

**What is the evidence for improving adherence to reduce psychotic crises and the opportunities to share effective care in the new STP world?**

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# What is Psychosis

- Estimated prevalence in England is 285,089 (5/1000) estimated to increase to 303,103 by 2024
- Onset late adolescence/Early adulthood
- Delayed access associated with increased relapse/poor recovery
- Stress vulnerability model
- Critical period – 80% relapse in 5 years
- Relapse with stressors, within family communication, medication discontinuation

# Cost of Psychosis

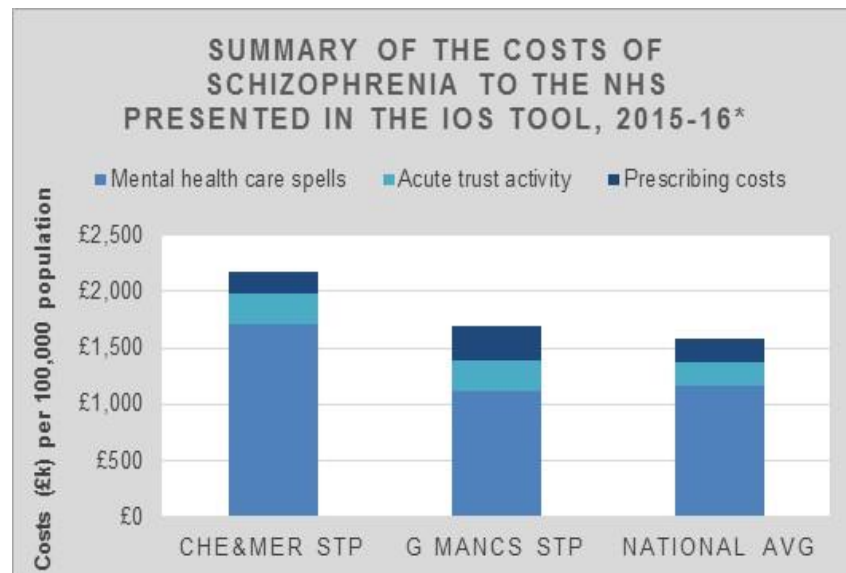
- 2011-12 £7.9 billion annually (Mangalore and Knapp 2007)
  - 1/3 direct healthcare costs
  - 56.5% cost is hospitalisation (Knapp 2002)
  - Indirect costs critical period £412 million (Guest and Cookson 1999)
- High burden of disability

# Cost of Psychosis Crisis – Impact of Schizophrenia resource

An overview of the costs of Schizophrenia (both estimated and actual) presented in the IoS resource. There may of course be additional costs (both direct and indirect) not included here.

	Costs (£k)		
	Che&Mer STP	G Mancs STP	National AVG
Mental health care spells*	£1,712	£1,112	£1,167
Acute trust activity	£263	£273	£206
Inpatient admissions	£147	£156	£122
Outpatient attendances	£76	£68	£50
A&E attendances	£40	£48	£34
Prescribing costs	£195	£304	£204

\* please note that the estimated cost of mental health care spells will include days in admitted care (i.e. inpatient admissions to Provider MHTs)



# Cost of Psychosis Impact of Schizophrenia Resource

## Inpatient admissions MH provider

	Che&Mer STP	G Manco STP	National AVG
Inpatient admissions	30	32	28
Elective	4	3	9
Non-Elective	28	28	20
Inpatient costs (£k)	£437	£440	£452
Elective	£77	£87	£172
Non-Elective	£360	£373	£280
Average cost per admission	£14,388	£13,980	£16,028

## A&E attendances – Schizophrenia diagnosis

A count of all A&E attendances at Acute Trusts in 2015-16 by patients with a 'known' diagnosis of Schizophrenia (ICD-10 code F20). Costs have been calculated using the National Tariff Payment System 2014-15.

	Che&Mer STP	G Manco STP	National AVG
A&E attendances	408	487	315
A&E costs (£k)	£40	£48	£34

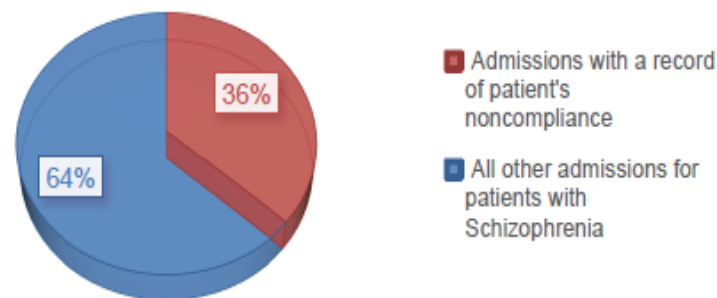
# Cost of Psychosis – Non Adherence

A count of all inpatient admissions to Provider MHTs in 2015-16 where a diagnosis of Schizophrenia (ICD-10 code F20) has been recorded in the admission episode, split by whether or not there was a record of 'patient's noncompliance with other medical treatment and regimen' (ICD-10 code Z911) on admission\*.

