Index

At Risk Mental State (ARMS), 93, 106
acute and transient psychotic disorders (ATPD), 90–91
acute ward environment, problems in, 18–19
Adherence Therapy, 79
Adult Mental Health Services (AMHS), 27, 30, 32, 291
adult-trained health care staff, 37–8
adulthood psychosis, and childhood trauma, 169, 171
Aetiology and Ethnicity in Schizophrenia and Other Psychoses (AESOP) study, 67
affective (mood) causes, of psychosis, 86–7
antipsychotic medications, in FEP, 73
Adherence Therapy, 41, 79
change, 77
dosage and side effects, 76–7
drugs, differences between, 74–5
evidence, summary of, 73–4
implementation into practice, 74, 76, 77–8, 79–80
metabolic risk factors, assessment and management of, 78–9
monitoring, 78–9
prescription, 74
withdrawal and relapse rates, 80–81
aripiprazole, 76, 77
Asperger’s syndrome, 87, 88
Assertive Community Treatment (ACT), 3, 46
Assertive Outreach (AO) model, 36, 46, 149
assessment sessions
time, location and frequency of, 61–2
atypical psychotic symptoms, 85
auditory hallucinations, 54–5, 86
awareness raising, in schools, 116
challenges
preparation, 119–21
touring, 121–2
evaluation, 118–19
first episode psychosis, TIE programme on, 117–18
health education, 116–17
opportunities, 122–3
barriers to identification and treatment of psychosis, 10
Behavioural Family Therapy (BFT), 215, 219, 241, 284–5, 286
borderline personality disorder, 88–9
Brief Psychiatric Rating Scale (BPRS), 191
Calgary Depression Scale (CDS), 87
cannabis, 89, 147, 150, 153
and mental health, 150–51
Cannabis and Psychosis (CAP), 153
capabilities, 264
Capability Framework, 152
Capable Practitioner framework, 264, 267, 271
Care Programme Approach (CPA) process, 246
care planning, early warning signs and contingency planning, 230
carers, recovery for, 230–31
clinical case study, 231–2
confidentiality, 228
engagement concept, 228–30
evidence, summary of, 226–7
information gathering, from families, 227–8
CD-ROM, 279
t raining package, 274, 277–8
Child and Adolescent Mental Health Service (CAMHS), 27, 284
childhood trauma, 169, 170, 171
client engagement, 35
clients and case workers, relationship between, 35
clinical-staging model, 94
clinical supervision, in early intervention teams, 281
arrangements, evaluating, 286–7
balanced practice, 285
definitions, 281–2
educational session questionnaire, 288
effectiveness, evidence for, 283
features, 282–3
‘figure in landscape’, 285
clinical supervision (Continued)
group supervision, role of, 285–6
implementation into practice, 283–5
models, 282
reasons, 281
staff development, 285
clinicians, training, 273
early psychosis declaration, 273
EI training CD-ROM, development of, 274, 277–8
evidence, 273–4, 275–7
finished product, delivery of, 278–9
future possibilities, 279
training material, using, 279
‘Closing the Gap’, 152
clozapine, 77–8, 186, 194–5
Cochrane Database, 46
cognitive behavioural therapy (CBT), 53, 95, 126–7
case studies, 55–7
difficulties, destigmatising and normalising, 60–61
evidence, summary of, 53–5
first-episode voices group, 58
formulation and intervention, considerations for, 60
implications and conclusions, 63
making therapy fun, 63
negative symptoms, 62–3
people with first-episode psychosis, working with, 58–60
