Early Intervention in Psychosis (EIP) Phase 2 Final Report

April 2021 – March 2024

Introduction

The Scottish Government commissioned Healthcare Improvement Scotland (HIS) in 2019 to develop a deeper understanding of the Scottish context related to Early Intervention in Psychosis (EIP) Services. This work sits within the context of Scottish Government policy direction including Mental Health: Scotland Transition and Recovery (2020). EIP sits as a priority action in the 2023 Mental Health and Wellbeing Strategy under Priority 6.4:

"Over the next 18 months we will build on the work we have done with Healthcare Improvement Scotland through our Early Interventions in Psychosis programme, and facilitate the rolling out by Boards of improvements in patient care and support for those experiencing a first episode of psychosis."

The aim of the Early Intervention in Psychosis national programme is to support the development, redesign and continuous improvement of services across Scotland, to meet the needs of young people with psychosis and their families.

Our central vision is that people presenting for the first time with psychosis anywhere in Scotland will have timely access to effective care and treatment, with early intervention and a focus on recovery.

Why EIP?

- It is estimated that around 1,600 people a year experience a first episode of psychosis in Scotland.
- Psychosis can happen to anyone and affects up to 3 in 100 young people in Scotland.
- Up to 10% of people will at some point in their life hear a voice talking to them when there is no-one there.
- Psychosis is ranked as one of the top causes of disability and most expensive illnesses worldwide through costs related to hospital admissions, physical health co-morbidities and unemployment.

The EIP service model is one of the **best evidenced** in mental health in its cost effectiveness and clinical outcomes. It is an integrated multidisciplinary approach to providing support for those experiencing their first episode of psychosis and has been clearly linked to improved life outcomes for a population who can face challenges across all elements of their lives if they have a prolonged period of untreated psychosis.

EIP services combine integrated multi-disciplinary teams providing assertive outreach and engagement, developmentally sensitive, youth friendly and recovery focused approaches, intervention for families, support for education and employment, quick access to psychological therapy and psychologically informed care as well as antipsychotic medication. These interventions set EIP services apart from CMHT's who do not routinely offer people with psychosis these interventions.

Scotland is one of the only countries in the Western world without EIP services.

Only 20% of Scotland has access to Early Intervention in Psychosis.

Rates of uptake of psychological therapy for psychosis in Scotland are around 1%. International figures are 25-30%.

"It's a journey of discovery that we go on. We map out potential pitfalls, how we can manage them and keep people safe and how we can start early on to promote the sense of hope and recovery."

Key Worker, Dumfries & Galloway

"We use an assertive outreach model of care and carry out visits to home addresses promptly when people do not attend for their appointments. A service user spoke with us on the phone to cancel appointments, [which concerned us] and we went to visit. [We found he] had made an attempt on his life, and [managed to intervene in time]. Without having used assertive outreach, he may have succeeded in his attempt."

Team lead, Tayside

Phase 1 – where we started

Phase 1 report

In Phase 1 of the programme the HIS team conducted a national needs assessment across all 14 NHS boards and linked health and social care partnerships (HSCPs). Literature on the evidence of different EIP service models was reviewed and a national EIP network was established.

Phase 2 – what we set out to do

Phase 2 progress report

In Phase 2 of the programme, Scottish Government commissioned HIS to:

- Develop models of EIP service delivery that will apply in rural areas or diverse geographical contexts.
- Gather and analyse data to inform the implementation of changes and evidence the impact of these changes.
- Build the learning system through offering webinars, case studies and building an EIP network across Scotland.
- Work with NES to develop the EIP Knowledge and Skills Framework and Essentials of EIP training module.

Phase 2 consisted of:

- Pathfinder site recruitment.
- Local implementation groups supported by local service user group.
- Facilitated sessions with service designers to design local service pathways and user journeys.
- Facilitated quality improvement sessions to refine services and generate discussion.
- National data and measurement plan designed with a range of external stakeholders and our internal data and measurement team.
- Evaluation of the programme by our evidence and evaluation team.
- Influencing policy and building the case for EIP with our strategic advisers.

Discharge planning activity at EIP pathfinder site event in November 2023, photograph taken by HIS

EIP Implementation Guide

The implementation guide is one of the programme's primary outputs. It shares learning from two pathfinder test sites on how to adapt an EIP model suitable to the geographic, population needs and existing resources. It is written for NHS Scotland boards and Integrated Joint Boards who are scoping the creation of EIP services.

