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Recovery & Prevention of Psychosis Service (RAPPS)

- Optimal management of public psychiatric patients between 16-25 years presenting with features suggestive of first episode psychosis.
- Concentrates on the 3-5 year critical period for relapse after initial diagnosis (Birchwood, 2000).

- Reduce treatment delay
- Improve early engagement
- Minimise losses in social and/or occupational roles

- First presentation untreated psychosis (< 6 months treatment)
- Ages 16-25 years
- Referral via telephone Triage

Additional access:

- Direct from PMH
- Consultation re referral available (Service Coordinator & Senior Nurse)

Approach:

- Guideline based care & assertive outreach for up to 3 years-multidisciplinary team led by consultant psychiatrist
- Early engagement & conjoint assessment
- Pathway- decision support- phases of care.

- 1 CAMHS & 4 adult inpatient units, 3 Crisis teams & 4 Continuing Care teams (& 24 hr phone triage)
- RAPPS -multidisciplinary team-located at one site with sessional out-postings to other sites
- Average of 7 per month

- 0.6 Consultant Psychiatrist, 1.0 Registrar.
- 4.5 clinical case management/ group programs for GD/CC and 2.5 MS (just initiating MS service),
- 0.5 specialist psychology.
- Other: Service coordinator, admin officer and 0.1 consumer consultant position (2 EFT)

Relapse Prevention: Psychosocial interventions & Group work.

1. Psycho-education and stress management; (with PDRSS) for young people.
2. Psycho-education groups carers "Journey to recovery"
3. Psychological support (CBT, DBT based): "introducing me" group-recovery therapy.
4. Prevocational group options with other services.

Recovery Relapse Prevention

5. Multi family group program- problem solving (mutual support & lowering EE- not yet delivered).
6. Service Development: Consumer and carer participation focus groups
7. Individual and family therapies: Informed by CBT-medication compliance, early warning signs recovery therapy, family psycho-education, support problem solving

- **Conjoint planning– Early intervention** Education project (secondary schools, tertiary): CAMHS, PMH, RAPPS 2006.
- GP-Primary Care: Divisions, PMH, RAPPS, “youth friendly” GP’s, step down/up process
- Linkages with youth networks
- Review of local & international initiatives

The Lambeth study (BMJ, 2004)

- Randomised controlled trial of the effectiveness of specialised care
- N=144, 16-40 years, 1st or 2nd presentation with non-affective, non-organic psychosis
- Interventions: assertive outreach, extended hours of service, low-dose atypical antipsychotics, CBT, family and vocational input under supervision (Special care),

  standard care by Community MHT (control)
- Primary outcome measures: relapse rate and readmission
- Results: special care group less like to relapse & were readmitted fewer times
- Adjusted rates for sex, ethnicity, previous psychotic episodes: relapse not significant, readmission and dropout remained significant
- Limitation: small sample size

- Baseline census and case-file audit
- Ongoing: Service Activity, Wellbeing measures, Interventions checklist, diagnoses & other demographic variables

Background

- Adult and CAMHS clinicians concerned about transition between services
- Funding for RAPPS
- Service development and evaluation

Literature review

- In any year 4 young people /10000 are affected by first episode psychosis
- High levels of stress and disability are evident before the acute phase of the illness
- Vulnerable to disruption of their developmental pathways
- Prodromes include hallucinations & delusions; sleep disturbance; poor concentration & attention; low energy; depression guilt…41% go on to clear psychosis
- Early detection and intervention leads to longer and better remissions

- To explore the effects of a pro-active response to emerging psychosis in a large metropolitan area mental health service to gain an understanding of the experience of the individual with a mental illness from a subjective perspective.

  Concepts and insights gained from the study would build on the existing knowledge of early psychosis interventions and its effects on the construction of the self-concept and of related diagnoses.

Research questions

- What are the mental health service needs of young people, especially those experiencing emerging signs and symptoms of psychosis?
- What service delivery aspects and qualities facilitate engagement with mental health services?
- What are the attributes of clinicians that facilitate interaction with the service delivery system for young people, their careers /significant others?

