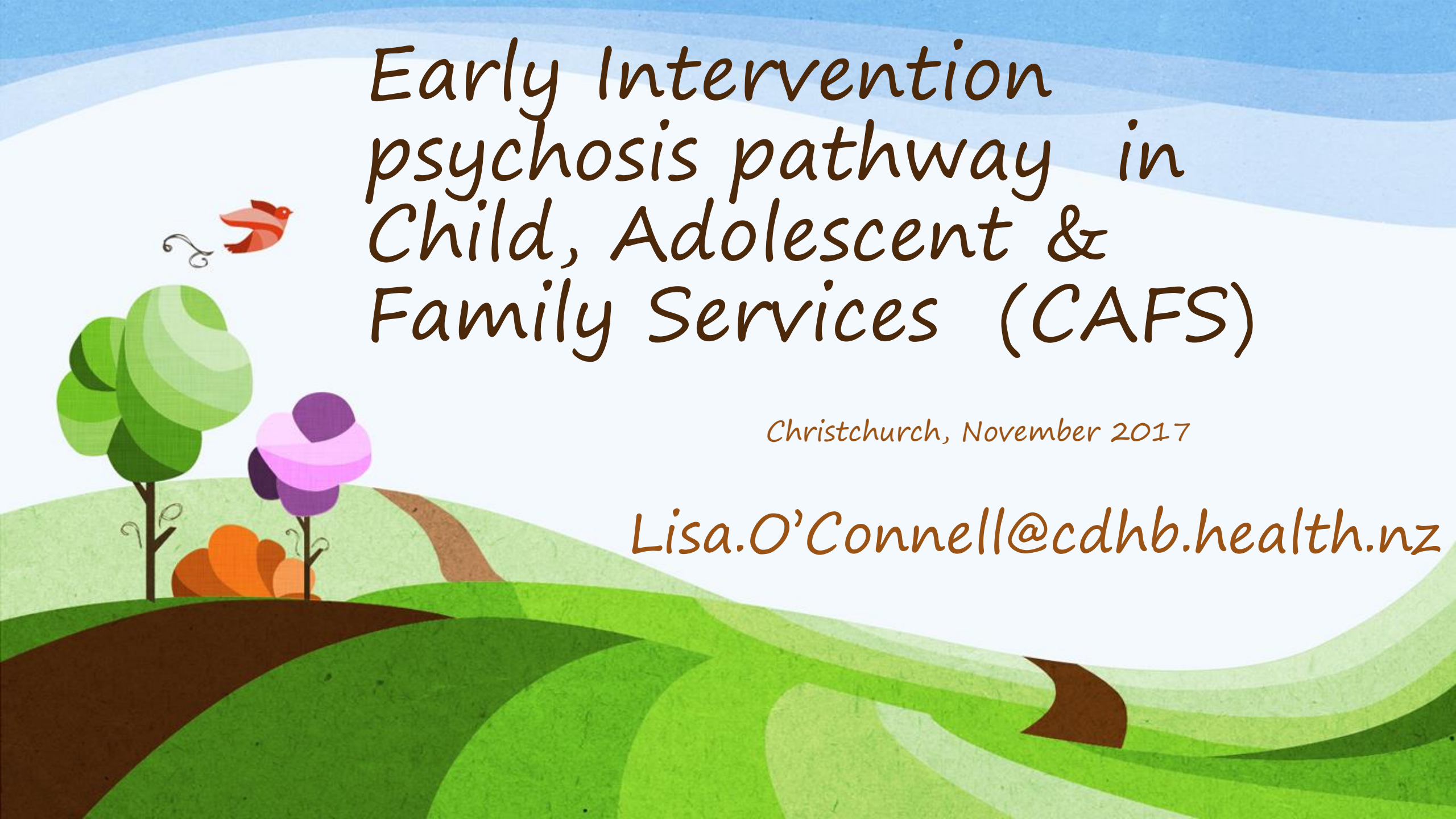
Early Intervention psychosis pathway in Child, Adolescent & Family Services (CAFS)



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Overview

- Introduction to CAFS Canterbury
- Why did we need an Early Intervention pathway?
- The proposal and the current position of EIPP at CAFs
- Client journey and staffing
- Case studies
- Partnership with NGO Health Sector – Emerge Aotearoa Community Support Workers
- Advantages and challenges of having EIPP embedded within CAFS
- The challenges ahead…..

