

**Sooner or later...?**

**Early Intervention for Young People Developing  
Psychosis**

**Report of a National Conference**

**1<sup>st</sup> December 2004**



**SCOTTISH EXECUTIVE**



## **1. Introduction**

Young people who are showing the first signs of developing psychosis, and their families, can experience great distress, anxiety and fear about what is happening to them. Not only do they go through turmoil in their personal lives, their relationships and their ability to cope. They can also face great difficulty in getting information, advice and help to support them through these experiences. Yet for these young people and their families, getting effective help early is crucial.

This was the first national conference in Scotland on the topic of Early Intervention for Young People Developing Psychosis and it attracted a great deal of interest. The conference examined why getting help and treatment early is so important and what could be done to make that possible for young people and their families in Scotland.

It took place just as draft guidance was issued by the Scottish Executive on children and young people's mental health (Scottish Executive,2004). This guidance aims to assist the NHS and its local authority partners in addressing the mental health needs of children, young people and their families, across the full spectrum of promotion, prevention, care and treatment. The case for paying greater heed to early intervention needs to be considered as part of these wider developments.

With financial support from the Scottish Executive National Programme for Improving Mental Health and Well being, it was possible to ensure that a third of the conference places were available to people who use services and to their family members. This meant that conference discussions and recommendations that arose were directly informed by the experiences of those who know first hand about the importance of getting help early.

*This conference report is based on the presentations and group discussions that took place at the event. The report provides an account of participants' ideas and views on early intervention as well as reviewing the research evidence and practice examples presented to the conference. The material summarised reflects the wide diversity of experiences and views among participants. The report concludes by drawing out the implications for action at local and national level.*

## **2. Comments from the Conference Chairperson, Magnus Linklater**

The Chair noted that the conference addresses an important topic that affects the lives of young people and their families deeply. Early intervention remains a challenge for services. Indeed it may be becoming even more difficult for families to get access to help at an early stage for troubled young people. It is common for families to report that they feel highly excluded from the way that services work. It is also a fact that in many cases the individuals affected may not want the help that is on offer.

In considering what might be done to improve the lives of young people developing psychosis and the lives of their families, conference delegates were reminded of the

principles set out by the Millan Committee in its work on renewing mental health legislation in Scotland. These principles included: non-discrimination, equality, respect for diversity, reciprocity, informal care, participation, respect for carers, least restrictive alternative, benefit, child welfare.

The Committee recommended that services and treatment for people with a mental disorder should be guided by the following values:

- Care provided should show respect for service users and carers
- Users and carers should be enabled to take part in decisions around treatment where possible, to produce benefit to them
- Care and treatment services should be sensitive to the cultural, ethnic, language and religious background and should not be influenced by age, gender or sexual orientation
- Provision of care should be the least invasive and restrictive possible. The use of compulsion should carry a reciprocal duty on organisations involved to provide safe and appropriate services.

### **3. Setting the Scene**

#### **Dr Graham Bryce, Child and Adolescent Mental Health (CAMH) Sub-group, Child Health Support Group**

Graham described recent relevant national policy developments that create a supportive context to focus on early intervention. Chief among these are:

- The new Mental Health (Care and Treatment) (Scotland) Act 2003 which promotes principles, powers, procedures and rights that can be important influences in promoting early intervention. The Act also requires that services should be age appropriate
- The Framework for Children and Young People's Mental Health, which adopts early intervention as a core concept. The Framework distinguishes between *early identification* of mental health problems, including psychosis, and access to *early treatment*. Identification may not be ethical if there is no treatment available

In common with other strands of policy objectives for children and young people, the Framework aims to shift the centre of gravity to give more attention to early intervention and to ensure that the services are taken to people.

Evidence of effectiveness of early intervention is emerging. What is lacking is evidence about the preferred ways of organising care to ensure the delivery of these interventions.

One of the challenges in seeking to promote early intervention is the difference in language and culture between children and young people's services and adult services.

