Early Intervention in Psychosis

What do Universities need to know?

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Early intervention in Psychosis

• Origins & developments
• The access & (2 week) waiting time standard
• What is psychosis?
• What is an at-risk mental state (ARMS)?
• How is EIP relevant to students & universities
THE EXPERIENCES THAT GET CALLED PSYCHOSIS

- Hearing voices when there is no-one there — or seeing, tasting, smelling or feeling things that other people don’t. Some people call these hallucinations.

- Holding strong beliefs that others around you don’t share. Some people call these beliefs delusions.

- Difficulties with thinking and concentrating. Many of us get a bit confused when we’re emotionally stressed. If the confusion is severe it is sometimes called thought disorder.

- Having no energy and finding it hard to motivate yourself to even do basic things like washing and dressing (sometimes called negative symptoms). This can sometimes be a medication side effect or related to feeling overwhelmed, stuck or hopeless.
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).
The Model of Cumulative Risk Factors

- Genetic Susceptibility
- Early Cerebral Hazards
- Immigration
- City Life
- Social adversity

Acute stress or life event  Drug abuse

PsychoSIS
Schizophrenia

Frank psychotic symptoms

Psychotic-like experiences associated with distress help-seeking, decreased functioning, comorbidity

Psychiatric disorders with “incidental” PLEs

Non-distressing PLEs

No psychiatric symptoms
The “at risk mental state”

- Group 1  Vulnerability Group
  First degree relative with psychosis

- Group 2  Attenuated Psychosis Group
  Sub-threshold psychotic syndrome

- Group 3  BLIPS Group
  Brief Limited Intermittent Psychotic Symptoms
  Pass within one week without anti-psychotic meds

- Group 4  Psychosis threshold Group (FEP)
Students & EIP

• Student mental health continues to increase in prominence as a concern in the UK (& elsewhere)
• More young people entering further education
• 18-25 year olds most vulnerable for FEP or ARMS
• Geographical separation of university & family/support
• Other “transitions”
• Overseas students with very different cultural needs
Consultation project 2018

- Students, Families/Carers, EIP Staff, Uni staff
- Home/Away/Overseas
- Gender, Degree & year
- Family involvement
- Problems encountered
- Good practice
- What would help
Themes - students

• Many did not want any family involvement
• Unified approach (eg: home/away, EIP/Uni)
• Use of tech. eg:skype/email
• Better preparation for Uni/access
• Simultaneous updates home & away
Recommendations

- Closer working with University services
- Shared documents
- Shared protocols
- Joint database
- Keeping cases open to home & away team
- “Passports”
- Consider team strengths home & away
- Skype/Zoom/Teams etc. & wider use of tech and web-based resources
- Care plan & contingency plans to covers both areas
two new guides from Student minds
http://www.studentminds.org.uk/transitions.html
Key messages

• The earlier we can intervene, the more benign and more effective (and potentially preventative) the interventions

• If you suspect psychosis – discuss with &/or refer to EIP services

• Advice and contact(s) helpful too