for relapse prevention, 157–8
time, frequency and location of sessions, 61–2
cognitive remediation therapy (CRT), 62
cognitive therapy (CT), 95
for PTSD, 176
community awareness raising, for early psychosis, 109–10
creative activity and sports as hook, 112–14
evidence, 110–11
implementation into practice, 111–12
PSYPHER, 112
Community Psychiatric Nurse (CPN), 284
co-morbid anxiety, CBT for, 56–7
Connexions, 42, 112, 113, 143
contact individual approach to maintain, 39–40
non-traditional methods, 40
contingency planning, 230
COPE (Cognitively Oriented Psychotherapy for Early Psychosis), 195
core business, 32
Craven case study, 49
Creating Capable Teams Approach (CCTA), 259
Creative Connexions, 113
Criminal Justice Liaison Team (CJLT), 259–60
cultural diversity, 66
culturally appropriate services, provision of, 69–70
ethnic differences, reasons for, 69
implementations into practice, 70–71
incidence rates, 66–8
pathways to care, 68–9
defended independence, 160, 161–2
delayed recovery intervention
medication, 194–5
psychosocial interventions, 195
steps towards personal recovery, 195–6
treatment improvement, strategic team approach to, 195
understanding context, 193
disorder, 192–3
person, 193
service, 193–4
Delivering Race Equality (DRE), 66
delusions, CBT for, 55–6
depression, symptoms of, 87
designated service, 30–31
designated staff, 31
designated team within a service, 31
destigmatising and normalising approach, 60–61
developmental disorders and psychosis, 87–8
Diagnostic and Statistical Manual of Mental Disorders (DSM), 85
diagnostic uncertainty, in FEP, 84
affective (mood) causes, 86–7
and developmental disorders, 87–8
differential diagnosis, 85, 86
general population, psychosis symptoms in, 85
implementation into practice, 84, 86, 88, 89, 90
implications and conclusions, 90
organic (physical) causes, 85–6
people to be diagnosed, 84
stability, 90–91
street drugs, personality and, 88–9
traumatic causes, 87
difference making, 276
dispersed/CMHT model, 47
diversity, respecting, 269, 275
drug-induced Parkinsonism, 75
drug-induced psychosis, characteristics of, 89–90
drug usage patterns, in UK, 150
drugs, differences between, 74–5
dual diagnosis, 147
and early intervention, 150
effective interventions for, 149–50
prevalence rates in, 147–9
duration of untreated psychosis (DUP), 9, 93
early detection and community education, 11–12
evidence summary, 9
identification and treatment, barriers to, 10
implementation into practice, 10–11
implications and conclusions, 14–15
long treatment delays, 9–10
pathways to care interventions in primary care, 12
interventions in secondary care, 12–14
Durham fidelity criteria, 6
early detection and community education, 11–12
and treatment opportunities, 93–7
Early Intervention (EI) cognitive behavioural interventions in, 53–63
policy, 3, 4
and mental health practice, 2–3
practice and service development, 5–7
research, 3–5
Early Intervention (EI) teams, tips for, 32–3
Early Intervention in Psychosis (EIP), 45, 46, 47, 255
Early Intervention in Psychosis Services (EIS), 226
Early Intervention Service (EIS), 27–8, 35
benefits and deficits, 51
core principles, 45
cost, 52
models, 45
of service delivery, 47–51
in practice, 46–7
early onset psychosis, 36

