Early Intervention in Psychosis Network
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Focus on Children and Young People (CYP)

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Children & Young People

• Why is it important to improve access to treatment for children & young people with psychosis?
• What are the specific challenges that relate to early detection and access to treatment for CYP?
• What guidance is there and what does it recommend?
• A look at the current situation in Yorkshire & Humber illustrating the variation and areas of good practice
• Summary (questions to consider)
• Discussion
THE PATHS AVAILABLE TO YOUNG PEOPLE TODAY
EDEN study – the association between CAMHS involvement & a long DUP

• "although only 6% of the whole cohort had a first referral to CAMHS, 60% of those with long DUP experienced their onset between the ages of 16 and 18 years, compared with 27% of those with a short DUP."

• Birchwood et al BJPsych Jul 2013
Distribution of age at onset (as percentage of the whole sample, with being mean age in years) of schizophrenia (broad definition, ICD-9 codes 295, 297, 298.3, 298.4).
Some factors that might contribute to a long DUP in CYP

- Symptomatic overlap with normal adolescence
- Higher frequency of insidious onset of psychosis
- Gradually increasing functioning gap with peers vs a clearer fall in functioning in older adults
- Complex problems, needs and systemic factors
- Less experience of psychosis and ARMS in CYPS
- Highest incidence at the point of transition (or at the interface with AMHS)
- Historic high threshold for AMHS service
Service separations

- Separate referral pathways?
- Separate inpatient units / admission pathways
- Different legal & safeguarding concerns
- Separate and variable alternatives to admission/crisis services
- Separate professional training pathways
- *Similar time & capacity pressures*
AWT Guidance - considerations for children and young people

The AWT standard applies equally to children & young people (CYP), and plans should reflect this.

There is a range of different arrangements EIP & delivery of care for CYP with mental health needs. For example:

• **some** CYP services have specialist EIP embedded
• **some** adult EIP services include staff with expertise in working with children and young people
• **some** adult services and CYP services work together using joint protocols.
• For FEP occurring in YP of transitional age, there must be **clarity** about what is offered and when.

• Transition should be supported by a **protocol**, and reflect a shared decision between the CYP service, the young person & the EIP team to best address the maturing needs of the young person.

• To deliver the standard across all ages, a strong interface and relationship between CYP services and EIP teams is needed, with **training** initiatives, supervision and / or consultation & joint protocols.

• EIP services should also have access to **expertise** in identifying neurodevelopmental disorders in CYP in the presence of psychosis to facilitate vocational and educational recovery and social functioning.
Education & Training

• Access to and participation in education and training is a crucial aspect of recovery and fulfilling children and young people’s potential as adults.

• Services should ensure they have a strong interface with education to provide a personalised educational support plan, including re-integration after periods of non-attendance which may include an inpatient stay.

• Dedicated educational, training and employment specialists with a primary expertise in this area should be an integral aspect of service provision.
Key resources

- Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Helpful Resources
- SCIE Guide 44: Mental Health Service Transitions for Young People
  http://www.scie.org.uk/publications/guides/guide44/
- Joint working at the interface: Early intervention in psychosis
Examples of a ‘joined up’ interface

• Family Therapists, working across CYPS and EIP
• Joint assessment, consultation, liaison and working
• Members of EIP/AMHS team attending the CYP team meetings on a regular basis
• CYPS/EIP/AMHS providing continuity of psychiatry input for YP as they move from CYPS to adult services
• Designated Child Psychiatrist sessions into EIP/AMHS
• Shared CPN resource for CYPS/EIP/AMHS
• Input into CYPS by other professions of EIP/AMHS
20 Questions

The experience in Yorkshire and the Humber
CYP expertise in EIP teams

n = 11 Teams

- EI embedded in CYPS
- Strong
- Some
- None/Minimal
EIP/CYPS Joint Protocols

EI Teams (n=11)

- Established
- Partial
- None
Transition Protocol includes EI

Teams n=11

- Yes
- Unsure
- No
Joint training or supervision

Teams n=11

- Regular: 2
- Offered: 2
- None: 7
Attending team meetings

CYP => EI
- Yes
- Rarely
- No

EI => CYP
- Yes
- Rarely
- No
Joint Assessments EI/CYP

- Take place in all 11 teams
- From “usually” to “sometimes”
- “Not so much since AWT/time pressures”
- “Should be more, but CYP didn’t want to”
- “Coordinated on needs”
Designated CYP Psychiatrist

n=11

- Yes
- No
Systemic Family Therapy

n=11

- Therapist in EIP
- Access from CYP
- No Access to FT
Flexible transition CYP/EIP

Support for <14 | <18 (EIP) | >18 (CYP)

- Yes
- Some
- No
EIP Psych input to CYPS

n=11

- Through monthly transition panel
- Joint EIP/CYP Psych appointments
- Yes, it should be more frequent but CYP didn’t want to
- Rare, but does happen when needed
Urgent cover (not generic A&E)

- >18

- 16-18

- <16

Legend:
- Blue: 24hrs/7d
- Maroon: 7 days Ext
- Orange: Working hrs
Clarity for FEP at transition

n=11

- Info+plan
- Info only
- Neither
Clarity - 2

Why do I need a ‘Transition Passport’?
Making the transition from CAMHS to other services such as adult mental health services (AMHS) can be a difficult and anxiety provoking time. ‘My Transition Passport’ can be created with my named nurse/key worker at CAMHS and I can transfer this to my new services to help them understand me better as a person. Even if it isn’t needed now, it can make things easier if I need help in the future.

What should be including in ‘My Transition Passport’?
- My strengths and difficulties
- My triggers
- My hopes and aspirations for the future
- What support I need from my new service(s)
- My health condition
- My history of care interventions
- My preferences about my care
- My emergency/crisis plan (and information about how to get help if I need it)
Other recommendations

- Neurodevelopmental access
- Shared CPN Resource
- Peer support for transition
- Joint Audit/evaluation
- Dedicated Education Lead

Bar chart showing the percentage of responses for each recommendation:
- Yes
- No
- Informal/indirect

Percentage categories: 0% 20% 40% 60% 80% 100%
Digital

- About MindMate
- We’ve created MindMate, a Leeds-based website, for young people, their families and the professionals who support them. We’re here to help you explore emotional wellbeing and mental health issues and offer information about where support is available.
Summary

• There is a need to reduce the long DUP associated with early psychosis in CYPS or in young people with previous CYPS contact
• The Access & Waiting Time standards are equally applicable for this group and support the above
• There is plenty of guidance around improving interface working between EIP and CYPS
• There are many examples of good practice within EI teams and CYPS, but there is also a lot of variation and major areas for improvement
• Clearer guidance is needed around FEP presenting under the age of 14
“I used to have a lemonade stand, but this pays better.”
Questions

• What would an excellent EIP service for children and young people look like?
• What would be needed to support teams in achieving this?
• How would we know when we have got there? Outcomes?
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