Guidelines

Rehabilitation for adults with complex psychosis: summary of NICE guidance

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Box start

What you need to know

Refer people with complex psychosis for rehabilitation as soon as it is clear that their symptoms are not responding to usual treatments and they are struggling with their social and everyday functioning

Provide local inpatient and community rehabilitation services, to ensure people can receive treatment and support as close to home as possible

Ensure rehabilitation services operate with a recovery orientation that enables people to gain the confidence and skills for successful community living

Offer a comprehensive physical health check on admission to rehabilitation and annually thereafter

Box end

Providing rehabilitation for people with complex psychosis enables them to achieve and sustain a rewarding life in the community. This article summarises the first guideline from the National Institute for Health and Care Excellence (NICE) on mental health rehabilitation for adults with complex psychosis. It describes how to identify people who should be offered rehabilitation, what rehabilitation services should be provided within the local mental health service, and the treatment programmes that these services should offer.

Recommendations

NICE recommendations are based on systematic reviews of best available evidence and explicit consideration of cost effectiveness. When minimal evidence is available, recommendations are based on the guideline development group (GC)’s experience and opinion of what constitutes good practice. Evidence levels for the recommendations are given in italic in square brackets.
What is rehabilitation for people with complex psychosis?

Approximately 20% of people with schizophrenia and other psychoses have particularly complex problems that impair functioning and lead to recurrent admission to hospital. These problems include severe, treatment-resistant symptoms and cognitive impairments that affect motivation, organisational and social skills, as well as additional mental, neuropsychological, and physical health conditions. People in this group require longer term, specialist rehabilitation services to optimise their response to treatment and enable them to gain the skills and confidence to live as independently as possible and participate in their local community. Inadequate provision of local mental health rehabilitation services in the UK means thousands of people with complex psychosis currently receive inpatient rehabilitation many miles from home, which prolongs their time in hospital unnecessarily and undermines the rehabilitation process; people treated in out-of-area rehabilitation units have twice the length of stay of those treated locally. People with complex psychosis also wait too long to access rehabilitation; on average, they have been known to mental health services for 10 years and experienced recurrent admissions before they are referred for mental health rehabilitation.

Rehabilitation services for people with complex psychosis should be embedded in a local comprehensive mental healthcare service, provide a recovery-orientated approach that has a shared ethos and agreed goals, a sense of hope and optimism, and aims to reduce stigma, deliver individualised, person-centred care through collaboration and shared decision making with service users and their carers involved, be offered in the least restrictive environment and aim to help people progress from more intensive support to greater independence through the rehabilitation pathway, recognise that not everyone returns to the same level of independence they had before their illness and may require supported accommodation (such as residential care, supported housing, or floating outreach) in the long term. [Based on very low to high quality evidence and the experience and opinion of the GC]

Who should be offered mental health rehabilitation

Offer rehabilitation to people with complex psychosis:

- as soon as it is identified that they have treatment-resistant symptoms of psychosis and impairments affecting their social and everyday functioning
- wherever they are living, including in inpatient or community settings.

In particular, this should include people who

- have experienced recurrent admissions or extended stays in acute inpatient or psychiatric units, either locally or out of area
- live in 24-hour staffed accommodation whose placement is breaking down.
The rehabilitation pathway

Rehabilitation should be provided in a range of settings or service components linked by a pathway of care to provide the treatment and support that people need as they progress in their recovery. Most people with complex psychosis are referred for inpatient rehabilitation from an acute admission ward and around 20% from forensic mental health services. Because of their complex needs, most people leaving inpatient rehabilitation will require supported accommodation services in the community. The guideline recommends a local needs assessment (box 1) to ensure that people have access to rehabilitation services as close to home as possible. The rehabilitation pathway should include the following components, as informed by the needs assessment:

- rehabilitation in the community, providing clinical care from a community mental health rehabilitation team to people living in supported accommodation (residential care, supported housing, and floating outreach) and
- rehabilitation in inpatient settings, such as high-dependency rehabilitation units and/or community rehabilitation units.