A recent study of early onset psychosis provides useful information on the scale of what is involved (Wrate et al 2002)). This study covered an area that comprised one

third of the Scottish population. Over a three year period, 103 young people aged 5 – 18 were identified. The 3-year period prevalence among the ‘at risk’ group (i.e. adolescents aged 12 –18 years) was estimated at 51 per 100,000. The mean age of onset of illness was 16 years. The average duration of untreated psychosis was short, at only four weeks but almost half were admitted directly to hospital at first contact with mental health services. Most of the young people identified in the study experienced inpatient care at an early stage in the course of their illness and 80% of first admissions were to adult wards. The majority of young people with early onset psychosis were assessed as having significant impairment in their functioning.

#### **4. Early Intervention - the Wider Picture**

##### **Professor Max Birchwood, Director of Birmingham Early Intervention Service and Clinical Psychologist**

##### **Initiative to Reduce the Impact of Schizophrenia, University of Birmingham**

##### Development of Early Intervention Services in England

Core components of early intervention are:

- Early detection
- Reduction in treatment delay
- Sustained interventions to influence the long term outcome.

There are plans in England to establish fifty early intervention services, in line with the Policy Implementation Guidelines produced by the Department of Health and with guidelines from the National Institute for Clinical Excellence (NICE) on the treatment and management of schizophrenia.

The epidemiology of psychosis shows that the illness peaks at the points of transition between children and young people’s mental health services and adult mental health services. This has led some areas such as Birmingham to set up integrated young people’s services for those aged 14 to 25.

Max strongly advocated greater specialism in services for psychosis to ensure that people get the right care. It was stressed that it is important not only to ensure fast track access to services but also to ensure that the services and interventions on offer are relevant, effective and acceptable.

##### Evidence for early intervention

- In the majority of cases, someone experiencing a first episode psychosis has a gradual decline and early signs of the illness are detectable. The onset of positive symptoms of psychosis (e.g. experiencing hallucinations) tends to come at the “end of the beginning”. Difficulties with social, family and peer relationships and with academic performance can often be tracked back much earlier.
- The duration of untreated psychosis (DUP) is linked to outcomes in the short and longer term. Getting help early is very important
- The level of disability experienced as a result of the illness levels off after three years
- The outcome at three years predicts the outcomes at fifteen years

- Risk of suicide is highest in the first five years of onset (between 8% and 10% of people with psychosis complete suicide).

In looking at why there may be delays in young people getting treatment it is important to differentiate between:

- Delays in seeking help
- Possible delays in referral to specialist services
- Delays in getting an appointment and in the delivery of the intervention or treatment.

Strategies to promote early intervention need to address each of these stages.

Studies provide reasonably robust outcome data on recovery from a psychotic illness (Harrison et al, 2001). The outcome fifteen years after onset can be predicted by the percentage of time a person experiences psychotic symptoms in the first two years of their illness. Outcome is also linked to the level of disability experienced in the early stages and to the misuse of substances. In addition, social adjustment over fifteen years is predicted by early social functioning and levels of disability. Much of the damage may have been done by the time an individual reaches secondary mental health services.

Further evidence has been provided by McGorry and colleagues in Australia (McGorry et al, 2002) who showed that, with engagement and early intervention, the transition to a full blown psychotic episode can be prevented.

The Lambeth Early Onset study by Craig and colleagues identified that a dedicated service can retain contact, lower relapse rates and symptoms and reduce re-admission rates (Craig et al, 2004).

*Taken together, these results make a strong case for early intervention. If services do not practice early intervention then, de facto, they are practising late intervention.*

### Early Intervention Services: The Birmingham Example

The Early Intervention Service for 14 to 25 year olds is an integrated service involving the NHS, social services and the voluntary sector. It was established in 1989 and adopted an outreach model from 1995.

The service focuses on new ways of engaging young people in order to minimise stigma, to provide accessible channels to get help, and to promote the rights of young people. The service aims to:

- Engage all young people experiencing a first episode of psychosis and maintain contact for at least 3 years
- Reduce the duration of untreated psychosis to less than three months
- Decrease the risk of suicide
- Facilitate access to work and training opportunities for young people.

The service comprises 4 assertive outreach teams, an early detection team and 5 community respite units. Access to the service comes through the home treatment teams or through primary care. The assertive outreach component operates as a

mobile intensive intervention services accessible 24 / 7. Community respite offers an acceptable alternative to admission, with the focus on peer support, user involvement and promoting choice. The respite service is managed by a black housing agency. Each unit has five places. Key workers use the units to manage crisis. The employment programme provides access to vocational assessment and to work experience, supported employment and work placement as well as to learning opportunities.

