

# Early Intervention In Psychosis (EIP): The 'Value' of an International Social Movement



## Professor Jo Smith

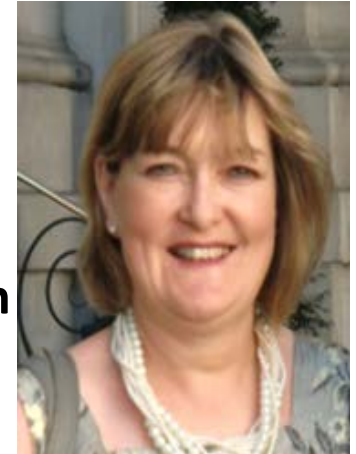
Consultant Clinical Psychologist and  
Early Intervention Lead,  
Worcestershire Health and Care NHS Trust  
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University of Worcester

Former Joint National EIP lead

IIMHL Manchester 13<sup>th</sup> June 2014

# 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.*

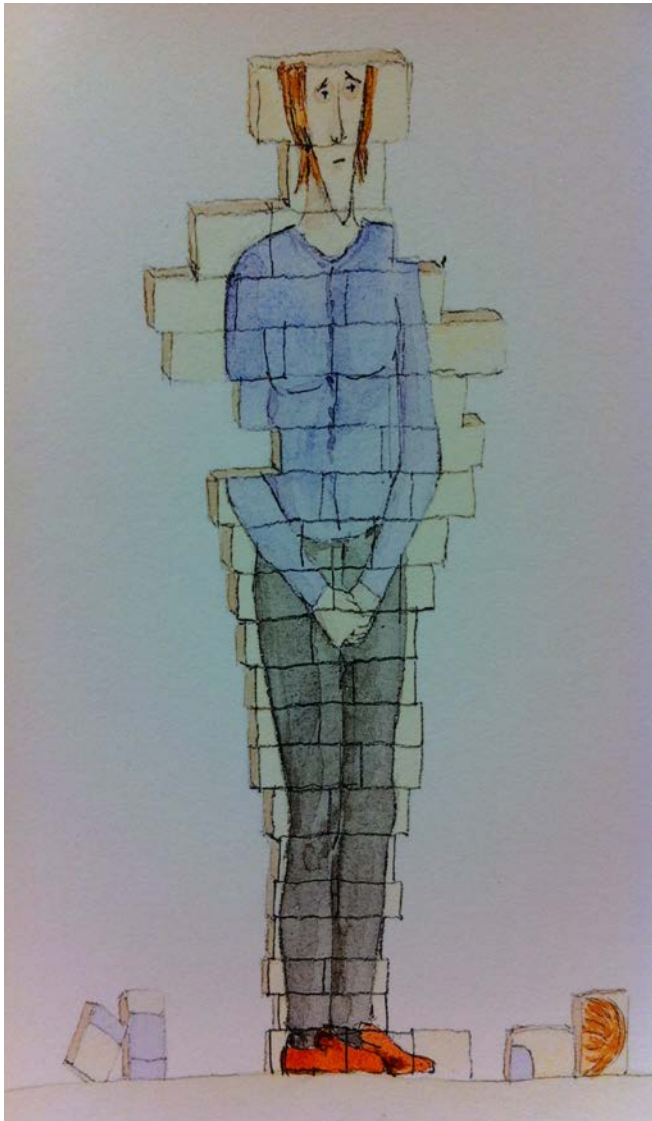
# Treatment for Early Psychosis 15 years ago...

