Early Intervention in Psychosis Team

Welcome and Introductions

- Eleanor Rawson, Clinical Team Leader for EIP South teams (City South, City East, Broxtowe & Hucknall, Gedling and Rushcliffe)
- Lilian Nleya, Care Co-Ordinator for Gedling EIP.
- Anthony Bernard, Community Psychiatric Nurse for EIP South teams.

Aims of the day:

- To learn about causes of psychosis
- To learn about symptoms of psychosis
- What is the Early Intervention in Psychosis pathway
- To learn about the treatment and care options for psychosis

1. Medication & Physical Health
2. CBT/CBT-p
3. Behavioural Family Therapy (BFT)
4. Importance of Peer Support

Firstly – share with us what you know about psychosis?

Common misconceptions of psychosis

- That people who have a psychotic illness are '*psychopaths'*
- That people who have a psychotic illness have a *'split'* or *'multiple personalities*'
- That all people who have a psychotic illness are dangerous or violent people
- That people should be locked up in hospitals or secure settings, not to be released
- That people who have a psychotic illness cannot recover or live a fulfilling life
- That all people who have a psychotic illness all experience the same symptoms e.g., hearing voices

Psychosis:

- During an episode of psychosis, ‘a person’s perception, thoughts, mood and behaviour are significantly altered’.
- Each person will have a unique experience and combination of symptoms.
- A range of common mental health problems (including anxiety and depression) and coexisting substance misuse may also be present.
- First episode psychosis occurs most commonly between late teens and late twenties, with more than three quarters of men and two thirds of women experiencing their first episode before the age of 35.
- A small proportion of people will also experience an onset of psychosis before the age of 16 years, with an additional peak in incidence in women in their mid-to-late 40s

- FEP – First Episode Psychosis
- ARMs – At Risk Mental State
- DUP – Duration of Untreated Psychosis

Eleanor Longden - The voices in my head

- The voices in my head | Eleanor Longden – YouTube
- Eleanor Longden, psychologist, was in her first year of university when she started hearing voices. Initially she dismissed this experience as harmless, simply an expression of her own thoughts, triggered by the loneliness and pressures experienced by many students on starting university. However, having confided in a friend and, later, a GP this led to a swift diagnosis of schizophrenia, a mental health condition considered by many as having little hope for recovery.

