

Date: January 2021

Why I love working in Early Intervention for Psychosis Services

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I joined Esteem NHS Greater Glasgow and Clyde 15 years ago when it was in its infancy; the prospect of joining an innovative team that provided multi-disciplinary holistic care to service users and their families seemed very appealing. Having worked in community mental health team (CMHT) for many years, I knew there were many hard working clinicians but services were under pressure with waiting lists, teams were often fragmented and care was offered within professional silos. I remember seeing someone weekly for a year for CBTp and when it came to their review, I was not included despite the fact I saw them more than anyone else!

I had always been fascinated by psychosis. I had worked as an assistant at Woodilee hospital many years ago when it was closing and realised that for many of the patients who lived there, their life story and why they had ended up there was simply unknown. I knew we could do more for people with long-term psychiatric conditions and not lose sight of the person in among the psychosis.

Early Intervention (EI) has offered me the opportunity to do that and I love the optimism of working in EI, the narrative that recovery is achievable for all is ubiquitous. Working with families when they need it the most and supporting people in the context of their lives with (flatmates, partners or employers) creates a three-dimensional support package. The link between adverse childhood events and mental health is clear. Early intervention primarily offers people an attachment, a model of care provides them with a compassionate safe haven when they are at their most distressed and disabled by psychosis and risk. It provides an encouraging secure base to experiment with new skills and test out new horizons as they recover and above all they get access to the evidence based care and treatment that they need at the time when it will be most effective.

The truly integrated multi-disciplinary team care that wraps around the service user and holds them as they take these early steps is hugely valuable. For example, whilst working on trauma with someone who has recently been psychotic the psychiatrist and keyworker will support the therapy by prescribing sleeping tablets, managing crisis for example, and the end result is the person gets the treatment they need and risk is managed.

It has not all been an easy ride: money is tight and specialist services always come under scrutiny. Sometimes people you have worked with relapse or do not make the progress you hoped for and that is difficult for all involved.

I have the utmost respect for my psychiatric colleagues and the difficult decisions and the conversations they have to have. I am consistently impressed by keyworkers, who are dedicated and innovative in their ideas for supporting service users and families. I have benefitted enormously from the wisdom of the service users I have worked with. I am often humbled, emotional and inspired by their accounts and love nothing more than seeing them wave cheerio as they disappear off onto new adventures. I also know that were my children to develop a first episode of psychosis, I would like their care and treatment to be in an Early Intervention service.