



National Mental Health
Development Unit

The Early Intervention Paradigm- Growing EI in England

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10 years ago...

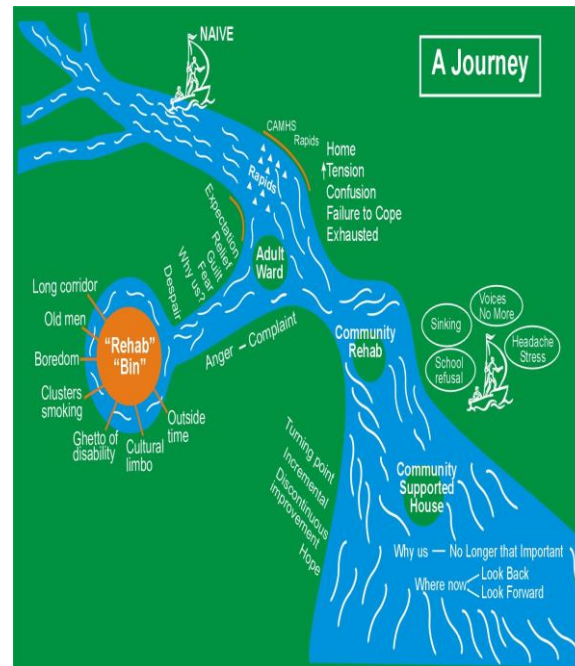
- 50% < 24; youngest aged 13
- 41% employed or full-time education
- 75% lived with parents or spouse
- ~ 20% had courage to seek help themselves

Treatment delays 12–18m

Crisis response the rule:

- 80% hospital admission
- 45% police involved
- 50% mental health act
- Hugely traumatic

GPs are key pathway players



Families' concerns ignored

50% lost to follow-up at 12m

Danger → 10% lifetime suicide risk (2/3 in first 5yrs)

...marooned to some backwater?



“...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...” Hirschfeld, 2002

“...our overwhelming feeling was of an opportunity missed - to what degree she was needlessly disabled by those first four years of care we’ll never know” Ann Shiers, 2001

...a path to inequality

- Social exclusion
 - 88% without a job
- Health inequality: up to 25yrs loss of life
 - 1/3 suicide and injury (mostly in first 5yrs)
 - 2/3 are premature deaths from physical causes
 - Differential mortality gap is worsening esp heart disease (6.6x rate in those aged 25–44)
 - Fifty percent higher risk of death from cancer compared to people in general population
 - Antipsychotics - link with obesity; exacerbation of diabetes (up to 5x risk)
 - Lifestyle issues - poverty, diet, exercise, smoking (76%)
 - Poorer health care - poor access to physical health services; discrimination; diagnostic overshadowing
 - Widening health inequality with rising prevalence of obesity and diabetes compared to the general population



...and families on a pathway to 'burden'

- 95% of care-givers are family members
- 29% support/care in excess of 50 hrs per week
- 60% report negative impact in their social life
- 33% find family relationships are seriously affected
- 41% experience reduced mental and physical health



When your car breaks down
you can get help within **60 minutes.**

When your mind breaks down
you may not get help for **18 months.**

**That's the problem we were
trying to solve...**

**7,500 young people and their families deal
with an emerging psychosis each year in
England ...**

**...375 will be under 16
1500 will be teenagers**

Early Intervention in psychosis

A paradigm of care for young people aged 14–35 years with a first episode psychosis and their families based on research

Comprises:

- Early detection of psychosis
- Reduce the long Duration of Untreated Psychosis (DUP)
- Importance of intervention in the first 3-5 years following onset (critical period) for later biological, psychological and social outcomes



**RAISE COMMUNITY
AWARENESS**

**IMPROVE
ACCESS &
ENGAGEMENT**

**EARLY PSYCHOSIS
DECLARATION**

**TEACH
PRACTITIONER
&
COMMUNITY
WORKERS**

**PROMOTE
RECOVERY AND
ORDINARY LIVES**

**ENGAGE AND
SUPPORT
FAMILIES**

EI Policy Development in England...