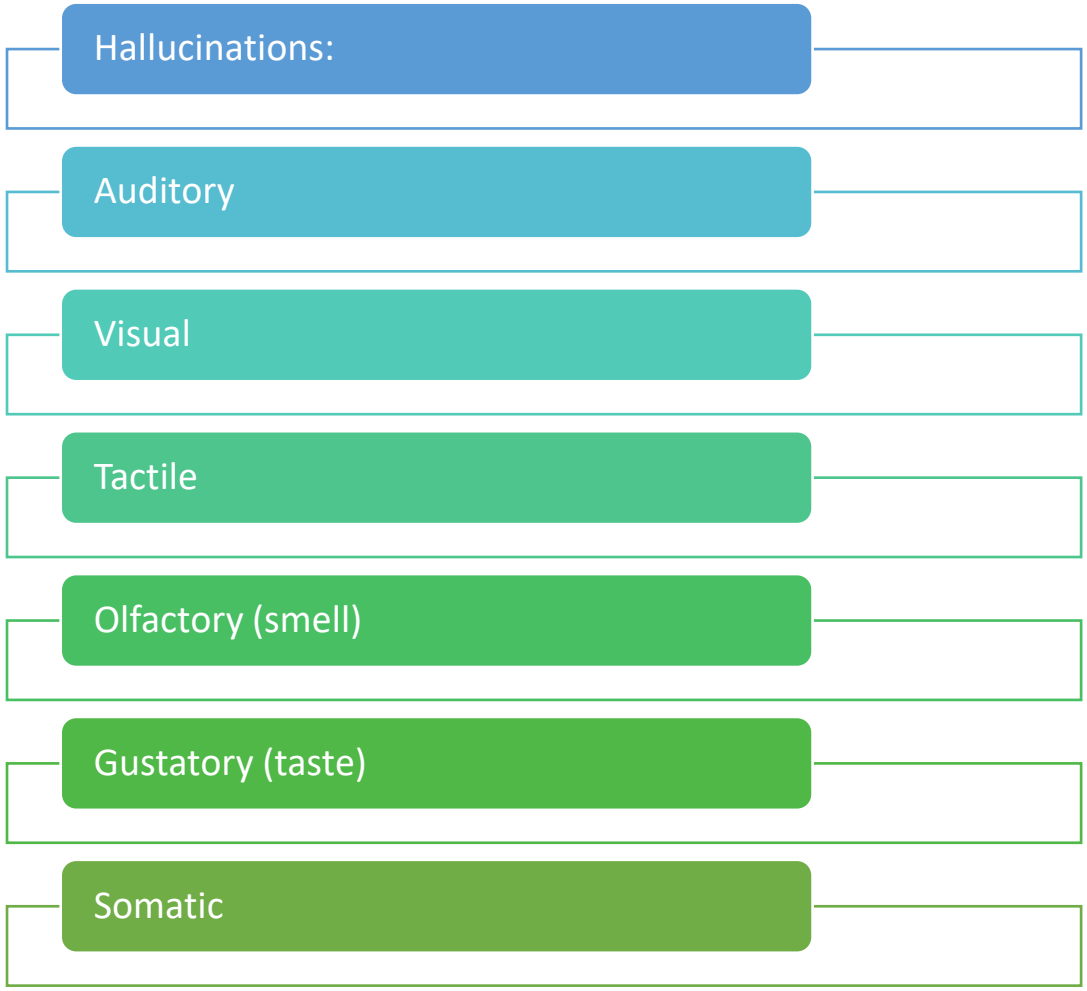
Potential causes of Psychosis:

- a traumatic life experience
- stress
- drug use
- alcohol use
- side effects of prescribed medicine
- a physical conditions, such as a brain tumour, dementia, head injury, HIV, Syphilis
- childbirth
- menopause?

Pre-disposing factors:

- Having a first degree relative who has experienced a psychotic illness or episode (biological mother, father, sibling, grandparents)
- Higher rates have also been found across several ethnic minority groups, notably migrants and descendants of black Caribbean and black African origins.
- Geographically, the incidence rates of psychosis are also higher in more urban, more deprived and more densely populated settings.
- Being born in the winter months.
- The list however is exhaustive…
- Important to focus on how these people access services, health inequalities, public health.

Symptoms of psychosis



Delusions

Persecutory delusions. The feeling someone is after you or that you're being stalked, hunted, framed, or tricked.

Referential delusions. When a person believes that public forms of communication, like song lyrics or a gesture from a TV host, are a special message just for them.

Somatic delusions. These center on the body. The person thinks they have a terrible illness or bizarre health problem like worms under the skin or damage from cosmic rays.

Erotomanic delusions. A person might be convinced a celebrity is in love with them or that their partner is cheating. Or they might think people they're not attracted to are pursuing them.

Religious delusions. Someone might think they have a special relationship with a deity or that they're possessed by a demon.

Grandiose delusions. They consider themselves a major figure on the world stage, like an entertainer or a politician.

Confused thoughts and disorganized speech

Thought Disorder - People with schizophrenia can have a hard time organising their thoughts. They might not be able to follow along when you talk to them. Instead, it might seem like they're zoning out or distracted. When they talk, their words can come out jumbled and not make sense.

Trouble concentrating. For example, someone might lose track of what's going on in a TV show as they're watching.

Movement disorders. Some people with schizophrenia can seem jumpy. Sometimes they'll make the same movements repeatedly. But sometimes they might be perfectly still for hours at a stretch, which experts call being catatonic. Contrary to popular belief, people with the disease usually aren't violent.

It is important to recognise that these may not be obvious to the person having these experiences but can be observed by others.