	Patients with a Z911 diagnosis	All other patients
Inpatient admissions	297	482
Inpatient costs (£k)	£4,089	£7,119
Average cost per admission	£13,769	£14,770

\* please note that according to a study by Offord et al. (2013) approximately 60% of patients with Schizophrenia are nonadherent to antipsychotic medication early in treatment

**COST OF ADMISSIONS TO PROVIDER MHTS WITH A DIAGNOSIS OF SCHIZOPHRENIA - CHESHIRE AND MERSEYSIDE, 2015-16**



# Relapse in Psychosis

- Risk factors for relapse
  - persistent symptoms
  - poor adherence to the treatment regimen
  - lack of insight
  - substance use
  - Stressors
  - Family communication patterns

# Adherence to reduce relapse/crisis

- Adherence to Evidence Base- Improving access to effective interventions at symptom reduction
- Improving adherence to interventions
- Importance of personalised and collaborative care, plus Youth Focus
- Benefits of wellness



# Early Intervention in Psychosis

- Sustained care package of evidence based interventions over first 3 years of critical period
- Reduce hospital admission, relapse rates and symptom severity, improve access to and engagement with treatment, and improved recovery outcomes
- Reducing cost per case by £14,248 over 3 years (McCrone 2009, 2010)
- Kings Fund report, predicted potential savings from full EIP service coverage in England over the next 20 years in excess of £60 million per year (2010)
- Better Access Standards / FYFV
  - 2 week RTT
  - NICE interventions
  - Expansion to 65
  - At Risk
- Cost –effectiveness of fidelity (Radhakrishnan 2017)

# CBT for Psychosis (CBTp)

- *CBT for Psychosis has consistently been found to reduce hospitalisation rates up to 18 months after treatment, and reduce length of hospital stays. It is effective at reducing symptom severity which are sustained over 12 months. There is also evidence of improved social functioning at 12 months post therapy. Economic analysis shows improvement in outcomes at no extra cost (NICE 2014).*

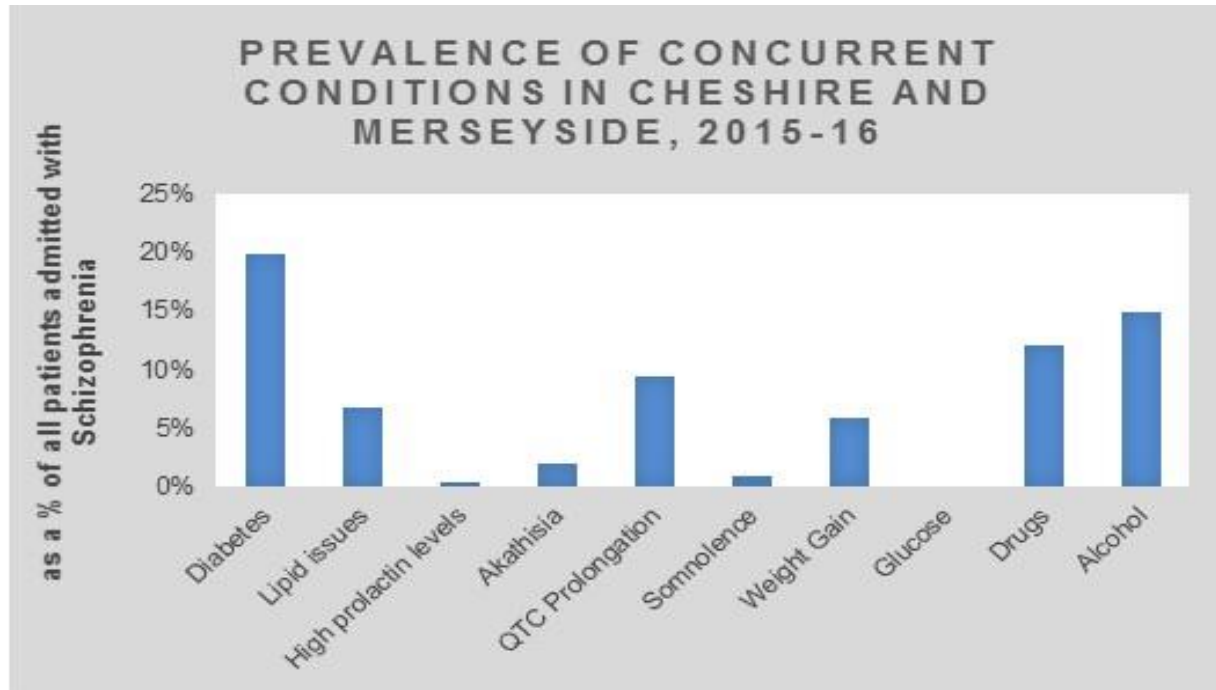
# Family Interventions in Psychosis

- *Family interventions are associated with a **reduction in the risk of relapse, sustained for 24 months, reduced hospital admission during treatment and reduction in severity of symptoms** both during and up to 24 months following the intervention. Family interventions may also be effective in improving social functioning and the patient's knowledge of their problems.*
- ***Economic analysis shows that family intervention for people with schizophrenia provide net cost saving between £1,195 and £3,741 per person.** There are also recognised improvements in Health related Quality Of Life (NICE 2014).*

