

# UK Development of Early Intervention In Psychosis (EIP) Services- A Story of Social Movement...



## Dr David Shiers

Retired GP Leek, North Staffordshire

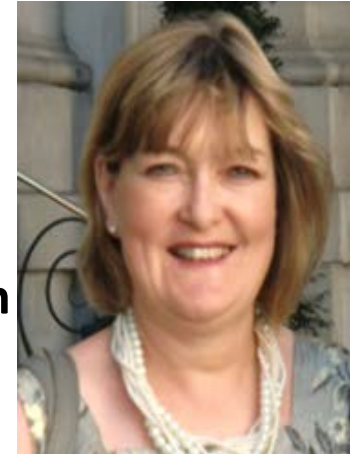
## Professor Jo Smith

Consultant Clinical Psychologist and  
Early Intervention Lead,  
Worcestershire Health and Care NHS Trust  
Professor of Early Intervention and Psychosis,  
University of Worcester

Former Joint National EIP leads

# Jo Smith: Declaration of Interests

- **Consultant Clinical Psychologist and EI Lead, Worcestershire Health and Care NHS Trust, Worcester, UK.**
- **Visiting Professor in EI and Psychosis, University of Worcester.**
- **External consultant for the Catalyst Individual Placement Support (IPS) Training Programme with Janssen-Cilag Ltd., UK.**
- **External Consultant on an EI services development project with Otsuka Pharmaceutical Co. Ltd, UK.**
- **Received speaker honoraria and an educational grant from Janssen-Cilag Ltd, UK.**
- **Received book royalties from Wiley-Blackwell publishers.**



*Any views expressed are not those of Worcestershire Health and Care NHS Trust, University of Worcester, Janssen-Cilag Ltd., Otsuka Pharmaceutical Co. Ltd or Wiley-Blackwell.*

# David Shiers: Declaration of Interests

**2010 ongoing: Member of IRIS, a social enterprise which supports a network of regional leads who collaborate to promote early intervention in psychosis.**

**2011 ongoing: National Audit of Schizophrenia: GP advisor (paid consultancy RC Psych CCQI)**

**2011 ongoing: book royalties from Wiley-Blackwell publishers.**

**2013 HTA grant number 12/28 examining non-pharmacological ways to prevent weight gain for people with Schizophrenia; lead PI = Prof Richard Holt**

**2013 ongoing: National Collaborating Centre for Mental Health: board member – *my views***

**2014 ongoing: Member of NICE quality standard for people with psychosis & schizophrenia – *my views***

**1994 ongoing:  
Over-involved dad**



# Workshop Objectives

- **Consider key features of well known ‘social movements’**
- **Pose the question: Can you use social movement principles to achieve changes in health services?**
- **Describe our experience in developing and implementing EIP services in the UK from a social movement perspective**
- **Identify ‘key elements’ from social movement we harnessed and ‘key challenges’ we had to address**
- **Consider: ‘How can you now be part of this story in taking the international EIP social movement forward?’**

# Workshop Outcomes

## Participants will:

- **develop familiarity with social movement principles**
- **consider how these principles might be successfully applied to achieve health service change**
- **know what an EIP service does**
- **Consider personal involvement in an evolving EI social movement internationally**

# What are Early Intervention in Psychosis (EIP) services?



- A specialised service model and philosophy of care providing treatment and support for young people aged 14–35yrs with psychosis and their families
- Identifies and treats. assertively and early. in low stigma settings, maximising engagement in treatment.
- Provides evidence based individual, family, social , medical , psychological and vocational interventions within an optimistic, youth friendly, intensive 3 year program of care.
- Is the preferred model of service for young people with emerging psychosis and their families endorsed by NICE core Psychosis and Schizophrenia Guidelines (NICE 2009, 2014)

# Why do we need EIP services?

- 7,500 young people develop psychosis in England each year
- Huge personal and familial costs in terms of long term social, emotional and vocational functioning.
- Ranked as third most disabling and costly condition following quadriplegia and dementia (WHO,2001)
- 20x greater risk of serious violence and self harm in early psychosis compared to any time later in illness
- 15-20yrs earlier loss of life: 14 from suicide and injury (mostly in first 5yrs) 3/4 are premature deaths from physical causes
- 0-25% employed or in education at 1 year follow up post psychosis
- Recovery at 14 months predicts functional recovery and remission of negative symptoms at 7.5 years
- Early phase is critical: reducing duration of untreated psychosis (DUP) and offering specialist EIP significantly improves life chances



# People:

***I'm a mum of 2 boys aged 17 and 21 years:***

- *Both are in the risk period for developing a first episode of psychosis (peak risk ages: 14-35 years)*
- *With no family history of psychosis, they have a 3% (3 in 100) chance of developing a psychosis*

***As a parent, what would I want for them if they were to develop a psychosis?***

***What would you want for your own children/siblings?***





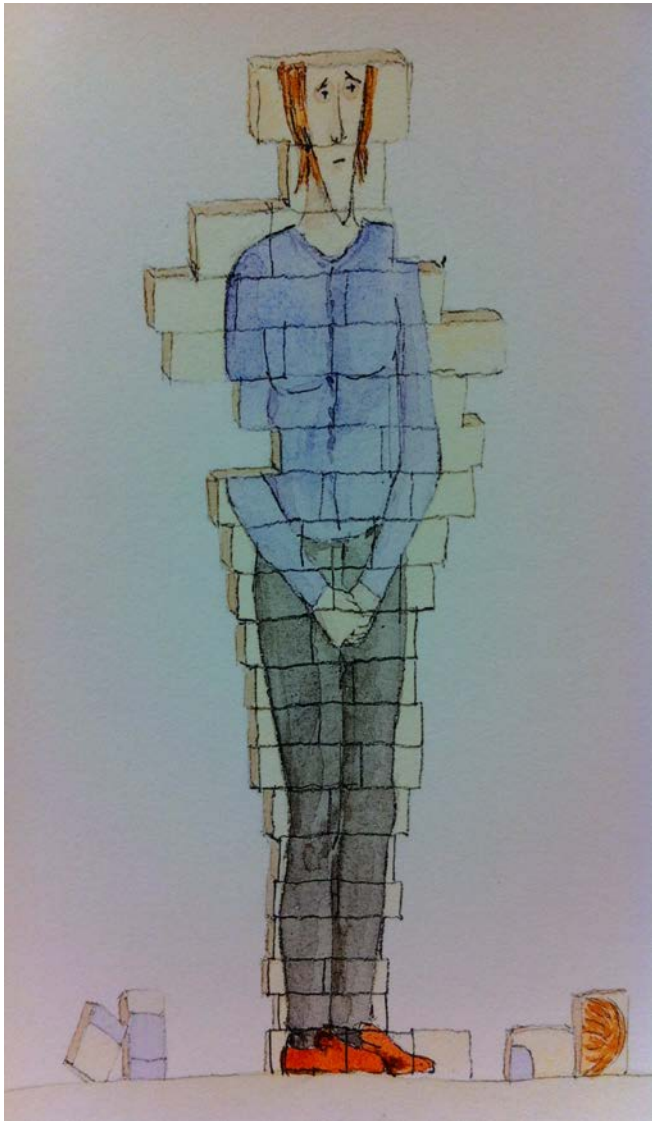
# Treatment for Early Psychosis 15 years ago...

***“ I got help early and when I needed it and so did my family. We were able to see doctors and others who were well trained and knowledgeable about where when and how to make referrals . We saw people who respected us and taught us...I never had to go before a judge or magistrate to get help for me...***

***I got to go to school, live in a decent place, get money, have my pets, have a life without giving up everything else, like my dignity and hopes for a future I want to be in.***

***No one hassled me about how sick I was or whether I deserved to get help I just got it. And when I talked, people listened...***





***...too good to be true?***

***It is.***

***That's the only tragedy  
here"***

***Estroff (1999 )***

1994-8



# PSYCHOSIS: THE MESSAGE OF DESPAIR

Mary aged 16, went from a  
CAMHS service that *didn't*  
*do* psychosis...

...to an adult service that  
*didn't do* young people...

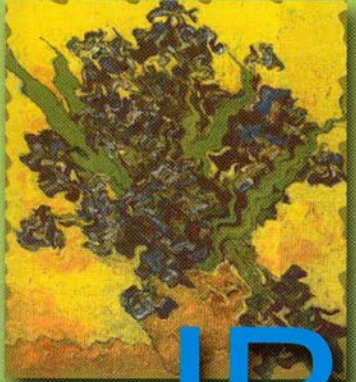
...to a rehabilitation service  
that *didn't do* rehabilitation



# 1996-8 Dissent intensifies

in Psychosis

Early Intervention



**IRIS**

Initiative to Reduce the Impact of Schizophrenia

Clinical Guidelines and Service Frameworks

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**.