## **5. Working with Young People**

### **Ruth Marriott, Chief Executive, The Youth Enquiry Service, (YES) Plymouth**

The Youth Enquiry Service (YES) has been established for fourteen years in a city centre location in Plymouth. The service uses a range of innovative approaches to undertake developmental youth work.

YES promotes early intervention for young people with psychosis by making services accessible and non-stigmatising and by providing a continuum of interlinked services, which foster a culture of optimism. The Insight Early Intervention Service run by YES is multi-disciplinary, made up of a team of staff seconded from health and social work and includes youth workers and clinicians.

Insight offers a comprehensive service and has expertise in a wide range of issues. The team undertakes assessment, care co-ordination, education, medication management, family support, social activities and out of hours support.

The Sainsbury Centre for Mental Health has recently conducted an independent evaluation of Insight to assess impact effectiveness and client satisfaction. The evaluation compared Insight with a 'standard' Primary Care Liaison Service. Results indicated that compared to the primary care service, the Insight team was able to identify young people earlier and was seeing a significant number of young people who would previously not have had a service, suggesting that new referral pathways were being created.

The results of the evaluation showed no marked difference in reported symptoms between the two sets of clients. However clients of the Insight team used fewer hospital bed days and made less use of emergency psychiatric admissions. The Insight team undertook more work with young people on substance misuse than the primary care based service and was also able to assist its clients with accommodation issues, by offering direct support to families. Client satisfaction was reported to be high.

#### Way forward

In the future, the age limit for the Insight service is likely to reduce to 14 years. The service is now looking to second a worker from Child and Adolescent Mental Health Services. Additional funding from the Department of Health is to be used to establish an early intervention service for people with personality disorder.

## **6. Early Detection of First Episode Psychosis**

### **Tip Topp Service: Treatment and Intervention for Psychosis, Public Education Project**

#### **Dr Simon Wilkinson Consultant Psychiatrist, Oslo**

#### Learning from Norway

In Norway, it was evident that a number of factors contributed to delays in identifying and treating psychosis. These included lack of awareness, difficulties in accessing services and delays in identifying cases. This led to two main developments:

- The TIPS Education Intervention placed awareness raising adverts for the general population in the media and disseminated targeted information at educational psychologists, teachers, GPs, social workers, and youth workers.
- In addition the initiative set up low threshold early detection teams and looked at how treatment services could offer more seamless solutions. This service could be accessed by a single phone number, available round the clock. The treatment programme includes medication, psycho-social treatment and psycho-educational work with family. This focus on improving practice has proved to be “infectious” and has been associated with reduced duration of untreated psychosis outwith the TIPS catchment area.

The experience of the TIPS project is that an early detection programme can reduce the duration of untreated psychosis, in this case, from 16 weeks to 5 weeks. Reducing DUP is known to be associated with better clinical status at the outset and three months later.

Simon Wilkinson reported on new work underway in the TOPP project. This suggests it may be possible to intervene even earlier by identifying high risk symptomatic states using structured assessment tools and by treating the presenting symptoms.

One of the key service issues identified has been the need for closer collaboration between adult and CAMH services. For this to happen requires that adult psychiatry takes a more developmental perspective. The availability of joint forums for clinical discussion involving the two services and the establishment of procedures to allow for seamless transfer of care at the point of transition into adult services have also been important.

#### Challenges for Scotland

There are substantial culture differences between Norway and Scotland which have to be born in mind, for example provision for sick leave, maternity leave and paternity leave is considerably more generous in Norway. However there are also some similarities which suggest that Scotland can learn from the work on early intervention there. Simon Wilkinson set out the following challenges for us in Scotland:

- What ‘theory of mind’ does Scotland have about young people and in particular about young people who are not coping? How we interpret the behaviour of troubled young people is shaped by our values and beliefs. This will influence how we respond to that behaviour

- We should reflect on the extent to which professional training is based on a developmental model. This perspective enables services and practitioners to respond with humanity, understanding and knowledge
- However to achieve this may require a shift in mind set to promote a values based practice and to stress the humanity of intervening sooner rather than later
- Schools are an ideal setting in which young people can learn to deal with emotional issues from a young age. All pupils under 11 should be introduced to relaxation techniques and methods of coping with ‘destructive’ emotions
- The scale of the challenge should not be underestimated to get the budgets allocated to mental health on a par with physical medicine.