***“ 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 was. That's the only tragedy here"***

***'The Tragedy of Schizophrenia'  
Estroff (1999 )***

# 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)

# 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 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 reduced use of hospital beds... 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)**



# Why are EIP services so important?

- 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
- Reducing Duration of Untreated Psychosis (DUP) and offering specialist EIP significantly improves life chances
- Recovery at 14 months predicts functional recovery and remission of negative symptoms at 7.5 years





# 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*

## **Assessing the 'Value' of EIP:**

**In Economics, measures of 'value' require all assets that have measureable benefits to be categorised as different 'capital assets'**

**'Capital assets' are both produced durable goods and intangible non-financial assets used in the production of goods and services.**

Wikipedia 2013

# Individual Capital:

**individually unique ‘talent’  
the power to promote or publicise  
products, draw attention to causes**

***skill, creativity, enterprise, courage,  
moral example, wisdom, invention,  
empathy, personal trust, leadership***

# 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*

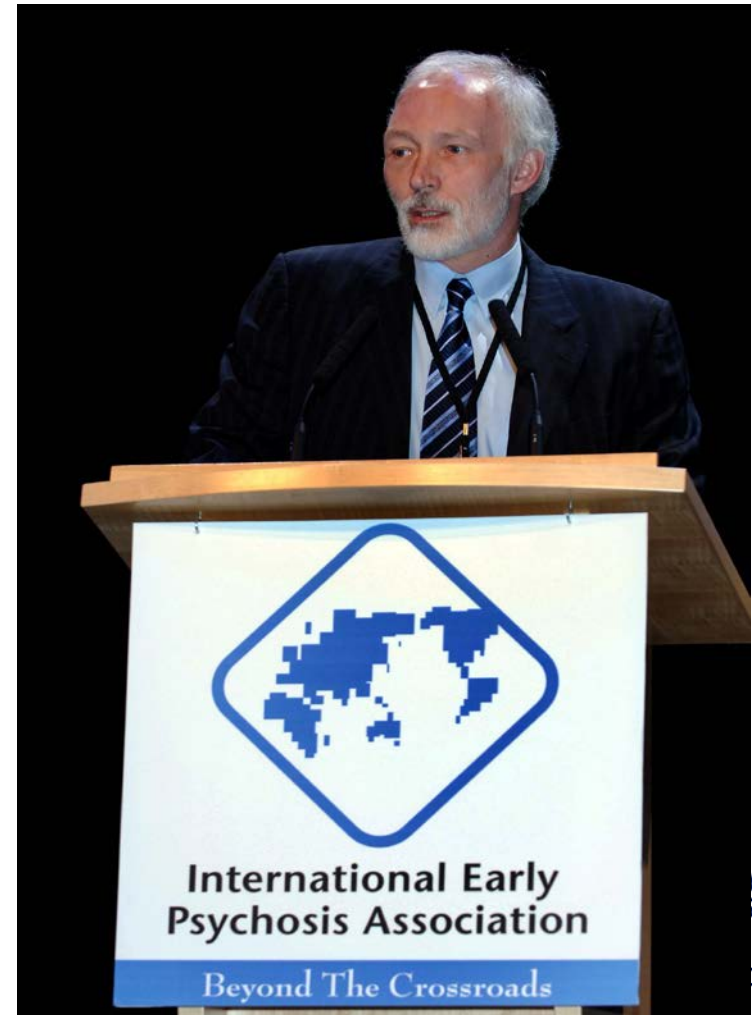


# Collective effervescence... growing an International Early Psychosis movement

## Australian of the year 2010

“With this award, we recognise that we have in Professor McGorry a leader whose drive, compassion, and commitment to understanding and treating youth mental illness has helped shape not only lives, but our national approach to mental health intervention, prevention and treatment.”

