ESTEEM First Episode Psychosis Service

Established in 2002, ESTEEM is an NHS Greater Glasgow & Clyde community mental health service specialising in addressing the needs of people aged 16 – 35 years who are experiencing first episode psychosis (FEP). ESTEEM provide individually-tailored support and interventions for up to 2 years in the critical period following first episode psychosis, with the provision of multi-disciplinary care via psychiatry, clinical psychology, community mental health nursing, occupational therapy, and support worker input.

Key objectives at ESTEEM include: (1) intensive intervention in the critical period following FEP, with a view to maximising recovery and functioning; (2) working from a bio-psycho-social model; (3) using a destigmatising and normalising rationale in our work with young people; (4) maximising prospects of fulfilment of social, educational, vocational aspirations in addition to symptom alleviation; and (5) working with families at the outset, addressing adjustment to the experience of FEP and providing education and family therapy.

Rationale for Submitting Evidence to CAMHS Services Inquiry

ESTEEM and adolescent services liaise when either service identify a young person of 16 years of age upwards may be experiencing a first episode psychosis. If appropriate ESTEEM can then provide the multidisciplinary care. Young people aged 16 – 18 admitted to psychiatric in-patient services are also referred to ESTEEM if it appears to be FEP. We also receive referrals from CAMHS services.

However, it should be noted ESTEEM is not an early detection service aimed at identifying young people at risk of developing mental health problems. Our focus is on young people who have confirmed first episode psychosis (FEP).

Response to Key Questions of the Inquiry

How children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented?

ESTEEM is not an early detection service, and the services remit is specifically in relation to people with first episode psychosis. Nevertheless, the identification of adolescents at risk of developing mental health problems might be facilitated by educating staff groups who come into contact with this age group about risk factors. Also, providing health promotion strategies to increase awareness of factors which increase psychological well-being (e.g. self-esteem; sense of mastery; assertiveness; balance across relaxation, pleasurable, and achievement related activities) appears to be indicated.
Open discussion about choices which may impact on psychological health (e.g. drug and alcohol use) appears important in preventing the exacerbation of any underlying vulnerability to mental health problems.

**What obstacles there are in identifying children and adolescents with mental health problems and how these might be overcome?**

Firstly, it is often a complex task to differentiate mental health problems in childhood / adolescence from typical emotional, social, behavioural, and cognitive changes that are characteristic of developmental stages. Education of staff groups who come into contact with children / adolescent to identify markers of possible mental health problems and facilitating access to assessment from mental health professionals specialising in this area might assist in overcoming such challenges. Secondly, it appears important to facilitate help-seeking in children/adolescents who are experiencing difficulties through minimising the stigma (including internalised self-stigma and shame) of mental health difficulties. This can be achieved through normalising approaches, emphasising the continuum of psychological health, and education about psychological distress being a common shared experience with peers.

**What action is being taken to facilitate early intervention and what else can be done?**

ESTEEM is not an early detection service, but we aim to facilitate referral of young people at an early stage when there is suspicion of first episode psychosis, thereby reducing the duration of untreated psychosis. Early referral is facilitated by liaising and educating numerous services which are likely to be the first point of contacts for a young person experiencing psychosis. Also, having a low threshold of suspicion when mental health services receive referrals increases the likelihood that people will not fall through the net before being assessed. Research into the effectiveness of preventative interventions aimed at reducing the likelihood of transition to mental health problems in children and adolescents identified at risk appears important.

**How access to services and ongoing support can be improved?**

It appears crucial to consider how ongoing support might be improved when adolescents are transferred to adult services. In first episode psychosis services, a key factor is that the service is ‘developmentally sensitive’ (e.g. being attuned to the different needs of a 16 year old vs. a 28 year old). It is also important to adopt bio-psycho-social formulations and interventions, integrating medical, psychological, and social models of mental health problems to guide individually-tailored interventions. Finally, it is important to consider the personal meaning of being transferred to CMHT services after input from CAMHS services. Demoralisation, hopelessness, and a sense of entrapment in mental illness can develop if a person perceives their future as
inevitably bound to mental illness. Recovery orientations to staff practice appear key in minimising this risk.

**What problems there are around the transition from CAMHS to adult mental health services and how a smoother transition may be achieved?**

When transfer of care from CAMHS to adult mental health services is required, joint working between staff, exploring the personal meaning of this transition for the person, and careful planning are important factors. Adolescents may be facing multiple life transitions and stress, and it is important that we reflect upon how introducing another transition may impact on a person. Flexibility in transfers might mitigate against such difficulties (e.g. extending CAMHS service input until a psychological therapy is completed).

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19 January 2009