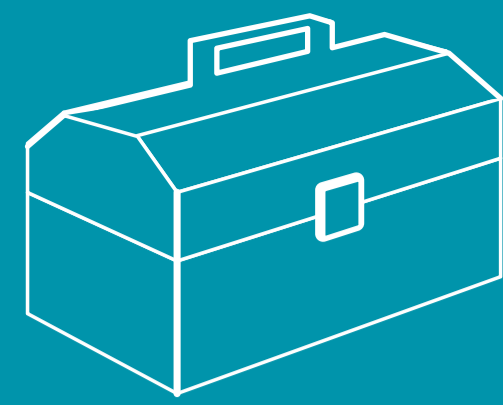


the early psychosis declaration
self-assessment
TOOLKIT



IRIS

Care Services Improvement Partnership CSIP

North West
Development Centre



rethink

A practical support tool to assess the capacity and capability of early intervention services against the priority of the Early Psychosis Declaration

	Resource/ efficacy scenarios	Where are you now?		Action plan			
		Demonstrate evidence	Tick which apply	Action Required	Taken by	What will be different?	How and when will this be measured?
1 Raise Community Awareness	Low	Voluntary sector organisations are supported to provide public education about mental illness					
		Raise awareness about how mental illness can affect young people for instance through supporting public campaigns					
	Medium	Target young people with culturally appropriate (youth, race and gender) campaigns which reduce stigma and discrimination against mental illness					
	High	Launch public campaigns to raise awareness about how to recognise and seek help for early psychosis					
		Evidence-based mental health promotion and early intervention programmes are delivered in collaboration with other partner agencies					
		Launch public campaigns to raise awareness about the recognition and treatment of early psychosis.					
		Psychosis awareness training is provided to teachers, youth and welfare workers, police and criminal justice services and other relevant community agencies					
2 Improve Access and Engagement	Low	Primary care health personnel can recognise and initiate treatment for early psychosis					
		Low dose typical antipsychotic and other relevant medications are available and offered routinely to people with early psychosis in all health care settings					
	Medium	Pilot care pathway audits of those developing early psychosis to improve detection and treatment					
		Initiate pilot mental health programmes to provide comprehensive care and treatment (i.e psychotropic and psychosocial - the latter available to consumer and family)					
	High	Duration of Untreated Psychosis is routinely measured and Integrated Care Pathways evaluated based on agreed Referral Guidelines between primary care, relevant community agencies, and specialist services.					
		Cognitive behavioural therapy is routinely available					
		Early detection initiatives support early referral from primary care, expert assessment, monitoring and evidence-based treatment of those with 'at risk mental state' (i.e. at high risk of developing psychosis)					
Low dose atypical antipsychotic medicines are offered as drug treatment of first choice							
		Mental health monitoring systems routinely measure Duration of Untreated Psychosis; positive recovery outcomes; morbidity in health and social terms; mortality (including suicide); use of mental health act; cultural variation; cost and burden					
		Special access channels to Early Intervention services for these clients					
3 Promote Recovery and Ordinary Lives	Low	Some school, workplace or leisure mental health programmes have commenced					
		Voluntary sector organisations actively work with these clients					
	Medium	School, workplace and leisure mental health programmes are well established					
		Links are developed between substance misuse and psychosis care and treatment programmes					
	High	Rates of involuntary treatment and hospitalisation are monitored and reduced by offering care and treatment in community settings wherever possible and irrespective of race and background					
		Youth-friendly integrated programmes demonstrate effectiveness in supporting access to work, education and recreation by measuring client satisfaction; employment rates; educational achievement; access to accommodation					
Reducing suicide for these clients, irrespective of race and background, is a strategic and measured target							
		Integrated programmes for care and treatment are offered to those with a combination of early psychosis and substance misuse problems within a single unified service system.					
4 Provide Practitioner learning	Low	Primary care health practitioners recognise, through awareness training, that young people with psychosis have their own legitimate mental health concerns and needs					
		Awareness training of psychiatrists and nurses about early psychosis care and treatment					
	Medium	Specialist mental health practitioners receive specific training about the recognition, care and treatment of young people with early psychosis					
		Specialist mental health practitioners develop advanced skills and knowledge about early detection, care and treatment of psychotic disorders in young people.					
	High	Recognition, care and treatment of young people with psychosis and their families should form a routine part of the training curricula of all primary (generalist) health and social care practitioners					
		Psychosis awareness training is provided to teachers, youth and welfare workers, police and criminal justice services and other relevant community agencies					
5 Family Engagement and Support	Low	Support the formation of self-help groups for young people with early psychosis, family members and key supporters					
		Fund schemes for nongovernmental organizations and mental health initiatives					
	Medium	Pilot initiatives which help families and key supporters access help and information about early psychosis					
		Representation of communities, consumers and families in services and policy making					
High	Families and key supporters will receive effective services appropriate to their needs, and access to advocacy support as appropriate. Services should systematically demonstrate effectiveness in terms of, early engagement of families and close friends and whether families feel valued as partners in care						