It was noted in later discussion that a developmental model of training is being promoted in the competency framework for the CAMH workforce in Scotland.

## **7. Questions and Discussion**

There was some discussion about how best to handle family involvement and protect confidentiality appropriately. The rights of the family and the young person can seem to be at odds with one another. However, it was noted that there are few cases in which the exclusion of the family improves the outcomes for the young person.

The Youth Enquiry Service asks the young person to identify who they want to have involved. In Norway there is a legal framework which requires that a named person be identified to ensure that information is passed on. Those aged 12 to 15 years old have a right to information, but it is parents who give consent to treatment. With those aged 16 to 18 year old, parents are informed about care but have no rights to information about treatment.

Some families may be fearful about the consequences of the involvement of statutory services where a parent has a mental illness. It was pointed out that many young adults in their 20s who are parents will experience depression and psychotic illness. Services have to feel safe, approachable and welcoming. Adult services need to be much more sensitive to young parents and families.

## **8. Perspectives from service users and family members**

The conference heard presentations from four people who were family members and had personal experience of using services. The perspectives they presented drew attention to a number of important issues that conference participants were invited to consider further in the workshops that followed. These issues are summarised below:

Families can face enormous difficulties when problems are not addressed early. In some instances drug misuse by the young person can mask underlying problems and it can take a long time for this to be recognised by the individual and by services.

It is not clear whose job / responsibility it is to help someone who has many difficulties – you can find yourself being passed from service to service. It can be especially difficult if you are experiencing problems with alcohol or drugs as well as mental health problems.

More priority should be given to early work with young people in schools to provide more education on mental health and mental illness, so that people know about the signs of ill-health and know where to get help.

Services do not offer the continuity or consistency that is needed. You get different inputs from different places and this is not helpful. The environments in which care is provided are often unwelcoming and daunting for a young person. You feel lucky to be getting any sort of support, but what is on offer is very limited - especially out of hours.

A great deal of benefit can come from peer support among families. This gives a chance for people to share information and exchange experiences.

Support for families is, however, often lacking. Where this is available, e.g. through the Esteem team in Glasgow, parents are viewed as partners. The family is offered information and education about psychosis and treatment and is closely involved in plans for the care and support of their young person.

For the young person it is important that their values and their experiences are respected. Professionals should not make assumptions about what someone wants or needs. It is important that a young person is able to trust the judgements of those who know them well.

## **9. Workshop discussions**

**Theme 1: Raising Awareness: Who needs to know ? What do they need to know ?**

**What are the issues?**

*Role of schools*

- Needs to be general mental health awareness with a focus on schools, both teachers and young people.
- Start early – teach parenting skills
- Develop peer education in schools and colleges

### *Information and language*

- Think about the language used in mental health and tackle the barriers and myths in the media, and among professionals, including the police
- Mental health awareness training should be part of the curriculum for medical students
- We need to have high quality, accurate, information

### *Role of volunteers*

- Better awareness of the role of volunteers through users and carers groups
- Develop protections for volunteers as currently they have no rights
- Develop awareness of a whole range of carer/user issues
- Provide training for users and carers – fund expenses
- Have “guided self-help” workers in GP practices
- Stress the financial benefits of early intervention and of using approaches based on cognitive behavioural therapy (CBT) to prevent relapse

### **Where is change needed?**

- Let’s raise awareness if we are sure that we have useful resources and supports to offer people who come forward for help
- Start early in schools to promote the development of parenting skills and support parents
- Use the experience of people who have had a mental health problem, respectfully and effectively
- Public mental health education is required, to highlight what you can do for your own mental health and what options are available. This needs to be linked into the broader activities of the National Programme
- Training is required for all human services staff, for example youth workers and community workers, to promote sensitivity and emotional literacy and to build mental health awareness into basic training. A key element of this is active listening.