CDHB CAFS

This service provides specialist community and inpatient mental health services, including assessment, treatment and education, for individuals aged 0-18 and their families

It provides consultation and liaison for general practitioners, schools and key allied health and social service agencies and a consultation service to North and South Canterbury

It provides inpatient services to the South Island at the Child and Adolescent Unit at The Princess Margaret Hospital (CAU)

Why was there a need to develop this pathway in 2009

CAFS were not providing any different treatment pathway for Young People who were having their First Episode of Psychosis (FEP), and/or presenting with Prodromal symptoms, as such this vulnerable client population were missing out on treatment:

- Challenges in engaging with this population within the standard case management models and practices.
- Complexities with this population required flexibility in treatment and capacity to address co-morbid issues such as AOD, ASD, ID, Anxiety
- Impact on developmental trajectory of having such a major mental health issue at such a young age
- Metabolic monitoring and medical needs for this population are high
- High % of Māori and Pacifica Young People experiencing FEP which required a more assertive outreach model due to difficulties with engagement and treatment adherence.
- Challenges of keeping up-to-date with best practice
- Need for assertive engagement and support for families
- Lack of specifically geared services in the Community sector to provide ongoing, long-term follow up or support

The current position on EIPP at CHDB

- There has been an agreement to support a dedicated pathway based on the principles of Intervention for First Episode Psychosis which would cover all CAF services
- The pathway is gaining consistency, continuity and collaboration across CAF services for the delivery of pathway.
- Focus on keeping up-to-date and upskilling staff in the area
- Development of a partnership with NGO Health Sector – Emerge Aotearoa Community Support Workers are embedded in the team
- Typically 15 clients but currently the EIPP has 22 clients

General Client Journey in CAFS

- Referral from CAF Link or CAF Emergency or Inpatient
- Generic CHOICE or Partnership Appointment (CAPA Model of service delivery)
- Admission & Treatment
- Review within general MDT
- Discharge

EIPP Client Journey in CAFS

- Referral from CAF Link, CAF Emergency or Inpatient
- CHOICE or Partnership by Dedicated EIPP clinician and/or SMO
- EIPP team follow-up within specific EIPP framework
- Review EIPP MDT: includes Emerge Aotearoa CSWs, Inpatient Nurse and occasionally TH
- Planned, slow transition to other treating team or GP

EIPP Staffing in CDHB CAF Services

- Psychiatry 0.2 FTE
- Case Management/Social work 0.8 FTE
- Case Management/Nursing 0.8 FTE
- Occupational Therapy – no designated time
- Psychology – no designated time
- Pukenga Atawhai
- Dietician
- Physiotherapy
- **Emerge Aotearoa Community Support Worker (CSW) 2 FTE**

Case study: "J"

Standard CAF model

- 16 year old Māori boy from Rural community
- First presentation of psychosis
- Long hospital admission
- Background of cannabis use, disruptive behaviour, school refusal and several community agencies involved
- Family suspicious of all government agencies and engagement difficult
- Family/Whanau life chaotic

Standard CM model

- Expectation on young person and family/whanau to accept and commit to SMHS follow up
- Fortnightly clinic appointments were not attended and there was a continued chasing of appointments
- Little understanding of day to day routine with no clear weekly structure and limited community involvement therefore young person isolated further
- Community support worker attempted to contact weekly however there was little motivation from young person and family/whanau
- Relationships were superficial and at times conflictual
- Symptoms remained
- Family with little hope for things to be different
- OUTCOME: Disengaged and Discharged as DNA

Case Study: "B"

EIPP Model & Treatment

- 17 year old Māori female from North Island however living with whanau in Canterbury
- First presentation of psychosis
- Long hospital admission
- Significant background of AOD including methamphetamine, prostitution, exposure to domestic violence and no purposeful daily activity
- Family suspicious of all government agencies and engagement difficult
- Family/Whanau life chaotic