Recovery-orientated, personalised service culture

Owing to the nature of their problems and high support needs, people with complex psychosis are at risk of institutionalisation. Staff working with this group need to be trained to
provide a recovery orientated approach and supported to ensure they work collaboratively with service users to enable them to gain skills and confidence for community living, and hold therapeutic optimism for their recovery.

**Comprehensive needs assessment**

A comprehensive biopsychosocial assessment is essential for everyone entering the rehabilitation service to ensure that their complex needs are identified and to inform the specific treatment and care plans required to address these. This assessment includes details of their developmental, personal, psychiatric, and social history, review of their past risks, physical examination, and response to previous medical and psychological treatments.

**What treatment programmes should the rehabilitation service offer?**

Limited evidence supports specific mental health treatments and interventions additional to those recommended in the NICE Guideline on Psychosis and Schizophrenia in Adults but the guideline provides suggestions for the safe augmentation and adjustment of pharmacological and psychological treatments, and self-management of symptoms and medication.

By definition, people with complex psychosis often struggle to manage everyday tasks and to engage in leisure and vocational activities in the community. Rehabilitation services therefore need to provide programmes to enable people to gain/regain these skills. These are outlined in **box 2**.

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<th>Box 2 Rehabilitation programmes</th>
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<td><strong>Rehabilitation services should develop a culture that promotes activities to improve daily living skills as highly as other interventions (for example, medicines).</strong></td>
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<tr>
<td>- Provide activities to help people with complex psychosis develop and maintain daily living skills such as self-care, laundry, shopping, budgeting, using public transport, cooking and communicating (including using digital technology)</td>
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<tr>
<td>- Support people to engage in activities to develop or improve their daily living skills by:</td>
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<td>- making a plan with each person that focuses on their needs and regularly reviews their goals</td>
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<td>- providing activities they enjoy and that motivate them</td>
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<td>- enabling them to practise their skills in risk-managed real life, such as kitchens and laundry rooms, wherever possible</td>
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<td>- Offer structured group activities (social, leisure, or occupational) aimed at improving interpersonal skills. These could be peer-led or peer-supported and should be offered</td>
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<td>- daily in inpatient rehabilitation services</td>
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<td>- at least weekly in community settings.</td>
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<td>• Offer people the chance to be involved in a range of activities that they enjoy, tailored to their level of ability and wellness</td>
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• Offer people a range of educational and skill development opportunities, for example, recovery colleges and mainstream adult education settings, which build confidence and may lead to qualifications if the person wishes.

• For people who would like to work towards mainstream employment, consider referring them to supported employment that uses the Individual Placement and Support approach.

• Take into account and advise people about the impact of supported employment on their welfare benefits.

• For people who are not ready to return to paid employment, consider alternatives such as transitional employment schemes and volunteering.

• Consider providing a cognitive remediation intervention alongside vocational rehabilitation services.

• Develop partnerships, for example with voluntary organisations and local employment advice schemes, to increase opportunities for support to prepare people for work or education.

[Based moderate to very low quality evidence and the experience and opinion of the GC]

Maintaining and supporting social networks

Family and carers of people with complex psychosis are often crucial members of their wider support network, but they may have become estranged over the years that the person has been unwell. Rebuilding bridges with family and carers is an important role for rehabilitation services.

• Discuss with the person whether, and how, they want their family or carers to be involved in their care. Discuss this at regular intervals to take account of any changes in circumstances.

• Respect the rights and needs of carers alongside the person’s right to confidentiality.

Physical healthcare

More than 40% of people with severe mental illness have coexisting physical health conditions and need access to appropriate physical health screening, monitoring, and interventions. Recommendations cover the specific physical healthcare required, and clarify the responsibilities of the rehabilitation service and primary care in providing these. The guideline emphasises the need for local protocols to support GPs to assume lead responsibility for the person’s physical health needs, including health checks and treatment of physical health conditions, working collaboratively with the community mental health rehabilitation team and other services as relevant. The guideline also recommends that practice case registers should be used to monitor the physical and mental health of people with complex psychosis in primary care. For people having inpatient rehabilitation, the
rehabilitation team should nominate a professional to provide continuity of physical healthcare across settings, liaising between the rehabilitation service, primary care, and secondary physical healthcare as needed to ensure that the person’s healthcare needs are addressed.