If you are a board interested in establishing an EIP service, please contact us – information on how to get in touch with the team is found on the final slide.

(How do you feel about HIS?)

"I feel very positive, supported and motivated about their role".

"Very positive. Helpful and responsive group of people".

Anonymous pathfinder site members

EIP delivery: Pathfinder sites overview

Model	Bespoke
Location	Rural
Estimated annual caseload	30 (estimated 45 after 18 months)
Current caseload	26
Current team (whole time equivalent) **NHS Dumfries & Galloway**	• Team leader (0.5) • Consultant psychologist (0.4) • Assistant psychologist (0.2) • Occupational therapist (0.5) • Key worker (1.5) • Clinical pharmacist (0.1) • Peer support worker (0.6)

Model	Hub
Location	Urban, Dundee city centre
Estimated annual caseload	40 (estimated 50 after 18 months)
Current caseload	25
Current team (whole time equivalent) **NHS Tayside**	• Team leader (1.0) • Clinical psychologist (0.6) • Peer support worker (1.0) • Occupational therapist (1.0) • Mental health nurse (1.8) • Medical secretary/admin support (1.0) • Healthcare support worker (1.0) • Consultant psychiatrist (0.1)

Pathfinder sites timeline

Jun – Aug ‘22

- **June:** Dumfries & Galloway service launched
- **July:** Tayside service launched as CONNECT; opened for referrals in August
- Tayside LERG starts meeting

Sept – Oct ‘22

- Dumfries & Galloway LERG starts meeting
- Tayside caseload capped (due to recruitment challenges)

Nov – Dec ‘22

- Dumfries & Galloway service leaflets begin development with assistance of LERG

Jan – Mar ‘23

- Dumfries & Galloway link with third sector employability agency
- Tayside caseload cap raised
- Clinical psychologist joins Tayside teams

April – Aug ‘23

- Both services makes steady progress, benefit from settled multidisciplinary teams and improved area links

Sept – Dec ‘23

- Dumfries & Galloway service team doubles in size, including clinical pharmacy input
- Tayside caseload cap removed
- Tayside arrange dedicated psychiatry input

Jan – Mar ‘24

- Dumfries & Galloway agree plans for continuation of service

Data and Measurement

Data on Access, Outcomes and the Quality of the service provided by EIP pathfinders has been gathered and reported on a quarterly basis, as per the measurement plan agreed at the start of the programme.

Quality data

FIDELITY

Fidelity to the EIP model reflects the quality of the service and that clinical and cost effectiveness are being delivered. **Pathfinder sites are continually developing good fidelity to all parts of the EIP model.** The EIP teams are working in a person-centred way to deliver holistic care that addresses people's mental and physical comorbidities, social needs such as housing and employment.

Workforce challenges are having the biggest impact on MDT representation within the EIP teams, and pathfinders are adapting to this challenge in various ways.

- NHS Dumfries & Galloway for example, use a shared care model where patients remain under the care of a psychiatrist within the CMHT, and are at the same time piloting input from a clinical pharmacist to provide direct advice about medications to service users and family members.
- NHS Tayside have agreed sessional input from Psychiatry to coincide with MDT meetings and family meetings. More information on this can be found in the recent case studies. A number of posts have been re-advertised before being filled.

At 18 months, pathfinder teams have at least one member of staff trained in each therapeutic intervention being delivered by the service. Future training offers will increase this with the support of NES.

