The Darlington Psychosis Experience.

Background

- How to integrate Psychosocial Interventions into the C.M.H.T.'s
- Top down approach
- LUNSERS

The developing strategy for Darlington.

- Specialist PSI practitioner/clinical lead.
- 10 day Psychosis Workshop.
- The **PARKS** Clinic; **P**sychosocial **Approaches** for **R**ecovery, **K**nowledge and **S**kills (The Darlington Care Pathway).

What is a pathway?

A Pathway aims to have ....

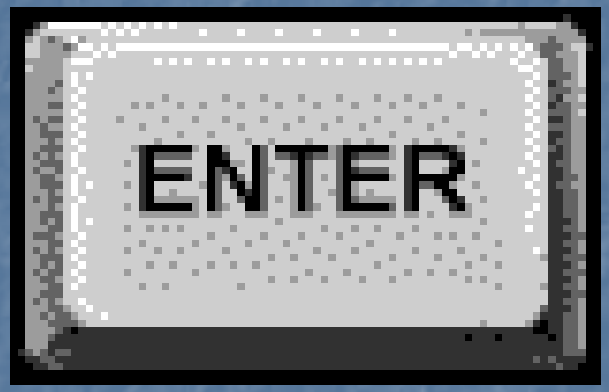
- The right people
- Doing the right things
- In the right order
- At the right time
- In the right place

- To the right people with the right outcome
- All with the attention to the user experience
- .....and to compare planned with actual care.

Rationale

- Evidence Base.
- NICE Guidelines.
- National Service Framework for Mental Health.
- The NHS Plan
- New Ways of Working
- Social Inclusion
- Service User feedback

Entry Criteria



- Working age adult.
- Live within the CMHT locality.
- Are in contact with secondary services.
- Experience positive or negative symptoms.

Approaches Used

- Structured therapeutic group work.
- Individual work.
- Client owned Workbooks

Therapeutic Routes/Workbooks

- Information.
- Self medication management.
- Wellness & Recovery.
- Coping with stress
- Self Esteem.
- Healthy Lifestyle.
- Coping with Voices.

Scenario

- Fred is a 23 year old man who has been known to the mental health services for four years.

Began a degree course at that famous University of Darlington, but was admitted to the Mental Health Unit following an incident when he barricaded himself in his bedroom and refused to come out.

Following assessment he was commenced on Olanzapine which reduced the severity of his positive symptoms.

- However he continued to experience “voices” and had thoughts of being watched via his computer.
- He agreed to enter the ‘pathway’/clinic.

Should this person be entering the Pathway ?

Yes

No

Yes

- Working age adult.
- Live within the CMHT locality.
- Are in contact with secondary services.
- Experience positive or negative symptoms.

No

- The service user is experiencing florid psychotic symptoms.
- Present immediate risk.
- Does not have psychosis.
- Live outside locality.
- Are not in contact with secondary services.