**rethink** severe mental illness - [www.rethink.org](http://www.rethink.org)

[www.worcester.ac.uk](http://www.worcester.ac.uk)

From research based EIS in Australia, Birmingham & Lambeth

# Emperors new clothes ?

First episode research

First EIS

EPPIC

Injustice

IRIS

Guidelines

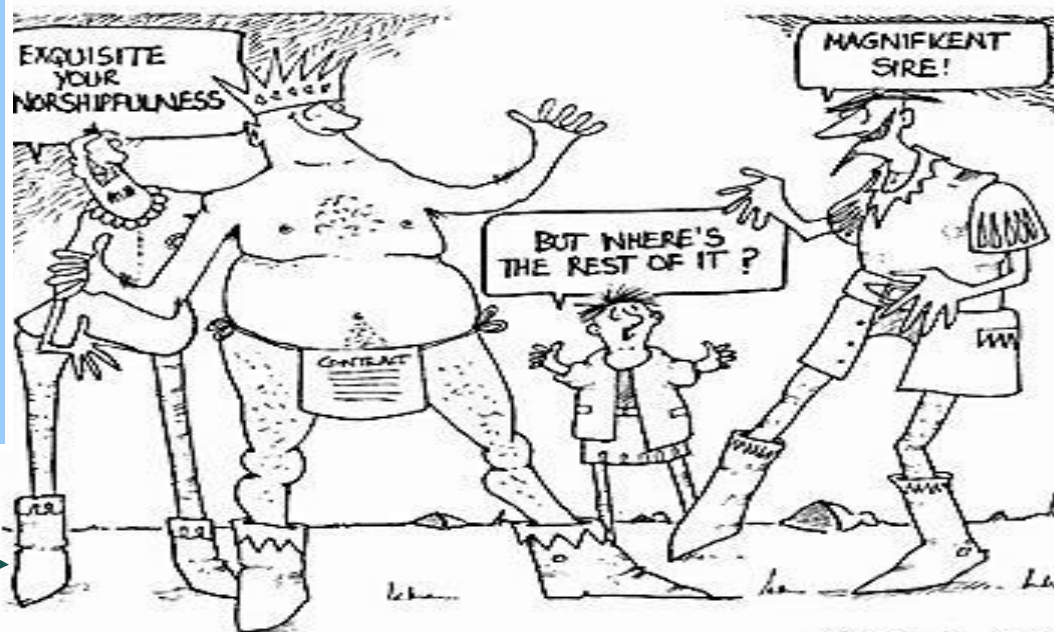
'big idea'

Policy

off the ground

1986 / 92

1995 / 98



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# ...and an Early Psychosis Declaration

(WHO and IEPA 2004)

***“We need committed people,  
we need good-will people,  
we need grass-roots people.***

***...this is a task for us all, each  
one with their possibilities  
and capabilities, but all  
together “***



**A collaboration between NIMHE / Rethink,  
IRIS, the World Health Organisation and the  
International Early Psychosis Association**

***“People change what they do less because they are given analysis that shifts their thinking than because they are shown a truth that influences their feelings.”***

**John P Kotter (2002), The Heart of Change**

# To mainstream... EI Policy Support

- NSF Adult Mental Health (DH 1999)
- NHS National Plan (DH 2000)
- Planning and Priorities Framework (2003-2006)
- EI CAMHS Target and Childrens' NSF (DH 2003)
- DH EI Recovery Plan 2006/7 (DH 2006)
- NHS Operating Framework 2007-2013
- New Horizons (DH 2009)
- LDP quarterly activity return (vital signs): EI new cases and total EI caseload
- Mental health minimum data set (MHMDS) (since April 2011)
- No Health without Mental Health (DH 2011)

## ***NHS Plan:***

***'By 2004, all young people with a first episode psychosis will receive early and intensive support'***

## ***EI Recovery Plan:***

***Provide EI to 7500 new patients in 06/07 and 22,500 patients by April 09 to put EI development back on target***

**Selbie 2006**



# ...and a National EI Programme

**Early Psychosis Declaration  
at its heart**

**Infrastructure to support EI  
implementation: regional  
networks and resources**

**Provide leadership;  
Navigate obstacles**



***“Leadership is the art of  
mobilising others to want to  
struggle for shared aspirations”***

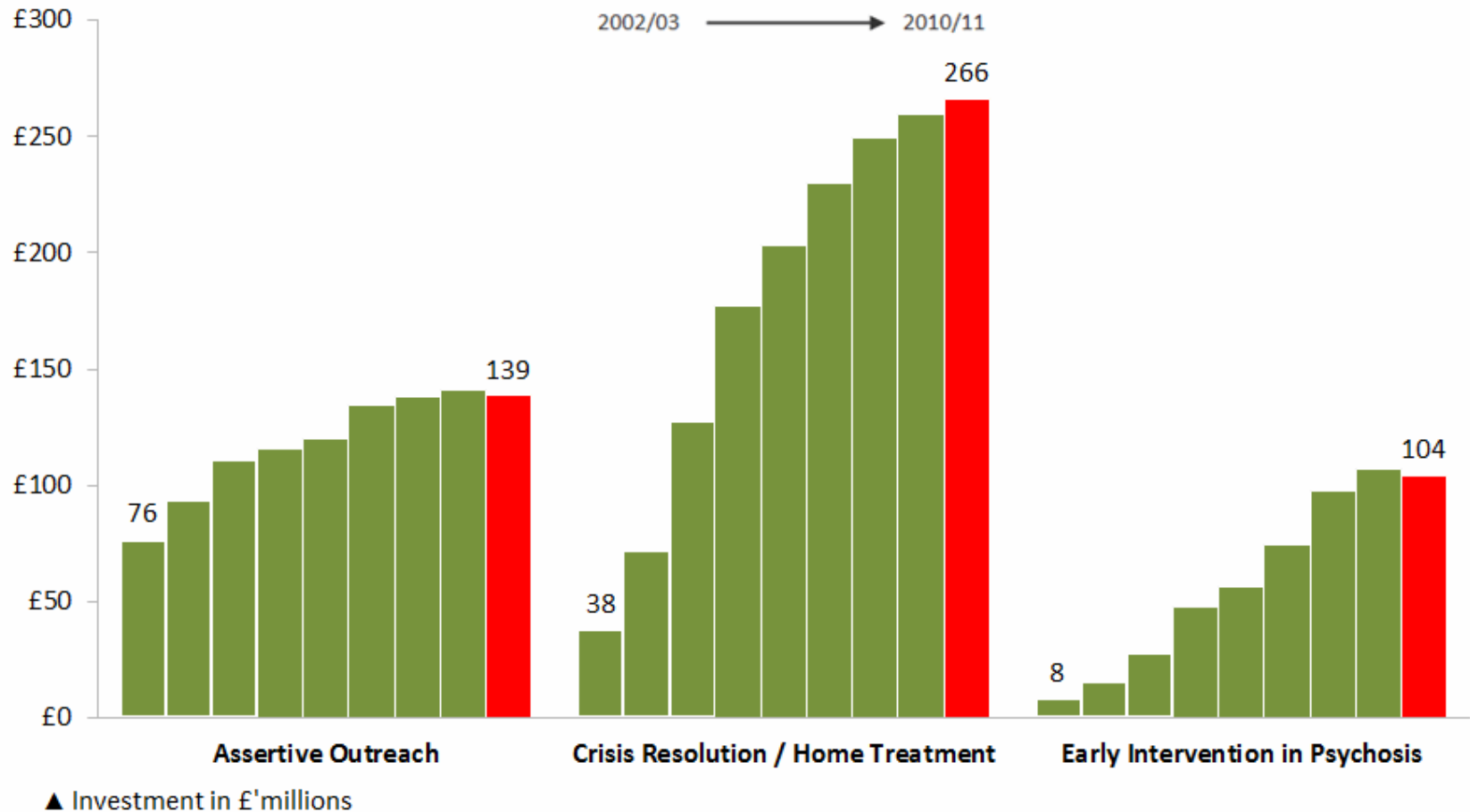
# ...and an EI Policy Implementation Guide

- A service for 14-35 year olds
- Multi-disciplinary specialist team
- 15 cases per care-coordinator
- out-of-hours cover
- 3 year follow-up
- Detect psychosis early
- Monitor those 'at risk of psychosis'
- Measure outcome data

