

MEASURES FOR EARLY INTERVENTION IN PSYCHOSIS SERVICES IN NEW ZEALAND
FERNZ-DISCHARGE 1.2

New Zealand Early Intervention in
 Psychosis Society (NZEIPS) Inc.



Name of Service _____

Name of case manager _____

Clients First Name _____ Code no. _____

Discharge form checked by nominated FERNZ liaison coordinator _____

Note: If a client is discharged, fill in a discharge form. If the client then returns to an early intervention service, a new discharge form [but NOT a new baseline form] should be completed at final discharge.
 *if client has previously been discharged but has since returned to early intervention service and therefore THIS is now to be counted as the final discharge form instead; indicate here: _____

Date of re-entry to service _____

1* Reason for Discharge (circle)

- Discharged no evidence of psychosis 0
- Recovery leading to early discharge 1
- Referred to more appropriate service; specify: _____ 2
 (for example A&D, Forensic, Cultural, Prison etc.)
- Reached end of service time and discharged with no follow-up 3
- Reached end of service time and referred on 4
- Moved outside service catchment with follow-up 5
- Wishes no further involvement with service/lost to follow-up 6*
- Suicide 7
- Death other than suicide 8

*score of 6 requires Clinician judgement of whether or not the client terminated treatment with the program before the clinician would have advised

2*Where discharged to: (circle)

- Discharged to G.P. 1
- Discharged to community MH team 2
- Discharged to community MH team secondary to Clozapine 3
- Discharged to Alcohol & Drug Service 4
- Discharged to Forensic Service / prison 5
- Discharged to long term rehabilitation service 6
- Other Specialist MH service specify type _____ 7
- Discharged to other early intervention service 8
- Other; specify type not name: _____ 9
- Unknown 10

3*Date of birth ____/____/____

4*Date of discharge ____/____/____

5*NHI number: _____

6*Last known address in full _____

7*Living situation at discharge from EIP Service

- 1 Living with Parents/ whānau
- 2 Flating with others
- 3 Boarding
- 4 Living with partner and/or children
- 5 Supported Accommodation
- 6 Living alone in flat or own home
- 7 No fixed abode
- 8 Other; specify: _____

8* Marital Status (circle)

- 1 Married/civil union
- 2 Single
- 3 Defacto (incl. same sex)
- 4 Divorced/separated

8a No. of Dependent Children

[If joint custody etc.
 code as fraction e.g. 0.5] _____

9* Level of Education at discharge from Service

[Circle highest]

- 0 No Qualification
- 1 5th/6th/7th Form/ (year 11, 12, 13)/ (NCEA)
- 2 Vocational qualification (Polytech/diploma etc.)
 started__ completed__
- 3 University degree
 started__ completed__

10* Sources of income

Circle main and tick any others that apply

- 0 No income
- 1 Full time work
- 2 Part-time work
- 3 WINZ Benefit
- 4 Student allowance/loan
- 5 Other: eg: ACC, income protection, specify: _____

9a* Tick if currently studying anywhere: _____

11* Duration of untreated psychosis _____ (days)

Onset of psychosis to initiation of appropriate treatment/involvement with EIP/inpatient service
If no antipsychotic medication prescribed, why?

- 1 patient refused
- 2 psychotherapy preferred
- 3 not indicated
- 4 other reason; specify _____

12a* Number of admissions for psychotic relapse to inpatient services while with EIP

| (days) | First Admission | Second Admission | Third Admission | Fourth admission | Fifth admission + (sum all other admission days) |
|----------------|-----------------|------------------|-----------------|------------------|--|
| Length of stay | | | | | |

Disregard admissions for clozapine trial or admissions unrelated to psychotic symptoms

*Do not include admissions that started **before** referral to EIP Service, if these are covered in baseline assessment*

b) Total number of days client accessed respite services while with EIP Services: (tick)

___0 ___1-10 ___11-30 ___30+ ___not available

c) SUICIDAL IDEATION (Ask all questions)

Tick if 'Yes'

- 1. In the last year have you seriously thought about committing suicide? _____
- 2. In the last year have you made a plan for committing suicide? _____
- 3. In the last year have you attempted suicide? _____
- If yes to a suicide attempt, ask Did it result in an injury or poisoning? _____
- Did it require medical attention? _____
- Did it require overnight hospitalisation? _____