## **Theme 2: Early access to services and supports**

### **What are the issues?**

#### *Focus on the person and the family*

- Problems recognised too late, no-one listens to carers
- Separate workers needed for young people and for the family
- Service can be impersonal – hard to trust the service providers and disclose very personal information when you are not treated as a person
- Individuals and families in these kinds of situations may not be assertive enough to be able to challenge and question
- Lack of consistency – having to see different people each time

#### *Range of services*

- Gaps in CPN service
- Important that CPN does work with family as well as with individual. Confidentiality issues have to be overcome.

- Difficulties of access in rural areas
- Transport costs and other costs of using services: sitter costs, refreshments etc
- Lack of clear information on services and resources available locally
- Medication is sometimes given without enough explanation or without looking at other options
- Concern that some services try to hold on to clients and do not refer appropriately

#### *Culture and attitude*

- Lack of general mental health literacy that would enable people to understand and communicate their feelings and emotions
- More work on this in schools would be good, but what impact would this have on teachers?

#### **What's working?**

- Counsellors working with young people can help them tell their stories to their families, when they cannot on their own. This helps with issues of confidentiality
- Interagency working promotes better targeting of efforts. Professionals are enabled to share experience and develop their practice. It becomes easier to make direct referrals and get faster responses from other services
- Training events help share ideas and knowledge about services in other countries / other places
- The approach of the Esteem team works well for a number of reasons:
  - o Development of a social structure to foster support between service users and among parents
  - o Attention to education has enabled people to find out as much as possible about the illness and what works best for them
  - o Information provision has proved to be empowering and helps build self esteem
  - o Staff know the individuals and families well
  - o Professionals involve carers in the care planning process
- The Early Onset Psychosis Support Service at the Young People's Unit in Edinburgh functions in a similar way with considerable input to the whole family of the young person.

#### **What's not working?**

Families and carers report they do not feel they are being listened to: better skills in listening are required.

Young people are often missing appointments, they are being expected to go to GP and outpatient appointments, rather than professionals coming to their homes.

## **Where is change needed?**

### *Communication*

- Ensure communication is more readily understandable and works at all levels for the child/ young person, for family members and for workers
- Allow enough time to communicate
- Maintain consistency of workers
- Importance of people understanding about child development, to be able to distinguish issues related to child development from mental health issues

### *Culture and staff attitudes*

- Service users and carer have to be at the heart of the partnership, treated with respect, regularly involved
- Importance of knowing the family and the individual child/ young person and of listening effectively to their experiences
- Integrate service users and carers in training programmes e.g. mentoring nurses / GPs when on placement

### *Earlier acknowledgement of problems.*

- Provide support to families and carers so that they can work with the young person.
- Professionals, especially GPs to have better understanding of teenage years and growing up, symptoms of psychosis and cannabis use

### *Better networking among professionals*

- To facilitate information exchange, keeping each other up to date with what's new in services in the area or in research
- To provide information for families and carers.

### *Service developments*

A range of resources, depending on the type of area should include:

- General information resources like the Plymouth Youth Enquiry Service (described earlier), plus referral as necessary to specialist services. The main strength of YES is that young people are able to move between general and specialist resources
- Community houses for young people as an alternative to admission
- One evening per week set aside for young people in an existing adult resource (may be most likely option in rural areas)

## **Theme 3: Treatment, interventions and support**

### **Current issues**

- Access - referral routes are too limited
- Stigma stops people seeking help
- Communication between services
- Confidentiality of information
- Need for individually tailored interventions

- Services are expected to cover too broad an age range and cannot meet the developmental needs of young people

### **What is working well and not so well?**

- Medication is working well for some, not so well for others
- Lack of evidence of efficacy of medication in teenagers
- Specialist services and multi-agency approach needs formalised
- Support groups for parents work well, need more of these
- Housing/accommodation can make a difference. For housing authorities to reject people with drug problems or problems related to mental illness is unhelpful
- Compartmentalisation is not helpful
  - Diagnostic boxes
  - Service boxes
- Lack of support for transition between services
- Lack of age appropriate facilities