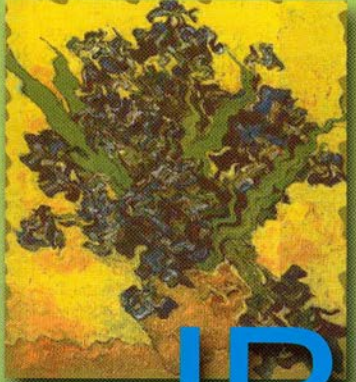
Prime Minister Rudd (2010)



## Intellectual Capital:

- individuals taking key instructional or social roles and becoming involved in causes or controversies
- management and organisation
- application of skills, knowledge, expertise
- infrastructure processes and databases that enable the organisation to function
- trademarks and trade names (IRIS)
- relationships and cooperation between people and institutions

# 1996-8 IRIS and Rethink Partnership



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)

# ...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”***



# Spiritual Capital:

**power, influence and dispositions created by a person or an organisations (spiritual) belief and values. creating a values based culture championing humanity, kindness, justice, empowerment, optimism.**



# ... 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**

# Tackling continuing Injustices...

## Healthy Active Lives (HeAL)



Keeping the Body in Mind  
in Youth with Psychosis

Imagine a world where...

- Young people experiencing psychosis have the same life expectancy and expectations of life as their peers who have not experienced psychosis
- Young people experiencing psychosis, their family and supporters know how to, and are consistently supported to, maintain physical health and minimize risks associated with their treatment
- Concerns expressed by young people experiencing psychosis, their family and supporters, about the adverse effects from the medicines used to treat psychosis are respected and inform treatment decisions
- Health organisations united the physical experience
- Healthy routine focusing diet, physical activity and recovery

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

## Meaningful Lives



Supporting Young People with Psychosis in Education, Training and Employment

Imagine a world where...

Youngs people with... The Challenge... 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 symptom domains.
- Advocate with funding agencies to appropriately fund evidence based interventions that address functional outcomes in relation to education, training and employment.
- Consider factors that contribute to social exclusion and unemployment.
- Encourage professional attitudes that engender hope and optimism that young people with psychosis can achieve meaningful work.
- Seek support from education, training, employment and benefits agencies to assist young people with psychosis to complete their education and secure employment.

**Our Goals:**

- Protection of individual rights to choose not to disclose the nature of a mental health difficulty to prospective employers.
- Protection of an evidence based, recovery oriented, social culture which respects 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.
- Provision of positive news stories in local media and web to local support organisations.
- Provision of education for employment agencies, HR departments and other vocational professionals whose mental health literacy may be low.

**How Can I support this?**

- Protection of an evidence based, recovery oriented, social culture which respects 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.
- Provision of positive news stories in local media and web to local support organisations.
- Provision of education for employment agencies, HR departments and other vocational professionals whose 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 TEP which took place in London on 30th June 2008 (working days), researchers, academics, and policy makers from the UK, USA, Canada and Australia.

Contributors to this International Full Episode Vocational Recovery (IFEVR) statement include:

Earl Kluckhohn (Australia), Eric Lattimer (Canada), Jo Saper (UK), Mike Bassett (UK), Tom Craig (UK), Eric Davis (UK), Martin Herbert (UK), Annee Lee (UK), David Moore (UK), Susan Singh (UK), Geoff Stupard (UK), Sarah Sullivan (UK), Ruth Neuchterlein (USA), David Power (USA).

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

Jo Smith (UK) [jo@meanlives.net](mailto:jo@meanlives.net)  
Earl Kluckhohn (Australia) [earl@meanlives.net](mailto:earl@meanlives.net)  
Ruth Neuchterlein (USA) [ruth@meanlives.net](mailto:ruth@meanlives.net)

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

**References:**

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.”

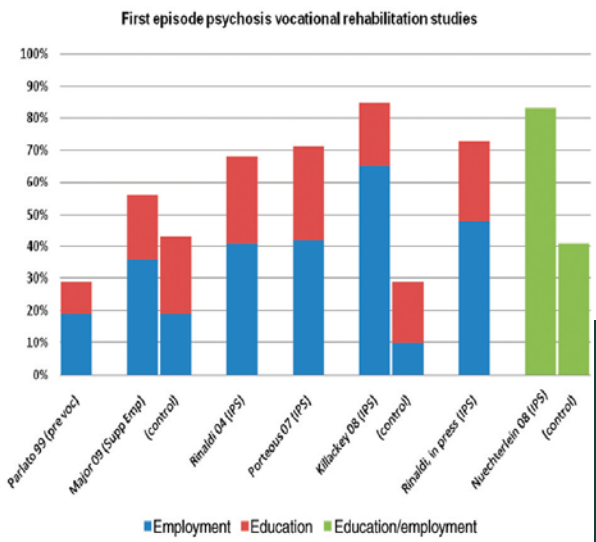
John P Kotter (2002), The Heart of Change