Negative Symptoms

Lack of pleasure - The person may not seem to enjoy anything anymore. A doctor will call this anhedonia.

Poverty of Speech. - They might not talk much or show any feelings. Doctors call this alogia.

Emotional Apathy -. When they talk, their voice can sound flat, like they have no emotions. They may not smile normally or show usual facial emotions in response to conversations or things happening around them.

Social Withdrawal - This might include no longer making plans with friends or becoming a hermit. Talking to the person can feel like 'pulling teeth' If you want an answer, you must really work to pry it out of them.

Self-neglect - They may stop bathing or taking care of themselves.

Lack of drive - People with psychosis have trouble staying on schedule or finishing what they start. Sometimes they can't get started at all.

Prodromal Psychosis

- Prodrome is a medical term for early signs or symptoms of an illness or health problem that appear before the major signs or symptoms start.
- The prodromal period is characterised by increasing distress and a decline in personal, cognitive and social functioning.
- **Be aware that psychosis may be preceded by a prodromal period that can last from a few days to around 18 months.**
- Identifying the prodromal stage offers a critical treatment window to delay or prevent the person's transition to psychosis.

Prodromal Psychosis

- Transient, low-intensity psychotic symptoms
- Reduced interest in daily activities — may manifest as poor personal hygiene and/or reduced performance at school or work.
- Problems with mood, sleep, memory, concentration, communication, affect, and motivation.
- Anxiety, irritability, or depressive features.
- Incoherent or illogical speech.
- 1st Degree Relative.
- Be aware of other risk factors – recent stressor, substance use?

Drug-Induced Psychosis

Drug-induced psychosis is a form of psychosis caused by the use *OR* withdrawal of psychoactive substances.

Hallucinations: Hearing voices, seeing things that aren't there

Delusions: Paranoia (e.g., "they're watching me"), grandiosity

Agitation or Aggression: Restlessness, fearful or combative behavior

Disorganized Thinking/Speech: Tangential, incoherent, or illogical thoughts

Mood Disturbance: Anxiety, low mood, or elevated mood may be present

Lack of Insight: The person may not recognize their beliefs or experiences as abnormal

Drug induced psychosis - Course and Prognosis:

Onset: Often during or shortly after substance use

Duration: Can resolve in days to weeks after the drug leaves the system

Persistent Risk: Regular or heavy use (especially cannabis) in vulnerable individuals may lead to longer-term or persistent psychosis

Common Substances That Can Cause Psychosis:

- Stimulants: Cocaine, amphetamines (speed, methamphetamine)
- Cannabis: Especially high-potency forms like skunk
- Hallucinogens: LSD, psilocybin (Magic Mushrooms), ketamine
- Dissociative: PCP-also known as Angel dust, Nitrous Oxide (clubbing Drug), DXM(can be found in cough syrup eg Broncolin
- Synthetic cannabinoids (e.g., spice), MDMA
- Some prescription medications (e.g., corticosteroids, anticholinergics)

Treatment

No anti-psychotics to be started in the 1st 7 days of the psychosis / symptoms

Medication treatment will include benzodiazepines to help to reduce agitation and distress

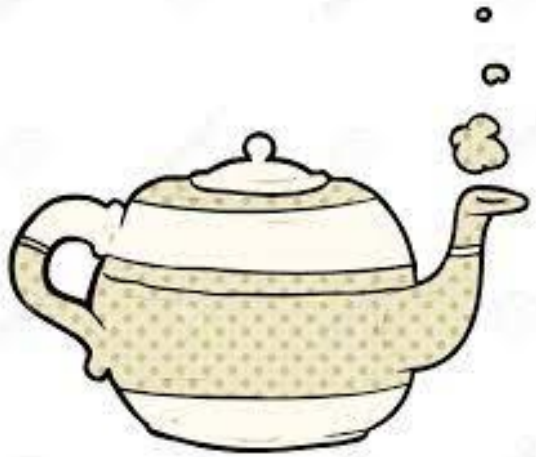
Request a urine drug screen and taking a detailed chronology