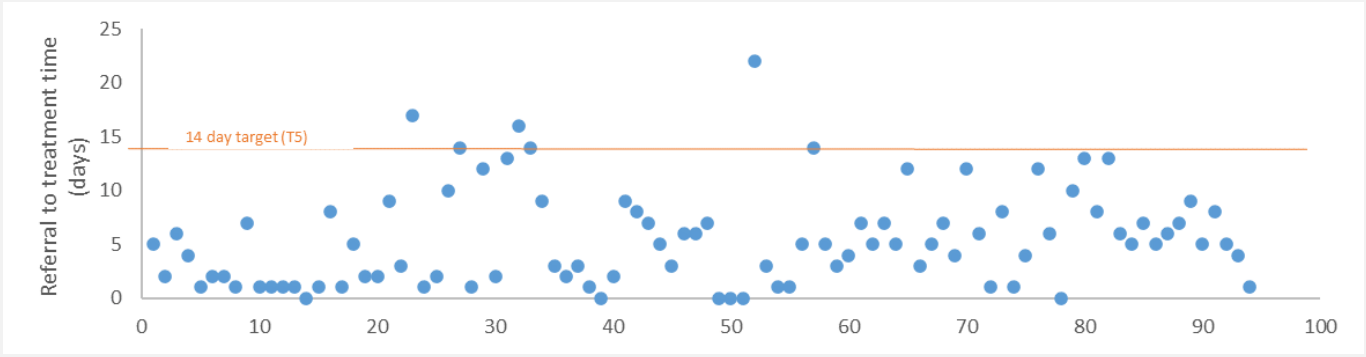
Access data

REFERRAL TO TREATMENT

94% of people identified with a first episode psychosis (FEP) by the EIP pathfinders are being treated well within the Scottish Government target of 14 days (T5) (88/94, 94%), with an average (mean) wait time from referral to treatment of **6 days**.

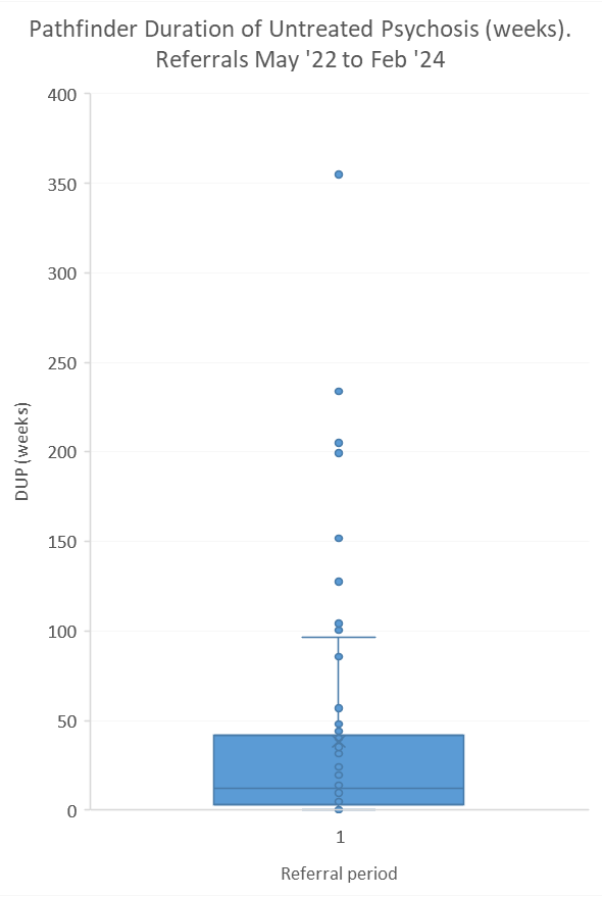
This demonstrates the successful implementation of EIP pathfinder sites. N.B - Comparative data in mainstream services was not gathered due to difficulties of identifying FEP within mainstream services.

1 in 6 people presenting with FEP begin treatment on the same day as referral to an EIP, due to EIP teams assessing people on the ward and whilst on CMHT waiting lists.



ENGAGEMENT

Pathfinder sites have high levels of engagement, maintaining ongoing contact with **93 to 100%** of their caseload every month.



DURATION OF UNTREATED PSYCHOSIS

EIP pathfinder sites are assessing people with a **wide range of DUPs from 0.4 to 350 weeks.** This reflects the prompt response of EIPs but also that people experiencing psychosis are being untreated for many years unless services are specifically designed to engage with them.

Outcomes data

OUTCOME MEASURES

85 - 95% of people (baseline median) on the EIP caseloads have had their clinical and patient reported outcome measures undertaken in a timely manner. February 2024 data for timely completion of BPRS and EQ5D data: NHS Tayside: 20/22 (91%); NHS D&G: 22/27 (82%).

QUALITY OF LIFE

66% of people who have been on the EIP pathfinder sites caseload for more than 6 months are in employment, education or training (19/29 service users).

RE-ADMISSION

Only 3 service users have experienced a re-admission to an inpatient ward since the pathfinders opened in Summer 2022. This gives an indication of cost savings that could be expected with further investment in EIP services.

