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Webinar

Understanding First Episode Psychosis

Monday 14th November, 2016

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by



Tonight's panel



A/Prof Morton Rawlin
General Practitioner



Mr Toby Raeburn
Mental Health Nurse



Dr Shona Francey
Clinical Psychologist



Dr Grant Sara
Psychiatrist

Facilitator



Dr Mary Emeleus
GP/Psychotherapist

Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be **respectful** of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your **comments and questions** for panellists in the '**general chat**' box. For help with **technical issues**, post in the '**technical help**' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. This is a professional development activity and **all comments should be on topic**.
- If you would like to **hide the chat**, click the **small down-arrow** at the top of the chat box.
- Your feedback is important. Please **complete the short exit survey** which will appear as a pop up when you exit the webinar.

Learning Outcomes



Through an exploration of Tim's story, at the completion of the webinar participants will:

- Better understand the warning signs, indicators of and prognosis for first episode psychosis
- Be more confident to support young people who have experienced first episode psychosis
- Have increased confidence to work collaboratively in supporting young people who have experienced first episode psychosis.

General Practitioner Perspective



Tim – the General Practitioners role

Gathering the information

What are the problems?

- Who perceives the problem
- Who is involved

What is normal?

Setting goals and expectations



Morton Rawlin

General Practitioner Perspective



Tim – environment issues

Treat the patient and the family

Who has the problem?

Confidentiality

Medicolegal constraints



Morton Rawlin

General Practitioner Perspective



Tim – services

What is available and how will it best fit my patient

Service distribution issues and dealing with service lack

Team based care



Morton Rawlin

General Practitioner Perspective



Tim – Support and Future

Encouragement with attendance

Supportive counselling Tim and family

When to escalate care and to where



Morton Rawlin

Mental Health Nurse Perspective



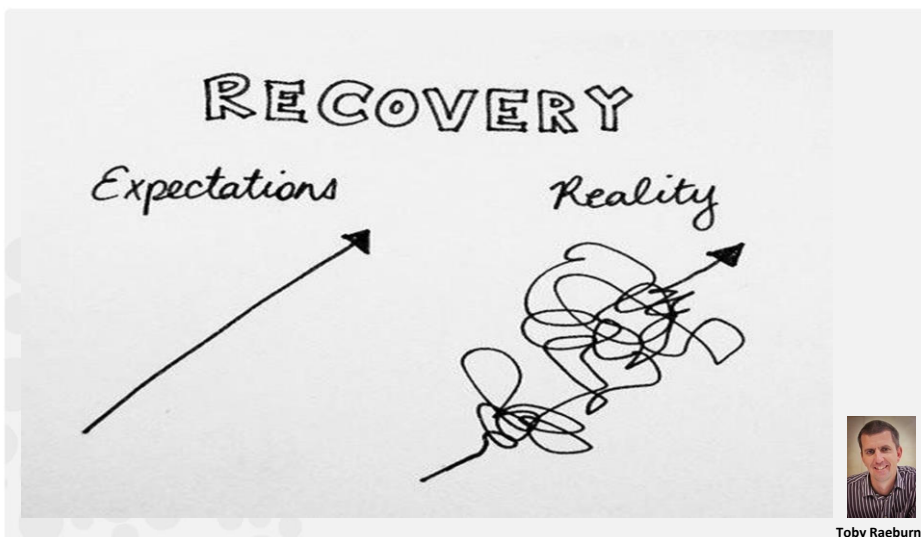
Context is crucial: Mental health nurses (MHN) might meet Tim in a wide range of contexts and at a range of points on his journey

- GP surgery
- Tim's home
- Headspace centre
- MHN private practice
- Community mental health team (CMHT)
- Hospital environment, emergency ward or inpatient unit etc.



Toby Raeburn

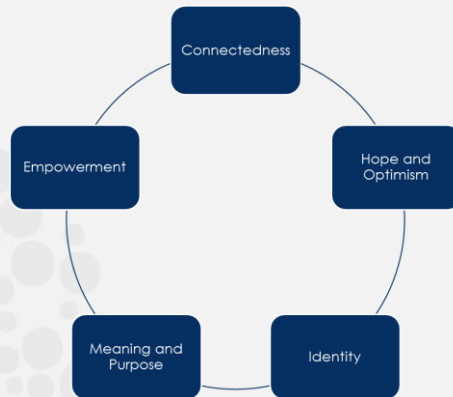
Mental Health Nurse Perspective



Toby Raeburn

Mental Health Nurse Perspective

Useful principles for a recovery oriented MHN approach:
CHIME characteristics of personal recovery



Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *The British Journal of Psychiatry*, 199(6), 445-452.