} Should be avoided

### **What needs to change?**

- Attitudes - Media  
Schools/College  
Professionals
- Language should be simple:  
Carers and Users need to understand it  
Professionals need to de-mystify it
- Better team working – disciplines need to work together
- Recognition of individual relationships with staff important
- Lack of age appropriate facilities, in particular inpatient services and services for 16 –18 year olds
- Statutory services – other organisations to access services
- Support to families
- Respite
- National service guarantee for quality is needed

} To tackle stigma  
To raise awareness and understanding

### **Where is change needed to improve the experience of young people and their families?**

- Education for teachers/youth workers
- More access to psychological therapy. (cognitive therapy waiting list eighteen months). Why are there not more psychologists available?
- Language
- First names/less formal
- Access to specialist services
- Specialist knowledge to GPs – GP with interest in mental health in each practice.

### **How to take things forward?**

- Opening up the access to services – e.g. more flexibility and more direct access

- Public health education
  - Normalising
  - De-stigmatising
- Adequate age appropriate services
  - Psychological intervention
  - Education
  - Youth services
- Dedicated resources for early intervention – requires political commitment
- Support and involvement of family from first stage
- Dealing with issue of confidentiality

#### **Summary of main points from all workshops**

- Services need to focus on the aspirations and hopes of young people and their families, shaped around what is important for the family and the young person
- Early intervention services need to be provided as part of the continuum of supports for young people, and in the context of the non-mental health services used by young people – particularly education and youth services. Staff working in these services need, in turn, to develop their awareness and skills in this regard
- Treatment should be individually tailored, driven by what the young person wants for themselves and services should be age appropriate.
- There is an evident need for better communication and co-ordination among professionals, in order to provide a truly integrated multi-disciplinary response where this is required. Professionals should come together in networks to improve co-ordination. Consideration should be given to the appropriateness of dedicated early intervention specialist teams where this fits with the needs of local populations
- More joint training and openness to other ways of working are necessary to develop greater respect for the contribution of different professionals and of different services in supporting young people in the early stages of psychosis
- There should be clearer standards for services, with greater clarity about accountability

## **10. Conclusions and key messages for development**

### **Overview**

Early intervention for young people developing psychosis has to be an integral part of the spectrum of services for promotion, prevention and care and treatment that are being developed for young people's mental health in Scotland.

The information and experiences shared at the conference indicated that there is much good working happening already in Scotland at local and national level. Specialist mental health services and general resources and supports for young people are contributing in different ways to supporting young people in distress or who are developing psychosis. The difficulty is that the availability and the quality of services

tend to be patchy and often it is still very hard to get access to the right help at the time you need it, when difficulties are first emerging.

Discussions at the conference drew attention to the scale of the challenges involved in achieving a stronger focus on early intervention. Many mainstream mental health services for young people and for adults are currently only able to offer crisis intervention and are far from the point where the services provided match up to the new Mental Health Act's expectations of planned, individually tailored support over the longer term.

The conference demonstrated that there is a lot to be learned, both within Scotland by sharing ideas and approaches and by listening carefully to the experiences of families and individuals, and from further afield by examining what has been done in other countries.

The collective experiences, skills and knowledge shared at the conference made it clear that we know a good deal about what is needed and what can help. We have a fair understanding of what the barriers are and are fortunate in having a lot of good work in Scotland at policy and practice level to build on. The current policy climate is one that is favourable to the principles of early intervention.

This is therefore a good time to be reviewing how best to promote early intervention in Scotland:

- Attention to early intervention for young people developing psychosis fits well with the priorities of national policy for children and young people's mental health as set out in draft Framework recently issued by the Child Health Support Group, which takes early intervention as a core principle
- The goals of raising awareness and promoting understanding of mental health and mental health problems are being actively pursued by the Scottish Executive's National Programme for Improving Mental Health and Well-being. These goals reflect what people at the conference said was important in relation to the support and understanding available for young people and their families
- The stigma of mental illness stands in the way of getting help. And for young people and families facing up to their first experience of a psychotic illness the effects of stigma can be profoundly negative. The work of the See Me campaign is to be welcomed, particularly its latest developments into young people's mental health
- Efforts to tackle suicide and suicidal behaviour have to take account of the risks associated with the period when someone is first diagnosed as having a psychotic illness. An understanding of the risks involved should inform the priorities set by local agencies in implementing Choose Life suicide prevention plans.