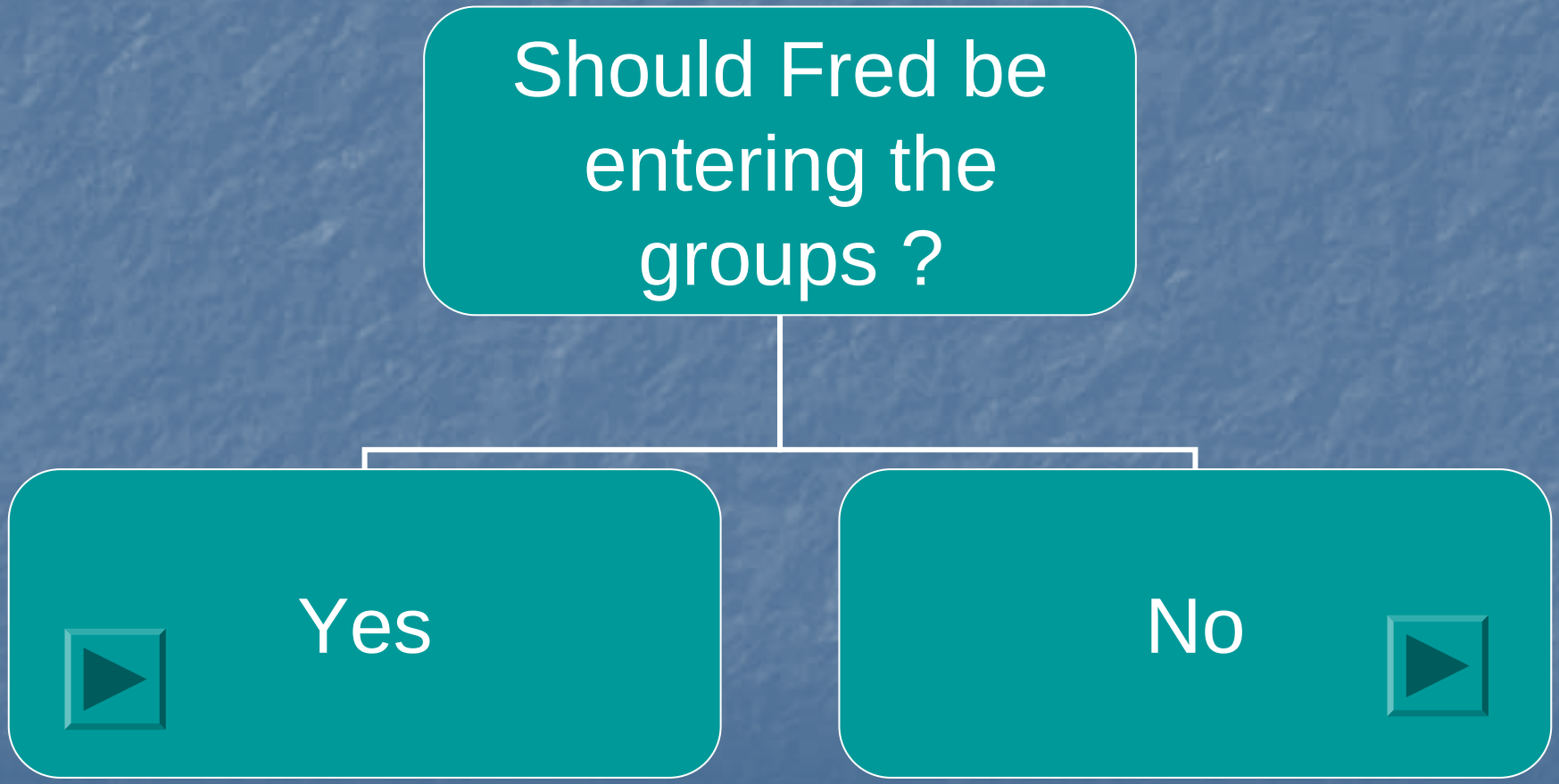
Scenario

- Fred and his nurse meet to begin the process of engagement.
- As part of the engagement process Fred has opportunity to talk about his experience and own unique model of psychosis. Fred and the nurse use this to draw a :
- Time line (Romme & Escher 1998)
- Gennogram (Mc Goldrick&Gerson1985)
- Following on from this a global assessment of Fred's mental state is carried out using KGV (1977)

Scenario

- From the global assessment Fred scores high on hallucinations and delusions.
- The nurse explores these in more detail with Fred using Chadwicks Assessment of Hallucinations (Chadwick et al 1994) and PSYRATS (Haddock 1999)

- Fred acknowledges that he experiences :
- Hearing voices that are commentary and abusive.
- Thoughts and concerns that he is being watched by cameras in his computer.
- Thoughts being broadcast.
- Low self esteem.


Should Fred be entering the groups ?
Yes
No

Yes

- Following assessment, Fred and his nurse recognise his needs will be met by the following pathway routes ;
- The information group, (psycho education)
- The coping with voices group.
- The self esteem group
- Self medication management
- Stress management
- Wellness and recovery

No

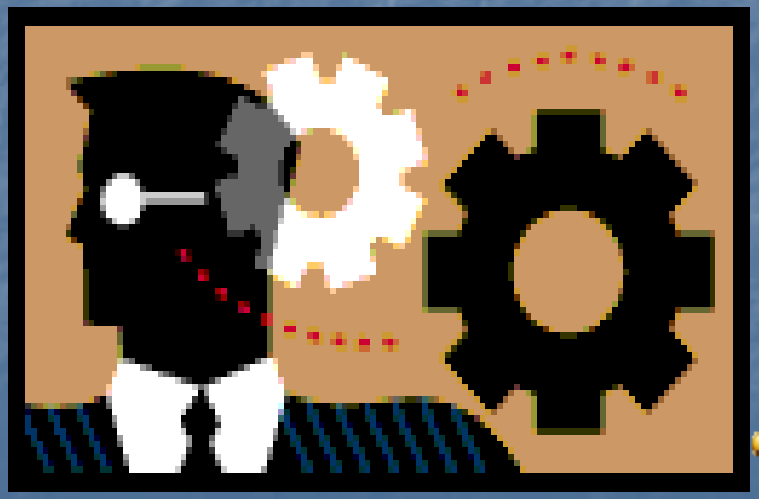
- Fred may not wish to engage in therapy through a group format – this is his choice.
- He may take the individual route through the pathway.

