EARLY INTERVENTION IN PSYCHOSIS: CLIENT AND CARER PERSPECTIVES

This is a summary: the full paper can be accessed at nursingtimes.net

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This study aimed to evaluate service users’ and carers’ views on the early intervention in psychosis service in relation to best-practice guidelines. Both groups were sent a questionnaire on their experiences of care. The majority responded positively to many items, indicating they thought the team met best-practice guidance. Areas where guidelines were most closely adhered to were identified, as well as those needing improvement. Raising awareness, early detection and accessing help quickly remain the greatest challenges.

The Mental Health Policy Implementation Guide advised that ‘discrete and specialist’ early intervention services be introduced nationwide (Department of Health, 2001). It was intended that by 2004 every trust would have established its first early intervention team. The DH guide highlighted principles of care and best-practice guidelines. NICE (2002) also published guidance on treatment and management of schizophrenia.

A literature review was carried out for this study – for details see nursingtimes.net.

AIM

This study’s aim was to evaluate how service users and carers view the early intervention in psychosis service in relation to best-practice guidelines.

METHOD

Devising questionnaires

Two questionnaires were designed – one for service users and one for carers. Both were based on the Likert-type pre-specified response alternatives and coded on a five-point scale. All questions were worded as positive statements and based on best-practice guidance (NICE, 2002; DH, 2001). Participants were asked to rate the extent to which they agreed/disagreed with these statements. There was also an opportunity to make comments about individual items.

Participants

Questionnaires were sent to 68 service users and 61 respective carers. For each client sent a questionnaire, one was sent to the identified primary carer. Seven clients did not have a known primary carer.

Response rates for service users and carers were 31% (21) and 52% (32) respectively. Six participants (five carers and one client) were removed from the analysis because they did not complete at least one-third of the questionnaire.

RESULTS

Awareness: 65% of service users agreed or strongly agreed that it was easy to know where to obtain help when they first had difficulties. On the same item, 34% of carers agreed or strongly agreed.

Access: 90% of service users agreed or strongly agreed that it was easy to access the team. On the same issue, 59% of carers either agreed or strongly agreed, while 15% disagreed on this.

Initial contact: 90% of service users and 100% of carers agreed or strongly agreed that their initial contact with the early intervention team was useful.

Appointments: On average, across all four items exploring satisfaction with time, location, duration and frequency of appointments, 92% of service users agreed or strongly agreed. The vast majority (91%) of carers agreed or strongly agreed that it was easy to contact the team. All (100%) carers agreed or strongly agreed with a statement on the convenience of the location of appointments.

Psychological and emotional support: Some 85% of service users agreed or strongly agreed that they were offered help to cope with troubling thoughts and feelings. The remaining 15% were ambivalent and scored ‘neither agree nor disagree’.

Nearly two-thirds (63%) of carers agreed or strongly agreed that they had received sustained engagement from the team even when their relative did not want to engage, while 30% reported that this was not applicable to them and 7% did not respond.

Support for carers: Nearly all (93%) carers agreed or strongly agreed that they felt supported by the team, and 88% agreed or strongly agreed the support given was helpful. The majority (85%) agreed or strongly agreed that support from the team had reduced distress for their families.

Service-user involvement and recovery: Four-fifths (80%) of service users agreed or strongly agreed that they felt actively involved with their care plan, while 10%
disagreed with this. On whether they felt the team had helped with their recovery, 90\% of service users agreed or strongly agreed.

Promoting hope: Four-fifths (80\%) of service users agreed or strongly agreed that the team had helped to promote hope about future recovery. However, 15\% neither agreed nor disagreed and a further 5\% disagreed. From the carers’ perspective, 66\% agreed or strongly agreed, while 26\% neither agreed nor disagreed.

Understanding problems: The vast majority (95\%) of service users agreed or strongly agreed that the team had helped them to understand their problems and how to cope with difficulties in future. For carers, 81\% scored the same, with 11\% neither agreeing nor disagreeing and 4\% disagreeing. Nearly all (80\%) service users and 100\% of carers agreed or strongly agreed that they knew whom to contact for help.

DISCUSSION
The majority of service users and carers responded positively to most items on the questionnaires, indicating that, on the whole, both groups thought the team met best-practice guidelines.

Key areas of strength
Initial contact: All carers and most service users reported that their initial contact with the team had been useful. This is particularly encouraging in view of research indicating that first contact with mental health services can often be difficult. Providing a positive and useful first meeting with the team may be significant in reducing stress levels for service users and carers.

Coping with difficulties: Almost all service users reported they have a better understanding of their illness and how to cope should they deteriorate. Despite this, the provision of coping techniques continues to be a challenge for many services. A review found that more focus on relapse prevention and functional recovery was still needed (Killackey and Yung, 2007). In light of this, it is encouraging that the item on coping with difficulties was a particular strength of this service.

Contact for help: All service users and carers reported that they knew whom to contact for help at any time. Crisis planning is integral to recovery and an important aspect is knowing the right person to contact when in need of help.

Appointments: Findings demonstrate that the team provides a flexible service in terms of time, duration, frequency and, in particular, location. The highest ‘strongly agree’ response from both service users and carers was regarding the convenience of the place in which they are seen.

Key areas for improvement
It is important to note that many of these areas are only relative weaknesses, with most items still achieving agreement from the majority.

Awareness and access: Across all items in the survey, awareness and access prompted the greatest level of disagreement from both groups. Qualitative data indicated that many carers knew nothing about the services available and that several service users were only made aware via hospital admission. As the item that also received the most additional comments, awareness of the service appears a significant concern.

It is clear that more public education is needed on the nature of psychosis and services available.

Service-user involvement in care plans: The item measuring involvement in care plans had the second highest number of service users disagreeing with it. Service-user involvement is a key aspect of recent government policy guidelines. However, actively involving them in decisions over care plans has not always been easily achieved. This early intervention service has incorporated formal procedures to promote and maintain service-user involvement via the Care Programme Approach. Despite this, results indicate that further improvement can still be made.

Optimism for carers: The item on promoting hope for carers received the third-lowest level of agreement. Furthermore, this item was regarded with the most ambivalence across the survey.

Giving carers a sense of optimism about recovery is a significant part of supporting them. Fostering hope in carers of people with severe mental illness is central to their own coping, and may also benefit service users.

Ethical issues and study limitations
We were aware we were asking a relatively vulnerable client group and their equally vulnerable carers to comment on services. We chose a short, structured questionnaire for ease of completion and stressed that responses were anonymous.

It is necessary to interpret the largely positive findings with some caution. The limitations are those found in any such study; unsatisfied service users and carers may be those who chose not to respond to the survey. The five-point Likert scale was open to bias of a set response type, to either consistently over-score or under-score responses. This study is limited in that we did not carry out any statistical tests of reliability. We hope the good response rate will help to enhance its general applicability.

CONCLUSION
The results lend support for government recommendations, demonstrating that working in accordance with national guidelines is appreciated by clients and carers. Practitioners must ensure they not only promote hope for service users but also their carers. It appears that clinicians could be doing more to ensure service users feel involved in their care plans.

Promoting early awareness of psychosis and knowledge of which services can help remains the greatest challenge. Establishing a health promotion strategy in all early intervention teams is crucial to improve public awareness.

REFERENCES