Early Psychosis Declaration (EPD), 1, 2, 9, 36, 73, 74, 100, 226, 263, 273
Early Psychosis Prevention and Intervention Centre (EPPIC) model, 245
eyearly warning signs (EWS), 230
EDIT (Early Detection and Intervention Team), 12, 13
educational establishments, 260–61
educational session questionnaire, 287, 288
educational supervision, 282
EI training CD-ROM, development of, 274–8
electro conductive therapy, 22
electroconvulsive therapy, 186
email communication, 40
emotional distress, 170
employment, barriers to, 141–2
engagement challenges to, 36
contact
individual approach to maintain, 39–40
non-traditional methods, 40
family members and friends, engaging, 40–41
implication, 42–3
medication engagement, 41
pacing, 39
positive personal relationship, developing, 37
principles, 35–6
promoting, 36–7
realism, 38
service accessibility, 41–2
usefulness, 37–8
staff/professional issues, 42
strategies for, 35
supportive and non-judgemental, being, 38
essential capabilities, 265, 275–7

Essential Shared Capabilities (ESC), 263
creation, process for, 265
development, 265
sufficiency, 267–8
training programme, 265–7
ethical practice, 269, 275
ethnic minority groups, 66
ethnicity, influence of, 10
Experience of Care giving Inventory (ECI), 250
families and clients, relationships between, 245–6
family interventions (FI), for first-episode psychosis, 210
case studies, 219–21
content, 217–18
evidence, summary of, 210–11, 212–13
family needs and service delivery, 211, 214–15
training implications, 218–19
family members and friends, engaging, 40–41
Family Oriented Practice, 219
finished product, delivery of, 278–9
training material, 279
first-episode families, needs of, 212–13
first episode of psychosis (FEP), 17, 35, 45, 58–60, 93
antipsychotic medications in, 73
diagnostic uncertainty in, 84
interactive TIE programme on, 117–18
motivational difficulties in, 125
assessment, 127–30
clinicians, questions for, 135
common obstacles, 134–5
intervention, 130–34
negative symptoms, 125–6
primary care liaison for, 99
and paradigm of EIP, 100–101
critical pathways, 101–4
educational intervention development, case study, 104–6
group sessions, in EI, 62
group supervision, role of, 285–6
health education, in schools, 116–17
High Expressed Emotion, 245
hope nurturing, in early psychosis, 201
hope and hopelessness, significance of, 201–2
inspiration, 204–8
integrative model, developing, 202–4
Hope Therapy, 204
hospitalisation, 17–18, 170
Hub-and-Spoke Model, 47–8
Hull and East Yorkshire Mind, 113
identification and treatment of psychosis, barriers to, 10
IEPA, 96
incidence rates, in ethnic minority groups, 66–8
individual barriers to employment, 141–2
individual placement and support (IPS) vocational model, 140–41
inequality, challenging, 269, 275
initial and late prodromal clients, 97
inpatient provision, in early psychosis, 17
acute ward environment, problems in, 18–19
hospitalisation, 17–18
implementation into practice, 22–4
physical environment, 19–20
security, 20
zoning observation policies, 20–21
implication into practice, 21–2
implications and conclusions, 25
inpatient experience, improving, 19
institutionalization, 21–2
International Early Psychosis Association (IEPA), 274
IRIS guidelines, 213
Jellycat Media Limited, 113–14, 143
labour market barriers to employment, 142
leadership, 256, 258
of groups, 248–9
Leeds Xscape, 113
LEO-CAT (Lambeth Early Onset Crisis Assessment Team), 12
liaison/link posts, 31
Liverpool Institute of Performing Arts (LIPA), 261
long treatment delays, 9–10
managerial supervision, 282
Manchester Mental Health and Social Care Trust, 148
Marian Bullivant RMN, 259–60
media, 112
medication, 73
in delayed recovery, 194–5
engagement, 41
Mental Health Act (1983), 66, 229
Mental Health First Aid (MHFA), 111
mental health organisational barriers to employment, 142
Mental Health Policy Implementation Guide (MHPIG), 45–6, 140
mental health professionals attitudes and behaviours of, 35–6
and individuals with FEP, 36
task for, 35
mental health services, 28–9
mental health training, 99
metabolic syndrome, 78
mood congruent, 86–7
motivational difficulties, in first episode psychosis, 125
assessment, 127–30
clinicians, questions for, 135
common obstacles, 134–5
intervention, 130–34
intervention studies, 126–7
negative symptoms, 125–6
predictive value of, 126

National Continuous Quality Improvement Tool for Mental Health Education, 265
National Healthy School Standard (NHSS), 116
National Institute for Clinical Excellence (NICE), 46
National Institute for Mental Health in England (NIMHE), 47, 265
National Mental Health Workforce Strategy, 266
National Occupational Standards (NOS), 266, 267
National Service Framework (NSF), 45
National Service Framework (WSF), 263–4
negative symptoms, 75
and cognitive problems, in CBT sessions, 62–3
in FEP, 125–6
assessment, 127–30
predictive value, 126
New Ways of Working (NWW), 258–9
newer atypical vs. older typical drugs, 74–5
Northumberland Case Study, 50–51

On the Edge, 116, 117–18, 121
olanzapine, 95–6
older typical drugs vs. newer atypical drugs, 74–5
organic (physical) causes, of psychosis, 85–6
pacing, 39
paliperidone, 75
paranoid personality disorder, 88
partnership, working in, 269–70
patient’s needs, assessment of, 21–2
Pearson’s relational model, 203–4
people’s needs and strengths, identifying, 270, 286
person-centred care, providing, 270
personal development and learning, 268–9, 277
personality disorders, 88–9
positive personal relationship, developing, 37
post-traumatic stress disorder (PTSD), 87, 169, 170
symptoms and psychosis treatment, 171–2
treatment, interventions at, 174–6
practical help, 37
practitioners’ barriers to employment, 142
Precede–Proceed Model, 110
primary care liaison, for individuals with FEP, 99
critical pathways, 101–4
educational intervention development, case study, 104–6
evidence, overview, 99–100
future, implications for, 106–7
and paradigm of EIP, 100–101
professionals, roles of, 255
and carers, 232
communication, 261–2
criminal justice liaison team, 259–60
education, 260–61
evidence summary, 255
implementation into practice, 257–8
New Ways of Working (NWW), 258–9