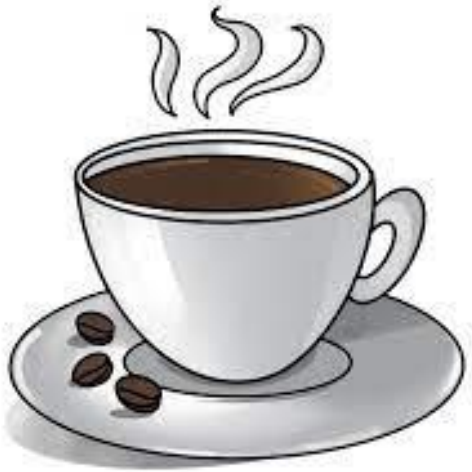
Drug / alcohol abstinence

Ongoing drug / alcohol support

Risk

- Patients who experience psychosis can present as a risk to themselves e.g. self-harm, self-neglect, suicidal ideation, suicide
- From others e.g. exploitation, vulnerable
- Risk towards others e.g. verbal aggression, physical aggression, command hallucinations
- Social factors e.g. housing, finances, relationship breakdowns, isolation
- Co-morbidities – Neurodiversity, Alcohol/Substance use
- It is important to note, that not all patients present with all the above risks
- Risk can change and fluctuate
- Seeking support if you are concerned regarding risk to themselves, to others, or from others to escalate and inform others e.g. 999, A&E, MH teams, safeguarding / social care





Quick break?

What is an Early Intervention in Psychosis Pathway?

- EIP follow the NICE Guidance '*Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance*'
- Evidence-base shows that people can and do recover from a psychotic illness. However, it is known that the earlier and sooner that treatment is started the better the outcome and the lower the overall cost of care.
- EIP services have demonstrated that they can significantly reduce the rate of relapse, risk of suicide and number of hospital admissions. They are cost-effective and improve employment, education and wellbeing outcomes.
- The cost of not intervening early can often be poor health outcomes and lengthy, costly use of mental health services. The current cost of psychosis to society is estimated to be £11.8 billion per year resulting from direct healthcare costs, lost productivity due to unemployment or death and informal costs to families and carers.7
- Due to this, EIP have a 2-week (14 day) standard, which means that all referrals we receive we aim to have made initial contact with the patient via a T/C and initial assessment appointment. We do not have waiting lists.

Facts:

- Psychotic disorders (including schizophrenia): fewer than 1 in 100 people (in any given year)
- Only 8% of people with schizophrenia are in work
- People with an SMI are at risk of dying on average 15 to 20 years earlier than other people. Two thirds of these premature deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking.
- People with psychosis are three times more likely to attend A&E with an urgent physical health need and almost five times more likely to be admitted as an emergency
- If untreated or poorly treated, psychosis can become a long-term condition with high levels of relapse, high rates of inpatient admission, increased detentions under the Mental Health Act 1983 and high rates of comorbid physical health conditions.

Treatment and Interventions:

- Psycho-social Interventions
- Medication
- CBT/CBT-p, CBT-informed interventions (sleep/worry)
- Behavioural Family Therapy
- Carer support & education
- Employment and Educational Support
- Peer Support / Carer peer support
- Social inclusion work
- Physical Healthcare monitoring

Nottinghamshire NHS Foundation Trust

We are split into North and South, 10-sub teams across the area in the LMHT community bases.

Team make-up: Care Co-Ordinators, Care support workers, Peer support workers, Consultant Psychiatrists, Pharmacist, Advanced Clinical Practitioner, Non-Medical Prescriber, CBT/-p Therapists, Family Interventions leads, Employment Specialists, Physical Healthcare Leads.

