

communiqué



# communiqué

# unique

community links report

no.3

- Engagement, hope and recovery
- aspire's first year

**aspire**  
young people and psychosis

## Introduction

Delivering Early Intervention in Psychosis (EIP) services is a key national target for the Department of Health. It was a bold decision by local mental health commissioners to give the contract for the Leeds service to Community Links, a non-statutory health provider. **aspire** is one of only a few in the country to be provided within the voluntary sector and attracts a lot of interest from EIP partners across the country and from CSIP (Care Services Improvement Partnership).

This year has been a great adventure and challenge. Our formal partners, Leeds North East PCT and in particular Susanna Lawrence, a local GP involved with EIP nationally, have played an important role in the development and success of **aspire**.

We have received 172 referrals, a third of which have been from primary care. This is a great achievement as many of our EIP colleagues have struggled in this area.

The service opened its doors to referrals in June 2005 and we celebrated with a public

launch in September; a lively event featuring DJ and Music workshops as well as the regional EIP network meeting. The launch was a huge success attracting a mix of young people, staff from voluntary, statutory and youth services and other EIP service providers across the region.



[www.aspireleeds.com](http://www.aspireleeds.com)

Leeds North East   
Primary Care Trust



community links

linking community support  
to health and housing

**What is early intervention and why are we here?**

Early intervention in psychosis represents a commitment to enhance recovery in psychosis by identifying and intervening earlier in the process. It acknowledges that there are different phases of psychosis that require different ways of working and understands that treating young people in hospitals and services with individuals with a longer history of psychosis leads to disengagement, hopelessness and suicide.

We know that many of the most distressing and disabling aspects of psychosis; delays into effective treatment, changes in the brain, drug/ alcohol use, losing contact with friends and family, and suicide can occur in the first few years of the transition to psychosis – the critical period.

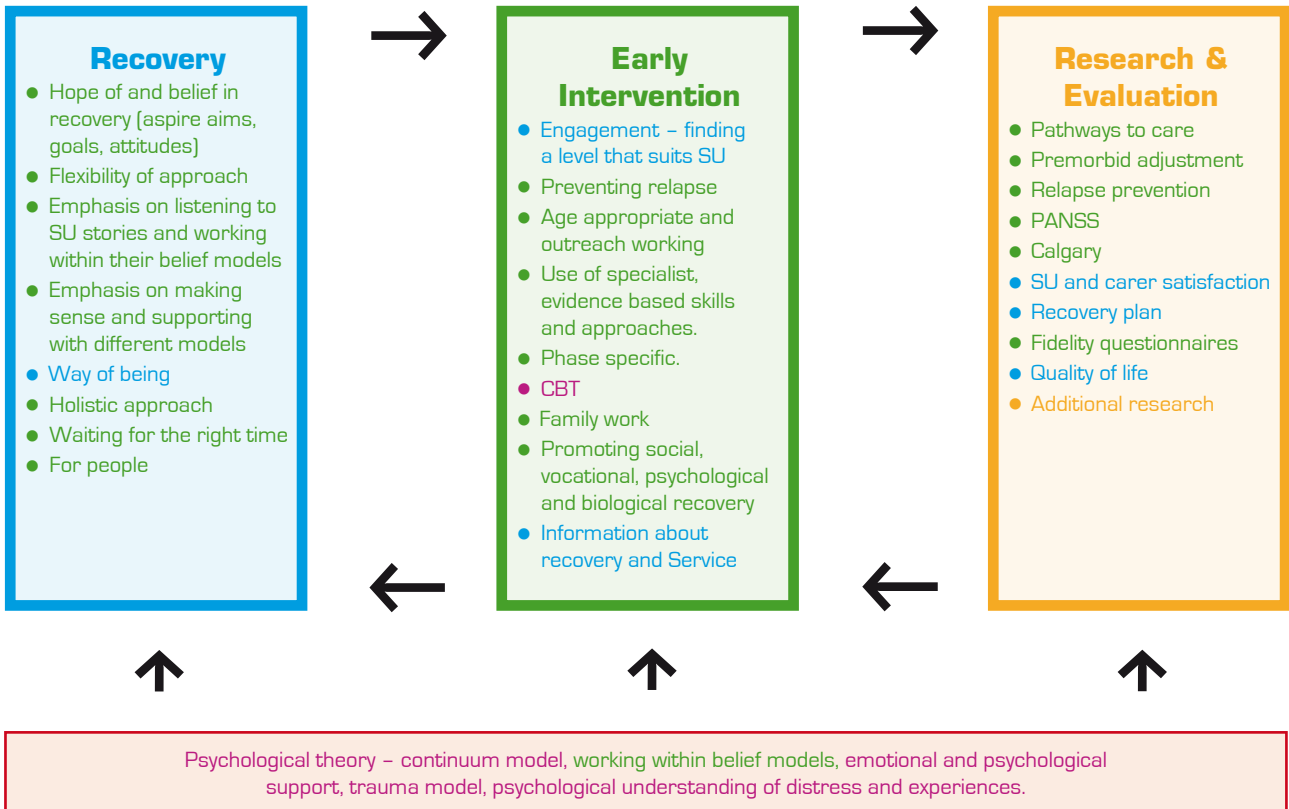
The aim of EIP services is to reverse or prevent the above changes, and to recognise that early psychosis looks like the early stages of other mental health problems and sometimes is very similar to normal adolescent development.