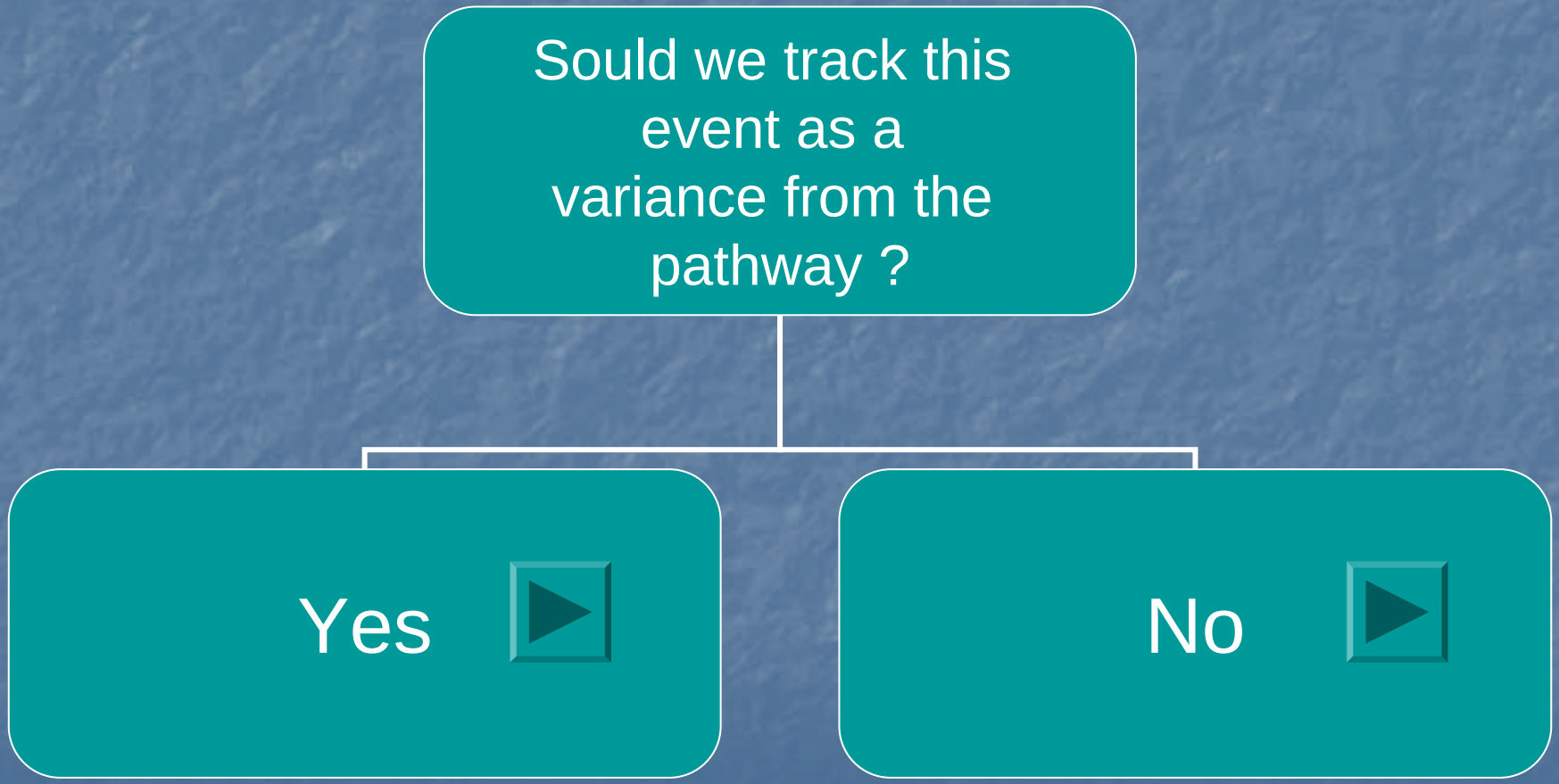
Scenario

- Fred agrees to attend the information group.
- His level of knowledge about his condition and subsequent experience is assessed using a self rating scale.
- He participates well in the group.
- He is re-assessed using the same self rating scale and found to have an increase in knowledge about his condition and experience.

- Fred agrees to join the coping with voices group.
- His auditory hallucinations are assessed using an assessment tool called the P.S.Y.R.A.T.S (Haddock, 1999) prior to commencing the group.