# Medications

- Use in acute episodes and as prophylaxis
- Collaborative practice
- Monitoring of side effects
- Oral vs Depot
- First generation vs second generation Depot
- Clozapine and barriers
- Discontinuation
- Use of Mental Health Act

# Costs of Treatment



# Dual diagnosis

- 40% people with psychosis
- Higher risk of relapse/hospitalisation/Criminal Justice contact
- Poorer outcomes across domains inc. Suicide
- Joint working across agencies
- Training
- Development of local pathways
- Skilled and consistent staff
- Joint strategic working to ensure continuity of care

# Role of Recovery

- High rates of unemployment (8% vs 71%)
- Education and Employment
- Individual Placement Support
- Peer support
- Opportunities for partnership with 3<sup>rd</sup> sector
- Working with employers



# Beyond the Critical Period

- Loss of effect though adherence remains
- Extending EIP type Care
  - 5 years
  - access to interventions
  - Psychosis pathways
- Interventions to support movement of care cluster
- Physical health pathways

Estimated Impact on Costs (positive numbers reflect savings)

	Intervention		Total
	CC13 to CC12	CC12 to CC11	
Savings for Provider MHTs	£282,939 #	£351,188	£634,128
Inpatient savings	£264,712	£265,190	£529,902
Outpatient savings*	£18,227 #	£85,999	£104,226
Savings for Acute Trusts	£6,260 #	£8,663	£14,922
Inpatient savings*	£5,781	£14,466	£20,247
Outpatient savings	-£388 #	-£8,106	-£8,492
A&E savings	£864 #	£2,303	£3,167
Total cost savings	£289,199 #	£359,851	£649,050

\* national benchmarks applied in the absence of robust local benchmarks



# Prevention

- At Risk Mental State
- Awareness raising



# The future for Psychosis crisis care

- Open Dialogue (Seikkula 2006)
  - Dialogical approach to treatment of psychosis
  - Early contact with involvement of social network
  - Outcomes
    - Reduced length of hospital admissions
    - Low levels of psychotic symptoms at 2 years
    - Low use of antipsychotic medication (6% vs 43%)
    - 86% returned to work/studies after 2 years
    - Decreased duration of untreated psychosis
- UK – Multi Centre RCT Peer Supported OD
  - 6 Trusts
  - 3-4 years commencing 2017
  - % of service users get OD

# Opportunities

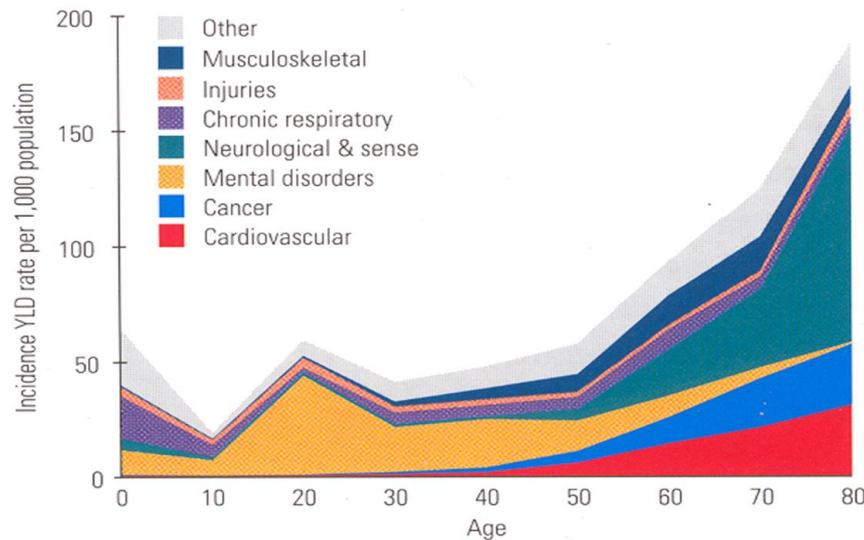
- Good quality psychosis pathways
- Psychosis networks
  - benchmarking
  - Sharing good practice and innovation
- Increasing availability of fully resourced EIP
- Targeted investment in community services
- Improving physical health pathways with primary care to reduce side effects and associated costs
- Investment for training in interventions
- Dual diagnosis networks
- Co-ordinating research

# Early Intervention in other mental health problems

**Mental health problems are the greatest health problem faced by children and young people**



*Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996*



Prof Pat McGorry