North East and Yorkshire and the Humber EIP Network – 13.02.2020
Table Top Discussions

Dr Steve Wright introduced the group discussion session focussing on:

The ARMS pathway: regional experience, examples of good practice, concerns and opportunities to feedback to the national team

Attendees to were asked to discuss, share best practice and capture feedback on the forms provided. The collated feedback from the discussions is included below:

Table Top Discussions Summary - 1

- Need good connections with CAHMS
- Need therapist and lead professional
- Separate caseload/team to FEP
- Not just CBT as therapy
- Family work – BFT and systemic
- Vocational support } social care needs to be considered
- ? Occupational therapist }
- Carers support
- Up to 18 months – can come off the pathway beforehand
- ? access to medic ? nurse prescriber
- Psychologically motivated lead professional

Table Top Discussions Summary - 2

- Don't use the term "ARMS" – " Assessment and Therapy Team"?
- Variation in amount of wrap around care → 4 x ?? 4 x interventions navigation employment/vocation support groups – greatly valued
- Variation in how many children can be seen and whether held by ARMS or CAMHS
- Specific issues for under 18s – how they present/describe difficulties and family needs
- Need to find ways of simplifying screening for ARMS/FEP
- Outcomes?
- Follow up for one year 3 x contact eg. by phone – discharged from caseload but still "in mind"

Table Top Discussions Summary - 3

- Varying experience of ARMS pathway
- Looking at improving quality of life and social factors in ARMS rather than necessarily CBT
- Addressing social determinants of mental health
- Substance misuse
- Doncaster ARMS pathway – employment specialist
- Need for a range of PTs – DBT/EMDR/trauma informed care
- Stabilisation model – use of community resources
- Family therapy/support needs to be part of ARMS pathway

Table Top Discussions Summary - 4

- 14-35 – seeing younger population 16-20
- Offered all NICE guidance as FEP – FI/therapy/vocation
- Physical health all offered in our areas
- A massive increase in autism in ARMSp
- We don't offer ARMSp to over 35s and all agreed we would not want to open the ARMSp service to over 35s as this could impact on service provided FEP. Evidence for FEP. Co-morbidity and DUP for over 35s
- Medical reviews not offered to all but on an individual basis for guidance - ? diagnostic uncertainty/medication advise to GP ie. anti-depressant/sleep
- Difficulty to engage – general rule re. health seeking – however, flexible based on client presentation
- ARMSp = 1 year – over this has concerns regarding dependency
- ARMSp representing
  - Yes reassess <u>if</u> belief tipping FEP
  - No if received full pathway no different (maybe screening for FEP)
  - Yes offer ARMSp if disengaged didn't have full pathway

Table Top Discussions Summary – 5

- Leeds has ARMS
- Huddersfield has ARMS
- Sheffield doesn't have ARMS – currently bidding for money
- ARMS helping with early access
- Trauma - ? psychosis response to trauma
  - Should trauma work be done with clients on ARMS pathway?
  - Is trauma not seen within FEP pathway?
- Shared outcome measures across EI teams
  - ? Use of TAILS to screen for trauma
- Change of term "ARMS" – is this helpful for clients?
- Groups – psychoed (ie. hearing voices, DBT skills/resources ie. DT, stabilisation
- ARMS – should it have an age cut-off? It is currently 35
- Extended ax – unclear – difference of opinions re. usefulness – not consistent in time-scales and not meeting RTT targets
- Other issues (from Service Users)
  - Consistency of staff? – long term sick
  - More mental wellbeing sessions ie. mindfulness