

Rehabilitation for adults with complex psychosis overview

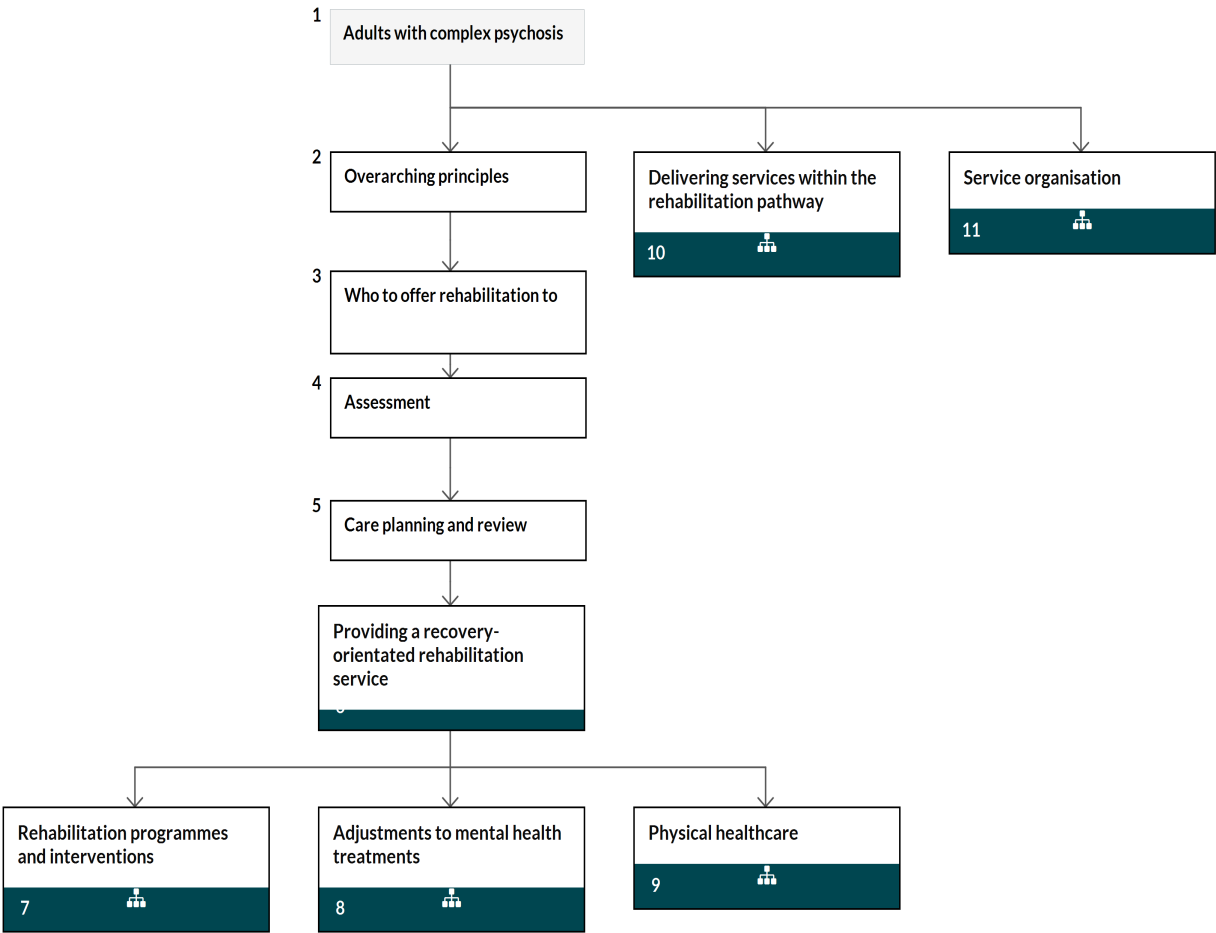
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/rehabilitation-for-adults-with-complex-psychosis>

NICE Pathway last updated: 19 August 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adults with complex psychosis

No additional information

2 Overarching principles

Rehabilitation services for people with complex psychosis [See page 9] 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.

