

Fact Sheet 4

Commissioners

Invest to save

Context

The word psychosis is used to describe conditions which affect the mind, where there has been some loss of contact with reality.

- *It is most likely to occur in young adults (under 25 years).*
- *Around 3 out of every 100 people will experience a psychotic episode*
- *This makes it more common than diabetes.*
- *A proportion of people will experience multiple episodes*
- *The annual cost, has been estimated at £946m (€1382m, \$1766m) (Patel & Knapp, 1998)*

Core business of an at-risk service

- *An at-risk service aims to enhance patient experience and improve outcomes by*
- *preventing transition to psychosis,*
- *Reducing distress and improving quality of life through the delivery of CBT*
- *Reduce duration of untreated psychosis (DUP) should transition to psychosis occur*
- *Reduce number of unnecessary contacts for clients, smoothing pathways to care*
- *Raise awareness regarding early signs of psychosis in primary care, social care, voluntary sector and educational staff.*

These aims are in accordance with national guidance (e.g. components for early intervention outlined in the Department of Health Policy Implementation Guide, 10 High Impact

Changes) and international targets (e.g. the World Health Organisation's Early Psychosis Declaration: EPD; Bertolete and McGorry, 2005). DH recognise the importance of this activity and due to the latest research findings they have added a new line in the LDPR (5379).

Are these aims achievable?

- *CBT can prevent and or delay transition to psychosis (Morrison, French et al., 2004).*
- *A recent audit of a local at-risk service demonstrated a lower rate of transition to psychosis (7%) when compared with local (22-30%) and international (36-50%) data in the absence of targeted preventative interventions.*
- *High rate of acceptability (a non-engagement rate of 10%); identification of untreated first episodes of psychosis (17% of referrals);*
- *Fewer help-seeking contacts in their pathway to care, compared to an area without an at-risk service; a rapid response time (median waiting time from referral to being seen was less than 2 weeks).*

Transferability and value for money

It is assumed that early detection and working with ARMS cases should be part and parcel of an Early Intervention service, however, the original policy implementation guidance emphasises working with people who have already developed psychosis rather than ARMS. The PIG does discuss diagnostic uncertainty although this refers to a symptom orientated approach rather than a diagnostic one.

Several dedicated ARMS services have now been established in the UK and an MRC funded multi-site randomised controlled trial is further

evaluating this approach. All young people who are seen in at-risk services are distressed and help-seeking. Help is often sought from other services provided by the NHS, which are not providing evidence based preventative interventions, given that this is not their core business. An at-risk service represents clear value for money, given the huge personal and social costs associated with the development of psychosis in a young person, as well as the financial costs of psychosis to the NHS and social care.

Service-user from an at-risk service, experience of CBT:

“After CBT, having dealt successfully with unusual and frightening ideas and experiences, I was able to understand them in simple terms and able to believe that they’d never cause me the same kind of fear and confusion again”.