**Implementation**

The recommendation to provide local rehabilitation services, based on a local needs assessment, will ensure people with complex psychosis receive appropriate support as close to home as possible, and will minimise the number of people sent out of area for inpatient rehabilitation. This recommendation is in keeping with the current national initiative by NHS England (*Getting It Right First Time*) that aims to support NHS Trusts and clinical commissioning groups to invest in local rehabilitation services by repatriating people placed out of area and reinvesting financial flows in local inpatient rehabilitation units, supported accommodation services, and community rehabilitation teams. Investment in community rehabilitation teams is also in line with NHS England’s community framework for mental health, which includes the provision of local specialist community teams for people with more complex mental health problems and these teams are already in place in most NHS Trusts. The challenges are to invest before recouping costs. However, the latter will be worthwhile not only financially but also in quality of care. The specific treatments and interventions recommended in the guideline are widely available but inconsistently used.

Similarly, assessment and treatment of physical health conditions according to NICE guidance should be current practice; however, the National Cardiac Audit Programme 2017 audit found many people with identified risk factors had not received appropriate interventions. The recommendations should improve consistency in people’s access to routine physical health screening and appropriate treatments for their mental and physical health.

**Box start**

Questions for future research

What is the efficacy and cost-effectiveness of rehabilitation services compared with treatment as usual for people with complex psychosis with residual disability, who are leaving early intervention services?

What tailored interventions (pharmaceutical and psychological) specific to rehabilitation are effective at equipping people with complex psychosis to live in the community successfully?

What interventions are effective to support medicines adherence for people with complex psychosis in supported accommodation?

**Box end**
Box start
Guidelines into practice
How many people with mental health needs at my practice/in my care meet criteria for rehabilitation services?
What inpatient and community rehabilitation services available to people with complex psychosis in my area?
Box end

Box start
Further information on the guidance
This guidance was developed by the National Guideline Alliance in accordance with NICE guideline methodology (www.nice.org.uk/media/default/about/what-we-do/our-programmes/developing-nice-guidelines-the-manual.pdf). A guideline committee (GC) was established by the National Guideline Alliance, which incorporated healthcare and allied healthcare professionals (one approved mental health practitioner, one commissioning manager for mental health, one consultant clinical psychologist, one consultant paediatrician, one consultant psychiatrist, one consultant in rehabilitation psychiatry, one emeritus professor of social psychiatry, one highly specialist clinical psychologist, two mental health nurses, one occupational therapist, one professor and honorary consultant in rehabilitation psychiatry, one residential care manager, one senior clinical pharmacist, one senior rehabilitation services manager) and three lay members.
The guideline is available at https://www.nice.org.uk/guidance/ng181
The GC identified relevant review questions and collected and appraised clinical and cost effectiveness evidence. Quality ratings of the evidence were based on GRADE methodology (www.gradeworkinggroup.org). These relate to the quality of the available evidence for assessed outcomes or themes rather than the quality of the study. The GC agreed recommendations for clinical practice based on the available evidence or, when evidence was not found, based on their experience and opinion using informal consensus methods.
The scope and the draft of the guideline went through a rigorous reviewing process, in which stakeholder organisations were invited to comment; the GC took all comments into consideration when producing the final version of the guideline.
NICE will conduct regular reviews after publication of the guidance, to determine whether the evidence base has progressed significantly enough to alter the current guideline recommendations and require an update.
Box end

The members of the National Guideline Alliance technical team were (shown alphabetically):

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How patients were involved in the creation of this article
Committee members involved in this guideline included lay members who contributed to the formulation of the recommendations summarised here.
Box end
Competing interests were declared using NICE’s policy on conflicts of interests (https://www.nice.org.uk/Media/Default/About/Who-we-are/Policies-and-procedures/declaration-of-interests-policy.pdf). The guideline authors’ full statements can be viewed at https://www.nice.org.uk/guidance/ng181/documents/register-of-interests.

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Care Quality Commission briefing. Mental health rehabilitation inpatient services: ward types, bed numbers and use by clinical commissioning groups and NHS trusts. CQC; London. 2018.

