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Relapsing and Persistent Psychosis

Does Early Intervention need a longer term view which looks all the way to the rehabilitation and recovery phases?

FROM TRAD TO FUSION

1896

Kraepelin's dementia praecox model of psychopathology represented by a progressively destructive brain process. His construction of this dismal clinical narrative of schizophrenia was to influence a century of service approaches.

Like the British Empire...

"the orderly management of decline."

1977

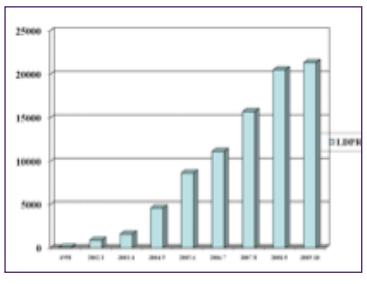
However Manfred Bleuler from observations of the course of schizophrenia in 208 patients and families collected over 20 years challenged such a pessimistic view:

"it seems almost incredible how one-sided theories on the schizophrenias, upheld entirely by wishful thinking and unsupported by empirical fact, could propagate themselves."

Manfred Bleuler

1990-2010

Fired by this spirit of evidence-based optimism Early Intervention in Psychosis has understandably focused on undifferentiated psychosis for reasons such as plasticity of early diagnosis and the social baggage that the schizophrenia word brings.



In the UK we have steady progress in these services.

UK Growth in EIP cases 1998-2010 (21,372 cases March 2010)

SOME BLUENOTES

The Early Intervention in Psychosis service model has been geared to clients making a full, or fairy substantial recovery to a point where Primary Care, either alone or in collaboration with low-key Community Mental Health team is sufficient.

However the majority (55%) of those with First Episode in Psychosis will by 5 years have developed a schizophrenia spectrum disorder with persisting disability and a reduced life expectancy of about 25 years. These young people will remain needy and vulnerable beyond the current tenure of most Early Intervention in Psychosis services (typically 1.5-3 yrs).

- 10-15% of those with a first episode of psychosis will not achieve remission.
- A further 44% will go on to experience two or more relapses.
- Moreover early reductions in suicide rates in the 3 years of an EIP service can be lost by a rebound in the immediate period afterwards.
- Nor are they just at high risk of death from suicide:
  - Ultimately more will die from physical (usually cardiovascular) disorders and the result of smoking, obesity, lack of exercise, diabetes.
  - Many of these risks have their origins in the first few years of treatment"

Some challenges for Early Intervention to consider

Q: Does the current critical period concept of 3-5 years allow for the slower pathways to recovery of this group of young people?

Q: Does this group need 5-10 years of intensive (eg 1:10 client to staff ratio) community-based care with an expectation that this would secure higher functioning, less crisis and further cost benefit?

Q: Can Early Intervention in Psychosis better meet the needs of these young people by adopting the particular qualities and attitudes inherent within recovery-based practice?

TIME FOR A RICHER HARMONY

STRAUSS CHARACTERISED THE FIRST CRITICAL STEP IN A RECOVERY PATH AS 'WOODSHEDDING'

"Woodshedding... periods of no apparent improvement while acquiring subtle increments of self-esteem, competence, stamina and social skills"

(Strauss, 1992)

Borrowed from his co-author, Paul Liebermann, college jazz radio announcer and psychiatrist, Strauss likened the process to when jazz musicians retreat into the woodshed to practice improvisation, thus sparing others until proficient. Key features of Woodshedding include: turning points, discontinous improvement models, therapeutic optimism, gradualism and use of narratives of story telling.

STORY-TELLING

Life-enhancing potential of story-telling and of reclaiming authorship for their lives. By learning how to retell their story in more hopeful terms than the dominant story in the clinical file, service-users and families can choose a destiny other than one which perpetually lives out a psychiatric career.

THERAPEUTIC OPTIMISM:

Derives from evidence of far greater recovery from schizophrenia than hitherto considered possible.

Therapeutic optimism has an evidence base, its relevant skills can be learned, taught and put into practice to:

- Improve outcomes from systematic family, cognitive and vocational interventions
- Optimise family, communal inclusion and cultural factors associated with better prognosis and reducing stigma.

It underpins the early intervention paradigm and is as important for those with more persistent disorder as for those whose illness settles more quickly.

A MODEL OF DISCONTINUOUS IMPROVEMENT:

Step-wise discontinuous improvement may punctuate more quiet phases with little outward evidence of improvement. These periods may allow acquisition of subtle increments of self-esteem, competence, stamina, and social skills.

GRADUALISM:

Particularly for those with a more persistent early illness an outlook of gradualism can provide a more appropriate framework for judging progress; being alert to and actively encouraging small incremental changes over long timeframes, tempered by apparent discontinuous improvement in the 'woodshedding' pattern.

READINESS:

The service-user's timeframe of readiness to change must take preference over the service provider's timetable or imposed clinical clock of goal attainment. In common with other recovery narratives, a person's sense of readiness is an essential prerequisite to taking a substantial step or a sequence of multiple steps towards constructive change.

TURNING POINTS:

Low turning points are often identifiable on the brink of change, marking a shift from an initial rigid and narrow construction to a state of constructive awareness and a more adaptive and integrated approach.

Lyrics: David Shiers Care-giver, GP Advisor and former co-lead to National Early Intervention Programme of the National Mental Health Development Unit, UK
Music: Alan Rosen Associate Professor, School of Public Health, University of Wollongong, Clinical Associate Professor, Department of Psychological Medicine University of Sydney; Australia.
Melody: Ann Shiers Care-giver and retired Primary Care Nurse North Staffordshire, UK.
Based on an article: Shiers D, Rosen A, Shiers A; 2009 Beyond early intervention: can we adopt alternative narratives like 'Woodshedding' as pathways to recovery in schizophrenia? Early Intervention in Psychiatry; 3: 163–171