13* Diagnosis at discharge; Coding System: DSM-IV (circle)

- Schizophrenia 1
- Schizophreniform Disorder 2
- Schizoaffective Disorder- 3
- Brief Psychotic Disorder 4
- Delusional Disorder (include shared psychotic disorder) 5
- Psychotic Disorder due to a general medical condition (GMC) 6
- Substance-induced Psychotic Disorder 7
- Psychotic Disorder NOS 8
- Bipolar Disorder 9
- Depressive Disorder with psychotic features 10
- Prodromal 11
- Other please specify _____ 12

14* Alcohol and other drugs Current (at discharge)

| DSM Criteria | Not used | Use | Abuse (inc. dependence) | |
|---------------------------------------|----------|-----|-------------------------|--------------------------|
| Alcohol | 0 | 1 | 2 | |
| Cannabis | 0 | 1 | 2 | |
| Stimulants- speed, P etc. | 0 | 1 | 2 | |
| Herbal Highs [Benzylpiperazines etc.] | 0 | 1 | 2 | |
| Nicotine | 0 | 1 | 2 | |
| Other | 0 | 1 | 2 | If other, specify: _____ |

15* Did client receive specialist Alcohol & Drug treatment from within EIP team? (Circle)

(outside team) Yes Not needed Not wanted Not available

16* Did client receive specialised psychological input from within EIP team? (Circle)

(outside team) Yes Not needed Not wanted Not available

17* Did client receive specialised cultural input from within EIP team? (Circle)

(outside team) Yes Not needed Not wanted Not available

18* PHYSIOLOGICAL MEASURES

Height at discharge (cms) _____
 Weight (kgs) _____
 Waist Circumference (cms) _____

19*Fasting* Lipids / Glucose

HDL _____
 LDL _____ Glucose _____
 Total _____ Triglycerides _____

Date bloods taken _____

20* Medication at discharge (circle)

Antipsychotic Medication Other Medication (Tick if prescribed)

0 No antipsychotic prescribed

1 Risperidone; Total dose per day: _____ Antidepressant

2 Olanzapine; Total dose per day: _____ Mood Stabiliser

3 Quetiapine; Total dose per day: _____ Benzodiazepines

4 Clozapine; Total dose per day: _____ Other; specify: _____

5 Depot; Dose: _____

6 Risperidone Consta; Dose: _____

7 Ziprasadone; Total dose per day _____

7 Typical; specify: _____ Total dose per day: _____

21*Antipsychotic Medication history

| | <u>Old/Initial Medication</u> | <u>Date of change</u> | <u>New Medication</u> | <u>Reason for change</u> |
|------------------------|-------------------------------|-----------------------|-----------------------|--------------------------|
| 1 st switch | | | | |
| 2 nd switch | | | | |
| 3 rd switch | | | | |
| 4 th switch | | | | |
| 5 th switch | | | | |

Key*Note: include periods on no medication***Reason for change**

1=side effects 2=lack of efficacy 3=non-compliance 4=patient preference 5=other; specify

22*Client engagement with service:

Rate the clients overall engagement with EIP Service staff/programme; engagement is defined as "willingness to participate in programme as appropriate". (circle)

No engagement with EIP Service 0
 Minimal engagement with EIP Service 1
 Some engagement with EIP Service 2
 Moderate engagement with EIP Service 3
 Excellent engagement with EIP Service 4

23*Adherence with medication while with EIP service

No adherence with medication 0
 Minimal adherence with medication 1
 Some adherence with medication occasional refusal/'forgetting' 2
 Moderate adherence with medication 3
 Excellent adherence with medication 4
 No medication 9

24*EIP Service Engagement with Family:

Rate the EIP Service's ability to engage with family/whānau/'significant others' in relation to the client's recovery; engagement is defined as "ability to engage with family/whānau/'significant others' to participate in client's recovery as appropriate". (circle)

No engagement with family/whānau/'significant others' 0
 Minimal engagement with family/whānau/'significant others' 1
 Some engagement with family/whānau/'significant others' 2
 Moderate engagement with family/whānau/'significant others' 3
 Excellent engagement with family/whānau/'significant others' 4
 No family/whānau/'significant others' available (overseas etc.) 9
 No family/whānau/'significant others' involvement because client not given permission to contact 99

25*Mental health act

Was the client under the MHA at any point in their time while under the care of the EIP service?: (circle)

Yes No [do not include time prior to referral, which is covered in baseline assessment]

PANSS

Symptom Assessment: PANSS

Instructions: Refer to rating criteria for item definitions and descriptions of anchoring points. Enter your rating from 1 to 7 for each item of the subscales listed below.