- Fred unfortunately becomes more disturbed by his “voices” and stops attending the group after three sessions.




Sould we track this event as a variance from the pathway ?
Yes
No

Yes

- Variance analysis compares the planned care with the actual care given.

No

- If we do not track this event we may not be aware of why Fred started to miss appointments.

Scenario

- Fred attends for individual cognitive behavioural therapy for his hallucinations and delusions.
- Following a more detailed re-assessment of his delusions using a K.G.V.(1977) and the Chadwick et al (1994) assessment of auditory hallucinations and entering into therapy, Fred was found to improve.
- This was measured using a P.S.Y.R.A.T.S.(Haddock, 1999)


Should Fred rejoin the groups?
Yes
No

Yes

- Fred has the choice of joining his identified group (self esteem) but will also be offered other groups within the pathway.

Fred joins the self esteem group.

He is assessed using Rosenberg's self esteem scale (1989).

No

- This depends upon Fred.
- He will be given the choice of rejoining the groups or continuing along an individual route.

Scenario

- Fred is able to remain in the self esteem group and feels that he has gained from the support of other members.
- He completes the group and is re assessed using the Rosenberg's (1989) self esteem scale and is found to have to improved his score.
- Subjectively, he feels that he has improved.

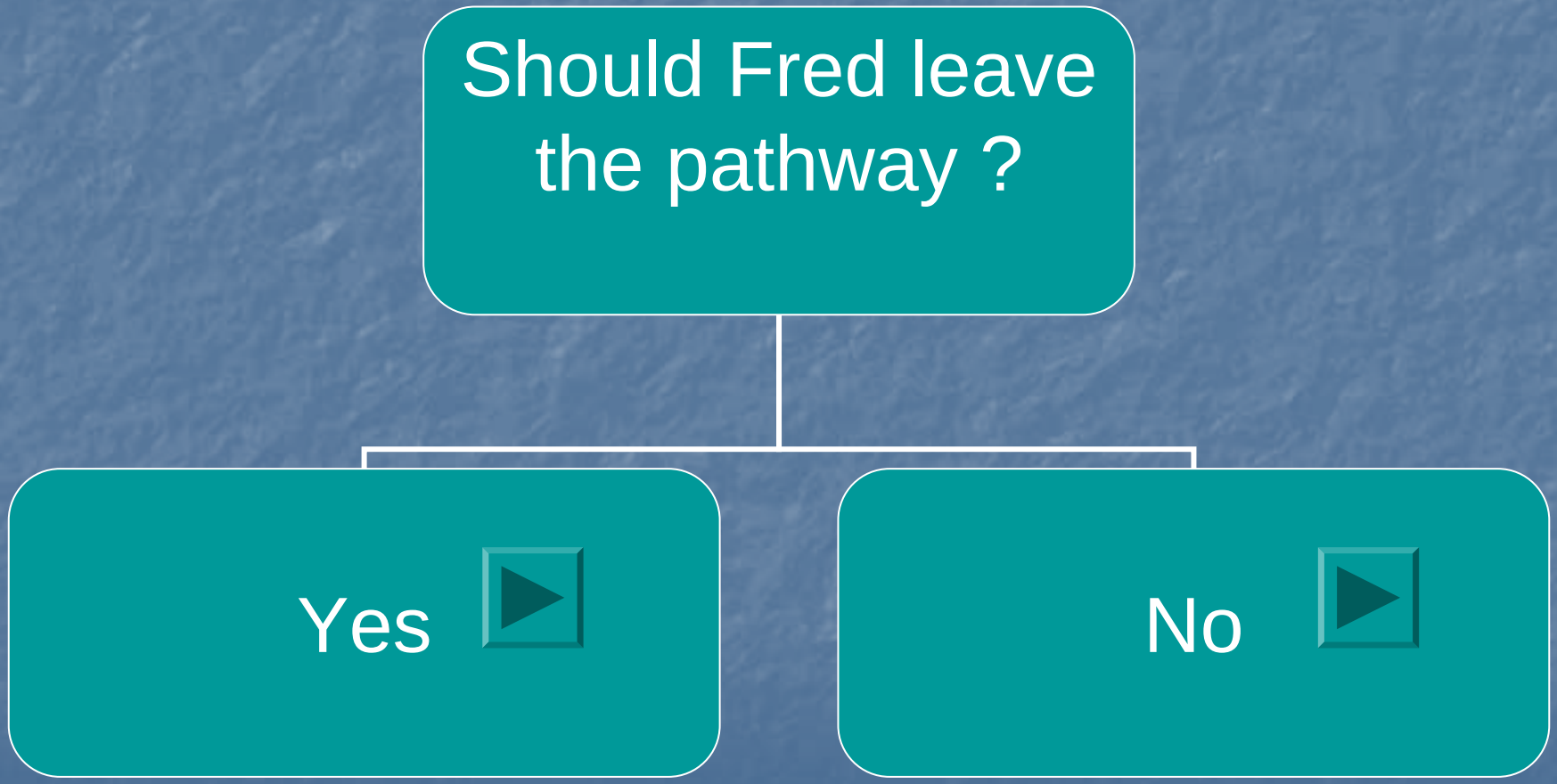
Scenario

- Fred agrees to take the following routes:

  Self medication management.

