



Seeing the signs

DETECT aims to raise awareness that early detection will significantly improve the outcomes of those with mental illness

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"Having a mental illness is not the end of the world, by any means. One year later and I'm doing well, I'm probably just about back to normality. Just keeping physically healthy helps and I'm working on the rest."

Quote from client

As nurses, we have been aware for some time that detecting disease early can greatly influence the course and

outcome of illness. In the case of diseases such as diabetes, breast cancer, and heart disease, publicity campaigns have led to an improvement in public awareness, which in turn can reduce the duration of untreated illness. The nursing role in this process is largely geared towards providing information and education regarding early warning signs to the populations most at risk, as well as working with the patient, their family and the clinical

team to help co-ordinate the treatment and recovery process. Many professionals, however, may not be aware that the same urgency for early detection applies to mental illness.

Since 2006, the DETECT (Dublin East Treatment Early Care Team) service has been established as the first early intervention in psychosis team in Ireland, serving the south east Dublin and Wicklow area. The key aims of this service are to reduce the duration of untreated psychosis through the provision of an education campaign, a rapid and thorough assessment and the availability of a treatment package including bio-psycho social interventions as well as carer education. The DETECT service is jointly supported by the St John of God Order and the Health Service Executive.

Psychosis

Psychosis, defined as a loss of contact with reality, is a symptom found in a variety of mental health conditions. Approximately 3% of the Irish population will experience a condition which involves a loss of touch with reality, and 1,200 people in the country develop psychosis every year (see *Table 1*). Psychotic symptoms include delusions, hallucinations, emotional disturbances and disorganised speech, as well as social withdrawal, lack of motivation and poverty of speech.

Psychosis, even in the early phase, leads to reduced quality of life, occupational dysfunction, social isolation, emotional distress, anxiety and reduced purpose in life.^{1, 2} As the condition becomes more severe the impact on the individual and their family becomes more pronounced particularly if the problem goes unrecognised and untreated. A number of studies identify that a longer duration of untreated psychosis (DUP) not only increases the number of admissions to hospital,^{3, 4} but also prolongs the response to treatment thus leading to longer periods in hospital. Clarke and colleagues found greater prevalence of suicidal ideation amongst those with a longer DUP.⁵ Birchwood et al and McGorry et al highlighted the importance of early intervention in reducing the incidence of suicide, reducing involuntary detainment and bridging the difficult gap between child and adolescent and adult services by providing a service which caters for an illness largely affecting young people at risk of falling into this gap.^{6, 7}

In a debate paper, Birchwood proposed that there was "overwhelming evidence" to support resources being "directed at the most vulnerable groups at a critical

Table 1

Conditions that feature psychosis

- Schizophrenia
- Mania/bipolar disorder with psychosis
- Major depressive disorder with psychosis
- Substance induced psychosis
- Delusional disorder
- Schizoaffective disorder
- Brief psychotic episode
- Psychosis due to a general medical condition (includes stroke, brain tumours)

period". Furthermore it was suggested that the absence of early intervention in psychosis can lead to increasing the probability of chronic disabilities and reducing the duration of time in which intervention is likely to yield positive and effective outcomes.⁸

Substance misuse and psychosis

Substance misuse (drugs including alcohol) can feature in young people with psychosis, being prevalent in approximately 25% of DETECT cases. Similarly, cannabis use is reported in 30% of cases.

A study by Kamali and colleagues estimated that those with co-morbid substance misuse and psychosis were 9.8 times less likely to be adherent to treatment and 7.8 times more likely to have experienced suicidal ideation or deliberate self harm than those who do not misuse substances.⁹ Key findings also show that those with a co-morbid substance misuse and psychosis are more likely to have increased hospitalisations and homelessness while their families are exposed to a greater burden of care.^{10, 11, 12} Currently a randomised controlled trial of psychological interventions in substance misuse and psychosis is being carried out within the regions covered by DETECT as well as at the Drug Treatment Centre Board and the Cavan-Monaghan mental health services.

DETECT

The DETECT service covers a large mental health catchment area with an overall population of 375,000 people incorporating the Cluain Mhuire community services, St John of God Hospital and Elm Mount catchment areas in south east Dublin, and the Newcastle community service area in Wicklow. The service employs nine whole time equivalent staff, funded by the HSE and including a project manager, consultant psychiatrist, registrars, nurses, an occupational therapist, a psychologist, a social worker and other administrative and support staff.

Public awareness

A public campaign in Norway successfully reduced DUP for those with first episode psychosis in their catchment area. They report that people who received effective treatment in early stages of their episode of psychosis have reduced negative symptoms two years later.¹³ Identifying the signs and risk factors for psychosis is imperative in ensuring that a person is referred without delay to the appropriate service.

A community mental health nurse (CMHN) from DETECT leads a public education campaign and provides

with young people. These sessions highlight the risks and identifiers of psychosis. The DETECT team work closely with local general practitioners in the catchment areas to provide regular updates on early psychosis, and to ensure ease of access to treatment.

Rapid assessment

Referrals are made by the GP or A&E to the local community mental health service that in turn refers to DETECT. A comprehensive assessment by a doctor or nurse commences within 72 hours of referral. The assessment includes:

- Overview of critical period leading to presentation
- Symptomatology
- Everyday, occupational and social functioning
- Insight
- Quality of life
- Family impact
- Diagnoses.

Phase specific interventions

Once diagnosed, a bio-psychosocial approach to treatment is adopted. All pharmacological treatments are provided by a consultant psychiatrist-led multidisciplinary team at the catchment area of origin. The phase specific interventions available at DETECT are based on best practice. Clients are offered an eight session group-based cognitive behavioural therapy intervention led by a principal psychologist. This programme also encompasses a psycho education component and aims to help participants manage their symptoms and make informed choices surrounding their treatment.¹⁴

In light of the influence of carer support on recovery from psychosis DETECT offers a carer psycho-education programme to improve carer knowledge and alleviate the burden of care experienced by relatives. It covers a range of topics including diagnosis treatment and caring for someone with psychosis.¹⁴ Many people who present with a first episode psychosis

have recently experienced difficulties with employment or study.²

Once a person has commenced the assessment and treatment programme, they are given an individual appointment with an occupational therapist who will offer an occupational assessment to help them construct an individualised plan.

Outreach

Although DETECT does not have the resources to provide a comprehensive outreach service, the CMHNs of the three catchment area services form an integral part of the multidisciplinary treatment team and are involved in the delivery of nursing interventions in the client's own home. The Tidal Model is a recovery-based model of nursing which, according to Brookes and colleagues,¹⁶ emphasises that recovery must begin at the person's lowest point. In the case of someone admitted to psychiatric care, the voyage of recovery should begin as soon as the person enters the service. If not, there is a risk that precious time will be wasted, and the person will slowly become 'institutionalised' as a 'patient' or 'service user'.

The Tidal Model is a philosophical approach to the discovery of mental health. It emphasises helping people reclaim the personal story of mental distress, by recovering their voice. By using their own language, metaphors and personal stories people begin to express something of the meaning of their lives. This is the first step towards helping them recover control over their lives.³ It is through this process of recovery that CMHN collaborate with clients to adapt to the new diagnosis and empower them to actively engage in a meaningful way in their own treatment.

Further information can be found on www.detect.ie.

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