## **Social capital:**

**value of networks and community participation generating trust, reciprocity social cohesion, and connectedness, goodwill , fellowship, cooperation between individuals, groups and communities where social contact increases productivity of individuals and groups**

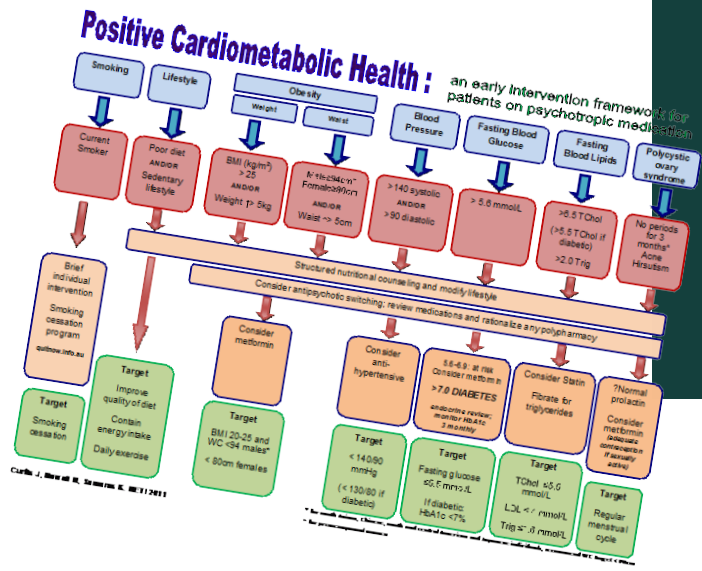
# Collective effervescence... part of an International early psychosis movement





# iph Ys and iFEVR

**Special Interest Group Meetings**  
 Amsterdam 2010  
 San Francisco 2012  
 Japan 2014



# Instructional Capital:

Shareable knowledge and skills  
texts, training materials  
teaching, knowledge transfer

# ...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



## 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)



# Jo & Dave's Hothouse Bus

Non-continuing articles

fast grow ideas

Regional 'Hothouses' exporting goods internationally

# 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

## NICE Schizophrenia Guidance (2009, 2014)

  
National Institute for  
Health and Clinical Excellence

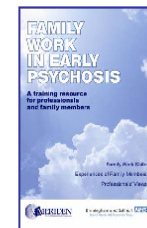


Birmingham and Solihull   
Mental Health NHS Foundation Trust

### 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)

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)