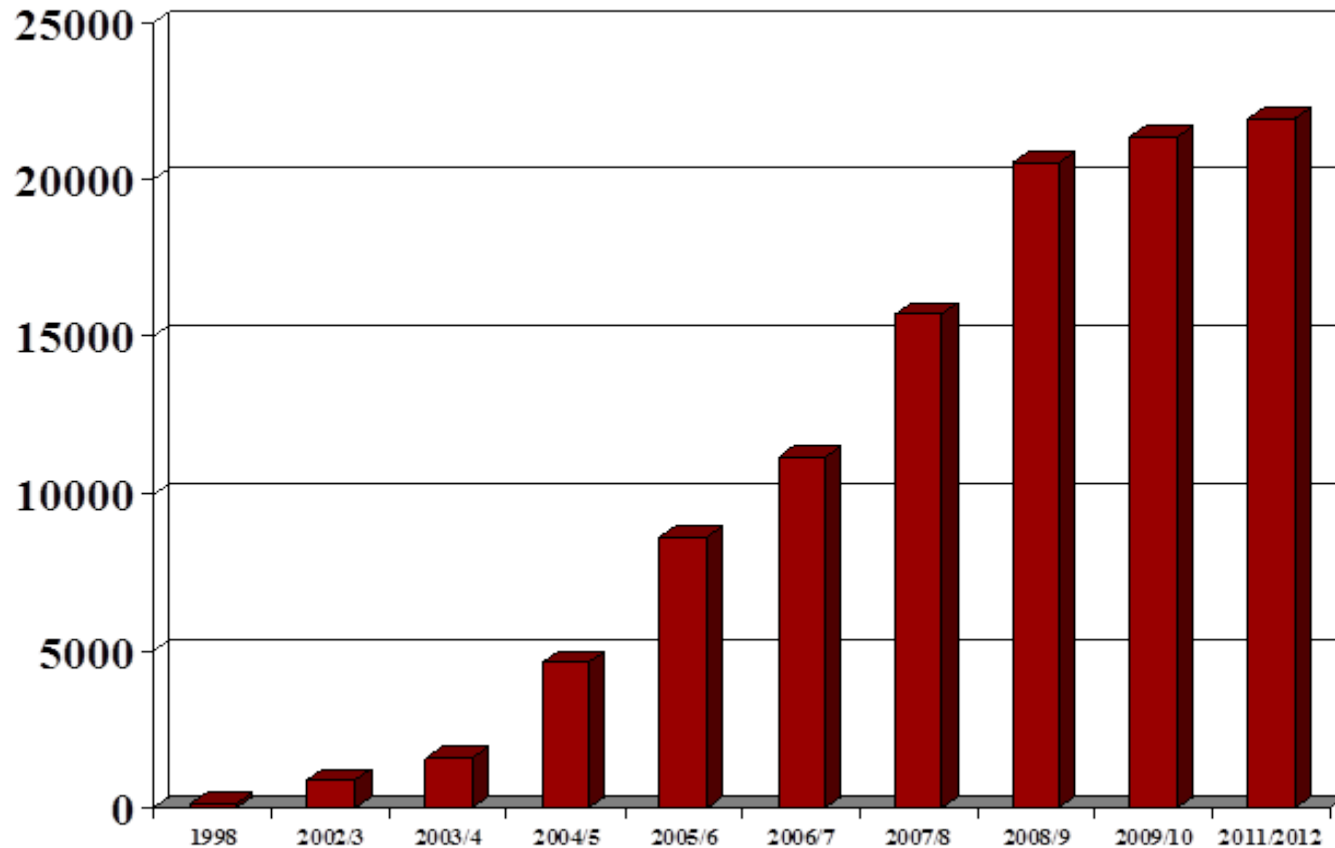


# Investment in EIP Services...

Investment in Priority Areas 2002/03 - 2010/11 in £' millions  
at 2010/11 pay and price levels



# “Something that has sprouted legs and run all over the place” ...



LDPR

Teams: 2 24 41 109 127 160 145 153 178

# Practice...



*'If you want to build a ship do not gather men together and assign tasks. Instead teach them the longing for the wide endless sea'*

*(Saint Exupery, Little Prince)*

# Jo & Dave's Hothouse Bus



**Non-conforming enclaves**

**fast grow ideas**

**Regional Hothouses**

University  
of Worcester  
[www.worcester.edu](http://www.worcester.edu)

# Social Movement: A Vehicle for Change...

*‘Social movements can be viewed as collective enterprises seeking to establish a new order of life. They derive their motive power on one hand from dissatisfaction with the current form of life, and on the other, from wishes and hopes for a new system of living. The career of a social movement depicts the emergence of a new order of life’*

*(Blumer, 1969: 99)*



*Each of us individually does not count much. But together we are the strength of millions who constitute Solidarity” – Lech Walesa*

# Collective effervescence... part of an International early psychosis movement





# Developing EI practice...



## Promoting Recovery in Early Psychosis

A Practice Manual

Edited by

Paul French, Jo Smith, David Shiers, Mandy Reed, Mark Rayne

WILEY-BLACKWELL



## NEW IRIS Guidelines

Launching 10th October 2012



### About IRIS

IRIS seeks to improve the lives of young people affected by psychosis and their families by embracing the aims and principles of the WHO Early Psychosis Declaration. Established in the West Midlands in 1997, it has evolved to become a social enterprise in 2011 and continues to support the sharing of knowledge and good practice through a network of regional leads from across England and Wales.

See [www.iris-initiative.org.uk](http://www.iris-initiative.org.uk)



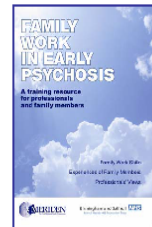
Birmingham and Solihull **NHS**  
Mental Health NHS Foundation Trust

## Family Work in Early Psychosis

Training DVDs with over 10 hours of viewing

This set of 5 DVDs covers family work consistent with current Department of Health policy and NICE Guidelines:

- The impact of psychosis
- The benefits of evidence-based family work
- Interviews with service users and family members
- The impact of psychosis on siblings
- Demonstration of family work skills with two families
- Discussion with a multi-disciplinary group of expert healthcare professionals discussing implementation of family work
- Cultural factors relevant to family work
- Tried and tested implementation strategies
- The benefits of Carers' Support Groups in early psychosis
- The innovative role of the Carer Consultant in Early Intervention services



### Who is this for?

- Mental health professionals including Adult and Child & Adolescent services
- Managers
- Commissioners
- Carers, family members and service users
- University lecturers and trainees

### Can be used for:

- Family work training as part of the Meriden 5-day training course
- Staff induction
- Awareness raising and education for mental health teams
- University courses for all professional groups
- Supervision sessions
- General learning resource

This series of five DVDs is available to purchase for £200 (An accompanying training manual is currently being developed and together with DVDs 2, 3 and 4 these will be the core training materials used on Meriden Family Work training courses)

For further information or to purchase copies of this series of DVDs, please contact:

Mrs Sam Farooq, Business Manager, The Meriden Family Programme,  
Tall Trees, Uffculme Centre, Queensbridge Road, Moseley, Birmingham B13 8QY  
(Tel: 0121 678 2896 Fax: 0121 678 2891 Email: [sam.farooq@bsmhf.nhs.uk](mailto:sam.farooq@bsmhf.nhs.uk))

Developed by the Meriden Family Programme  
Acknowledged worldwide for its expertise in the field of family work since 1998

[www.meridenfamilyprogramme.com](http://www.meridenfamilyprogramme.com)



[www.worcester.ac.uk](http://www.worcester.ac.uk)

# Demonstrating EIP Service Outcomes:

Worcestershire EI Service data 2006-2011

	<u>National audit data (IRIS 2000)</u>	<u>2006 (n=78)</u> <u>(22% 14-18yrs)</u>	<u>2008 (n=106)</u> <u>(18% 14-18yrs)</u>	<u>2011 (n=139)</u> <u>(19% 14-18yrs)</u>
DUP (median)	12-18m	5-6m	22 weeks	6 weeks
% admitted with FEP (entry point to EI)	80%	41%	17.5%	5.75% 12.6% (n=25) CRHT involvement
% admitted on MHA	50%	27%	10%	14%
Re-admission	50% (in 2 years)	28% (9.5% using MHA)	17% (56% using MHA)	19% (78% using MHA)
% engaged @ 12m	50%	100% (79% well engaged)	99% (70% well engaged)	94% (80% well engaged)
Family Involved	49%	91%	84%	81%
Employment (including education and training)	8.18%	55%	56%	60%
Suicide attempted completed	48% 10% (in first 5y)	21% 0%	7% 0%	25% 0%

# EIP: Clinical Effectiveness

*“more effective than the traditional generic CMHT approach.  
... results in better course of illness, fewer symptoms at 8  
years on and a halving of the suicide rate”*

**(DH, 2011 No Health without Mental Health pg 66)**

*“EIP services have demonstrated improved clinical  
outcomes combined with considerable cost savings through  
reduced use of hospital beds... reducing the number of  
young people remaining in mental health services with  
lifelong disability and has been well received by the clients,  
families and the referral agencies”*