**Service description**

**aspire** is a city-wide service that works with young people aged 14 – 24 who may have or are having first experiences of psychosis. Two teams cover the city.

**aspire** has a firm theoretical basis, so it can develop as the evidence base develops. There are three approaches with shared philosophies: early intervention, recovery and psychological understandings of psychosis.

● ● ● Theoretical Framework of **aspire**



The diagram above demonstrates the theoretical framework of aspire. The colours highlight the shared principles between each model. The framework shows **psychological theory** grounding the models of **recovery**, **early intervention** with **research and evaluation** as integral components.

These three knowledge bases are integrated in the way we work, at all levels. They guide our thinking but don't confine us. The service embraces the recovery approach in all its clinical work, firmly believing in the ability of individuals to recover and that service users are the experts of their experience. Psychiatry plays an important but less central role in the service and instead the service is informed by psychological theory in terms of the continuum model, trauma model of psychosis and Cognitive-Behavioural Therapy (CBT). Clinical practice is informed by psychological formulation from the first time an individual is seen through to discharge ensuring that intervention is focused on a client's goals and on specific experiences, without necessarily the use of a stigmatising diagnosis.

**aspire** works with individuals within their own belief models with the emphasis on exploring different understandings of their experiences. This enables individuals to process and make sense of these experiences, allowing a more positive recovery style to emerge.

Research and evaluation play a crucial role within the service and our aim is to contribute to the growing early intervention research evidence base. All our evaluation and outcome measures are firmly embedded in routine practice.

We have found that having firm theoretical foundations that are visible to all has prevented the dilution of the spirit of early intervention. It has enabled us to be grounded in the evidence base across all levels of service delivery, while allowing us the freedom to work and think creatively and flexibly alongside young people and their families.

### Who are we?

Full time posts

service manager

two team leaders

five case co-ordinators

four support workers

administrator

Part time posts

psychiatrist

clinical psychologist

family intervention development worker (one year post)

**aspire**, like the whole of Community Links, is committed to employing individuals with the relevant skills, knowledge and background rather than focusing solely on professional qualifications. There are four specialist posts: South Asian case co-ordinator, Black African Caribbean case co-ordinator, service user development worker and a lesbian, gay and bi-sexual specialist support worker.