"I believe that if this service had been in place when my son first became unwell, getting access to help would have been easier. They are invaluable as a service also providing education and information about a very misunderstood, but unfortunately common mental illness. An illness that not many of us know much about and it still very much has a stigma attached to it. More understanding is needed and we believe this team will play a key part in that. I can't thank the team enough. Thank you so much on behalf of my son, myself and the rest of our family."

Gratefulmum02, NHS Dumfries & Galloway

"You supported me through homelessness and the worst time of my life, you got me a flat and that's something I am so thankful for."

Service user, NHS Tayside

"I know I can phone EIP and someone will come out and see [us]. It's good that I've got that support myself. They're really good at looking after the whole family […] they involved me from the start and asked about the impact on the family."

Family member of person with psychosis, NHS Tayside

Learning System

The EIP learning system is an integral part of the programme. It has enabled the pathfinder sites to reflect on the practicalities of delivering and designing EIP services, alongside the support of experienced colleagues; provides an environment for staff working in EIP to collaborate in designing services; shared information and learning from pathfinder sites and international experiences of implementing EIP with a varied audience; shares information about the work of the programme and pathfinder sites with interested stakeholders.

Coaching sessions are shorter sessions to review progress and share learning between the national team, clinical leads, and pathfinder sites. Eight coaching sessions have been delivered so far as part of Phase 2.

Learning sessions were extended meetings to support the design and delivery of the pathfinder site EIP services prior to the launching.

- Three quality improvement sessions
- Two service design sessions

Case studies published by the national EIP team:

- Understanding systems: collecting baseline data
- Understanding systems: engaging with stakeholders
- Engaging with families
- Clinical assessments
- Clinical pharmacy
- Healthcare support workers
- Supporting service users experiencing homelessness

Pathway improvement activity posters from May 2023 event, photograph taken by HIS

Monthly newsletters were delivered to EIP stakeholders Nov 2021 – Nov 2022, sharing key updates and information about the national and pathfinder site teams.

Which of the following had the biggest impact on your work?

(Pathfinder site responses to Phase 2 evaluation survey)

1. Discussing updates and asking questions with clinical lead and programme team.
2. Sharing progress updates and discussions with the other pathfinder site.
3. Project management, finance and other ad hoc support.
4. Educational webinars, like the national network events and workshops.
5. Educational learning sessions, such as learning about QI techniques and hearing from third sector organisations.

Shared Learning – National network events

National network events are a series of virtual webinars and workshops held regularly. We have had attendance from every Scottish territorial board with a wide spectrum of attendees from people with lived experience of psychosis and their carers, to policy makers and senior academics in the field.

Thirteen national network events were organised from December 2021 to March 2024.

Invited guest speakers for EIP national network events include: clinical psychologists, psychiatrists, community psychiatric nurses, youth employability coaches, academics, child and adolescent mental health services and third sector representatives.

Links have been established with international EIP communities in **England, Ireland, the United States of America and Canada** to learn from their experiences in the rural context.

National Network Event Engagement

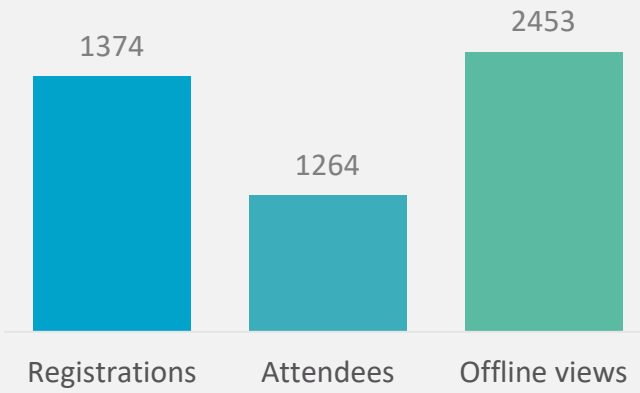


Chart showing engagement statistics from webinars, derived from HIS' own data

"I am setting up a new service and hearing about the topic now is perfect timing. There was lots of useful information I can use for developing ICP and educational resources."

Participant, August 2022

"Fantastic knowledgeable and engaging speaker. Loved hearing the international perspective and what is happening elsewhere in the world and how Scotland relates to that."

Participant, February 2023.