**(NHS Confederation briefing 2011 pg 4,7)**

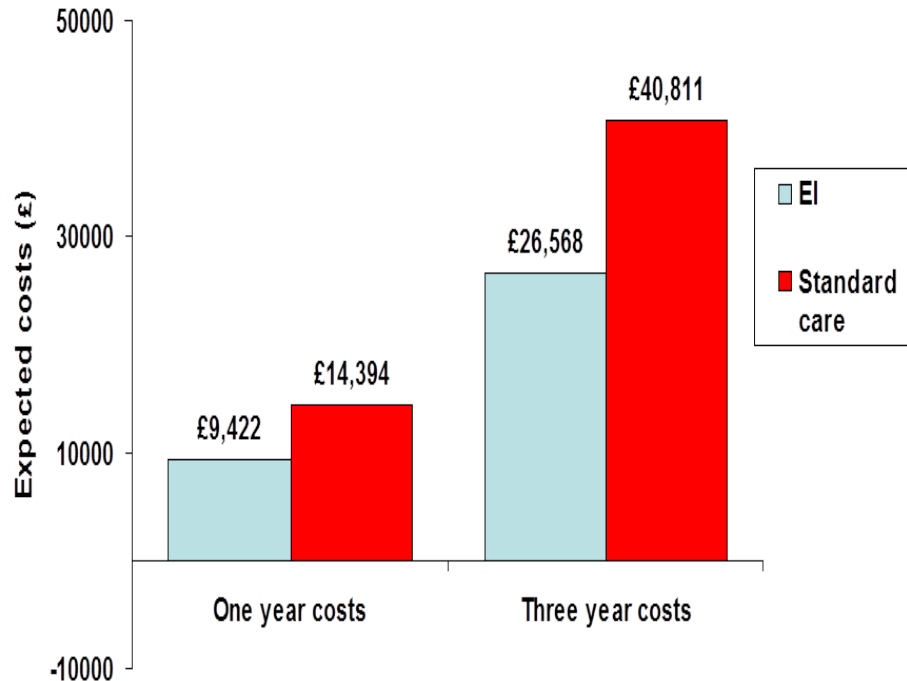
*“EIS more than any other services developed to date, are  
associated with improvements in a broad range of critical  
outcomes, including relapse rates, symptoms, quality of life  
and a better experience for services”.*

**(NICE Schizophrenia Guidelines 2014, pg 551)**

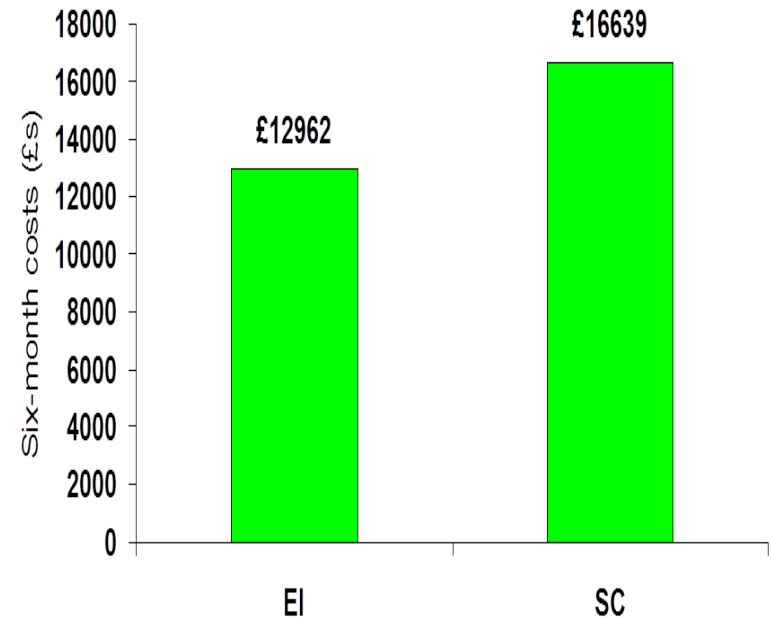


# EIP Services Proving Their Worth...

EI cost savings over 3 years: £15K per patient over 3 yrs (McCrone et al 2007)



CAMHS EI cost savings: £24K per patient over 3yrs (McCrone et al 2012)



***“EIP services for psychosis have demonstrated their effectiveness in reducing costs and demands on mental health services in the medium to long-term” (Kings Fund, 2008)***

***EI services ... help to avoid substantial costs to the health and social care system and offer further benefits through greater rates of participation in employment, as well as lower rates of suicide and homicide. Over a 10 year period, £15 in costs can be avoided for every £1 invested in early intervention. (Knapp et al , 2014)***

# Net savings per person for Early Detection and EI services (Knapp et al 2014)

## EI services:

- Cost-savings of £5,738 in year one
- Additional cost savings of £2,234 per person over three years from improved employment and education outcomes.
- Annual savings of £1,024.40 per person for EI compared to standard care from a longer-term reduced risk of suicide  
(Knapp et al 2014)

## Early Detection (ED) services:

- Costs avoided by use of ED services is greater than the costs of delivering ED services
- Over two to five years cost-savings of £3,299 per person per annum

(McCrone et al 2011)





**“EARLY Intervention in  
Psychosis has been the jewel  
in the crown of mental  
health reform”**

*Professor Louis Appleby  
TRACK Event Birmingham Jun 1<sup>st</sup> 2009*

***“I have seen how much progress early intervention teams have made, how innovative they have been, and the impact they are having. I now believe that early intervention will be the most important and far reaching mental health reform...”***

***I think early intervention will have the greatest effect on people’s lives.”***

*Professor Louis Appleby, Oct 10th 2008  
Policies and Practice for Europe (DH / WHO Europe conference  
attended by 35 European Countries)*

# WE CHANGED VIEWS ABOUT PSYCHOSIS FROM: THE MESSAGE OF **DESPAIR**

**Cost £11.8 billion per year**

(Schizophrenia Commission 'The Abandoned Illness' 2012)

- This illness usually relapses or becomes chronic.
- You will need medication for the rest of your life.
- You should lower your expectations of what you will achieve in life.

# **EI FOR PSYCHOSIS: OFFERS A CLEAR MESSAGE OF HOPE**

**with a net saving of £15 for each £1 spent on EIP services**

**(Knapp et al 'Investing in Recovery' 2014)**

**You are distressed by your experiences now, but we expect that you will get better.**

**Medication can be very helpful, but there are a lot of other ways that we can help you to help yourself.**

**The aim is that you achieve what you want out of life.**



# Treatment for Early Psychosis in 2014...

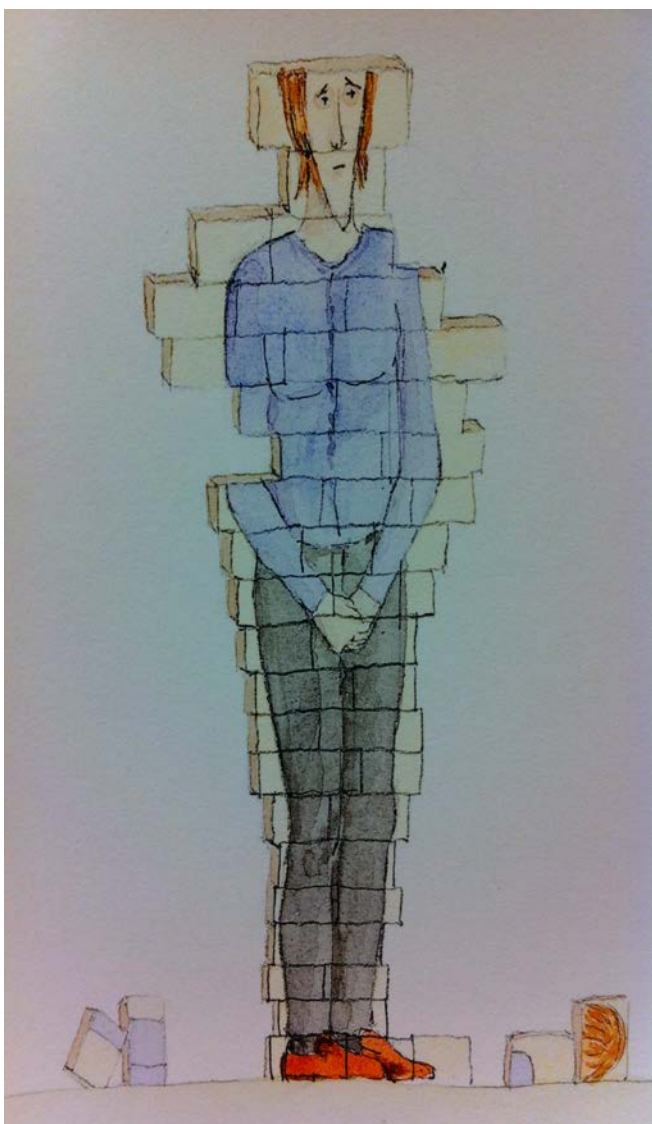
*“ I get help early and when I need it and so do my family. We are able to see doctors and others who are well trained and knowledgeable about where when and how to make referrals . We see people who respect us and teach us...I do not have to go before a judge or magistrate to get help for myself...*