Toby Raeburn

Mental Health Nurse Perspective

Broadly, what might MHNs offer Tim?

Mental health assessment: This is not mental illness assessment. Be as interested in abilities and activities as indicators and illness. Tim's case study highlights the importance of adopting an integrated approach to drug and alcohol assessment and treatment. (e.g. amount of THC he is using is unclear and other drug use requires more detail).



Toby Raeburn

Mental Health Nurse Perspective



Broadly, what might MHNs offer Tim? continued..

Psychotherapy: Begin with a motivational interviewing style using OARS:

Open ended questions

Affirmations

Reflections

Summarising

In medium to long term adapt psychotherapeutic approach according to Tim's priorities. (May involve CBT, IPT or Narrative etc.)



Toby Raeburn

Mental Health Nurse Perspective



What might MHNs offer Tim continued..

- **Social advocacy:** Support pursuit of employment, education, housing and social relationships. Provide information and defend Tim's right to choice depending on emerging risk profile and context.
- **Physical health promotion:** Seek to address Tim's drug and alcohol use, sleep wake cycle, isolative behaviour and diet from the perspective of living 'a satisfying life', as opposed to framing his current choices as an 'unhealthy life'.
- **Medication management:** Try to avoid antipsychotics. My hope would be that if he is able to move towards a more healthy and satisfying life and stop his THC use then emerging symptoms may resolve. However, depending on context and if absolutely needed, 'Go slow and Stay low' with medication.



Toby Raeburn

Clinical Psychologist Perspective



Engagement

- Essential to engage Tim in treatment and do this as quickly as possible
- Aim to prevent damage to his social and vocational functioning by minimising his duration of untreated psychosis (DUP)
- Avoid hospital, requires risk assessment, crisis planning and family support in the community
- Need Tim to trust and feel safe. Display warmth, empathy, interest and understanding. Provide information, be flexible
- Need to get Tim's understanding of what is happening, what he might be fearful of, and provide reassurance, optimism and hope.



Shona Francey

Clinical Psychologist Perspective



Collaboration

- Based on a good therapeutic relationship and rapport, the aim is for strong collaboration between Tim and his psychologist to facilitate the process of assessment, developing a formulation and treatment
- Tim will be seen as the expert in his knowledge of his symptoms, personal strengths and his goals in life
- Tim will be encouraged to be an active participant in all aspects of his treatment with the psychologist and supported to engage in shared decision making about treatment options.



Shona Francey

Clinical Psychologist Perspective



Psychoeducation

- A key process in working with early psychosis
- Encompasses engagement and information giving about psychosis and the mental health system but is collaborative and tailored to each individual's experience
- Aim to understand and work with Tim's explanatory model
- Stress-vulnerability model is good framework to explain psychosis, and allows young people to have hope about recovery and staying well –buckets, bridges
- Psychoeducation has been shown to improve outcomes in psychosis.



Shona Francey

Clinical Psychologist Perspective



Formulation

- Case formulation is the cornerstone of collaborative treatment and flows from a comprehensive assessment
- A comprehensive understanding of Tim's developmental history, past mental health issues, substance use, the onset of his current symptoms, his recent and current functioning and his goals for the future will be synthesised into a hypothesis about how and why psychosis developed and then used to devise a treatment plan
- Tim will be asked to actively collaborate in these processes, and the formulation would be constantly updated as new experiences occur.



Shona Francey

Clinical Psychologist Perspective



Recovery

- Is assumed and is the focus from the start
- Driven by manifestation of optimism and hope by clinician and a focus on Tim's strengths
- Functional recovery is most important to young people, important to regain developmental trajectory
- Based on the formulation and treatment plan, recovery work with Tim would focus on substance use, grief, possibly depression, vocational planning and psychotic symptoms if they persist
- Also adaptation to illness, re-building self-esteem and stress management.