See the NICE guideline to find out why we made this recommendation and how it might affect practice.

Experience of care

Use these recommendations together with the recommendations in the NICE pathways on:

- patient experience in adult NHS services
- people's experience in adult social care services
- service user experience in adult mental health services.

3 Who to offer rehabilitation to

Offer rehabilitation to people with complex psychosis [See page 9]:

- 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.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

4 Assessment

Offer people a comprehensive biopsychosocial needs assessment by a multidisciplinary team within 4 weeks of entering the rehabilitation service.

Include the following as part of the comprehensive assessment:

- systematic assessment of primary and coexisting mental health problems
- psychiatric history, including past admissions and treatments, responses to treatment, adverse effects from medicines, and medication adherence
- medicines reconciliation by a specialist mental health pharmacist (see [medicines reconciliation in the NICE Pathway on medicines optimisation](#))
- vulnerabilities, including self-neglect, exploitation and abuse, and the person's risk of harm to themselves (including suicide) and others
- physical health and wellbeing through a physical health check (see the recommendation below)
- developmental history from birth, including milestones; relationships with peers; and problems at school (identifying any problems with social or cognitive functioning, motor development and skills or coexisting neurodevelopmental conditions)
- occupational and educational history, including educational attainment and reason for leaving any employment
- social history, including accommodation history (noting the highest level of independence); culture, ethnicity and spirituality; leisure activities; and finances
- smoking, alcohol and illicit substance use
- psychological and psychosocial history, including relationships, life history, experiences of abuse and trauma, coping strategies, strengths, resiliency, and previous psychological or psychosocial interventions
- current social network, including any caring responsibilities
- current skills in activities of daily living
- current cognitive function, including any communication needs

- the person's capacity to give informed consent for their treatment in line with the [Mental Capacity Act 2005](#).

The initial physical health check in the comprehensive assessment by the rehabilitation service should include:

- body mass index
- waist circumference
- full blood count
- pulse and blood pressure
- glycosylated haemoglobin (HbA1c), blood lipid profile, liver function tests, renal function tests and thyroid function
- prolactin levels (for people on medicines that raise prolactin levels)
- renal function tests and calcium levels (for people on lithium)
- drug levels where appropriate, for example mood stabilising or anti-epileptic medicines, lithium and clozapine; do not offer valproate to women of childbearing potential, unless other options are unsuitable and the pregnancy prevention programme is in place (follow the [Medicines and Healthcare Products Regulatory Agency \[MHRA\] safety advice on valproate use by women and girls](#)).
- ECG
- smoking, alcohol and illicit substance use
- nutritional status, diet and level of physical activity
- continence and constipation (particularly if the person is on clozapine)
- any movement disorders
- sexual health
- vision, hearing and podiatry
- oral inspection of general dental health
- any difficulties with swallowing.

Be aware that people with [complex psychosis](#) [See page 9] are more likely to have multiple comorbidities, both mental and physical.

Be aware that people with complex psychosis have a higher prevalence of the following mental health conditions (which may contribute to complexity in rehabilitation):

- anxiety (see [the NICE Pathway on generalised anxiety disorder](#))
- attention deficit hyperactivity disorder (see [the NICE Pathway on attention deficit hyperactivity disorder](#))
- autism spectrum disorder (see [the NICE Pathway on autism spectrum disorder](#))

- borderline personality disorder (see [the NICE Pathway on borderline personality disorder](#))
- cognitive impairments (including acquired brain disorders)
- depression (see [the NICE Pathway on depression in adults](#))
- speech, language and communication disorders.

Be aware that people with complex psychosis have a higher prevalence of the following physical health conditions (which may contribute to higher mortality in this population):

- cardiovascular disease
- COPD
- dental problems and poor oral health
- diabetes
- metabolic syndrome
- obesity
- osteoporosis
- substance misuse

See [treating physical health conditions](#) for links to other relevant NICE Pathways.