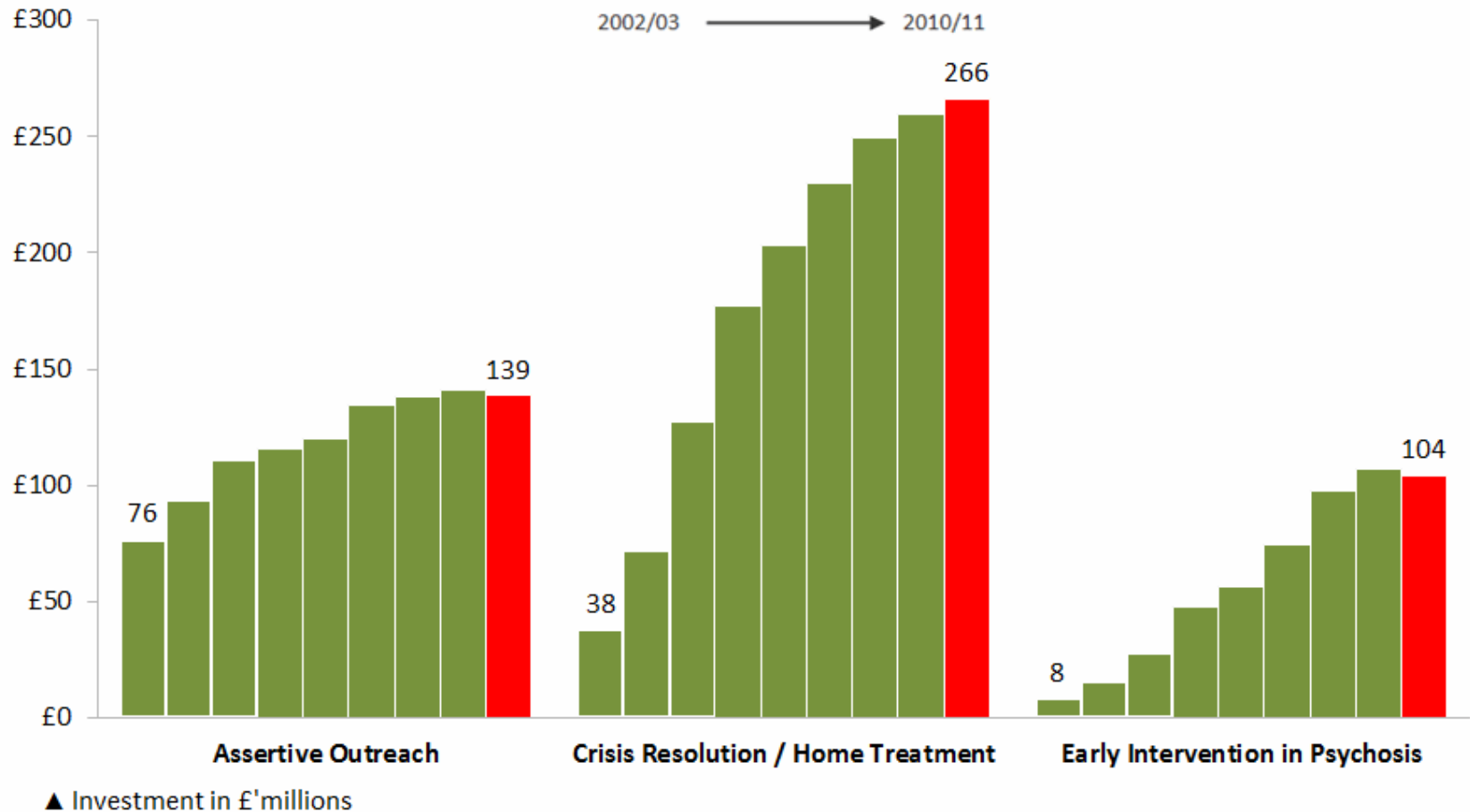
[www.worcester.ac.uk](http://www.worcester.ac.uk)

