

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

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 has previously come from another EIS, indicate here: _____

Date of re-entry to service _____ Service referred from: _____

1*Where discharged to:

Discharged to other early intervention service: Specify _____

Note: If discharged to any other service, please use full FERNZ Discharge Form

2*Date of birth ____/____/____

3*Date of discharge ____/____/____

4*NHI number: _____

5* 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 _____

6a*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

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

(outside team) Yes Not needed Not wanted Not available

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

(outside team) Yes Not needed Not wanted Not available

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

(outside team) Yes Not needed Not wanted Not available

10* 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: _____

11*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

12*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

13*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

14*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

15*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]*

Please fill out the following forms if you can

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.