

National Institute for Health and Clinical Excellence

Schizophrenia in children and young people  
Stakeholder Comments – Draft scope

Please enter the name of your registered stakeholder organisation below.

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<b>Stakeholder organisation:</b>		<b>Association of Child Psychotherapists</b> 120 West Heath Road, London NW3 7TU www.childpsychotherapy.org.uk
<b>Name of commentator:</b>		<b>Beverley Tydeman, Chair</b>
<b>Comment No.</b>	<b>Section number</b> <small>Indicate <b>number</b> or <b>'general'</b> if your comment relates to the whole document</small>	<b>Comments</b>  Please insert each new comment in a new row.  Please do not paste other tables into this table, as your comments could get lost – type directly into this table
1	3.1 (f)	Greater recognition and understanding of optimal therapeutic approaches to children and young people with schizophrenia should be more comprehensively addressed in psychology and psychotherapy trainings to give psychological therapists better clinical and theoretical knowledge of psychosis and more confidence in helping such patients.
2	3.2 (c)	The list of psychological treatments should include interventions offered by psychodynamically-trained clinicians, including some child and adolescent psychotherapists and some adult-trained psychotherapists who work with adolescents in tier 3 and 4 settings. Such clinicians successfully utilise their in-depth training in modified interventions for children and adolescents. A particular focus would be establishing consistent emotional containment in the patient, as severe anxiety is a central clinical challenge.
3	3.2 (d, e)	Early Intervention Services would normally be expected to provide a more comprehensive resource than a CAMHS could provide. This is especially true for young people and families who would need more intensive and flexible input outside the clinical setting and normal service hours. Investigation is needed into why EIS are so variable.

4	3.2 (g)	We are in agreement that “services for children and young people with schizophrenia need to be comprehensive and well integrated”. It is vitally important that services for children and young people with schizophrenia have the resource and design to allow a consistent and more lengthy intervention, particularly for those patients with more complex and chronic conditions. The usual basic needs for trust, consistency of staffing and engagement and specialist treatment knowledge are particularly vital in the effective treatment of this group.
5	4.1.2 (b)	Should the guideline also consider patients who present with acute psychotic episodes linked for example with drug-induced psychosis, borderline personality disorder or emerging bipolar disorder but without a diagnosis of schizophrenia?
6	4.3.1 (c)	We welcome the list of interventions detailed here. We would add: 1) that individual and family interventions should generally both be provided in a single package by one team if possible; and 2) that further research is needed to help develop more effective specialist psychological interventions tailored to psychotic illness presentations which can be utilised across the major therapeutic modalities.
7	4.3.1 (i)	The organisation of care pathways and services should always adopt a CPA approach that identifies a named care coordinator to ensure effective communication and care planning between services, particularly CAMHS to CMHT and tier 3 and 4 services.
8	General	We welcome the scope’s consideration of the impact on the family in terms of social, educational and financial issues and of the therapeutic help for the families in which the young person with schizophrenia lives. Such therapeutic help is essential in helping the development of the young person in terms of moving away from the family support system, becoming independent and moving into adulthood. Systemic family therapy could help to support the family, including siblings, to better understand the tensions that arise and what the future holds.

9	General	The scope contains limited consideration of in-patient units for young people with schizophrenia. Medium-term residential treatment of up to six months, with regular contact and weekends with families, enables the delivery of intensive therapeutic programmes which can significantly help the young person with schizophrenia. Time spent away from the family is beneficial to help the young person to build a separate sense of identity – a complex task for a young person with this condition - at the same time as helping the family adapt, understand and make some changes. Monitoring of medication can also be offered within an in-patient environment.
10	General	Reference to the latest neuro-science research indicates the pliability of the brain in adolescents. This offers a window of opportunity for potential development and change. Intensive therapeutic work either as an in-patient or within an intensive outreach programme is important to capitalise on the mental state of flux that is characteristic of young people, maximise changes and consolidate those changes into adulthood.
11	General	Young people under 18 need full access to care, treatment and education. This combination is essential for those already with a diagnosis of schizophrenia in helping them to fulfil relationships and opportunities in their adult lives.

Please add extra rows as needed

**Please email this form to: [SchizophreniaCYP@nice.org.uk](mailto:SchizophreniaCYP@nice.org.uk)**

**Closing date: [5pm on 17 January 2011](#)**

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