New NICE guideline on psychosis in young people: a benchmark

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Historically care of children and young people with psychosis and schizophrenia has been patchy with geographical health inequalities. Diagnosis is often delayed, which can have an impact on the patient’s health and well-being as well as that of their carers.

NICE Clinical Guideline 155 focuses on the recognition and management of psychosis and schizophrenia in children and young people, but also covers those presenting with more transient or attenuated psychotic symptoms who may be prodromal for psychosis.

A number of key priorities for implementation are proposed:
- referral from primary care to a specialist mental health service for experiences suggestive of possible psychosis (transient or attenuated symptoms)
- treatment options for symptoms not sufficient for a diagnosis of psychosis or schizophrenia
- referral from primary care for first-episode psychosis
- treatment options for first-episode psychosis
- how to use oral antipsychotic medication (including physical monitoring in relation to cardiovascular and metabolic risk)
- treatment of subsequent acute episodes of psychosis or schizophrenia
- education, employment and occupational activities for children and young people with psychosis and schizophrenia.

The NICE guideline development group highlighted the dearth of evidence relating to the effectiveness of both psychological and pharmacological intervention in psychotic symptoms and disorder.

Psychological therapy

Given this lack of evidence, it is interesting that the guidance to specialist mental health services is to offer psychological intervention both to the individual and the family (preferably with antipsychotic treatment – but without in cases of personal and carer preference). This may reflect the clinicopolitical drive in England to promote and support increased access to psychological therapies.

There is no argument about the benefit of offering replicable good-quality outpatient support and monitoring for young people with psychosis. This essential component of care sits side by side with antipsychotic treatment as the mainstay for managing this serious illness, especially in youth. There is, however, a somewhat dogmatic stress on offering manualised quality cognitive behavioural therapy (CBT) and family-based intervention, while the strength of evidence to date might not justify commissioners supporting such a significant investment in local services.

The emphasis on a consultant with training in child and adolescent mental health being involved in the assessment and management of any young person presenting with psychosis is a valuable recommendation albeit not without resource implications, especially in rural localities.

Physical health

The contributions that primary and secondary care can make to monitoring the physical health of young people on antipsychotic medication are helpfully delineated – a clear responsibility on secondary care for initiating medication and monitoring the physical health of young people and effects of medication for at least 12 months (or until the condition has stabilised), moving to a shared-care arrangement with primary care thereafter.

The recommendation is that primary care should monitor the health of young people with psychosis on an on-going basis and treat emergent conditions such as cardiovascular disease and diabetes.

Much of the focus of the guideline is on watchful monitoring and offering patient and carer(s) choice and a patient-centred approach, core to the principles of the NHS across the UK. However, it is not as explicit as it might be at times in highlighting the need for robust risk assessment, management and action planning – particularly pertinent to this age group who are inherently impulsive with varying risk profiles. The potential need for use of the coercive powers of legal holding frameworks receives little mention. Similarly inpatient management of early-onset psychosis is marginalised.

The guideline rightly identifies the need to maintain and promote young people’s development through education or employment and the duty of health services as advocates for educational or vocational interventions tailored to best meet individual needs. However, it would have been helpful to have had more emphasis on the responsibilities of social care and education in the provision of such interventions.

NICE Clinical Guideline 155 should provide an invaluable resource and benchmark for primary- and secondary-care clinicians across the UK.

Reference


Declaration of interests

None to declare.

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