- Assertive outreach with both CM and CSW to home several times/week for engagement
- Staff available for tasks which the family deem are supportive: eg transport to appts, assistance with WINZ, food parcels etc
- Threading through psychoed rather than formal educational session: utilising stress vulnerability model, timelines, strengths and values cards to assist with young persons and families understanding
- Accepting whanau structure and dynamics but giving hope and sharing stories of others journeys
- Monitoring symptoms and assuring adherence to medication. This would mean picking up and paying for scripts at times.
- Supporting B when her relationships were more difficult with either whanau or boyfriend. Linking her with appropriate services such as GP, respite or police. Discussing options without pressuring her to make decisions.
- Exploring and then supporting a youth guarantee programme. This included meetings, mentoring in class, renegotiating her programme at time and transport at other times
- Being able to be a "sounding board" and supporting problem solving
- OUTCOME: 3yr follow-up ->GP, Reduction in symptoms & risky behaviours, engaged in meaningful relationships & activities, IMI Paliperidone

A working partnership with Emerge Aotearoa – 2 dedicated CSW

- Building purposeful relationships with clients and their families which are based on trust and respect
- Developing agreed upon measurable goals in partnership with the young person and their family
- Participating in recreational activities with the young person to increase self confidence and decrease symptoms of social anxiety and isolation.
- Practical support for vocational or educational goals

Advantages of having CSWs embedded in the team

- Fully part of the team and able to be responsive to changing acuity and needs
- Able to provide meaningful feedback to the EIPP team around actual functioning in various settings and onset of subtle early warning signs
- Increases efficient use of CAFs staff time and facilitates assertive outreach e.g. reduces DNAs, increases attendance for blood tests, sexual health clinics, job interviews etc.
- Easy, frequent opportunities to up-skill CSW about EIPP at MDTs, reviews, family forum
- Potentially reduces the obstacle of the somewhat formal and potentially intimidating medical model of CAFs, less threatening way to provide informal psycho-education
- Working in close partnership with the team and able to be responsive to change acuity
- Facilitates return to developmental trajectory and promotes healthy habits such as exercise or accessing developmentally appropriate resources in the community/NGO sector
- Provide safe, meaningful but informal regular respite for stressed families

Challenges of CSW embedded in EIPP team

- Hard to accommodate fluctuations in demand (up or down)
- Working independently in the community in relative isolation with very complex clients
- Asking for reasonably complex feedback from non-clinical staff
- Small number of staff with potential for rapid turnover need for ongoing up skilling

NB MUST consider risks, ensure good boundaries, safety protocols, regular supervision etc...

Advantages for having EIPP embedded in CAFS

- Developmental perspective/ focus Incorporated into the model
- Ensures prescribing & psychological interventions take into consideration age and developmental stage of child
- Staff familiar with family/whanau and sibling work & can access family therapy
- Facilitates easier access to treatments for co-morbidities - anxiety, ASD, ID
- Potentially less intimidating for child and family
- Early stages often unclear - ability to monitor on a longitudinal basis through adolescence
- Less rigidity around length of treatment or need for definitive diagnosis

Advantages for having EIPP embedded in CAFS (continued)

- Established links with local schools and child and youth based services
- Established links with inpatient services to smooth transition in and out of hospital
- A few dedicated staff with a special area of interest facilitates opportunity to up-skill in EIPP and increases likelihood of consistency in treatment
- Opportunity to build links with other EIPP services to share knowledge and resources

Challenges of being embedded in CAFs

- Hard to protect low case loads and designated time for EIPP due to competing demands for the resources
- Small numbers at times impact on the argument around needing an independent team
- Small numbers of staff so vulnerable to staff attrition
- Often early diagnostic uncertainty or co-morbidities which resemble psychosis result in challenges in protecting limited EIPP resources
- How to manage significant increases or decreases in demand with small staffing levels
- Hard to run group based therapies or day programmes given small numbers scattered across a range of developmental ages/needs and at different stages of the illness

Challenges Ahead....

- Vocational pathway - employment and/or education
- Retention and ongoing up skilling of staff
- Improvement of resources provided for YP and their families
- How to provide culturally appropriate services (increased Pacifica & Asian families)
- Building more links with community based activities – voluntary sector, supported employment, gyms etc.
- High demands on CAFs services currently challenges of retention of EIPP dedicated service – low case loads, assertive outreach etc..
- How to better access dietician, physiotherapist etc..
- Ongoing work around transitions


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Thank You! Any Questions?
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Vocational Pathway