Towards Recovery

Principles of good practice in the treatment, care, rehabilitation and recovery of people with a diagnosis of schizophrenia and related mental disorders.

A joint publication of Schizophrenia Ireland/Lucia Foundation and the Irish Psychiatric Association

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The impetus for this document arises from a number of concerns. Schizophrenia Ireland has been receiving anecdotal reports about people’s experiences with mental healthcare services. These experiences vary from examples of exceptional standards of care and treatment to stories of poor and almost neglectful experiences. The Irish Psychiatric Association has highlighted marked inconsistencies in levels of service provision between Health Boards in its report, “The Stark Facts”. These imbalances contribute to and sustain an uneven spread of clinical strengths and deficiencies. Both organisations wish to address solutions which will make delivery of mental healthcare more equitable and effective countrywide, and in doing so add to the emerging dialogue about the need to improve standards of care in mental healthcare services.

Both organisations recognise that a collaborative approach represents the best way forward to ensure that the service user and provider can achieve high quality services. Thus we recognise a need to compile principles of care that set out uniform goals which might be acceptable and achievable to key stakeholders within an Irish context.

“Towards Recovery” is a new initiative aimed at achieving a collaborative position on the principles that should underpin and guide the delivery of services for people with schizophrenia and their families in Ireland. The document has been compiled after close collaboration and consultation between the two organisations. It is the beginning of setting objectives by which services can be compared and improved. It is hoped that others will adopt it as a basis to guide service developments for the future, in the knowledge that it represents the views of important contributors to this process.

We also hope that in the future “Towards Recovery” will be seen as a precursor to the development of more detailed standards of care for the provision of mental health care services throughout Ireland.

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Preamble

The need for a defined vision of our psychiatric services relevant to the 21st century is long overdue. We eagerly await the national policy framework review promised in the health strategy report Quality and Fairness: A Health System for You. We also await a set of standards that will provide a quality benchmark for all mental health services. Both of these elements will, no doubt, add to the groundswell of determination around the country to once and for all abandon outdated and inadequate services.

The Mental Health Act 2001 speaks explicitly of the need to respect the right of the person to dignity, bodily integrity, privacy and autonomy when considering the care or treatment of a person experiencing mental illness.

The need to involve all participants in the planning and delivery of services cannot be over emphasised. The health strategy speaks of empowerment as being part of its vision. The essential ingredient of empowerment is equality. With equality comes the possibility of partnership and participation and a move away from a deficit view of mental illness to a focus on wellness and recovery. In such a partnership, people become active participants in their own good health.

The definition of health as defined by the World Health Organisation and chosen by the Department of Health and Children to underpin its health strategy is a “complete state of physical, mental and social well-being and not merely the absence of disease or infirmity.” There is widespread acknowledgement that good health is attained and sustained better within communities than in institutional settings. This is particularly true for people with mental health difficulties and the families and friends who support them. Community treatment should consequently be the objective of users, carers and services wherever possible.

Indeed, despite fragmentation and strain in service delivery, the presence of considerable consensus on a modern mental health service is making itself felt more and more every day.

“Towards Recovery” is a contribution to the consolidation of this developmental process, and has been designed to be broad in scope and flexible in detail. Crucially, it has been designed to be reflective of the views of people using the psychiatric services, their families and mental health professionals.

Principles of good practice in the treatment, care, rehabilitation and recovery of people with a diagnosis of schizophrenia and related mental disorders.

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1 Early Identification

Early intervention and identification programmes should be the norm in mental healthcare services nationally.

There is significant evidence that such programmes can lead to early initiation of treatment with improved long-term prognosis. The shorter the period of time between initial presentation and diagnosis, the greater the long-term prognosis for a sustained recovery.

2 Establishment of a Therapeutic Alliance

In all situations it is essential that a therapeutic alliance is established between the person receiving treatment, the mental healthcare team and family members. Such an alliance will ensure that everyone is working towards the same goals in a supportive partnership.

Actions towards this include assessing the person’s psychiatric status, developing an overall treatment and recovery plan, enhancing adherence to the treatment plan and promoting early recognition of episodes and initiation of treatment.

Providing information and education regarding the condition and its treatments, increasing understanding of and adaptation to the psychosocial effects of the illness, providing programmes to enhance family coping skills, facilitating access to services and coordinating resources among the mental health service and other systems of care.
Towards Recovery

3 Treatment Settings – Primary care

It is important that there are clearly agreed and understood methods of referring individuals for prompt, specialist psychiatric assessment by their local G.P. service.