There are a number of factors that stand in the way of young people being able to get help and support at an early stage, as Max Birchwood identified:

- For a variety of reasons there can be delays in seeking help. For examples, families and young people may not realise what is happening to them or know where to turn to for help. Stigma still imposes an enormous barrier

- There may be delays in referral to specialist services if the early signs are not recognised or if the offer of specialist help is not acceptable to the young person or if there are other issues such as drug or alcohol misuse
- There may be delays in getting an appointment and in the delivery of the intervention or treatment, if local resources are stretched and if there is not identified capacity to prioritise responses for this group

To make early intervention available to young people will require each local service system to identify the particular barriers in their area and the best means of overcoming these. There are unlikely to be universal solutions and therefore developments need to be tailored to take account of local needs, geography and service configurations.

What emerged resoundingly from the conference is that, for young people developing psychosis to have the benefits associated with early intervention, requires the engagement and involvement of a wide range of agencies and sectors. Access to specialist services to provide skilled assessment and treatment is one essential part of what is required. But other responses and resources are also vital, to ensure that young people get help with the things that matter to them - personal relationships, somewhere to live, opportunities for education, training and employment, a reasonable income, a social life.

### **Key messages**

#### *For the Scottish Executive*

The publication of the draft Framework for Children and Young People's Mental Health is a significant opportunity to give increased priority to this area of work and to encourage local partner agencies to work together to achieve improvement in mental health outcomes.

As local areas consider the implications of the Framework for service development, the Child Health Support Group should indicate the priority to be attached to early intervention in local joint strategic planning for children and young people's mental health, as a key target area for development. This should be promoted as a priority for health, education and social work to address collaboratively.

The Scottish Executive is urged to support the identification of models of early intervention services that are appropriate for the diverse populations and geographies of Scotland, taking account of research and practice experience from England and Wales.

#### *For the National Programme for Improving Mental Health and Well-being*

It is recommended that the National Programme include attention to young people at risk of developing psychosis, as part of its work to raise awareness, tackle stigma, encourage prevention and prevent suicide and promote recovery.

Scotland has much to learn from and share with other countries about public education. In relation to public education on psychosis and the targeted awareness raising with key staff groups, there is scope to look further at the lessons from Norway.

*For the National Project for Children and Young People's Mental Health*

The National Project has a role in reflecting the priority to be given to early intervention across sectors and in continuing to build capacity to address the mental health needs of children and young people.

*For local service commissioners*

In implementing the vision for children and young people's mental health in Scotland set out in the national Framework, local service systems should identify the barriers that prevent early help seeking and early intervention and seek to address these barriers. This will require using a range of strategies, including awareness raising, service development and redesign, capacity building and training.

Young people will often have complex problems which cannot be readily addressed through a single service response. Services need to be able to work flexibly and to meet individual needs, not let people fall through the gaps. This is a particular challenge in relation to the interface between mental health services for young people and for adults and between mental health and substance misuse services

Services locally should be targeting young people whose life circumstances place them at high risk of mental ill health

All staff working with young people need to be able to respond with empathy and active listening and to support those in distress. Referral to specialists is only one part of the solution.

Particular attention should be directed to ensure staff working with the most vulnerable young people have a grounding in mental health, in particular those working with young people who are looked after and accommodated.

Raising awareness and providing information for those at risk of developing psychosis are best undertaken in places where young people tend to meet and to take part in activities.

Investment in and development of capacity for early intervention should not take place at the expense of existing mental health services, including CMHTs and other adult services.

*For practitioners and service providers*

Support and resources should be made available in places that are accessible to young people

Attention to language, ethos, location and the attitudes and values of staff is essential to make services acceptable as well as accessible.

There is a need to develop closer networking among service providers to improve the co-ordination of services

## **11. Next steps**

Those involved in planning and organising the conference are actively exploring ways to take forward the priorities identified at the conference, to promote early intervention.

If you are interested in being involved in this work then please contact:

**National Schizophrenia Fellowship (Scotland)**

**Claremont House**

**130 East Claremont Street**

**Edinburgh EH7 4LB**

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