



Early Intervention in Psychosis

Achieving *Ordinary Lives*



Yorkshire and the Humber  
Clinical Networks

# Early Intervention in Psychosis

## What do Universities need to know?

Steve Wright – Clinical Advisor North East / Yorks & Humber EIP Clinical Network

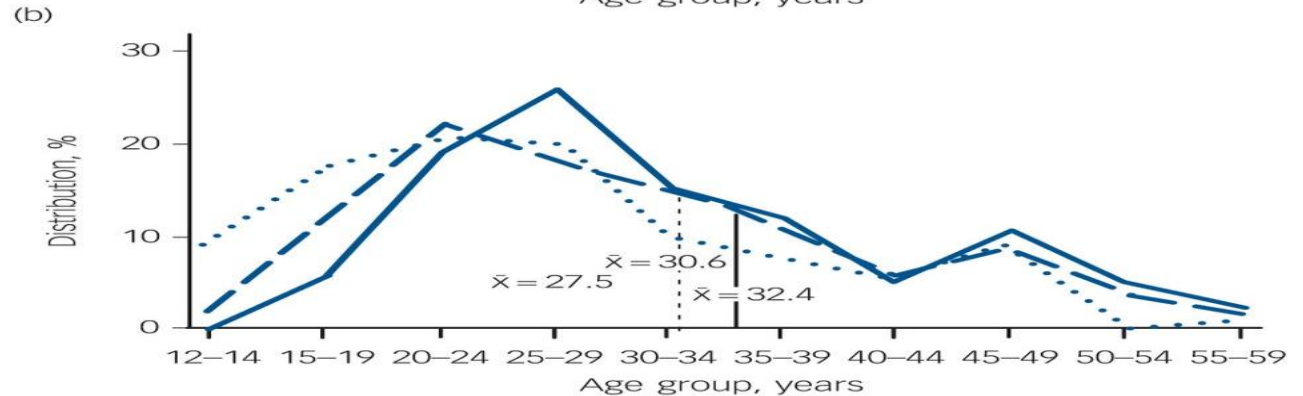
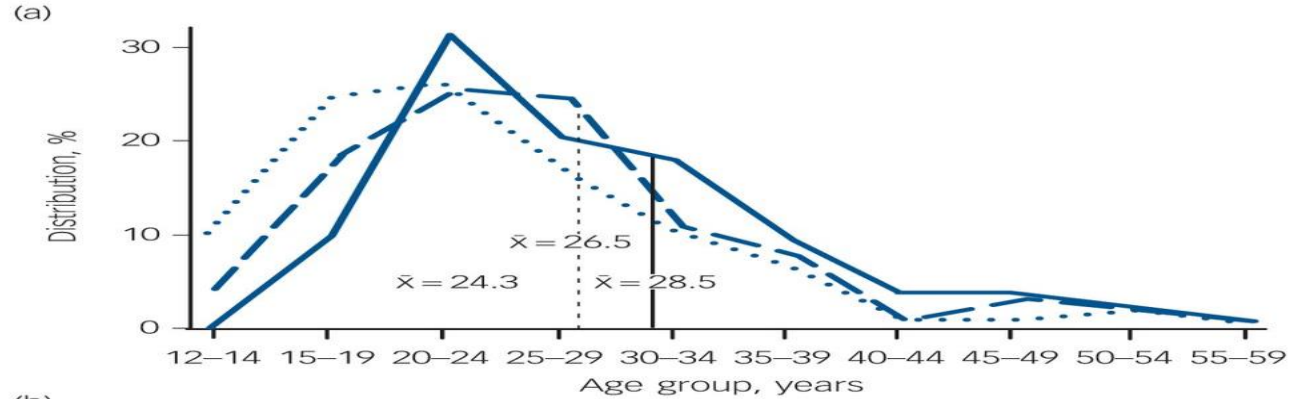
# Early intervention in Psychosis

- 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).**

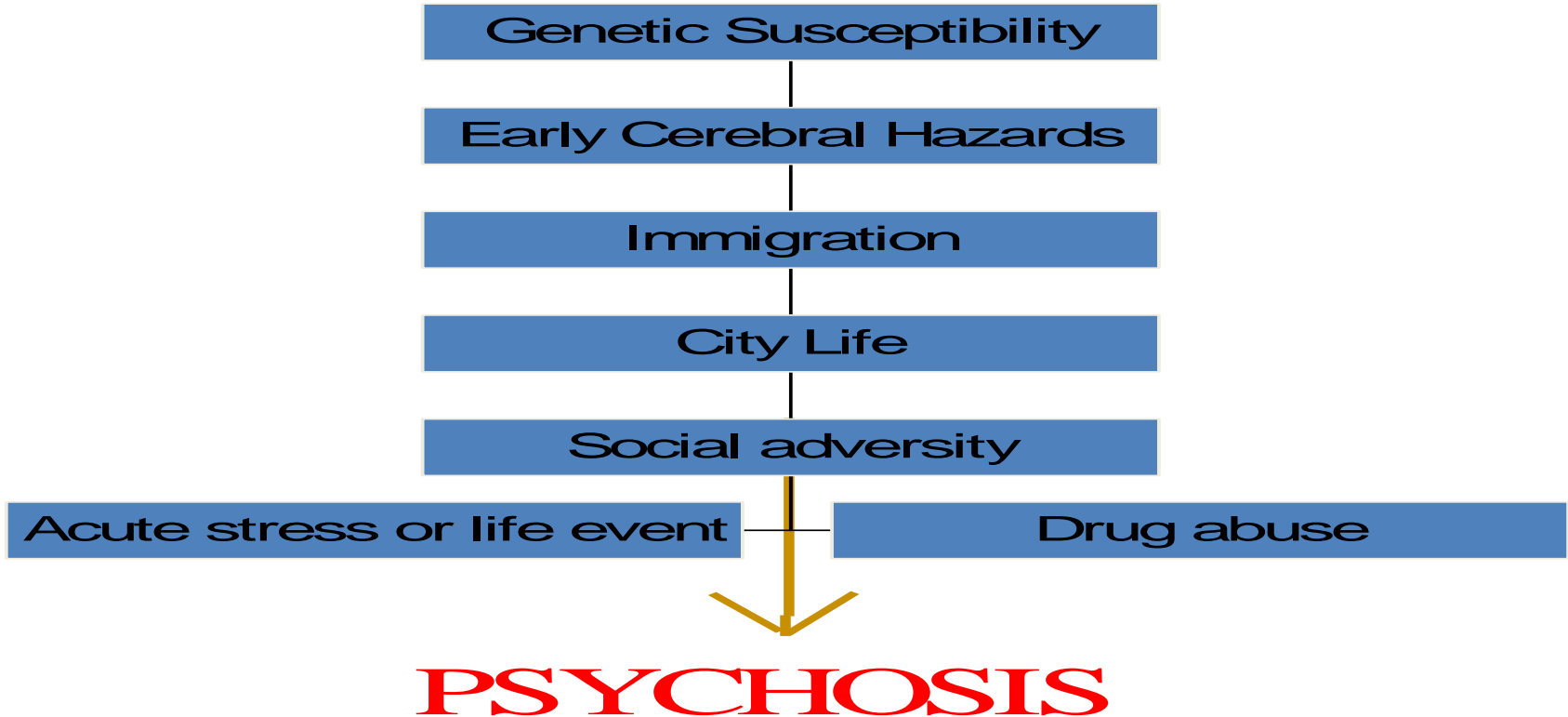


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**P. B. Jones BJP 2013;202:s5-s10**

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# The Model of Cumulative Risk Factors



**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