Shona Francey

Psychiatrist Perspective



Tim needs assessment asap

A possible/probable psychosis

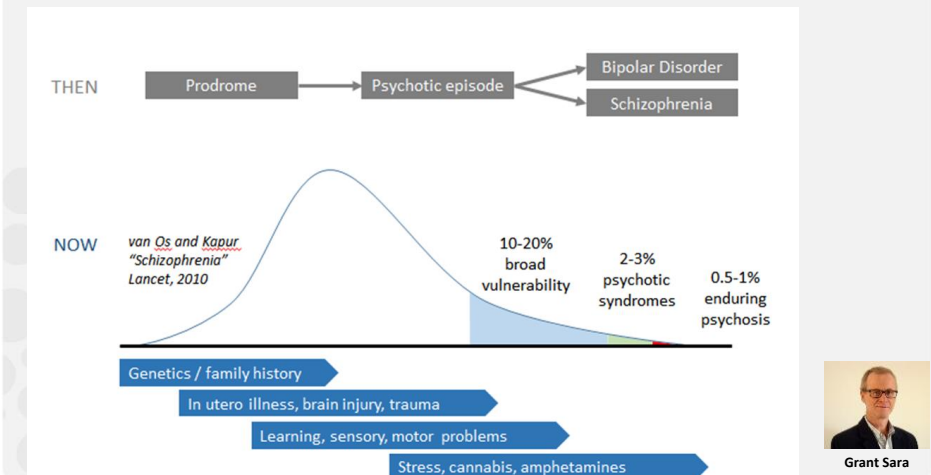
- Distress and disruption
- Potential risk
- Earlier treatment is more effective
- Longer duration of untreated psychosis is associated with worse outcome
- Window of opportunity for engagement and prevention.



Grant Sara

Psychiatrist Perspective

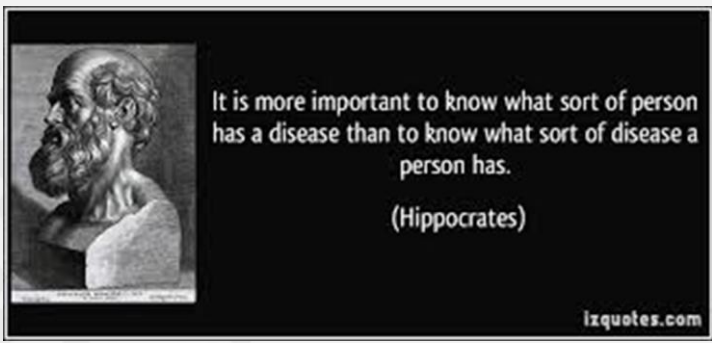
Changing views of psychosis



Psychiatrist Perspective

Assessing Tim

Who is he...who does he wants to be...who does his family want him to be...what does he think/fear is happening...what does this mean to him?



Psychiatrist Perspective

Assessing Tim

- Family history: grandmother's history. Others?
- Early development and risk factors: perinatal, injuries, trauma
- Relationships (Beth), academic decline: cause, effect or both ?
- Substance use: age, amount. Amphetamines ?
- Neurological: injuries, movements, seizures
- Symptoms: other perceptions and beliefs
- Understanding risk (not a "Risk Assessment").

Corroborative history whenever possible



Grant Sara

Psychiatrist Perspective

Medication

NOT first line option here

- Assess, engage, monitor, support

Medication may be indicated if despite other efforts ...

- Intense distress, anxiety
- Worsening condition (sleep disturbance, hallucinations, suspiciousness)
- Escalating risk or consequences
- His choice

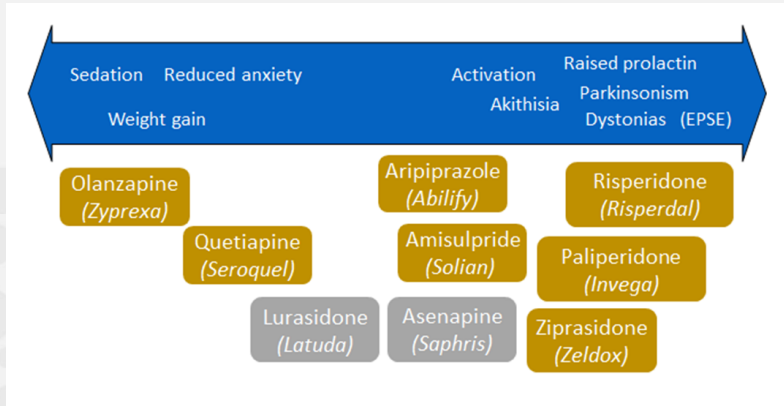
Medication options

- Benzodiazepine
- Antipsychotic
- Mood stabiliser ?



Grant Sara

Antipsychotic choice?



This is an oversimplified and personal view
For meta-analysis, see Leucht et al. Lancet 2013; 382: 951–62.



Grant Sara



Q&A session

Thank you for your participation



- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes)
- Certificates of Attendance for this webinar will be issued within two weeks
- Each participant will be sent a link to the online resources associated with this webinar within one week
- Our next webinar ***will be held in February 2017. Have a rest filled break and we look forward to seeing you refreshed in 2017 for another series of MHPN webinars.***

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**Thank you for your contribution
and participation**

Good evening