*I go to school, live in a decent place, get money, have my pets, have a life without giving up everything else, like my dignity and hopes for a future I want to be in.*

*No one hassles me about how sick I am or whether I deserve to get help I just get it. And when I talk, people listen...*

*Too good to be true?      Not now...*





***But the potential dismantling of EI services in England may be the current tragedy for psychosis treatment now...”***

***‘Lost Generation’ Report (Rethink 2014) evidence from the front line about cuts to resourcing and budgets:***

- ***50% of EIP services say their budget has decreased in the past year, some by as much as 20%.***
- ***58% of EIP services have lost staff over the last 12 months.***
- ***53% say the quality of their service has decreased in the past year***

**And there are  
continuing injustices  
for young people with  
psychosis ...**

# Impact on Education and Employment

- Onset of schizophrenia associated with a pronounced decline in employment and education (Mueser *et al.*, 2001; Kessler *et al.*, 1995): **0-25% employed at 1 year follow up**
- The experience of psychosis can exclude a young person from a sense of autonomy, employment and youth culture (Birchwood *et al.*, 1997)
- Independent of course of illness, the best predictor of being in employment for people with schizophrenia is completion of education (Waghorn *et al.*, 2003)
  - **5 GCSE's or their equivalent at grades A-C (UK)**

# Trapped in Welfare benefits System...

**Early dependence on welfare benefits is sustained 5 years later (Ho et al 1997):**

- **15% on benefits at time of admission**
- **A further 63% initiated receipt of benefits within 7 months from admission**
- **Only 5% stopped receiving benefits over 5 years**
- **73% continued to receive benefits at 5 years**

# Where we want to get to...

## Imagine a world where...

- Young people with psychosis are not stigmatised or discriminated against in education or employment because of their mental health difficulties
- Educators and employers are informed and supported in providing meaningful education and work opportunities for young people
- Young people with psychosis remain in school to complete their education and sustain paid employment surrounded by those who understand and care
- Hopes and dreams for education, training and employment are fulfilled
- Hopes and dreams for education, training and employment are fulfilled

[www.iris-initiative.org.uk](http://www.iris-initiative.org.uk)

# Meaningful Lives

## Supporting Young People with Psychosis in Education, Training and Employment

### Imagine a world where...

#### The Challenge

...I 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...

(Hickson, 2000)

- 50% have less than 10 years of education, leaving longer term employment prospects
- At any one time, 40-50% are unemployed in first episode psychosis (FEP); 60-70% are unemployed in long episode psychosis (LSP) but this figure may dramatically rise to 75-95% within a year
- 20% of people with first episode psychosis have never worked
- Many young people get caught in a Government benefits poverty trap
- Not working has non-financial costs in terms of loss of social capital, exacerbation of chronicity, lack of a social support role
- Lack of employment is a bar to other forms of social inclusion

#### Our Goals:

**We aim to:**

- Combat stigma, discrimination and prejudice in education, training and work settings by raising awareness about psychosis and the crucial importance of educational and vocational outcomes for longer term mental health
- Support young people to achieve their educational, training and employment aspirations
- Ensure that functional outcomes, such as education, training and employment, are seen as equally important in recovery as outcomes in symptoms management
- Advocate with funding agencies to reorientate funding based on evidence that address the social outcomes in relation to education, training and employment
- Combat factors that contribute to social exclusion and unfilled lives
- Encourage professional attitudes that engender hope and optimism that young people with psychosis can achieve meaningful lives
- Seek support from educational, training, employment and benefits agencies to assist young people with psychosis to complete their education and procure employment

#### Potential Benefits

- Costs associated with unemployment make up over 50% of all direct costs with psychotic illnesses in Australia, USA and Europe
- Employment has been shown to significantly reduce reliance on welfare benefits
- Successful employment is positively associated with better management of symptoms, less hospitalisation and reduced substance use
- Employment provides a socially valued role that has benefits in terms of identity and self-esteem
- Employment provides a pathway to greater social and economic functioning. This directly addresses the social isolation experienced by many young people with psychosis.

#### Processes to enable this:

- Active coordination of efforts that people with mental illness typically do not want to and cannot work
- Equal priority given to educational and work functioning as to symptom levels
- Access to evidence based vocational interventions for young people (e.g. as the Individual Placement and Support (IPS) model, for both employment and educational goals)
- An active and flexible research programme to ensure the best evidence is available to support vocational interventions for young people with psychosis
- Access to specialist educational and vocational support to enable education and work goals that are sustained
- Incentives for employment agencies to provide early and sustained support for employment goals
- Greater understanding of the processes that contribute to identity and sustained employment in FEP
- Greater understanding of other cultural factors that may impact on the capacity to work, including lack of language fluency, and dislocation in, refugee and asylum seekers
- Employment Interventions: Recovery in, relating and sustaining employment in relation to getting employment
- More flexibility in employment and benefits systems to be sensitive and responsive to the episodic nature of psychosis for some young people
- Long term protection of housing and health care when creating off benefits to return to or start work

#### How Can I support this?

- Promotion of an evidence based, recovery oriented, clinical culture which supports and gives equal priority to educational and vocational functioning as symptoms and social functioning
- Advocacy to government and funding agencies about the economic and social benefits of education, training and employment outcomes for young people with psychosis
- Promotion of positive news stories in local media and with local and larger employers
- Provision of education for employment agencies, HR departments and other vocational professionals where mental health literacy may be low

#### Further information

This statement is a product of an international meeting looking at the benefits of supported employment and education in FEP which took place in London on 30th June 2008 involving clinicians, researchers, academics, and policy makers from the UK, USA, Canada and Australia.

Contributors to this International First Episode Vocational Recovery (iFEVR) statement include:

Eric Lutterer (Australia), Eric Lutterer (Canada), Jo Smith (UK), Miles Brown (UK), Ben Craig (UK), Eric Davis (UK), Martin Humber (UK), Annie Lau (UK), David Shiers (UK), Susan Wright (UK), Geoff Shepherd (UK), Sarah Strauss (UK), Keith Nunehenon (USA), David Perez (USA)

For further information about how you may support and endorse this international consensus statement please contact:

Jo Smith (UK) [jo@irisinitiative.org](mailto:jo@irisinitiative.org)  
 Eric Lutterer (Australia) [eric@irisinitiative.org](mailto:eric@irisinitiative.org)  
 Keith Nunehenon (USA) [kath@irisinitiative.org](mailto:kath@irisinitiative.org)

A copy of this international consensus statement can be downloaded from <http://www.iris-initiative.org.uk/>

International First Episode Vocational Recovery Group (iFEVR 2008)