# **Financial capital**

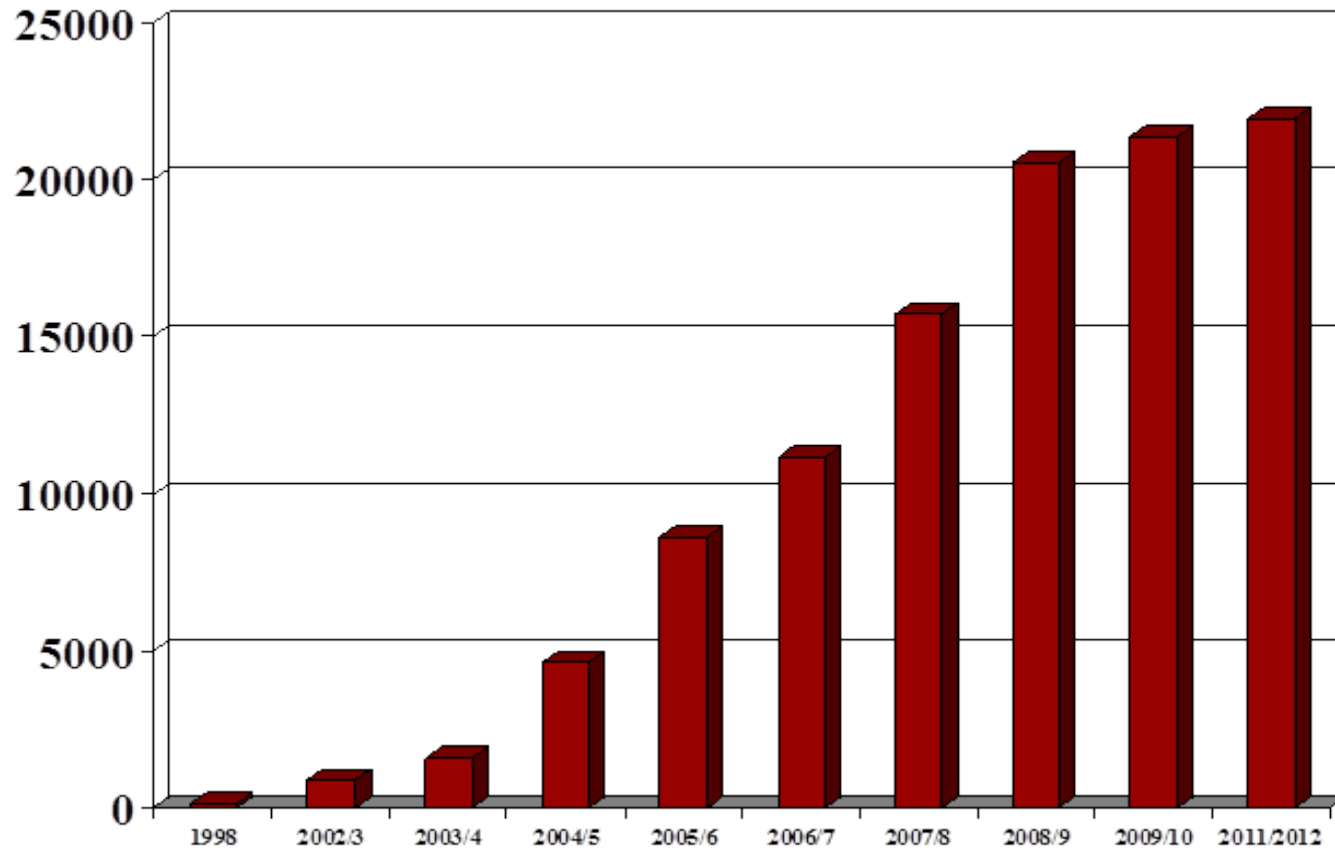
**not historical accumulation of  
money invested but  
perception of expected  
revenues and of the risk  
entailed**

# Investment in EIP Services in England...

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” ...