Rationale and impact

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

5 Care planning and review

Use the results of the comprehensive assessment to make a [team formulation](#) [See page 9] to inform treatment and care planning. The care plan should:

- be developed collaboratively with the person
- cover the areas of need identified during [assessment](#) [See page 4], including both mental and physical health (for physical healthcare planning, see [responsibilities for healthcare providers](#)).
- include the person's personal recovery goals
- clarify actions and responsibilities for staff, the person themselves and their family or carers (where relevant).

Consider using accessible formatting to support the person in jointly developing their care plan,

regardless of whether or not they have identified communication and information needs.

Review people's progress and care plans with them at multidisciplinary care review meetings at least:

- every month in the inpatient rehabilitation service
- every 6 months in the community.

Incorporate both staff-rated and service user-rated measurements of the person's progress into their care plan reviews, so that their support can be adjusted if needed.

Update care plans according to changes in the person's needs after these meetings and between meetings as needed. At every meeting or review, consider and plan with the person their transition to the next step in the rehabilitation pathway.

Ensure that care plans are shared with the person and everyone involved in the person's care (for example, clinicians, supported accommodation staff, and the person's family or carers, if the person agrees) at:

- each review
- each transition point in the rehabilitation pathway
- at discharge from the service.

For more on care plans and assessment before discharge, see recommendations in [the NICE Pathway on transition between inpatient mental health settings and community or care home settings on discharge planning](#) and [plan care to support discharge in](#).

Rationale and impact

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

6 Providing a recovery-orientated rehabilitation service

[See Rehabilitation for adults with complex psychosis / Providing a recovery-orientated rehabilitation service: rehabilitation for complex psychosis](#)

7 Rehabilitation programmes and interventions

See Rehabilitation for adults with complex psychosis / Rehabilitation programmes and interventions: rehabilitation for complex psychosis

8 Adjustments to mental health treatments

See Rehabilitation for adults with complex psychosis / Adjustments to mental health treatments: rehabilitation for complex psychosis

9 Physical healthcare

See Rehabilitation for adults with complex psychosis / Physical healthcare: rehabilitation for complex psychosis

10 Delivering services within the rehabilitation pathway

See Rehabilitation for adults with complex psychosis / Delivering services within the rehabilitation pathway: rehabilitation for complex psychosis

11 Service organisation

See Rehabilitation for adults with complex psychosis / Service organisation: rehabilitation for complex psychosis

In this NICE Pathway 'complex psychosis' refers to a primary diagnosis of a psychotic illness (this includes schizophrenia, bipolar affective disorder, psychotic depression, delusional disorders and schizoaffective disorder) with severe and treatment-resistant symptoms of psychosis and functional impairment.

People with complex psychosis usually also have 1 or more of the following:

- cognitive impairments associated with their psychosis
- co-existing mental health conditions (including substance misuse)
- pre-existing neurodevelopmental disorders, such as autism spectrum disorder or attention deficit hyperactivity disorder
- physical health problems, such as diabetes, cardiovascular disease or pulmonary conditions.

Together, these complex problems severely affect the person's social and everyday functioning, and mean they need a period of rehabilitation to enable their recovery and ensure they achieve their optimum level of independence.

A shared understanding of the issues that brought the person into rehabilitation services. It is their story, but draws on information from theory and research, as well as the experiences of the person, professionals and, where possible, others such as carers. It includes factors that made the person vulnerable to developing problems, factors that triggered the problems and factors that keep the problems going. A team formulation includes strengths and resources and points to ways that problems can be addressed.

Glossary

COPD

chronic obstructive pulmonary disease

ECG

electrocardiogram

supported accommodation

(an umbrella term covering residential care, supported housing, and floating outreach)

treatment-resistant symptoms

(persistent symptoms that have not responded to the range of treatments [including pharmacological treatments] recommended in the NICE guidance for the person's condition)

Sources

Rehabilitation for adults with complex psychosis (2020) NICE guideline NG181

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after

careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.