1994-8

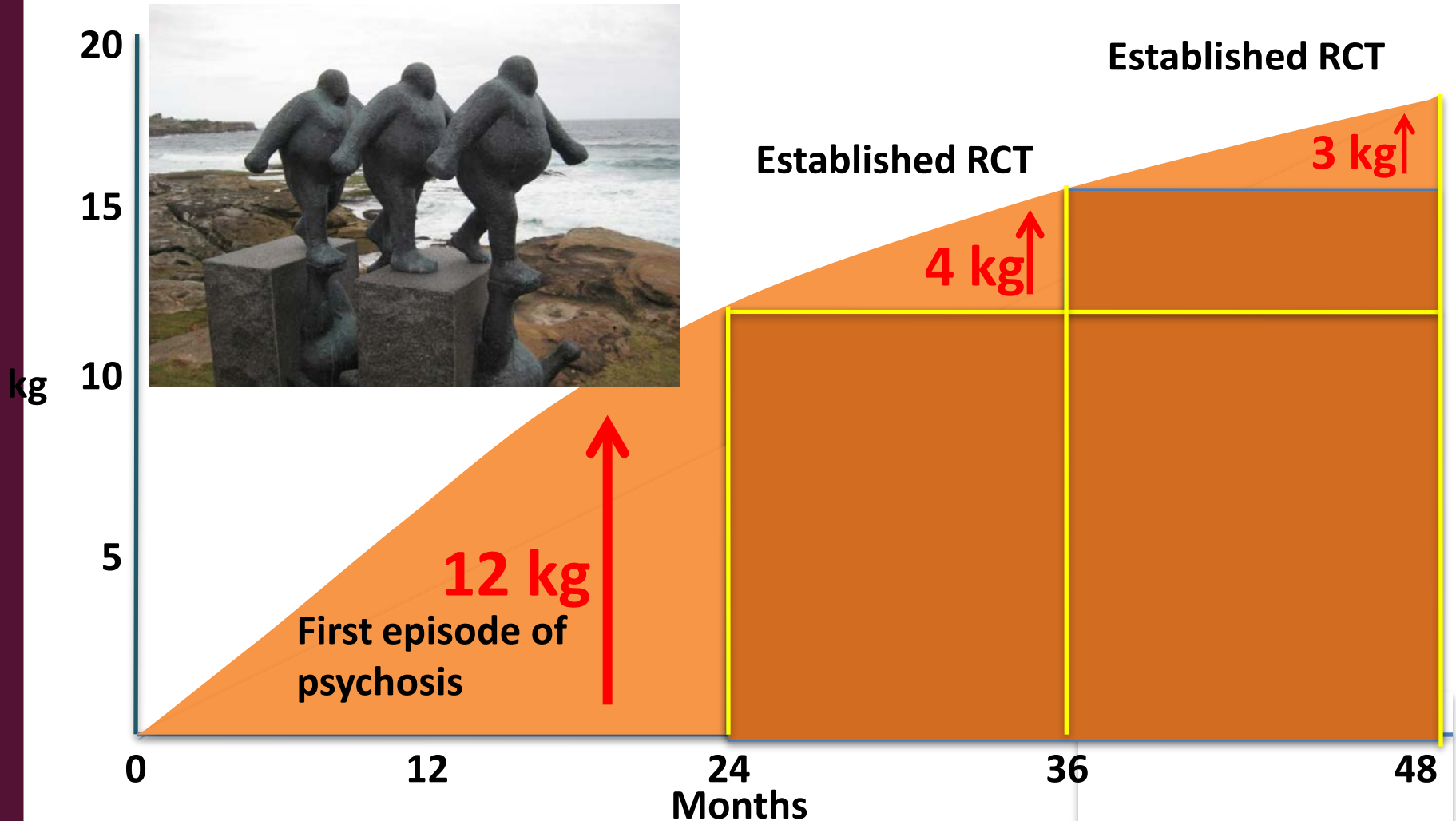


# PSYCHOSIS: THE MESSAGE OF DESPAIR

Some  
unfinished  
business



# Antipsychotic-Induced Weight Gain in Chronic and First-Episode Psychotic Disorders: a Systematic Critical Reappraisal

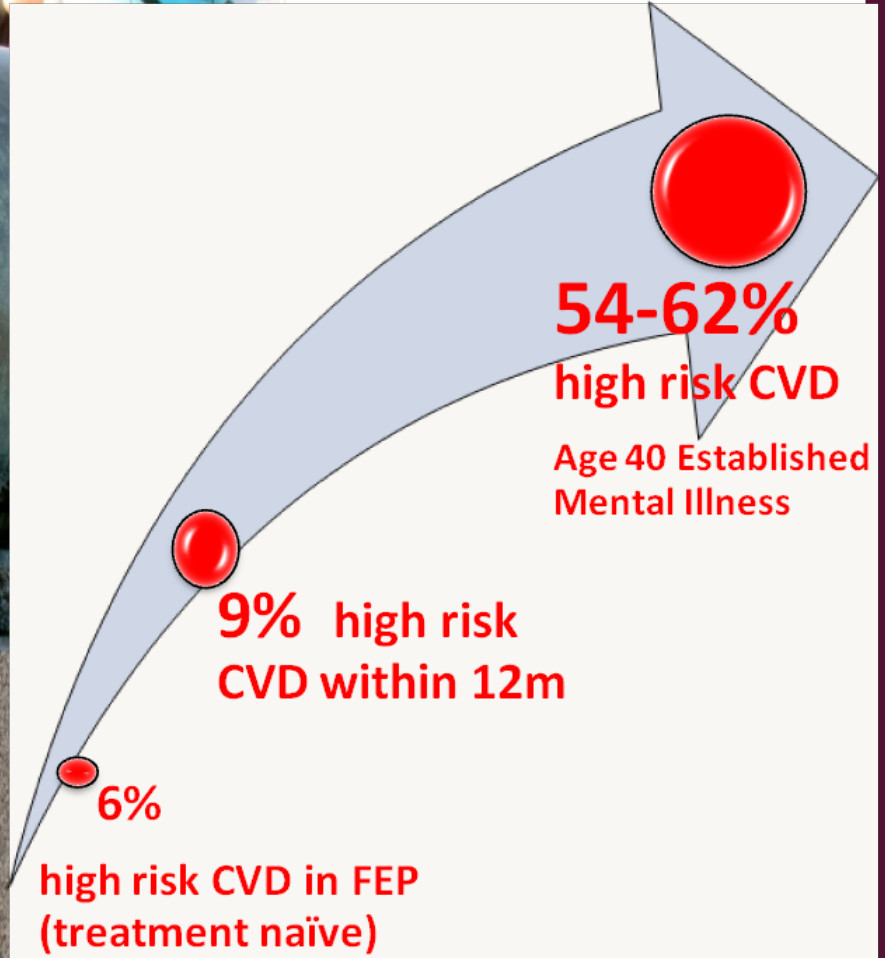


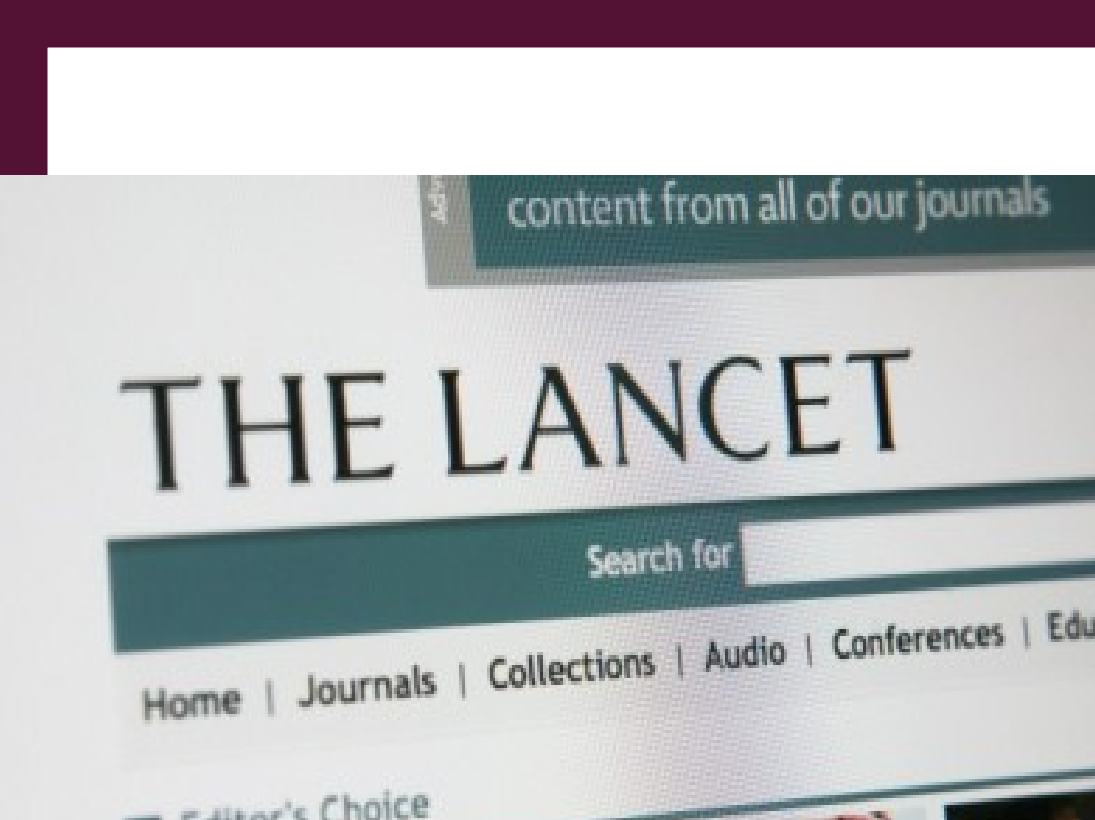


# ...on a path to obesity, type 2 diabetes, cardiovascular disease and premature death

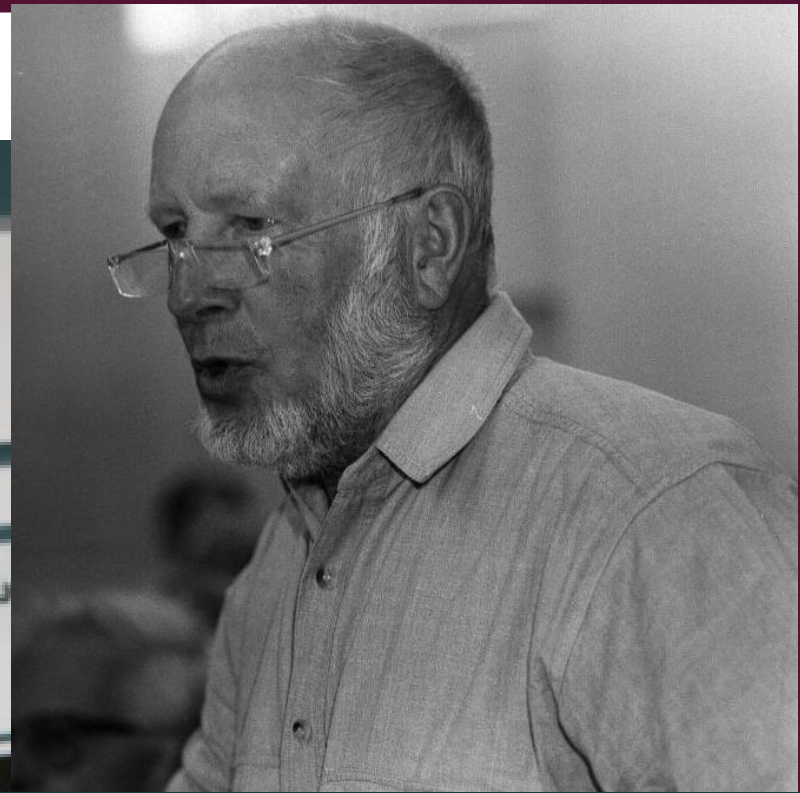


Acknowledgement to sculptor Keld Moseholm  
*Rolling pin* (Sculpture By The Sea 2011 Bondi)



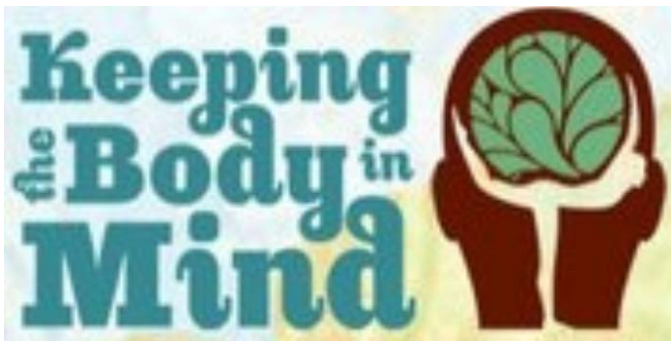
A screenshot of the The Lancet website. At the top, there is a dark green banner with the text "content from all of our journals". Below this, the title "THE LANCET" is displayed in a large, bold, serif font. Underneath the title is a search bar with the placeholder text "Search for". Below the search bar is a navigation menu with links for "Home", "Journals", "Collections", "Audio", "Conferences", and "Education". At the bottom left of the screenshot, the text "Editor's Choice" is visible.