- **NSF Adult Mental Health (DH 1999)**

Early intervention in psychosis first appears as a policy commitment

- **NHS National Plan (DH 2000):**

By 2004, all young people who experience a first episode psychosis will receive early and intensive support

- **Early Psychosis Declaration (WHO and IEPA 2002)**

- **Planning and Priorities Framework (2003-2006)**

- *DUP less than 3 months*
- *Support for first 3 years*

- **EI CAMHS Target and Childrens' NSF (DH 2003)**

- **National EI Programme (2004-2009)** *EI implementation support*

- **DH EI Recovery Plan 2006/7 (DH 2006)**

- *Original 2003-2006 trajectories to provide EI to 22,500 patients by December 2006 was off-course*
- *EI Recovery Plan to provide EI to 7500 new patients in 06/07 – to put EI development back on target*

- **2007-09 NHS Operating Framework:** *continuing priority...EI services in place in all areas.*

- **New Horizons (DH 2009):** *Development and extension of early intervention paradigm*



What do young people and families get from Early Intervention?

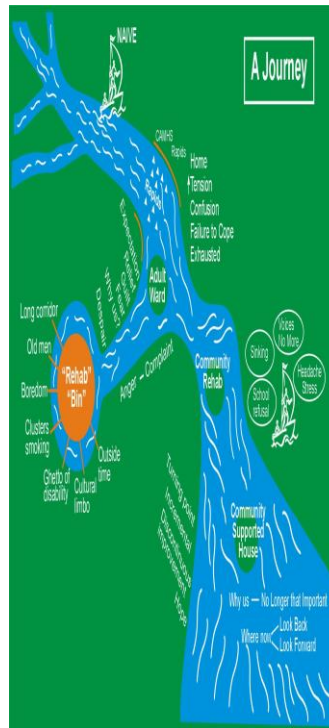
Open referral system : young people and families can self refer.
Seen within 2 weeks at a venue of their choice

Majority home treated.
Limited use of Mental Health Act
Age appropriate inpatient care

Prompt and timely evidence based best practice interventions: low dose atypical medication, CBT, IPS, family intervention, relapse prevention tools

Help with housing, finance, educational and employment goals, social difficulties.

Routine physical health reviews



Identified case manager to ‘walk the road’ supported by specialist input from a multidisciplinary team including CAMHS specialists

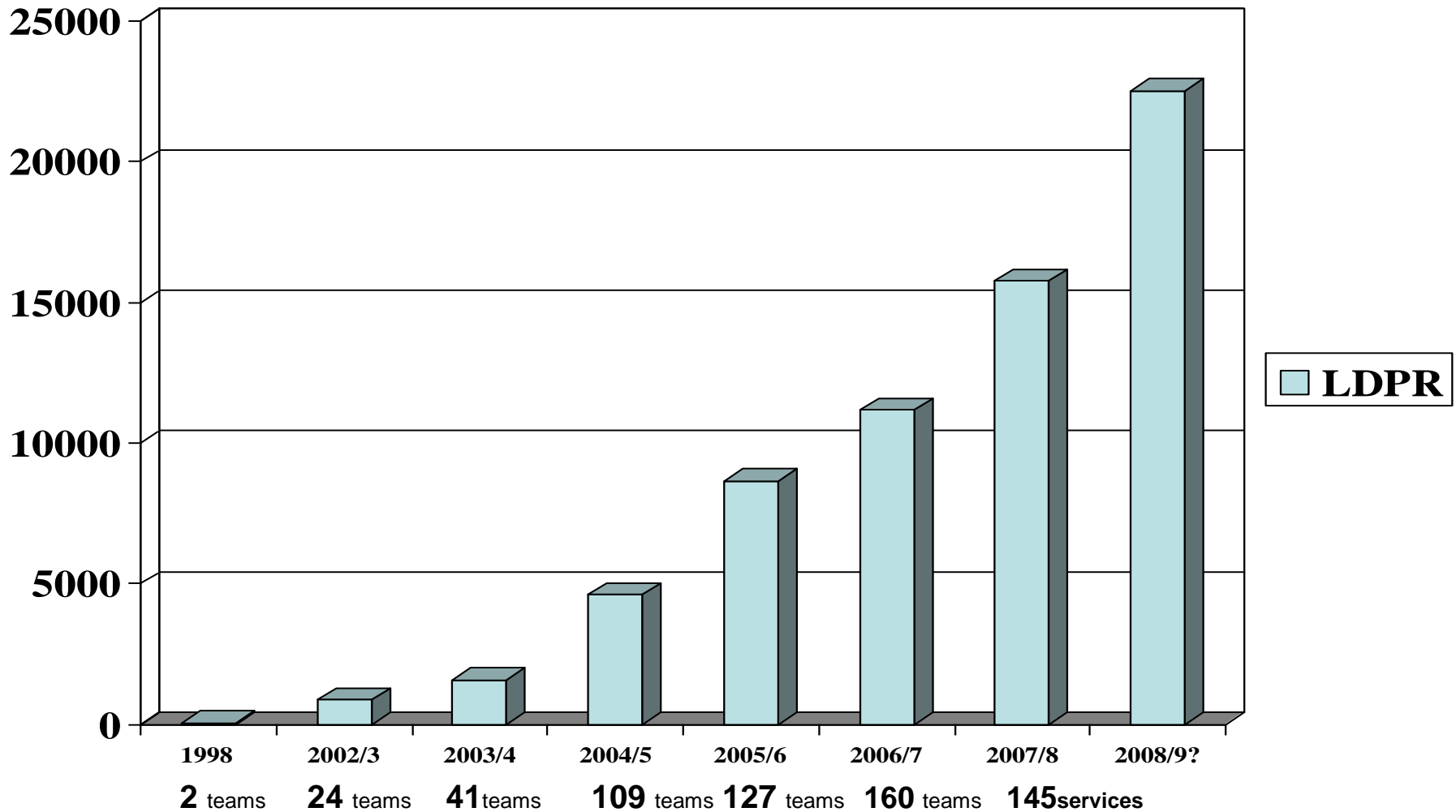
Individualised care plans reviewed 6 mthly tailored to personal needs and aspirations of young people