### Engagement

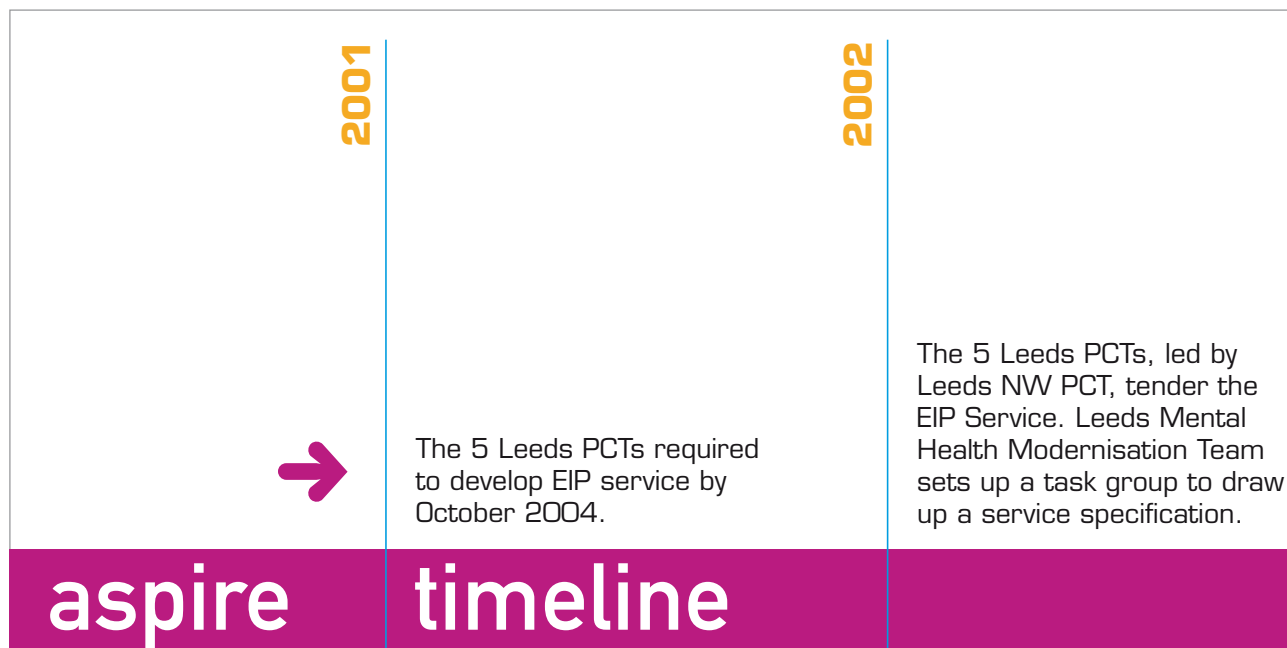
Engagement with young people at a time when they and their carers may be confused and scared about what is happening is crucial. Young people will have had little contact with statutory services before and their first experience with a mental health service will predict their engagement and attitude to services in the future. So **aspire** takes an assertive approach; engaging by multiple methods through different media.

### What service users and carers say about aspire

All comments featured below were taken from a recent anonymous evaluation of **aspire** by service users.

What is most helpful about **aspire**?

- Talking to someone
- Prevention plan
- They help you understand things like fears. They are understanding.
- That they don't take you for granted and they listen to what you say carefully and understanding people's opinions.
- Self-assessment to give me an idea of what is wrong



What is least helpful about **aspire**?

- I think **aspire** has been very helpful but some of the questions asked was a bit personal.

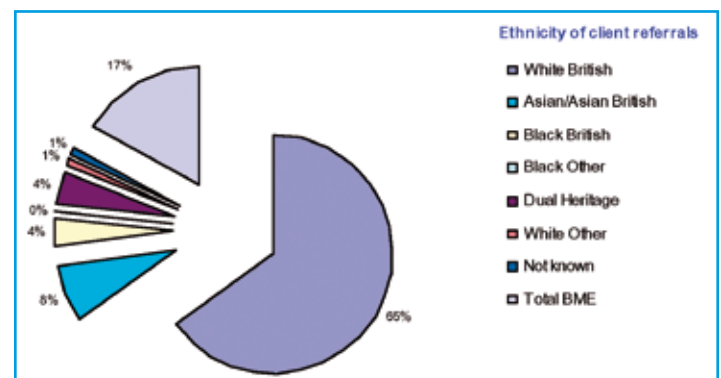
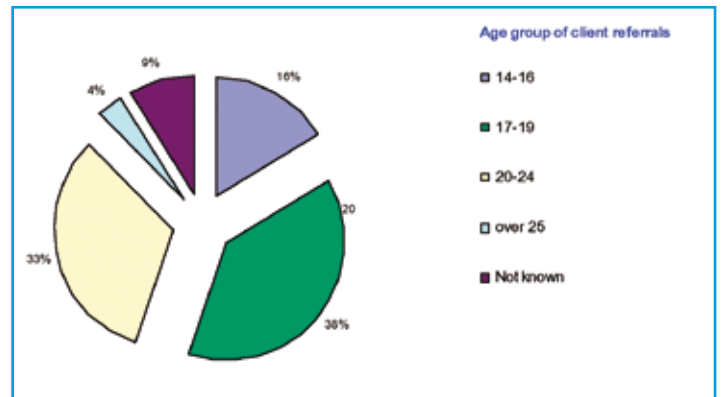
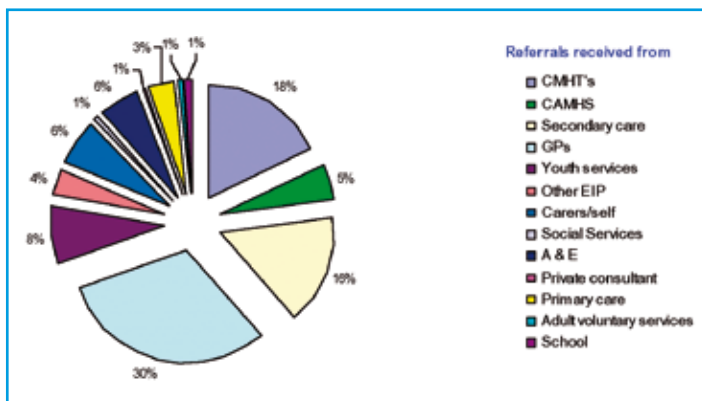
Carers:

- Still at early stages – but it is a relief to know that there is support who can work with young people like my son.
- The staff seem quite caring.
- Point of contact, named person, initial visits in hospital.
- Originally the service was very difficult to access as the GP was not aware of **aspire**'s existence. This led to feelings of frustration and isolation for me and my husband. Our son deteriorated rapidly and was consequently arrested and referred to you through the courts. Maybe if we could have had access to your services months before this event, it may not have happened.

### And now for the science ...

(Details of referrals to **aspire** from June 2005 to May 2006.)

There were 172 people referred in this twelve month period. Gender of referrals: 32% female and 68% male. This reflects the later onset of psychosis for women on average.



2003

Project Manager appointed by task group. Current service mapping begins.

2004

Community Links begins to research and plan a bid forming a partnership with Leeds North East PCT

#### JUNE

Service specification completed by EIP task group and tender is advertised. Community Links and the Leeds NE PCT apply.

#### SEPTEMBER

Community Links and North East PCT bid is successful. Service Manager recruited.

2005

Staff team recruited.

#### APRIL

4 week training and induction begins. May 2005 – aspire users and carers event at the West Yorkshire Playhouse.

#### MAY

Team do work placements across Leeds mental health services.

#### JUNE

aspire opens.

Currently the majority of our referrals are White British (65%) though the number of African and African Caribbean and Asian clients referred to the service is over-representative of the local population. This is a concern outlined by Sainsbury Centre publication (2002) Breaking the Circles of Fear. The study acknowledged that "pathways into services are problematic for black people" and often do not involve entry through primary care. They recommend early intervention and community based services. We are confident that the approach we take in **aspire** – being firmly driven by service user needs and based within primary care and working with experiences rather than diagnosis – will help us to avoid misdiagnosing and stigmatising this population.

**aspire** is committed to ensuring that young people receive the appropriate care and treatment as early as possible and if an individual does not meet the criteria for an early psychosis then we ensure that they are signposted to more effective services for them and referrers receive comprehensive recommendations for care. The watch and wait group refers to situations when it is not clear if an individual has experienced a first episode of psychosis, but we are concerned enough to monitor the individual for six months to see if psychosis emerges. If a psychosis emerges during this time we can immediately transfer onto caseload.

In addition to the above data **aspire** has information for the last three months about its use of beds. Numbers show that we have had three service users in hospital at any one time during that time period.

### spreading the word and forging links

Our service image needs to be appealing to young people to reduce stigma of psychosis so our name conveys a hopeful message. Also our promotional materials use positive images.

Over the past year **aspire** has been developing links with services and agencies. Some have already evolved into productive partnerships with cooperation on a daily basis, and other links are at an earlier stage.

### Primary care

The first task, which began well before the service opened, was to deliver information to all the GPs in Leeds, making them aware of the service and how to access it. We were allocated a slot at the Target training days for the 5 Leeds PCTs, and the referral pack, which was written with GPs and other primary care workers, was designed to be user-friendly.