# THE LANCET



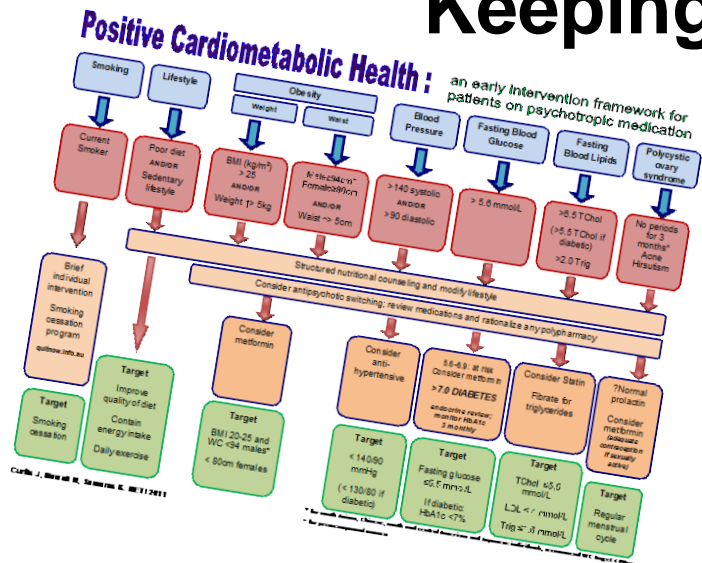
“The provision of good medical care tends to vary inversely with the need for it in the population served.”

Julian Tudor Hart Glyncorrwg 1971



# iph Ys

## Keeping the Body in Mind



Special Interest Group

Amsterdam 2010



# Healthy Active Lives (HeAL)



Keeping the Body in Mind  
in Youth with Psychosis

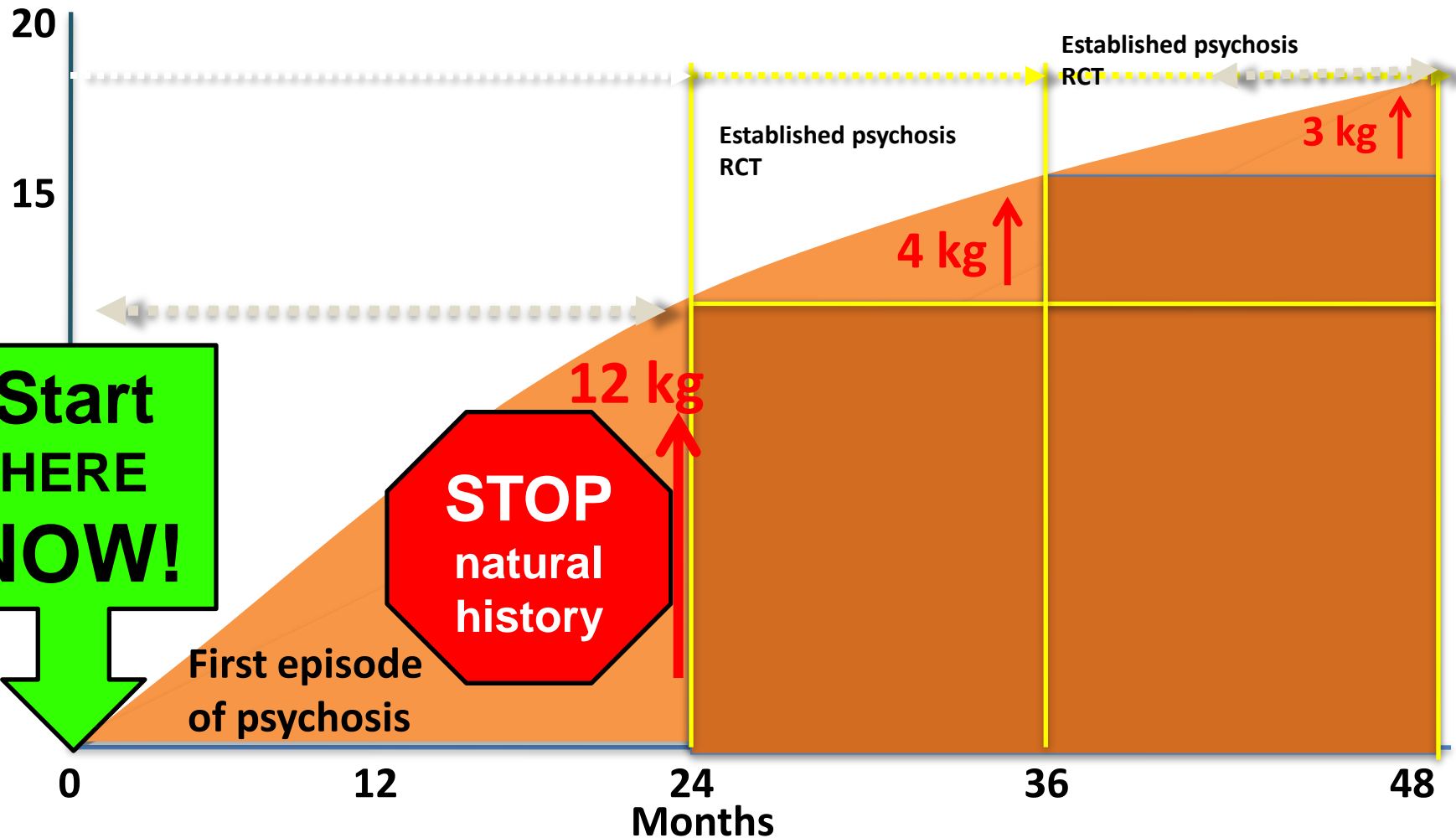
Imagine a world where...

...the same life expectancy and expectations of life as my peers who have not experienced psychosis



# Healing is a matter of time but sometimes also a matter of opportunity

Hippocrates (460 BC - 377 BC)



# HeAL: Vite Sane e Attive

# HeAL: 健康で活発な活動 国際的合意

## Vite Sane e Attive Healthy Active Lives (HeAL)

Teniamo in mente il corpo nei giovani con psicosi

Immagina un mondo dove...

