychotic disorders and how to obtain effective help. Community-wide initiatives to fight stigma associated with psychosis are required”.

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Make time...

- Talk to colleagues about what you can do to help those with psychosis, their friends, family and how to increase public and professional awareness
- Raise awareness using The Psychosis Clock
- Use The Psychosis Clock power point presentation, websites and links to help you:

www.getselfhelp.co.uk/psychosisclock.htm

www.mind.org.uk

www.rcpsych.ak.uk/info

www.youngminds.org.uk

About The Psychosis Clock

The Psychosis Clock ©

For display in GP surgeries, mental health, education, social care
or associated environments

Remember that;

Early Intervention in Psychosis improves the outcome for clients...
the clock is ticking...

Useful websites, links, copies of **The Psychosis Clock** and an accompanying
power point presentation can be freely downloaded at:

www.get.gg/psychosisclock.htm

www.getselfhelp.co.uk/psychosisclock.htm

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