

<b>Committee</b>	<b>Date</b>	<b>Classification</b>	<b>Report No.</b>	<b>Agenda Item No.</b>
Health Scrutiny Panel	14 <sup>th</sup> October 2008	Unrestricted		4.2
<b>Report of:</b>  <b>Brigid Macarthy, Clinical Psychologist, East London NHS Foundation Trust</b>		<b>Title:</b>  <b>Briefing Paper on the Proposed Development of an Early Intervention Service in Tower Hamlets</b>  <b>Ward(s) affected: borough wide</b>		

## 1. Summary

- 1.1 This briefing paper has been prepared to inform Members of the Health Scrutiny Panel about the proposed development of an early detection service for mental health.

## 2. Recommendations

It is recommended that Members:

- 2.1 comment on the proposals set out within this briefing paper.  
2.2 Suggest further ways to ensure the proposed service meets the needs of residents within Tower Hamlets.

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### LOCAL GOVERNMENT ACT, 2000 (SECTION 97) LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background paper	Name and telephone number of and address where open to inspection
Scrutiny Review File held in Scrutiny Policy Team	Afazul Hoque 020 7364 4636

### **3. Background**

3.1 East London NHS Foundation Trust is seeking to establish an early detection service in Tower Hamlets, to refer 'at risk' patients with initial signs of schizophrenia to its established Tower Hamlets Early Intervention Service (THEIS). This new service will be granted significant funds, with a budget of £250K (part year effect) for 08/09. The intention is to develop a thoroughly innovative service.

#### **3.2 What is an Early Intervention Service?**

Early Intervention is a new but important field for mental health services. Young people between 18 and 35 years old are treated by a specialised team of psychiatrists, psychological therapists, occupational therapists, nurses and social workers, who intervene at the first onset of a psychotic disorder. There is evidence that working with those individuals and monitoring their well-being over a three-year period, can increase the success of treatment and in turn increase the chances for the young person of achieving a fulfilling future. Every PCT is required, via the NHS Operating Framework 07/08, to increase the number of patients with First Episode Schizophrenia who are provided with this specialist intervention. THEIS was one of the pioneers of Early Intervention Services in London and was one of the few Early Intervention teams to achieve their set targets in London SHA in 2007/08.

#### **3.3 Why is Early Detection important?**

The shorter the Duration of Untreated Psychosis (DUP) the greater the success of Early Intervention Services in speeding up initial recovery and reducing social disability and the social exclusion which is a consequence of delayed recovery. Thus an early detection service is needed, to achieve a truly comprehensive strategy of care for young people at risk of their life chances being destroyed by the onset of psychosis.

3.4 An Early Detection Service (EDS) broadly aims to make contact with young people between 16 and 25 who appear to be at risk of developing schizophrenia, in order to offer support and monitor their mental health and well-being over a period of 2 years. There may be a family history of schizophrenia, or they may have reported one or more of a list of odd or disturbing experiences which do not yet justify a diagnosis of schizophrenia: these are:

- ❖ Personalised voices / visions
- ❖ Jumbled or confused thoughts
- ❖ Feeling that others may want to harm them (paranoia)
- ❖ Frightening / unusual ideas
- ❖ Changes in behaviour and functioning at college and work

3.5 Approximately 20 to 30% of these young people would be expected to make the transition to experiencing a full psychotic episode in the two year monitoring period. At that point, with the help of an EDS, they would rapidly and with the minimum of distress, be offered active interventions and full care co-ordination from the Early Intervention Service. A recent case study in Norway using an Early Detection Service (TIPS) has shown good evidence of success in the achieving the crucial reduction in DUP.

3.6 In Tower Hamlets there is a growing population in the under 19 age group. This population has particular characteristics which make it additionally important that we devise a service which is both acceptable and accessible to the young people of the borough with mental health needs. Close to 60% of the school population are Bangladeshi; there is a fast-growing community of young Somalis. Epidemiological data tells us that we are failing to make contact early enough with young people in mental distress from these communities, so that when they do eventually encounter mental health services, they are likely to be more ill. Behind the evidence for this delay are stories of young people and their families living in turmoil and increasing despair for far longer than need be, if services were able to offer support and interventions which were unstigmatising and accessible. Existing services acknowledge that they are not good at engaging young people generally. Engagement strategies will need to be especially creative to

reach young people in these communities where mental health problems are particularly stigmatised and stigmatising.

### **3.7 What will the new service look like?**

Currently there is no clinical (non-research) service for early detection of schizophrenia in the UK, so that there are few equivalent models of good practice available on which to base our service design.. East London Foundation NHS Trust therefore took the decision to invest in a thorough option appraisal and scoping exercise which has involved consultation with all major stakeholders. This process started during August and the Central Office of Information (COI) was commissioned to undertake this initial piece of work and a draft report has now been submitted to the Trust for consideration.

3.8 Standardly the work of an EDS has the identification, engagement and monitoring of young people at risk as its core task. However, over the 2 year period of engagement, it will offer a range of psychosocial interventions, designed primarily to combat social exclusion, and enhance the young people's capacity to cope with the challenging transitions which dominate this life-stage. To support this work, it is essential to conduct a mental health awareness campaign in the wider community, to promote accurate understanding and de-stigmatisation of mental distress of this severity.

3.9 We have learnt from the consultation exercise so far, the importance of developing an acceptable public identity for the service, which defines it as distinct from statutory services; the need to use pro-active outreach, not wait for traditional health-care pathways to deliver clients to our door; designing a flexible service which is accessible for those highly visible groups we are already aware of, while also being able to reach out to hidden need, for instance in young Bangladeshi women, or new migrant communities.

4.0 In order to implement a service this innovative, we plan to develop a partnership with existing non-mental health youth services, and with 3<sup>rd</sup> sector organisations with local roots and expertise, operating from a 'shop-front' which is acceptable to young people. We have learnt through the consultation exercise about how youth services in the borough are organised in a system of 'hubs' and pursuing close links with this system seems an exciting option.

## **4. Concurrent Report of the Chief Legal Officer**

4.1 N/a

## **5. Comments of the Chief Financial Officer**

5.1 N/a

## **6. Equal Opportunity Implications**

6.1 The service as a whole is conceived to challenge health inequalities;  
6.2 the approach is also predicated on an understanding of the causal links between inequalities of opportunity, differentially higher rates of poor mental health and subsequent social exclusion

## **7. Anti-Poverty Implications**

7.1 The onset of psychosis occurs with greatest frequency just at the point when a young person is becoming independent and active economically. Those experiencing severe and enduring mental health problems are amongst the poorest and most socially

disadvantaged in society. This service is designed both to divert a small but significant number of people with the potential to develop a severe mental health problem from making that transition, and also to significantly reduce the social disability associated with developing psychosis.

**8. Sustainable Action for a Greener Environment**

8.1 N/a

**9. Risk Management Implications**

9.1 N/a