- I giovani con psicosi abbiano la stessa aspettativa di vita e le stesse possibilità dei loro coetanei non psicotici
- I giovani con psicosi, le loro famiglie e gli altri caregiver sappiano come mantenere la salute fisica e minimizzare i rischi associati al trattamento e siano costantemente informati e supportati al riguardo
- Le preoccupazioni espresse dai giovani, dalle loro famiglie e dagli altri caregiver sugli effetti collaterali dei farmaci antipsicotici siano rispettate e considerate nelle decisioni d'intervento
- I professionisti della salute mentale e le loro organizzazioni cooperino attivamente e congiuntamente per proteggere e mantenere la salute fisica dei giovani in cura
- Uno stile di vita attivo venga promosso come prassi sin dall'inizio del trattamento, con un'attenzione per l'alimentazione sana e la dieta, l'attività fisica finalizzata e la riduzione dell'uso di tabacco.



## Healthy Active Lives (HeAL) 健康で活発な生活

精神病を持つ若者の  
身体に目を向ける

こんな世界を想像してください...

- 精神病を経験している若者が、精神病を経験していない仲間たちと同等の平均寿命と人生への期待を持てる
- 精神病を経験している若者、そのご家族や支援者らが、身体的健康を保つための方法、ならびに治療にともなうリスクを最小限にするための方法について知り、継続的に支援される
- 精神病を経験している若者、そのご家族や支援者らによって表される精神病治療薬の副作用に関する心配が尊重され、治療選択についての情報が提供される
- 保健医療専門職やそれらの団体は、精神病を経験している若者の身体的健康を守り保持するために一致団結して取り組む
- 治療の開始時点から、健康的な栄養摂取や食事、身体を使った目的のある活動、タバコ使用の低減に焦点があてられ、健康で活発な生活が常に促される



Find guidance ▾

NICE Pathways

Quality standards

Into practice

QOF



## CG178 Psychosis and schizophrenia in adults (CG178)

Clinical guidelines CG178  
Issued: February 2014



### Psychosis and schizophrenia pathway

Fast, easy summary view of NICE guidance on 'psychosis and schizophrenia'

## Psychosis and schizophrenia in adults: treatment and management

Clinical guidelines, CG178 - Issued: February 2014

This guideline updates and replaces NICE **clinical guideline 82** (published in March 2009). It offers evidence-based advice on the care of adults with psychosis and schizophrenia.

### March 2014:

A correction has been made to the wording of recommendation 1.1.3.3 to be clear that it is the hydrocarbons in cigarette smoke that cause interactions with other drugs, rather than nicotine.

The corrected recommendation reads:

Offer people with psychosis or schizophrenia who smoke help to stop smoking, even if previous attempts have been unsuccessful. Be aware

### Guideline formats

- Web format
- NICE Guideline (PDF)
- Full Guideline



### Psychosis and schizophrenia in adults

Information for the public

### Implementation tools and resources

#### Baseline assessment tool

#### Costing statement

#### Healthy Active Lives (HeAL) consensus statement - International Physical Health in Youth working group

#### A competence framework for psychological interventions with people with psychosis and bipolar disorder

#### An intervention framework for patients with psychosis on antipsychotic medication

#### See the guidance in practice

#### Research recommendations

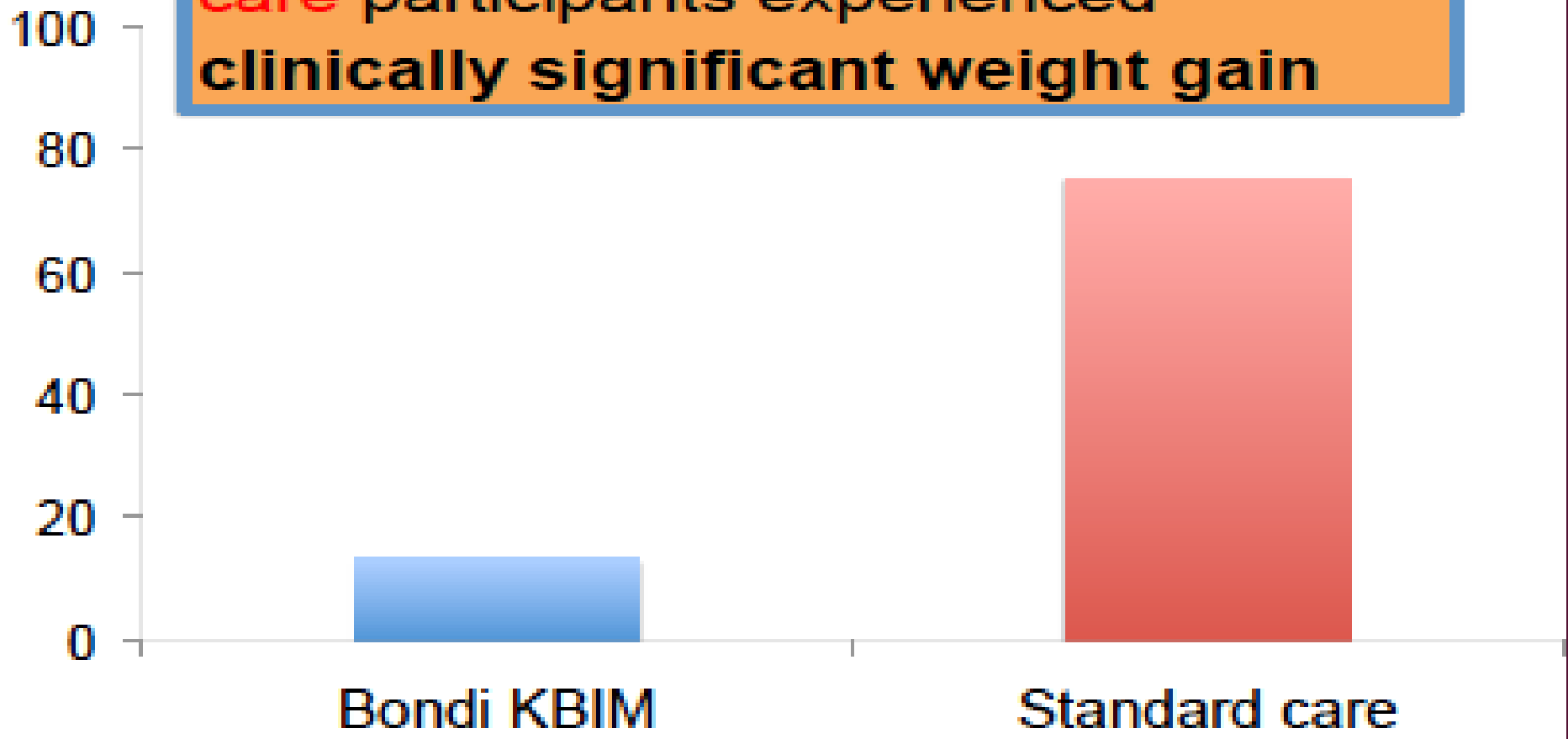


# Keeping the Body in Mind for young people with first episode psychosis

A life skills-building intervention focusing on healthy eating and physical activity to attenuate antipsychotic-induced weight gain

Jackie Curtis<sup>1,2</sup>, Andrew Watkins<sup>1</sup>, Katherine Samaras<sup>3</sup>, Megan Kalucy<sup>1,2</sup>,  
Simon Rosenbaum<sup>1</sup>, Scott Teasdale<sup>1</sup>, Janelle Abbott<sup>1</sup>, Julio De La Torre<sup>1</sup>, Philip Ward<sup>2,4</sup>

**13% of KBIM vs. 75% of standard care participants experienced clinically significant weight gain**







Royal College of  
General Practitioners

## JAMES MACKENZIE LECTURE

22 November 2012

**Don't just screen, intervene**  
top GP calls for better care for mental health patients



**-Subtle changes in the attitudes and actions of health professionals could significantly improve the quality, and even the length, of their lives.**

**The late Professor Helen Lester**

*James Mackenzie Lecture to the Royal College of General Practitioners' AGM.*

Youtube <http://www.youtube.com/watch?v=tqyACm5OQOM>

# PSYCHOSIS: THE MESSAGE OF HOPE



Normal view of change	'Movements' view of change
Planned programme with goals and milestones (centrally led)	Change by releasing energy; largely self-directing (top-led, bottom up)
'Motivating' people	'Moving' people
Change is driven by an appeal to the 'what's in it for me'	Acknowledges there may be personal costs involved
Talks about 'overcoming resistance'	Insists change needs opposition - it is the friend not enemy of change
Change is done 'to' people or 'with' them - leaders & followers	People change themselves and each other - peer to peer
Driven by formal systems change: structures (roles, institutions) lead change process	Driven by informal systems: structures consolidate, stabilise and institutionalise emergent direction

# **What Is To Be Done?**

**BURNING QUESTIONS of our MOVEMENT**

**Lenin V.L. (1901) What is to be done?  
In “Where To Begin”, published in Iskra, No.  
4 (May 1901),**