Teams: 2 24 41 109 127 160 145 153 178

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

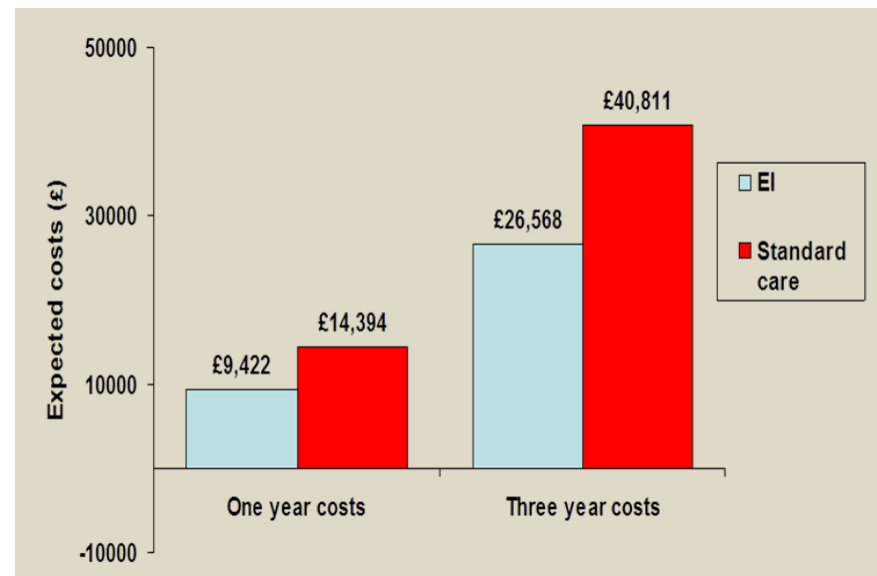
## EI services:

- **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:

- Over two to five years cost-savings of £3,299 per person per annum

(McCrone et al 2011)



# 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.**



# EIP Services asset rich 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...*

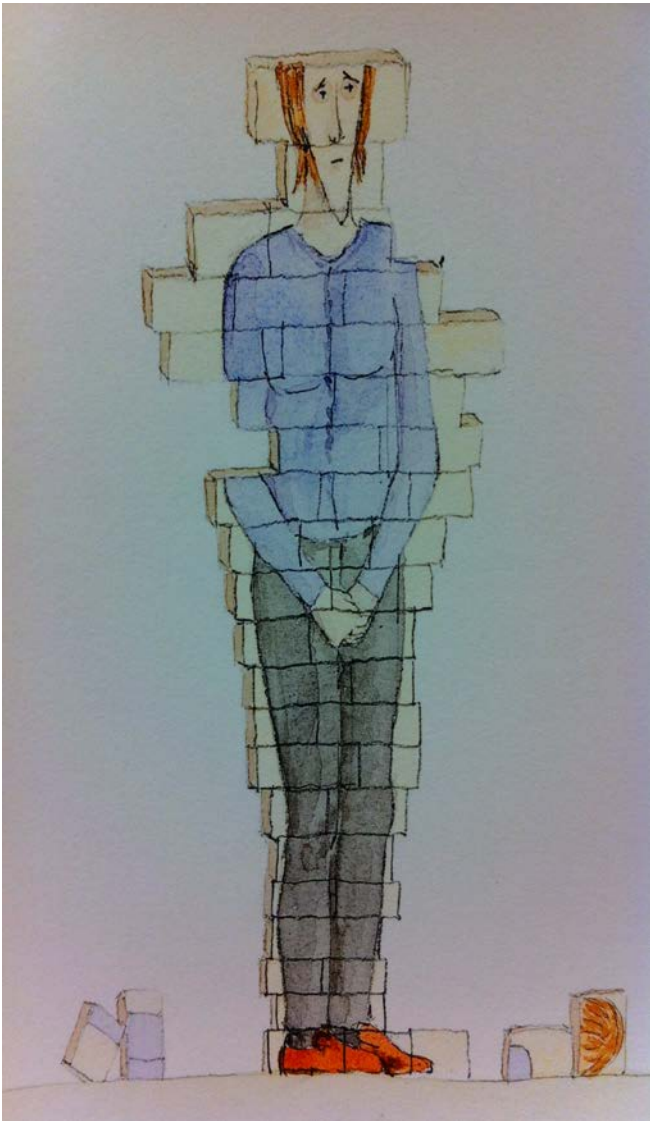
*I go to school, live in a decent place, get money, have my pets, have a life without giving up everything else, like my dignity and hopes for a future I want to be in.*

*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...*



# EIP Services in England being asset stripped in 2014...



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

***‘Lost Generation’ Report (Rethink 2014) evidences 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***

# nWhat 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),



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