NICE Guidance on Rehabilitation for Adults With Complex Psychosis and Its Relevance for Early Intervention in Psychosis (EIP) Services

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Shared Ethos, Approach and Interventions

EIP and Rehabilitation services hold much in common:

- ***Multi-disciplinary team, care coordination and care planning***
- ***Emphasis on recovery and hope***
- ***Individualised, person centred, holistic care***
- ***Least restrictive environments***
- ***Accommodation and outreach***
- ***Promoting self-management, autonomy and social inclusion***
- ***Psychological interventions***
- ***Clozapine***
- ***Social, educational and vocational interventions***
- ***Addressing substance misuse***
- ***Physical health monitoring and intervention***
- ***Cognitive remediation***
- ***Support for families and carers***

Shared History…

- *Several pioneering flagship EIP services eg EPPIC and North Birmingham EIP service emerged from rehabilitation and recovery units.*
- *Many EIP pioneers came from psychiatric rehabilitation services moving 'upstream' to intervene earlier at the onset of psychosis.*

EIP Service Aims

The introduction of EIP services was to:

- Offer treatment at the earliest opportunity, minimising treatment delay
- Reduce the need for initial hospitalisation, improve recovery and prevent relapse
- Engage with patients who might otherwise have been lost by standard services
- Make early gains to improve long term trajectory and life experiences of people with psychosis
- Reduce demands on rehabilitation and continuing care services

BUT

Need to avoid inappropriately optimistic idealism and acknowledge that a proportion of patients with psychosis (10-20%) presenting to EIP services will need ongoing care and rehabilitation support

How many EIP patients require ongoing support?

- **Relapse rates under EIP services: 17% at 9mths, 38% at 24mths and 54% at more than 10yrs** (Fusar-Poli, McGorry and Kane, 2017)
- **16% persisting psychotic symptoms unresponsive to treatments at 2yrs** (Simonsen, Friis, Opjordsmoen et al., 2010)

Challenges and Opportunities for EIP Services

- Does the current EIP intervention period of 3 years allow for the slower pathways to recovery for some of the EIP patient cohort?
- Are there individuals on the EIP team caseload who need extended, longer term, more intensive 24 hour care to secure better functioning, less crisis and further cost benefit?
- Do we more appropriately transfer care at the end of EIP to rehabilitation services rather than to a CMHT when ongoing care is required ?
- Do we extend EIP service duration beyond 3yrs or could specialist rehabilitation services better meet the needs of those with complex treatment resistant psychosis?
- Do we wait 3 years to transition individuals we can identify much earlier who would benefit from ‘slower stream’, intensive, rehabilitation services?

Identifying who in EIP may benefit from Rehabilitation Services?

Has had little discussion/research interest.

Potential indicators:

- Treatment resistant symptoms (Clozapine)
- Poor/minimal improvements on symptomatic and functioning outcome measures (HONOS/DIALOG) sustained for a duration >2yrs (Lally et al 2017)
- Complexity and levels of need requiring 24hr care

Timing of referral to Rehabilitation services

- *'Offer rehabilitation for people with complex psychosis as soon as it is identified that they have treatment resistant symptoms of psychosis and impairments affecting social and everyday functioning*…'NICE CG 181 (2020; p.7)

- *'Contrasts with reality that referrals to rehabilitation services often happen when the individual has exhausted the hope and energy of the service they are in'*(Power, Smith, Shiers and Roberts ,2006)

Rationale for Transfer of Care from EIP to Rehabilitation services

- Avoid unhelpful delay and further relapse risk.
- Ensure the focus on recovery, long-term optimal functioning, minimising relapse risk and family and carer relationships are sustained.
- Rehabilitation services may be best placed to continue the focus of work established by EIP but with renewed efforts, additional skills and resources dedicated to intensive rehabilitation.

A ‘family of services for psychosis’?

Potential mutual benefits for patients, carers, staff and services in cultivating mutually supportive relationships:

- Transition pathways for those individuals with complex treatment resistant psychosis.
- Better integration and dovetailing, effective liaison and communication between EIP and rehabilitation services to create a ‘family of services for psychosis’ without losing the distinctive phase-specific emphasis of either service.
- Potential opportunities for shared training and education, supervision, resources, staff rotation and management.

Reference Sources

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