Families informed, supported and involved as partners in care

Help for co-morbid difficulties eg. substance misuse, with integrated treatment packages with other agencies/services

...counting EI teams and cases

(15,750 cases at end of March 08)



...delivering quality

Worcestershire EIS Outcome Data (Smith, 2006; Smith, 2009)

	<u>National audit data</u>	<u>2006 (n=78)</u> <u>(22% 14–18yrs)</u>	<u>2008 (n+106)</u> <u>(18% 14–18yrs)</u>
DUP (median)	12-18m	5-6m	22 weeks
% admitted with FEP (entry point to EI)	80%	41%	17.5%
% admitted on MHA	50%	27%	10%
Re-admission	50% (in 2 years)	28% (9.5% using MHA)	17% (56% using MHA)
% engaged @ 12m	50%	100% (79% well	99% (70% well
Family involved (satisfied)	49%(56%)	91% (71%)	84%
Employment (including education and training)	8-18%	55%	56%
Suicide attempted	48%	21%	7%

So what is the essence of EI?

The shock of my second son developing psychosis at the age of 15, as his elder brother had fifteen years earlier, pushed me into a deep depression. Our eldest son is still unable to work because of his health and ...has never been well enough yet to achieve his potential...

So how did we get to today, three years on, where hope is back?

Michelle Gladden, 2008

The essence of EI

Early detection / working across transitions and agencies...

“...our GP made a very quick referral to CAMHS and L. was referred to EIS. We had support from CAMHS and EIS EIS helped us to work with other agencies to put in place much needed additional support. ”

A family centred approach / hope and optimism about potential for recovery...

“EIS involved the whole family in L’s recovery... EIS gave us an individual map to help us find the way out of the hopeless place we were in. His hopes for the future are back ...”

A focus on broader outcomes / supporting ordinary lives ...

“L. is about to start University after managing to achieve A grades in his GCSEs and A Levels despite his illness, long absences from school and side effects of medication”

Evidence based interventions / cost effectiveness...

“Earning a place on a Masters Degree in Physics with Particle Physics and Cosmology at the University of Birmingham is pretty hard evidence that EI and family therapy has been worth any extra initial cost to the NHS”

Reflection

- **Are services provided evidence based?**
- **Are services provided what young people and families will engage with and want?**
- **Are services youth focussed, do they support families and promote recovery and ordinary lives?**
- **Is it just for young people with psychosis that the CAMHS/AMHS service split creates difficulties?**