Severity Rating Key

- 1= absent
- 2= minimal
- 3= mild
- 4= moderate
- 5= moderately severe
- 6= severe
- 7= extreme

POSITIVE SUBSCALE

- P1 Delusions _____
- P2 Conceptual Disorganisation _____
- P3 Hallucinatory Behaviour _____
- P4 Excitement _____
- P5 Grandiosity _____
- P6 Suspiciousness/persecution _____
- P7 Hostility _____

NEGATIVE SUBSCALE

- N1 Blunted affect _____
- N2 Emotional withdrawal _____
- N3 Poor rapport _____
- N4 Passive/apathetic social withdrawal _____
- N5 Difficulty in abstract thinking _____
- N6 Lack of spontaneity and flow of conversation _____
- N7 Stereotyped thinking _____

GENERAL PSYCHOPATHOLOGY SUBSCALE

- G1 Somatic concern _____
- G2 Anxiety _____
- G3 Guilt feeling _____
- G4 Tension _____
- G5 Mannerism and posturing _____
- G6 Depression _____
- G7 Motor retardation _____
- G8 Uncooperativeness _____
- G9 Unusual thought content _____
- G10 Disorientation _____
- G11 Poor attention _____
- G12 Lack of judgement and insight _____
- G13 Disturbance of volition _____
- G14 Poor impulse control _____
- G15 Preoccupation _____
- G16 Active social aviodance _____

HoNOS Chart

Enter the severity rating for each item in the corresponding item box to the right of the item. Rate a 9 if Not Known or Not Applicable.

| | | | | | | |
|---|---|---|---|---|---|----------------------|
| 1. Overactive, aggressive, disruptive | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| 2. Non-accidental self-injury | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| 3. Problem Drinking or drug taking | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| 4. Cognitive problems | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| 5. Physical illness or disability problems | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| 6. Problems with hallucinations and delusions | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| 7. Problems with depressed mood. | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| 8. Other mental and behavioural problems | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| Specify _____ | | | | | | |
| 9. Problems with relationships | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| 10. Problems with activities of daily living | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| 11. Problems with living conditions | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| 12. Problems with occupation and activities | 0 | 1 | 2 | 3 | 4 | <input type="text"/> |
| Total | | | | | | <input type="text"/> |

Global Assessment of Functioning Scale.

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)

Enter Number from 0-100 here: _____

Key

- 100 | **Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.**
- 91 |
- 90 | **Absent or minimal symptoms** (e.g., mild anxiety before an exam), **good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns** (e.g., an occasional argument with family members).
- 81 |
- 80 | **If symptoms are present, they are transient and expectable reactions to psychosocial stressors** (e.g., difficulty concentrating after family argument); **no more than slight impairment in social, occupational, or school functioning** (e.g., temporarily falling behind in schoolwork).
- 71 |
- 70 | **Some mild symptoms** (e.g., depressed mood and mild insomnia) **OR some difficulty in social, occupational, or school functioning** (e.g., occasional truancy, or theft within the household), **but generally functioning pretty well, has some meaningful interpersonal relationships.**
- 61 |
- 60 | **Moderate symptoms** (e.g., flat affect and circumstantial speech, occasional panic attacks) **OR moderate difficulty in social, occupational, or school functioning** (e.g., few friends, conflicts with peers or co-workers).
- 51 |
- 50 | **Serious symptoms** (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) **OR any serious impairment in social, occupational, or school functioning** (e.g., no friends, unable to keep a job).
- 41 |
- 40 | **Some impairment in reality testing or communication** (e.g., speech is at times illogical, obscure, or irrelevant) **OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood** (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 31 |
- 30 | **Behavior is considerably influenced by delusions or hallucinations OR serious impairment, in communication or judgment** (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) **OR inability to function in almost all areas** (e.g., stays in bed all day, no job, home, or friends)
- 21 |
- 20 | **Some danger of hurting self or others** (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) **OR occasionally fails to maintain minimal personal hygiene** (e.g., smears feces) **OR gross impairment in communication** (e.g., largely incoherent or mute).
- 11 |
- 10 | **Persistent danger of severely hurting self or others** (e.g., recurrent violence) **OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.**
- 1 |
- 0 | Inadequate information.