  Wellness and recovery.

- Following the successful completion of these routes Fred was re-assessed using the K.G.V.(1977).
- Scores improve in hallucinations, self esteem and he has an established wellness plan.


Should Fred leave the pathway ?
Yes
No

Yes

- Fred's clinical outcomes have objectively improved.
- Subjectively he feels well.
- The individual care plans developed at the end of each route are amalgamated and sent to the Care Co ordinator, General Practitioner and Consultant Psychiatrist and any others specified by Fred.

No

- If subjectively Fred feels no improvement and/or
- There is no improvement in pre and post assessment scores.
- There are optional routes left to consider.

Goodbye from Fred

Outcome Measurement

- Symptom Improvement – Standardised Measures
- Variance Tracking & analysis.
- Audit against NICE standards.

Referrals 2007

Engaged	Variance tracked	Data Spoilt	Total
139	10	1	150

Variance tracking – engagement 2007

Variance	Location	Social	Mental Health Crisis	Other	Spoiled Data	Total
Service users	3	3	2	2	1	11

Sources of entry to the pathway in 2007

Discipline	Consultant Psychiatrists	Senior House officers	Social Workers	Community Psychiatric Nurses	Ward Staff	Total
Service users	25	4	33	63	25	150

Clinical assessments 2007

Name of assessment	Total Number
K.G.V. (1977)	100
Chadwick's assessment of hallucinations (1994)	89
Time line	102
Genogram (Mc Goldrick 1985)	103

Information about Psychosis.

Group	Individually	Total	Reported improvement
46	2	48	24%

Coping with Stress

Completed	Reported improvement
13	11%

Self esteem

Completed	Reported improvement
18	12.5%

Coping with voices.

Group	Individually	Total	Reported improvement	Coping with voices plans
6	31	37	13%	37

Medication Concordance

Completed	Individual	Group	Clients with concordance plans
32	11	21	32

Wellness and recovery 2007

- 43 service users completed the wellness and recovery workbook either individually (13) or in a group (30).
- Consequently all had a relapse prevention plan based upon early warning signs and triggers.

Healthy Lifestyles 2007

Total number of clients offered access to the gym and relaxation sessions.	Accepted	Did not attend
150	60	7

Cognitive Behavioural Therapy

- 100 % of clients offered C.B.T.
- 35 clients took this route.

Impact on the C.H.T.T. workload 2006

	Decrease	Increase	No change
Woodlands	79%	7%	14%
Hunden's	46%	18%	36%
Locality	62.5%	12.5%	25%

Opinions of C.H.T.T. staff 2007

- 100% felt it was easy to refer to the Pathway
- 100% felt that clients had benefited from attending the Pathway.
- Staff gave the Pathway an overall score of 8 out of 10.

The next steps ?

- Evaluate qualitative value of the project from client and carer perspective.

- Service Reconfiguration
  - Specific service delivery teams, (Psychosis/Affective)

- Development of Psychosis Care Pathway
  - Aims to ensure effective implementation of best practice and meet standards (e.g. NICE).

- Implementation of the PARKS project into routine practice of Psychosis service, aiming for all staff to become involved.
  - Rationale:-
    - Increases practitioner efficacy through focussed supervision/mentoring; & skills demonstration & coaching
    - Help overcome many of the now almost ‘traditional’ Implementation barriers
    - Supports the Care Pathway in meeting best practice standards (e.g. NICE)

Psychosis Service Development

- Strategic and Focussed education, training & Supervision
- Based on the values of Wellness and Recovery concepts
- Service user and carer priority led

Thank you

Contact details

- Andrew N. Stilborn - Locality Lead for PSI Darlington; ANDREW.STILLBORN@tewv.nhs.uk
- Craig Hill – Locality Lead for PSI South Durham; CRAIG.HILL@tewv.nhs.uk

Special thanks to :
- Jane Buckle
- Maria Hand
- Clair Proctor