All patients are on a Care Programme Approach (CPA) pathway, which means all patients are allocated a CCO and a Consultant Psychiatrist, require a minimum of yearly CPA meeting to review care – which is a key difference to the LMHT

Referrals

- GP
- Crisis Team
- Inpatient Ward
- University Wellbeing Team
- Talking therapy services e.g., IAPT
- Transfers from other EIP teams
- Transfer from the LMHT
- We do not currently accept self-referrals

Our inclusion and exclusion criteria

Inclusion:

- People with a first episode or first presentation of psychosis, with a maximum of 3 years duration of untreated psychosis
- People aged between 14 and 65.
- People who have not received treatment for psychosis with antipsychotic medication that commenced over 12 months ago.

Exclusion:

- Outside of the target age range 14 – 65.
- Who have severe learning disability with communication difficulties.
- Confirmed organic cause, for example, brain diseases such as Huntington's and Parkinson's disease, HIV or syphilis, dementia, or brain tumours or cysts.
- Extensive forensic or offending history and are deemed to be at high risk of re-offending and would be better served by community forensic services.
- Whose psychotic symptoms clearly occur only in the context of acute intoxication
- Those who have already received three years of EIP and have been discharged.
- If already had/in contact with Adult Mental Health Services, this should have been for other problems of a 'non-psychotic' nature such as anxiety/depression and where current referral for Psychosis is a new emerging phenomenon.
- If the person has been anti-psychotic medication for another condition for over 12 months the referral will not usually be accepted.
- Service users who have been assessed as experiencing psychotic symptoms for the first time as a result of pre-existing and longstanding chronic mental health problems (e.g. Bi-Polar)

ARMS - at-risk mental state

- Typically, before an episode of psychosis, many people will experience a relatively long period of symptoms, which is described as having an ‘at risk mental state’,11 often shortened to ARMS. This may include:

1. a more extended period of attenuated (less severe) psychotic symptoms; or
2. an episode of psychosis lasting less than seven days; or
3. an extended period of very poor social and cognitive functioning (perhaps accompanied by unusual behaviour including withdrawal from school or friends and family) in the context of a family history of psychosis

- The North EIP bases are in the process of piloting the service, the South are due to start in the new year.
- Works alongside EIP, own team with CCOs.
- Anti-psychotics not offered, but anti-depressants, benzodiazepines can be prescribed
- Focus on psychological approaches.

How can you support someone experiencing psychosis

- It is important to note that everyone is different and what may work for one person, may not work for another
- To get to know the person, what are their likes, dislikes
- If you have a suspicion of psychosis to consider / support to make an appointment with their GP practice and the GP will assess and may make referral to EIP
- Crisis team / A&E dependent on urgency & risk
- 3rd sector organisations such as MIND, Samaritans, National Hearing Voices Networks
- Carers federation including young carers support

Coping mechanisms written by people who have lived experience

To listen, being calm, and compassionate	Increase contact with others	Do physical activity	Listening to music (loud/through headphones)	Thinking of a happier place / somewhere safe
Distraction – counting backwards from 100, puzzles, reading	Relaxation – meditation or yoga	Write down experiences	Praying	Talk or sing aloud
Tell the voice to STOP or go away	Draw or colour	Have a bath / shower	Having quiet space	Play video games

Resources / Groups

- NHS website
- MIND
- Rethink
- Hearing Voices Network (Nottingham group – Beeston)
- Wolfpack Project
- Middle Street Resource Centre
- ASK Lion

Helplines

- MIND - 0300 102 1234
- Samaritans – 116 123
- SANEline - If you're experiencing a mental health problem or supporting someone else, you can call SANEline on 0300 304 7000 (4.30pm–10pm every day)
- National Suicide Prevention Helpline UK - offers a supportive listening service to anyone with thoughts of suicide. You can call the National Suicide Prevention Helpline UK on 0800 689 5652 (6pm to midnight every day).
- Shout - If you would prefer not to talk but want some mental health support, you could text SHOUT to 85258. Shout offers a confidential 24/7 text service providing support if you are in crisis and need immediate help.
- Switchboard - If you identify as gay, lesbian, bisexual or transgender, you can call Switchboard on 0300 330 0630 (10am–10pm every day), email chris@switchboard.lgbt or use their webchat service. Phone operators all identify as LGBT+.

Thank you for listening

Any questions?