Role Functioning Scale

Rate the client for their role functioning over the PAST MONTH.

| | Working Productivity | Independent Living, Self Care | Immediate Social Network Relationships | Extended Social Network Relationships |
|--------------|--|--|---|---|
| | <i>(Rate the client primarily in the most expected role (ie., homemaker, student, wage earner))</i> | <i>(Management of household, eating, sleeping hygiene care)</i> | <i>(Close friend, Spouse, family)</i> | <i>(Neighbourhood, community church, clubs, agencies, recreational activities)</i> |
| 1 | Productivity severely limited; often unable to work or adapt to school or homemaking; virtually no skills or attempts to be productive | Lacking self-care skills approaching life endangering threat; often involves multiple and lengthy hospital services; not physically able to participate in running a household | Severely deviant behaviours within immediate social networks (i.e., often with imminent physical aggression or abuse to others or severely withdrawn from close friends, spouse, family; often rejected by immediate social network | Severely deviant behaviours within extended social network (i.e., overtly disruptive, often leading to rejection by extended social networks) |
| 2 | Occasional attempts at productivity unsuccessfully; productive only with constant supervision in sheltered work, home or special classes | Marked limitations in self-care/independent living; often involving constant supervision in or out of protective environment (e.g. frequent utilisation of crisis services) | Marked limitations in immediate interpersonal relationships (e.g., excessive dependency or destructive communication or behaviour) | Often totally isolated from extended social networks, refusing community involvement or belligerent to helpers, neighbours etc.) |
| 3 | Limited productivity; often with restricted skills/abilities for homemaking, school, independent employment (e.g. requires highly structured routine) | Limited self-care/independent living skills; often relying on mental/physical health care; limited participation in running household | Limited interpersonally; often no significant participation/communication with immediate social network | Limited range of successful and appropriate interactions in extended social networks (i.e., often restricts community involvement to minimal survival level interactions) |
| 4 | Marginal productivity; (e.g. productive in sheltered work or minimally productive in independent work; fluctuates at home, in school; frequent job changes) | Marginally self-sufficient; often uses REGULAR assistance to maintain self-care/independent functioning; minimally participates in running household | Marginal functioning with immediate social network (i.e., relationships are often minimal and fluctuate in quality) | Marginally effective interactions; often in a structured environment; may receive multiple public system supports in accordance with multiple needs |
| 5 | Moderately functional in independent employment, at home or in school. (Consider very spotty work history or fluctuations in home, in school with extended periods of success) | Moderately self-sufficient; i.e., living independently with ROUTINE assistance (e.g., home visits by nurses, other helping persons, in private or self-help residences) | Moderately effective continuing and close relationship with at least one other person | Moderately effective and independent in community interactions; may receive some public support in accord with need |
| 6 | Adequate functioning in independent employment, home or school; often not applying all available skills/abilities | Adequate independent living and self-care with MINIMAL support (e.g., some transportation, shopping assistance from neighbours, friends, other helping person) | Adequate personal relationship with one or more immediate members of social network (e.g., friend or family) | Adequately interacts in neighbourhood or with at least one community or other organisation or recreational activity |
| 7 | Optimally performs homemaking, school tasks, or employment related functions with ease and efficiency | Optimal care of health/hygiene; independently manages to meet personal needs and household tasks | Positive relationships with spouse or family and friends; assertively contributes to these relationships | Positively interacts in community; church or clubs, recreational activities, hobbies or personal interests, often with other participants |
| Score | <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> | <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> | <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> | <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> |

Rate rapidly on general impressions.