NSF policy guidance and EIP service aims, 255–6
recovery and optimum quality of life, 261
recovery practice embrace, 257
team working, 256–7
prolonged recovery, 191
prophylactic medication, 41
PSI training, 273
Psychiatric Experiences Questionnaire (PEQ), 170
PSYPHER (Psychosis Service for Young People in Hull and East Riding), 112–14, 142–3
‘pyramid of family care’ model, 214
quetiapine, 76
realistic goals, development of, 38
recovery practice, 257
recovery practice embrace, 257
recovery, promoting, 276
REDIRECT programme, 12, 105
relapse prevention, in early psychosis, 157
cognitive behaviour therapy for, 157–8
defended independence, 161–2
early signs, 158–9
and emotional recovery, 157
freedom and autonomy, 162
person in recovery, 160
relapse dance, 159–60
service system, 163
therapist, role of, 162–3
thwarted recovery, 160–61
rethink, 84
role reversal, 38
safety and positive risk taking, promoting, 277
Sainsbury Centre for Mental Health (SCMH), 265
Salford EIS, 245, 248, 251
Salford group programme, 248
schizoid personality disorder, 88
schizophrenia, early signs and relapse in, 158
schizophreniform disorders, 90–91
schizotypical personality disorder, 88
schools, awareness raising in, 116
health education, 116–17
security systems, in hospitals, 20
‘See Me’ Campaign, 111
service accessibility, 41–2
delivery, 45, 47–8, 50–51
usefulness of, 37
service user centred care, providing, 276
sexual abuse, 174
shared capabilities, in mental health practice, 263
case studies/narrative, 268
diversity, respecting, 269
ethical practising, 269
evidence summary, 263–4
implementation into practice, 264–8
inequality, challenging, 269
partnership, working in, 269–70
people’s needs and strengths, identifying, 270
person-centred care, providing, 270
personal development and learning, 268–9
recovery, promoting, 270
shift, 110
shorter delays, 14
siblings, in first-episode psychosis, 235
clinical case study, 241–2
engagement process, 238–40
evidence summary, 235
numbers, 235
psychosis impact on, 235–6
service example, 240–41
specific issues for, 236–8
skill acquisition, 273–4
SMART goal, 62, 134
Social Exclusion Unit (SEU), 140
social network support, 246
socialisation and care process, 250
Somerset EI and Family Intervention (Fl) services, 217, 218, 219
Staff Development Reviews (SDRs), 285
staff/professional issues, 42
street drugs, personality and psychosis, 88–9
substance misuse, in first-episode psychosis, 147
approaches, 152–4
cannabis and mental health, 150–51
drug and alcohol use, detecting, 151–2
drug usage, in UK, 150
by young people, 150
dual diagnosis and early intervention, 150
effective interventions for, 149–50
prevalence rates, 147–9
suicide, in early psychosis, 180–81
causes, tackling of, 186
definition, 181
in first-episode psychosis, 181
methods, 183
persons at risk, 183
prevention considerations in, 187
future, 187–8
reason for, 182–3
risk assessment, 183–4, 185
risk formulation and risk management plan, 184
risk management, 185–6
treatment considerations, 186–7
supervision, see clinical supervision
supportive and non-judgemental approach, 38
supportive supervision, 282
Systematic Treatment of Persistent Psychosis programme (STOPP), 195
team working, 256–7
Tees and North East Yorkshire case study, 50–51
texting, 40
texting care co-ordinators, 40
‘Therapeutic Pessimism’, 154, 205
thwarted recovery, 160–61
TIPS Project, 110
trauma and first episode psychosis, 168–9
in adulthood, 169, 171
assessment, 169, 170
eyear adverse events, role of, 172–4
overview, 169
PTSD treatment, interventions at, 174–6
treatment and PTSD symptoms, 171–2
Trauma History Questionnaire (THQ), 170
traumatic causes, of psychosis, 87
treatment delay, 9
long treatment delays, 9–10
treatment resistance, in first-episode psychosis, 191
delayed recovery, 191–2
recovery enhancement in, 192–7
understanding and interventions, 192–7
trustung relationship, 36, 37
UK EIP model, 46
UNAFAM (Union Nationale des Amis et Familles de Malades Psychiques), 236
Untreated psychosis, duration of, see duration of untreated psychosis

VIBE service, 142
virtual team, 31
vocational opportunities and early intervention, 140
barriers to employment, 141–2
evidence, 140–41
examples, 142–4

Warren, 113
Worcestershire EI Service, 215–16, 240

working, in partnership, 275
young people and service providers, relationship between, 37
youth-focused services, developing, 27, 28–9
background, 27–8
children and young people under 18, 31–2
comprehensive multidisciplinary teams, 30–31
good service, 29–30
liaison/link posts, 31
models, examples of, 30
tips for EI teams to survive and grow, 32–3
virtual team, 31
‘youth-friendly’ EIS, 36
Youth Workers, 38
‘zoning’ system, 20–21