Most people who develop schizophrenia for the first time will seek help from their general practitioner. In some situations an immediate emergency referral may need to be made but, in general, it is preferable that a member of the community mental health sector team carries out the initial assessment. In some circumstances the general practitioner may initiate treatment with appropriate medication before the individual is seen by the specialist psychiatric service, which should be in the shortest possible time.

4 Community Mental Health Team

Each team should be adequately staffed so that physical, psychological and social interventions are available.

The Community Mental Health Team (CMHT) is an appropriate and effective way to deliver the range of treatment interventions for those with a first episode of schizophrenia. Every person experiencing psychiatric distress should have access to a CMHT. The CMHT should have a range of expertise, which allows them to support the individual and their caring relatives.
Home Treatment

Home treatment should be available and adequate resourcing of home treatment teams in all parts of the country should be a priority.

Home treatment teams, either on their own or as part of a CMHT, can provide a responsive, high-quality method of delivering acute care for those with schizophrenia. Such teams usually need more clinical resources than conventional services.

Day Hospital

Such services should be available to facilitate the delivery of a full range of treatment options including acute care.

There is good evidence available indicating that acute day hospitals can provide efficacious and cost-effective treatment of the acute episode of schizophrenia as an alternative to inpatient treatment. Such day hospitals need to be adequately staffed and resourced so that they can provide acute treatment for a person during an acute episode.
A comprehensive assessment of the person’s physical health, psychological health and social needs should be carried out. Such assessment should involve the individuals themselves.

An individual may need access to other members of the multidisciplinary team in addition to a psychiatric assessment. Members of this team include a psychiatrist, mental health nurse, psychologist, psychiatric social worker and occupational therapist. Other people who may contribute to the assessment include family carers and general practitioners. In some circumstances with the consent of the individual, a relative or advocate may be included in the assessment process.

Treatment in an acute hospital unit may be the most appropriate setting for the management of the acute episode of schizophrenia. The environment of such units should aim to promote recovery, should be safe and should be able to provide a full range of therapeutic activities.

The hospital unit should be appropriate for the care of the acutely ill and staffed by adequately trained medical nursing and paramedical staff capable of dealing with crisis situations. Early discharge to a community setting should be an objective.
Pharmacological Interventions

Atypical antipsychotic drugs should be considered in the first-line treatment of schizophrenia. The prescribing of medication should be based on best evidence and with attention to possible side effects, the individual's life circumstances and attitudes to medication.

There is incontrovertible evidence that antipsychotic drugs are effective in the treatment of acute episodes of schizophrenia and that they reduce relapse rates.

In general, the use of more than one antipsychotic drug should be avoided. If side effects occur, the nature and dosage of the antipsychotic should be reviewed and modified to eliminate the need for additional medication. This process of review should include consultation with the individual and caring relatives or advocate where agreed. No medication should be restricted on the grounds of cost alone.

Psychosocial Interventions

It is important that there is access to psychosocial interventions, which help to maximise the individual's recovery as well as preventing relapse.

These interventions include educational programmes, family interventions, social skills training, vocational rehabilitation, day centre programmes and cognitive-behaviour therapy. During this time it is important that antipsychotic medication is continued. Full recovery from an acute episode of schizophrenia may in some cases be incomplete.
Involuntary admission to a psychiatric hospital must always be used as a last resort. Where there may be a significant risk of harm to self or others or where the individual refuses to seek treatment and his/her health is being seriously harmed, it may be necessary for someone to be committed to hospital against his/her will.

The current mental health legislation requires a relative to make an application (although there is provision for circumstances where a relative is not available) and a doctor (usually the individual’s general practitioner) to make a medical recommendation for admission as a temporary patient. The individual is then brought to an approved centre (usually the local psychiatric unit) where he/she is assessed by a consultant psychiatrist within twelve hours and is admitted as a temporary patient (involuntary admission), admitted as a voluntary patient or not admitted.

The process of involuntary admission is a traumatic and devastating occurrence for the individual and his/her family. It should be a primary aim of all professionals involved to acknowledge and respect the sensitivities of the whole family and respond appropriately.

The person and family members should be given all the necessary information, education and support to understand the diagnosis, treatment and care programme. This should be seen as the beginning of an ongoing dialogue. While respecting the individual’s rights to confidentiality and privacy, carers and family members should receive adequate information in a form that is understood. Opportunities should be afforded to return and discuss matters as they see fit. Relatives and service users should be provided with education, support course and a support group when appropriate.
Physical Environment

All mental health facilities should be of a high standard of hygiene, decor and maintenance. Privacy, safety and comfort should also be facilitated.