- Individual interviews are being conducted with the young people, their carers or significant others and referring agents.
- Focus groups were conducted with internal stakeholders
- All focus groups and individual interviews are audio-taped with permission and transcribed verbatim.
- The interview data are being analyzed using thematic analysis

Interview questions

- Understanding the term "early psychosis"
- Beliefs about the subjective experience of early psychosis
- Interaction styles
- Success factors
- Goals for recovery
- Service goals
- Training and supervision for working with young people with early psychosis

Results to date: Profile of the participants

Age	23 - 50 years
Gender	65% Female
Professional group	59% Nurses 5 Consultant psychiatrists
Level of qualification	82% postgraduate
Years of experience	53% more than 10 years 1 < 12 months
Team	Most service areas 47% from inpatient units

- Main themes emerging within the data include:
  - access
  - engagement
  - continuity of care
  - loss & grief
  - support and encouragement
  - staying out of hospital

- Knowing what services are available and how to access them…
- What are the pathways to service?
- How will the service respond to requests?
- Who needs to know this?

- *"A lot of families would have gone on for quite some time going to the GP, going to a counsellor ... and nothing was ever really done, access to services is [crucial]"*

- *"Families need respite... they need to know that the service will respond to their cries for help"*

Engagement

- How do we keep people in the service and avoid dropout?
- What specific activities are required?
- How we connect with individuals, families and communities?
- What strategies facilitate engagement?

- Persistence and consistency
- Establishing trust
- Non-judgemental, accepting
- Empathy *"looking for a way in"*
- Common ground
  - *Yes, sort of coming down to their level, like approaching them from where they're at in their head at the moment…"*

Continuity of care

- This relates to “seamlessness” and efficiency
- What service factors contribute?
- How does the service ensure that separate components link effectively?
- What personal and professional factors contribute?

- Consistent approach from staff
- Take time
- Minimise numbers of staff seeing the client
- Strong links with GP, schools, community health

Loss and Grief

- Regardless of diagnosis or outcome, loss is a feature for the mentally ill and their families
- Grief in response to actual and perceived loss must be acknowledged and addressed

Loss and grief

- Loss of school, career, family
- Loss of hope
- Loss of connections
- Loss of personality/identity
  - *“they have become the illness”*
  - *“their whole life becomes focussed on psychosis”*

Loss and grief

- The family is *"dealing with their own loss as well"*
  - Loss of knowing someone
  - Loss of expectations for their child
  - *"the sense that the future of their child, which in a sense is their future as well, is being compromised"*

Support and encouragement

- What forms do these entities take?
- How do service providers and individual clinicians enable them?
- What is the role of others in the client's recovery?

Support and encouragement

- *"I think that support is obviously... they might not be able to get the support from their family, but they might be able to engage with the local footy captain, or a clinician, or a teacher at school*
- *"The clients that I see that don't have such good outcomes, if they can't engage with people then you can have the perfect family but you are not prepared to talk to someone..."*

- *"when you are reinforcing to them that they can do it, that they have the ability, that they are not a bad person, that really underneath it all they are a good person, and they can do it, and they have the ability ...that seems to really help a lot and change their own thinking of themselves"*

Staying out of hospital

- In the Lambeth study 60% of participants had been admitted to hospital as their first experience of mental health services, 70% were involuntary
- Why is it important to keep people out of hospital?

Staying out of hospital

- *"… for them to only have one inpatient admission in their lives. That would be the best outcome"*

- *"I think early diagnosis is very important. I think the earlier it's spotted and treated, the better the outcome"*

- Good relationships
- Strong pre-morbid personality
- Ability for abstract thinking
- Well functioning family
- Insight
- No drugs or alcohol
- Psycho-education

Implications & Conclusions

- The results are consistent with reports of other early psychosis programs within the Australian context. McGorry and Edwards (2002) include the following as possible consequences (among others) arising from delayed treatment for psychotic symptoms:
- Slower and less complete recovery
- Poorer prognosis
- Increased risk of depression and suicide
- Loss of family and social supports
- Unnecessary hospitalization
- The preliminary results of this study support these conclusions and note that it isn't just the timeliness of the intervention that is crucial but the nature of the response to individual need.