### CAMHS

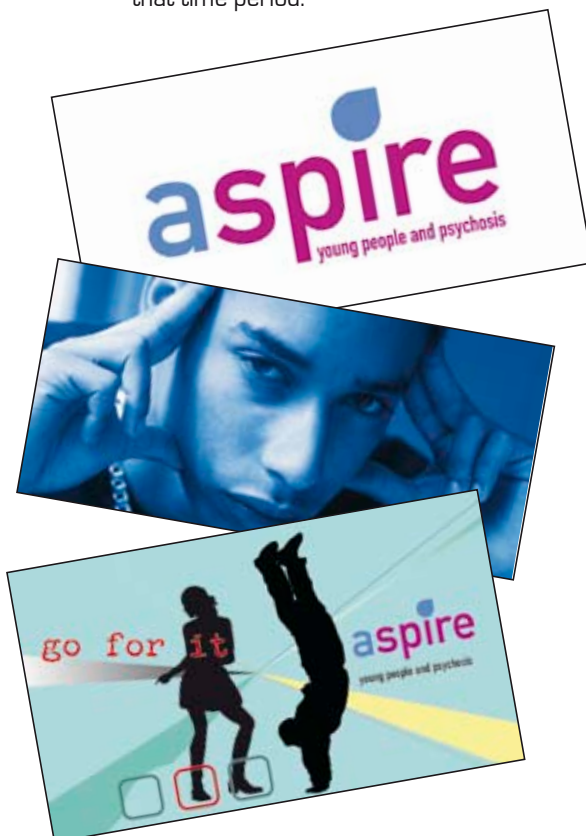
About 10% of referrals have involved young people aged 14–16. **aspire** has worked with Tier 3 CAMHS (Child and Adolescent Mental Health Services) and Tier 4 services (Little Woodhouse Hall) on joint assessments and joint working. Our link worker has visited the CAMHS teams and we have established links with 0–16 teams which involves attendance at our team meetings.

### Leeds Mental Health Trust

We have developed strong working links with the Crisis Resolution and Home-based Treatment Team (CRHT) whose support is sometimes crucial in either preventing or, where necessary, facilitating hospital admission. We have worked jointly with CRHT in a number of situations, including assessments, shared care and to facilitate early discharge. They are also an important referral pathway to **aspire**.

Many of our service users have made use of the acute community day services (ACDS), often, but not exclusively, as a step-down from inpatient care and we aim to continue with these links. We have also made links with the wards at the Becklin Centre and hope to establish liaison contact with all wards next year.

There are numerous other examples of collaborative working practices, including with Continuing Treatment & Recovery Service and with CMHTs (Community Mental Health Teams), through the CMHT forum where we provide joint assessment, support and consultancy for service users who are not currently within our age range (ie 25–35).



# Views of aspire staff ● ● ●



“It has been a valuable opportunity to be part of a service at its initial development. Contributing to decision making at a service level has been a unique experience. The working environment is fast paced, highly motivated and dynamic. I can’t believe how quickly the last year has gone.”

“Working with **aspire** has been everything I expected it to be. It has been an exciting opportunity to work with the service from an early stage of development. It has reaffirmed my opinion that young people can be engaged effectively with the addition of a little extra support and application.”

## Other agencies and EIP services

The list of other agencies with which **aspire** has been working is very long and includes agencies such as Connexions, Archway ([www.archway-leeds.org.uk](http://www.archway-leeds.org.uk)), Youth Offending Teams, and the Marketplace ([www.tmpweb.org.uk](http://www.tmpweb.org.uk)).

We have allocated link workers for these agencies and also for the Student Counselling Centre ([www.leeds.ac.uk/uscs](http://www.leeds.ac.uk/uscs)). We also liaise with our colleagues in other services, as service users move areas, for example, to and from university. As well as making contact with our close neighbours such as the Bradford and Harrogate teams, we have also made contact with more distant teams such as Brighton and Chichester.

## Developments in the next year:

- Conference workshop at National Early Intervention Conference and poster presentation – October, 2006. Birmingham.
- Health promotion of early signs of psychosis within the communities of Leeds, e.g. presence at festivals.
- Further development of the specialist roles.
- Moving to more appropriate premises
- Involving service users and carers in service evaluation as partners.
- Establishing an EIP model of support for family and friends in a carer’s role.

## And beyond ...

- Youth and EIP focused recovery and acute facilities.
- Development of an Early Detection in Psychosis service.
- Expansion and development into a mental health early intervention service for young people.

## Culture, religion and spirituality at aspire:

As a specialist worker within the team I feel I have been a useful resource. It has been enjoyable and a steep learning curve at times, and certainly challenging. The referrals from clients with South Asian heritage are on the increase, and the way in which I have been able to offer my expertise has been diverse.

The team takes a sensitive and inclusive approach with regard to considering issues and needs that an individual may express which is informed by the recovery model and the continuum model of psychosis. Areas in which we have been able to practise this include culture, religion and spirituality. Examples are: providing information on hakims (traditional herbalist with knowledge of religion and mental health), helping individuals access a service set up for new Muslims in Leeds and respecting that some individuals are more comfortable with same sex workers.

*Shaista Meer, South Asian Case Co-ordinator until July 2006*

Contributions from Rachel Ball, Andy Irwin, Gemma Elks, Andrea Beever, Anjula Gupta, Steve Wright.

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