

ST2-AP-EPA12 – Engagement with people with first episode psychosis

Area of practice	Adult psychiatry (Early Psychosis Intervention)	EPA identification	ST2-AP-EPA12	
Stage of training	Stage 2 – Proficient	Version	v0.2 (EC-approved 06/11/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title	Engagement with people with first episode psychosis and with their families.			
Description Maximum 150 words	The trainee can engage with people with first episode psychosis and with their families and other important people in their lives, both at initial assessment and across subsequent follow-up. The trainee demonstrates skill in managing the relationship with patients, families and others so as to promote engagement and collaboration and is able to negotiate potential barriers to engagement such as stigma or cultural differences.			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6	HA	1, 2
	COM	1, 2	SCH	2
	COL	1, 2, 3, 4	PROF	1, 2
	MAN	3, 4		
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Understanding the concept of engagement and the evidence in the literature about how to improve engagement, such as a youth-friendly attitude, a spirit of optimism, focussing on strengths, problem solving, motivational interviewing approaches, a collaborative approach, respect for the person and their family’s beliefs and patience. • Understanding the factors causing barriers to engagement, such as poor insight, concerns about stigma, negative perception of mental health services, comorbid substance use, symptoms of the illness itself, cultural differences and issues linked to a young person’s developmental stage (eg. mistrust of ‘authority’, lack of interest in own healthcare, peer pressure). • Understanding how the development of good engagement contributes to prevention and promotion. • Understanding the importance of service interface and structure to reducing barriers to accessing mental healthcare and improving engagement, (eg. flexibility in place and time of contacts, youth-friendly and culturally appropriate services). 			

	<ul style="list-style-type: none"> • Understanding the importance of engagement to reduce duration of untreated psychosis (DUP) and why this is important for best outcomes in early psychosis. <p>Skills</p> <ul style="list-style-type: none"> • Ability to improve engagement, including (but not limited to) the ability to develop rapport, convey hope, to focus on strengths, to aid problem solving and to collaborate with the person and their family/carers in a positive manner. • Ability to apply motivational interviewing approaches regarding health behaviours, with an additional outcome being improved engagement. • Ability to address barriers to engagement as detailed above, wherever this is possible, in the trainee’s work with patients and their families/carers. • Ability to show some leadership in the multidisciplinary team and/or local services so as to improve engagement and address barriers to engagement. • Ability to work collaboratively with cultural workers so as to improve engagement and quality of care for people with early psychosis and their families and others. <p>Attitude</p> <ul style="list-style-type: none"> • An ethical, professional and collaborative approach to engaging people with early psychosis and their families. • Positive attitudes assisting engagement such as maintaining a spirit of optimism and respect for others. • Openness to learning more about ways to improve engagement and reduce barriers to engagement.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA). • Case-based discussion. • Direct Observation of Procedural Skills (DOPS). • Professional presentation – about engagement in early psychosis intervention.
<p>References</p> <p>BURNS J & BIRRELL E. Enhancing early engagement with mental health services by young people. <i>Psychol Res Behav Manag</i> 2014; 7: 303–12.</p> <p>EARLY PSYCHOSIS GUIDELINES WRITING GROUP. <i>Australian Clinical Guidelines for Early Psychosis</i>. 2nd edn. Melbourne: Orygen Youth Health, 2010.</p> <p>EARLY PSYCHOSIS GUIDELINES WRITING GROUP. <i>Australian Clinical Guidelines for Early Psychosis: evidence map quick reference</i>. 2nd edn. Melbourne: Orygen Youth Health, 2010. Viewed 21 August 2015, <www.ycentral.com.au/wp-content/uploads/2014/11/Aust-Clinical-Guidelines-for-Early-Psychosis.pdf>.</p> <p>EARLY PSYCHOSIS GUIDELINES WRITING GROUP. <i>Australian Clinical Guidelines for Early Psychosis: a brief summary for practitioners</i>. 2nd edn. Melbourne: Orygen Youth Health, 2010. Viewed 21 August 2015, <www.mentalhealth.org.nz/assets/ResourceFinder/Australian-clinical-psychosis-guidelines.pdf>.</p>	

ORYGEN YOUTH HEALTH. *The acute phase of early psychosis: a handbook on management*. Parkville: Orygen Youth Health, 2004.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar