

1 *Guidelines*

2 **Rehabilitation for adults with complex psychosis: summary of**  
3 **NICE guidance**

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14 **Box start**

15 **What you need to know**

16 Refer people with complex psychosis for rehabilitation as soon as it is clear that their  
17 symptoms are not responding to usual treatments and they are struggling with their social  
18 and everyday functioning

19 Provide local inpatient and community rehabilitation services, to ensure people can receive  
20 treatment and support as close to home as possible

21 Ensure rehabilitation services operate with a recovery orientation that enables people to gain  
22 the confidence and skills for successful community living

23 Offer a comprehensive physical health check on admission to rehabilitation and annually  
24 thereafter

25 **Box end**

26 Providing rehabilitation for people with complex psychosis enables them to achieve and  
27 sustain a rewarding life in the community.<sup>1-3</sup> This article summarises the first guideline from  
28 the National Institute for Health and Care Excellence (NICE) on mental health rehabilitation  
29 for adults with complex psychosis.<sup>4</sup> It describes how to identify people who should be offered  
30 rehabilitation, what rehabilitation services should be provided within the local mental health  
31 service, and the treatment programmes that these services should offer.

32 **Recommendations**

33 NICE recommendations are based on systematic reviews of best available evidence and  
34 explicit consideration of cost effectiveness. When minimal evidence is available,  
35 recommendations are based on the guideline development group (GC)'s experience and  
36 opinion of what constitutes good practice. Evidence levels for the recommendations are given  
37 in italic in square brackets.

38 **What is rehabilitation for people with complex psychosis?**

39 Approximately 20% of people with schizophrenia and other psychoses have particularly  
40 complex problems that impair functioning and lead to recurrent admission to hospital.<sup>5</sup>  
41 These problems include severe, treatment-resistant symptoms and cognitive impairments that  
42 affect motivation, organisational and social skills, as well as additional mental,  
43 neurodevelopmental, and physical health conditions. People in this group require longer term,  
44 specialist rehabilitation services to optimise their response to treatment and enable them to  
45 gain the skills and confidence to live as independently as possible and participate in their  
46 local community. Inadequate provision of local mental health rehabilitation services in the  
47 UK means thousands of people with complex psychosis currently receive inpatient  
48 rehabilitation many miles from home, which prolongs their time in hospital unnecessarily and  
49 undermines the rehabilitation process; people treated in out-of-area rehabilitation units have  
50 twice the length of stay of those treated locally.<sup>6</sup> People with complex psychosis also wait too  
51 long to access rehabilitation; on average, they have been known to mental health services for  
52 10 years and experienced recurrent admissions before they are referred for mental health  
53 rehabilitation.<sup>7</sup>

54 Rehabilitation services for people with complex psychosis should  
55 - be embedded in a local comprehensive mental healthcare service  
56 - provide a recovery-orientated approach that has a shared ethos and agreed goals, a sense of  
57 hope and optimism, and aims to reduce stigma  
58 - deliver individualised, person-centred care through collaboration and shared decision  
59 making with service users and their carers involved  
60 - be offered in the least restrictive environment and aim to help people progress from more  
61 intensive support to greater independence through the rehabilitation pathway  
62 - recognise that not everyone returns to the same level of independence they had before their  
63 illness and may require supported accommodation (such as residential care, supported  
64 housing, or floating outreach) in the long term. [*Based on very low to high quality  
65 evidence and the experience and opinion of the GC*]

66 **Who should be offered mental health rehabilitation**

67 Offer rehabilitation to people with complex psychosis:  
68 - as soon as it is identified that they have treatment-resistant symptoms of psychosis and  
69 impairments affecting their social and everyday functioning  
70 - wherever they are living, including in inpatient or community settings.  
71 In particular, this should include people who  
72 - have experienced recurrent admissions or extended stays in acute inpatient or psychiatric  
73 units, either locally or out of area  
74 - live in 24-hour staffed accommodation whose placement is breaking down.

75 [Based on moderate quality evidence and the experience and opinion of the guideline  
76 committee (GC)]

### 77 **The rehabilitation pathway**

78 Rehabilitation should be provided in a range of settings or service components linked by a  
79 pathway of care to provide the treatment and support that people need as they progress in  
80 their recovery. Most people with complex psychosis are referred for inpatient rehabilitation  
81 from an acute admission ward and around 20% from forensic mental health services. Because  
82 of their complex needs, most people leaving inpatient rehabilitation will require supported  
83 accommodation services in the community. The guideline recommends a local needs  
84 assessment (box 1) to ensure that people have access to rehabilitation services as close to  
85 home as possible. The rehabilitation pathway should include the following components, as  
86 informed by the needs assessment:

- 87 - rehabilitation in the community, providing clinical care from a community mental health  
88 rehabilitation team to people living in supported accommodation (residential care,  
89 supported housing, and floating outreach) **and**
- 90 - rehabilitation in inpatient settings, such as high-dependency rehabilitation units and/or  
91 community rehabilitation units.

92 [Based on moderate quality evidence and the experience and opinion of the GC]

#### 93 **Box start**

#### 94 **Box 1 Local needs assessment**

- 95 • Conduct a local rehabilitation service needs assessment. This should include the number of  
96 people with complex psychosis who
  - 97 - are currently placed out of area for rehabilitation
  - 98 - have recurrent admissions or extended stays (for example, longer than 60 days) in acute  
99 inpatient units and psychiatric intensive care units, either locally or out of area
  - 100 - live in highly supported (24-hour staffed) accommodation
  - 101 - are receiving care from forensic services but will need to continue their rehabilitation  
102 locally when risks or behaviours that challenge have been sufficiently addressed (for  
103 example, fire setting, physical or sexual aggression)
  - 104 - are receiving care from early intervention for psychosis services and are developing  
105 problems that are likely to require mental health rehabilitation services now or in the  
106 near future
  - 107 - are physically frail and may need specialist support in their accommodation
  - 108 - are young adults moving from children and young people's mental health services to  
109 adult mental health services

110 [Based on moderate quality evidence and the experience and opinion of the GC]

#### 111 **Box end**

### 112 **Recovery-orientated, personalised service culture**

113 Owing to the nature of their problems and high support needs, people with complex  
114 psychosis are at risk of institutionalisation. Staff working with this group need to be trained to

115 provide a recovery orientated approach and supported to ensure they work collaboratively  
116 with service users to enable them to gain skills and confidence for community living, and  
117 hold therapeutic optimism for their recovery.

### 118 **Comprehensive needs assessment**

119 A comprehensive biopsychosocial assessment is essential for everyone entering the  
120 rehabilitation service to ensure that their complex needs are identified and to inform the  
121 specific treatment and care plans required to address these. This assessment includes details  
122 of their developmental, personal, psychiatric, and social history, review of their past risks,  
123 physical examination, and response to previous medical and psychological treatments.

### 124 **What treatment programmes should the rehabilitation service offer?**

125 Limited evidence supports specific mental health treatments and interventions additional  
126 to those recommended in the NICE Guideline on Psychosis and Schizophrenia in Adults<sup>8</sup> but  
127 the guideline provides suggestions for the safe augmentation and adjustment of  
128 pharmacological and psychological treatments, and self-management of symptoms and  
129 medication.

130 By definition, people with complex psychosis often struggle to manage everyday tasks  
131 and to engage in leisure and vocational activities in the community. Rehabilitation services  
132 therefore need to provide programmes to enable people to gain/regain these skills. These are  
133 outlined in [box 2](#).

#### 134 **Box start**

#### 135 **Box 2 Rehabilitation programmes**

- 136 Rehabilitation services should develop a culture that promotes activities to improve daily  
137 living skills as highly as other interventions (for example, medicines).
- 138 - Provide activities to help people with complex psychosis develop and maintain daily living  
139 skills such as self-care, laundry, shopping, budgeting, using public transport, cooking and  
140 communicating (including using digital technology)
  - 141 - Support people to engage in activities to develop or improve their daily living skills by
    - 142 - making a plan with each person that focuses on their needs and regularly reviews their  
143 goals
    - 144 - providing activities they enjoy and that motivate them
    - 145 - enabling them to practise their skills in risk-managed real life, such as kitchens and  
146 laundry rooms, wherever possible
  - 147 - Offer structured group activities (social, leisure, or occupational) aimed at improving  
148 interpersonal skills. These could be peer-led or peer-supported and should be offered
    - 149 - daily in inpatient rehabilitation services
    - 150 - at least weekly in community settings.
  - 151 • Offer people the chance to be involved in a range of activities that they enjoy, tailored to  
152 their level of ability and wellness

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- 154 • Offer people a range of educational and skill development opportunities, for example,  
155 recovery colleges and mainstream adult education settings, which build confidence and  
156 may lead to qualifications if the person wishes
- 157 • For people who would like to work towards mainstream employment, consider referring  
158 them to supported employment that uses the Individual Placement and Support approach
- 159 • Take into account and advise people about the impact of supported employment on their  
160 welfare benefits.
- 161 • For people who are not ready to return to paid employment, consider alternatives such as  
162 transitional employment schemes and volunteering
- 163 • Consider providing a cognitive remediation intervention alongside vocational rehabilitation  
164 services
- 165 • Develop partnerships, for example with voluntary organisations and local employment  
166 advice schemes, to increase opportunities for support to prepare people for work or  
167 education

168 [*Based moderate to very low quality evidence and the experience and opinion of the GC*]

169 **Box end**

### 170 **Maintaining and supporting social networks**

171 Family and carers of people with complex psychosis are often crucial members of their  
172 wider support network, but they may have become estranged over the years that the person  
173 has been unwell. Rebuilding bridges with family and carers is an important role for  
174 rehabilitation services.

- 175 • Discuss with the person whether, and how, they want their family or carers to be involved in  
176 their care. Discuss this at regular intervals to take account of any changes in  
177 circumstances
- 178 • Respect the rights and needs of carers alongside the person's right to confidentiality.  
179 Review the person's consent to share information with family members, carers, and other  
180 services during their rehabilitation. Follow recommendations on involving families and  
181 carers in NICE's guideline on service user experience in adult mental health services.

182 [*Based on the experience and opinion of the GC*]

### 183 **Physical healthcare**

184 More than 40% of people with severe mental illness have coexisting physical health  
185 conditions<sup>9</sup> and need access to appropriate physical health screening, monitoring, and  
186 interventions. Recommendations cover the specific physical healthcare required, and clarify  
187 the responsibilities of the rehabilitation service and primary care in providing these. The  
188 guideline emphasises the need for local protocols to support GPs to assume lead  
189 responsibility for the person's physical health needs, including health checks and treatment of  
190 physical health conditions, working collaboratively with the community mental health  
191 rehabilitation team and other services as relevant. The guideline also recommends that  
192 practice case registers should be used to monitor the physical and mental health of people  
193 with complex psychosis in primary care. For people having inpatient rehabilitation, the

194 rehabilitation team should nominate a professional to provide continuity of physical  
195 healthcare across settings, liaising between the rehabilitation service, primary care, and  
196 secondary physical healthcare as needed to ensure that the person's healthcare needs are  
197 addressed.

## 198 **Implementation**

199 The recommendation to provide local rehabilitation services, based on a local needs  
200 assessment, will ensure people with complex psychosis receive appropriate support as close  
201 to home as possible, and will minimise the number of people sent out of area for inpatient  
202 rehabilitation. This recommendation is in keeping with the current national initiative by NHS  
203 England (*Getting It Right First Time*) that aims to support NHS Trusts and clinical  
204 commissioning groups to invest in local rehabilitation services by repatriating people placed  
205 out of area and reinvesting financial flows in local inpatient rehabilitation units, supported  
206 accommodation services, and community rehabilitation teams. Investment in community  
207 rehabilitation teams is also in line with NHS England's community framework for mental  
208 health, which includes the provision of local specialist community teams for people with  
209 more complex mental health problems and these teams are already in place in most NHS  
210 Trusts. The challenges are to invest before recouping costs. However, the latter will be  
211 worthwhile not only financially but also in quality of care. The specific treatments and  
212 interventions recommended in the guideline are widely available but inconsistently used.  
213 Similarly, assessment and treatment of physical health conditions according to NICE  
214 guidance should be current practice; however, the National Cardiac Audit Programme 2017  
215 audit found many people with identified risk factors had not received appropriate  
216 interventions. The recommendations should improve consistency in people's access to  
217 routine physical health screening and appropriate treatments for their mental and physical  
218 health.

### 219 **Box start**

#### 220 **Questions for future research**

221 What is the efficacy and cost-effectiveness of rehabilitation services compared with treatment  
222 as usual for people with complex psychosis with residual disability, who are leaving early  
223 intervention services?

224 What tailored interventions (pharmaceutical and psychological) specific to rehabilitation are  
225 effective at equipping people with complex psychosis to live in the community  
226 successfully?

227 What interventions are effective to support medicines adherence for people with complex  
228 psychosis in supported accommodation?

### 229 **Box end**

230 **Box start**  
231 **Guidelines into practice**  
232 How many people with mental health needs at my practice/in my care meet criteria for  
233 rehabilitation services?  
234 What inpatient and community rehabilitation **services** available to people with complex  
235 psychosis in my area?

236 **Box end**

237 **Box start**  
238 **Further information on the guidance**  
239 This guidance was developed by the National Guideline Alliance in accordance with NICE  
240 guideline methodology ([www.nice.org.uk/media/default/about/what-we-do/our-](http://www.nice.org.uk/media/default/about/what-we-do/our-programmes/developing-nice-guidelines-the-manual.pdf)  
241 [programmes/developing-nice-guidelines-the-manual.pdf](http://www.nice.org.uk/media/default/about/what-we-do/our-programmes/developing-nice-guidelines-the-manual.pdf)). A guideline committee (GC) was  
242 established by the National Guideline Alliance, which incorporated healthcare and allied  
243 healthcare professionals (one approved mental health practitioner, one commissioning  
244 manager for mental health, one consultant clinical psychologist, one consultant paediatrician,  
245 one consultant psychiatrist, one consultant in rehabilitation psychiatry, one emeritus professor  
246 of social psychiatry, one highly specialist clinical psychologist, two mental health nurses, one  
247 occupational therapist, one professor and honorary consultant in rehabilitation psychiatry, one  
248 residential care manager, one senior clinical pharmacist, one senior rehabilitation services  
249 manager) and three lay members.  
250 The guideline is available at <https://www.nice.org.uk/guidance/ng181>  
251 The GC identified relevant review questions and collected and appraised clinical and cost  
252 effectiveness evidence. Quality ratings of the evidence were based on GRADE methodology  
253 ([www.gradeworkinggroup.org](http://www.gradeworkinggroup.org)). These relate to the quality of the available evidence for  
254 assessed outcomes or themes rather than the quality of the study. The GC agreed  
255 recommendations for clinical practice based on the available evidence or, when evidence was  
256 not found, based on their experience and opinion using informal consensus methods.  
257 The scope and the draft of the guideline went through a rigorous reviewing process, in which  
258 stakeholder organisations were invited to comment; the GC took all comments into  
259 consideration when producing the final version of the guideline.  
260 NICE will conduct regular reviews after publication of the guidance, to determine whether  
261 the evidence base has progressed significantly enough to alter the current guideline  
262 recommendations and require an update.  
263 **Box end**

264 The members of the Guideline Committee were Gillian Baird, Katherine Barrett, Helen  
265 Bennett, Tom Craig, Belinda Garnett, Beth Hendry, Victoria Hulstrom, Sridevi Kalidindi,  
266 Helen Killaspy, James Lee, Jonathan Mitchell, Melissa Mitchell, Shamarel Odusanya, Jason  
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270 Howat, Alec Martin, Rachel Marshall, Agnesa Mehmeti, Anuja Pandey, Samuel Perwaiz,  
271 Steve Pilling, Matthew Prettyjohns, Ben Purchase, Leanne Saxon, Josh South, Bethany  
272 Whittaker.

273 **Box start**  
274 **How patients were involved in the creation of this article**  
275 Committee members involved in this guideline included lay members who contributed to the  
276 formulation of the recommendations summarised here.  
277 **Box end**

278 Competing interests were declared using NICE's policy on conflicts of interests  
279 ([https://www.nice.org.uk/Media/Default/About/Who-we-are/Policies-and-](https://www.nice.org.uk/Media/Default/About/Who-we-are/Policies-and-procedures/declaration-of-interests-policy.pdf)  
280 [procedures/declaration-of-interests-policy.pdf](https://www.nice.org.uk/Media/Default/About/Who-we-are/Policies-and-procedures/declaration-of-interests-policy.pdf)). The guideline authors' full statements can be  
281 viewed at <https://www.nice.org.uk/guidance/ng181/documents/register-of-interests>

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291

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