The privacy and dignity of the person in residential or hospital settings should always be respected. Such facilities should not be seen as permanent, as individuals' long term abodes should be in a domestic type unit.

Accommodation

There is a need for a range of accommodation which can provide support as required.

High support, medium support and low support residential accommodation should be available for those who need to make the transition to independence, or return to their home over a longer time frame. It should be acknowledged that some people may always require some degree of supported accommodation. Additionally, there is a need for a range of social housing to facilitate people who no longer require supported housing.
At times a partnership process should be adopted with the aim of facilitating the recovery process. Individuals need to be equal partners in their recovery process. Attendant issues such as stigma, social isolation and low self-esteem must be considered in the formulation of the recovery process. This may occur in the context of treatment, support and education courses. An improved level of public awareness is essential to long term stability and recovery, and is the responsibility of statutory, professional and voluntary organisations.

Specialised Rehabilitation

A small number of individuals will have ongoing difficulties in reaching independence. These individuals require more intensive specialised multidisciplinary rehabilitation interventions. Such interventions might include Cognitive Behaviour Therapy, anxiety management, confidence and self esteem enhancement, assertiveness and personal development, vocational training, as well as general supportive psychotherapy and counselling. Staff should be qualified and supported in ongoing professional development so that they are well informed of current good practice in relation to treatment and management issues. A range of residential rehabilitation settings should be available to supplement high quality therapeutic day rehabilitation programmes.
17 Advocacy

Access to a full range of advocacy services and/or training in self-advocacy should be available.

Services may be in the form of self-advocacy, peer advocacy, professional advocacy, group advocacy and legal advocacy. Such services should be available at all stages of the treatment and recovery process. Referral to an appropriate agency for advice/assistance with income support, employment re-training, new skills development and accommodation is a necessary part of the care programme.

18 Support Groups

Referral to a user support group, a relatives’ support group and the relevant voluntary agency should be a necessary part of the care programme.

The value of peer support should not be underestimated as a valuable recovery tool. Referral by the mental health team to a local mental health support group should be made as appropriate. Information should be provided on the range of services offered by the voluntary sector and the potential benefits of support groups should be outlined. The mental health team should actively facilitate access to the relevant voluntary organisation.
About Schizophrenia Ireland

Mission Statement

Schizophrenia Ireland is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by schizophrenia and related illnesses, through the promotion and provision of high-quality services and working to ensure the continual enhancement of the quality of life of the people it serves.

Objectives

1. To promote the development of parallel mutual self-help groups for people with schizophrenia and carers.
2. To empower people with schizophrenia and their carers through support, individual advocacy, information and education.
3. To promote the right to appropriate health, accommodation, employment and other services.
4. To advocate for rights and needs and challenge discrimination of all those affected by schizophrenia.

Organisational Ethos

SI believes that:
- People with schizophrenia should at all times be accorded the rights, entitlements, and opportunities available to any other member of society on an equal basis, and should be empowered to participate in the life of the community to the fullest possible extent;
- Relatives and families, the majority of whom are the primary providers of psychiatric care in the community should be accorded full recognition and support by the institutions of the State, and be empowered to address their own needs;
- A history of mental illness should never be a cause of discrimination, stigmatisation or prejudice in any form, nor should it inhibit the individual’s right of equal access to training, education and employment; and
- We should foster a partnership and collaborative approach with all relevant agencies.

About the Irish Psychiatric Association

Core Values and Objectives

The IPA was set up in 2000 as a new representative body of Psychiatrists in Ireland with the key objective of raising our voice and increasing our focus on the need to provide and develop services for mental illness. This grew out of a widespread concern that such was the decline in service standards over the last 20 years that a new autonomous wholly Irish Association was the best way forward. Ireland has very rudimentary development in services compared to other affluent EU countries and mental health services had slipped off the agenda despite criticisms, huge public demand, and the availability and will of the services to provide better services. Membership is open to trained psychiatrists at present but in the future we hope to open membership to affiliates representing many disciplines and interests. We intend to continuously heighten public and Government awareness of the realities and challenges that our services pose to users and professionals alike. We are committed to continuing this task and accordingly our logo ‘Working for professionals, working for patients’ reflects these core values.

We are committed to service development allied to highest service standards as our central objective. Such is the state of our services that all professional activities and objectives cannot develop properly without this emphasis. By embracing this issue the IPA believes we have helped galvanise collective professional focus toward this end. We are committed to the view that multi-agency collaboration is the best way to amplify and express our profession’s concern. Joining our voice under a common platform represents the best way forward to muster the public and political will to change to improve services.

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