December 2021 "The story of reform of early psychosis services in England" Professor Birchwood	March 2022 "Early Intervention in Psychosis: Recovery and Suicide Prevention" Professor Rachel Upthegrove	August 2022 "Antipsychotics and physical health in first episode psychosis: the good, the bad and the ugly" Dr Erin Turner	September 2022 "Are we there yet? Developing Early Intervention Psychosis Services in Ireland" Dr Karen O'Connor
October 2022 "Early Intervention in Psychosis: Paths to recovery" Multiple presenters	January 2023 "Cannabis and Psychosis" Professor Robin Murray & Dr Marta Di Forti	February 2023 "Methods, means and more: local and global insights into what matters for meeting the mental health needs of young people with psychosis" Dr Sridya Iyer	March 2023 "Early psychosis identification, care and treatment for young people" Professor Matthias Schwannauer & Professor Ian Kelleher
May 2023 "First episode mania: what do we need to know and what can we do about it?" Dr Sameer Jauhar	October 2023 "Adaptations of Early Intervention in Psychosis in the US" Dr Nev Jones	December 2023 "The role of the Lead Practitioner and team in Engaging Young people in Early intervention in psychosis services: learning from the EYE-2" Professor Kathryn Greenwood	January 2024 "What will UK EIP look like in ten years?" Dr Graham Murray

Stakeholder Engagement

The EIP national **lived experience reference group (LERG)** was an independent voluntary group, supported by HIS, that reviewed and advised on programme progress and implementation. The LERG met regularly, and was an important advisory body which provided an invaluable third sector and lived experience perspective to the programme.

The EIP **Expert Reference Group (ERG)** was set up as an advisory group to contribute knowledge and advice to HIS and pathfinder sites in the delivery of the programme. Consisting of senior academics, policy makers and third sector representatives, the ERG made vital contributions to the programme at every stage of Phase 2.

HIS supported pathfinder sites with project management and facilitation support to assist the setup and delivery of **area specific lived experience reference groups (LERGs)**.

Chaired by the programme's lived experience advisor, the LERGs advised on service delivery, held regular meetings to develop relevant material and created a forum for third sector organisations and people with lived experience to share knowledge and experience.

HIS extended the commission with **Change Mental Health** to provide:

- lived experience co-chair for the expert reference group
- lived experience advice and support to the national LERG
- advice and support to pathfinder sites establishing local LERGs

Training and Development

Part of the delivery of this work was to develop a training and development programme, working closely with NHS Education for Scotland (NES). This work was led by a commission with ESTEEM to develop and test an online module, titled 'Essentials of EIP' training. This module was developed and delivered by Esteem staff and by the EIP lived experience reference group. Resources will be further developed by NES into an online module.

Recommendations

It is clear from the evidence of the EIP model and the testing in Phase 2 that we better serve those with first episode psychosis with an EIP service. Challenges around workforce and resource were tested in Phase 2 but adaptations to the model were evidenced to be successful in mitigating some of the risks to the services continuing.

Scottish Government has prioritised EIP in their Mental Health and Wellbeing Strategy and HIS has prioritised the EIP programme in their 2024/25 Annual Delivery Plan to spread the learning to other boards and to other services that can learn from the programme.

Continuation of the EIP programme is critical for ensuring that momentum is sustained and would enable HIS to:

- Continue to support NHS Tayside to build into a three-year service and move into a hub and spoke model.
- Continue to support NHS Dumfries & Galloway into a three-year service growing their bespoke model.
- Support other NHS boards and HSCPs to develop evidence-based early intervention in psychosis specialist services for people with first episode psychosis by utilising the Phase 2 Implementation Guide.
- Enable the spread of learning and impact achieved in Phase 2 of the EIP programme, through the national learning system.
- Roll out the national quality indicators for EIP and gather national data for EIP in Scotland.

Acknowledgments

Healthcare Improvement Scotland would like to acknowledge the support of key stakeholders who contributed to this work so far:

- Pathfinder site staff within NHS Tayside and NHS Dumfries & Galloway
- National lived experience reference group
- National expert reference group
- Change Mental Health (Hamish Kidd)
- Esteem clinical leads (Dr Suzy Clark and Dr Rajeev Krishnadas)

We extend our appreciation also to the third sector groups and the carers and service users of these new services who have been engaging and willing in supporting our learning system and case studies.

Thank you to everyone who contributed to the report by completing evaluation forms following EIP events. Some quotes have been edited for sense and brevity.

Keep in touch

Website: https://ihub.scot/improvement-programmes/mental-health-portfolio/early-intervention-in-psychosis/

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