

CONNECT Early Intervention in Psychosis Service

Moving On Pack: What to expect before leaving EIP



Your Moving On Pack

The aim of this pack is to support you leading up to discharge from the CONNECT Early Intervention in Psychosis (EIP) service.

This pack has been designed to contain the necessary information on what you can expect about:

- Your journey
- What to expect from leaving the service
- Staying well after EIP, and
- Leaving the service.

There is also a checklist to ensure that you have all the information you need before leaving the service.

Any text throughout the pack that is highlighted and underlined in blue, is linked to the useful websites section at the end of the pack.

Acknowledgements



We would particularly like to thank the people with lived experience of psychosis and Change Mental Health for their invaluable contributions to this pack. We would also like to thank the staff and services leads from CONNECT EIP in NHS Tayside, EIP in NHS Dumfries and Galloway, Esteem EIP in NHS Greater Glasgow and Clyde, whose advice and expertise contributed to the development of this pack.

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Your journey

EIP services in Scotland offer support for two years. As you near the last few months with the service, the CONNECT team will begin working with you to help identify the support that you may need after leaving.

Coming up to discharge you will receive a letter that will summarise your time with the service, your recovery journey and the next steps after EIP.



Psychological input

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During your time with CONNECT, you would have had the option of accessing psychological interventions for psychosis (PSIP). Some of these interventions would have focused on supporting you to make sense of your experiences and to develop strategies to support you going forward.

Examples of this may have been working through the PSIP workbooks or developing anxiety management skills. You may also have taken part in some group work and work with your family and friends.

You may also have worked with the team clinical psychologist. If you have, you would likely have worked together to develop a formulation. These formulations are helpful in summarising your experiences, to support you in making sense of why difficulties might have developed. This would have been important in deciding what you chose to work on during your time with the psychologist but will also be important in supporting relapse prevention.

Discharge care plans

During your time with the CONNECT service, you will have worked closely with your keyworker in developing and working through your personalised care plan.

You will now work with your keyworker to develop a discharge plan. This will identify what is important to you, how the transition from EIP will work and what you will need to support you to achieve your goals after EIP.

These plans are specific to the person and each plan is individually tailored, however there are some common elements which can include:



Your family or carer can also be involved in developing your discharge care plan. This plan and the Moving On pack are designed to support you in your recovery journey after EIP.

Advance statements

An advance statement is a written statement made by you when you are feeling well. This statement sets out the care and treatment that you would prefer (or dislike) should you become unwell in the future. These statements are particularly important if you become so unwell that you cannot make your preferences clear or your decision making becomes impaired.

Services who will support you if you become unwell have a duty to find out what your preferences are and take them into account.

Your advance statement will include a 'named person', this is someone who can act to protect your interests and wishes if you have to receive care and treatment when unwell.

Your advance statement can be prepared with input from your key worker, the EIP team, your family/carers, peer support groups or independent advocates, if this is something that you would like. It is **your** choice who will be involved in this process.

Writing or considering writing an advance statement may be something that makes people feel uncomfortable, particularly having to consider what you would like to happen if you become unwell. However, advance statements will only be used if you become too unwell to make decisions about your own care and they will ensure that your wants and needs are considered if this happens.

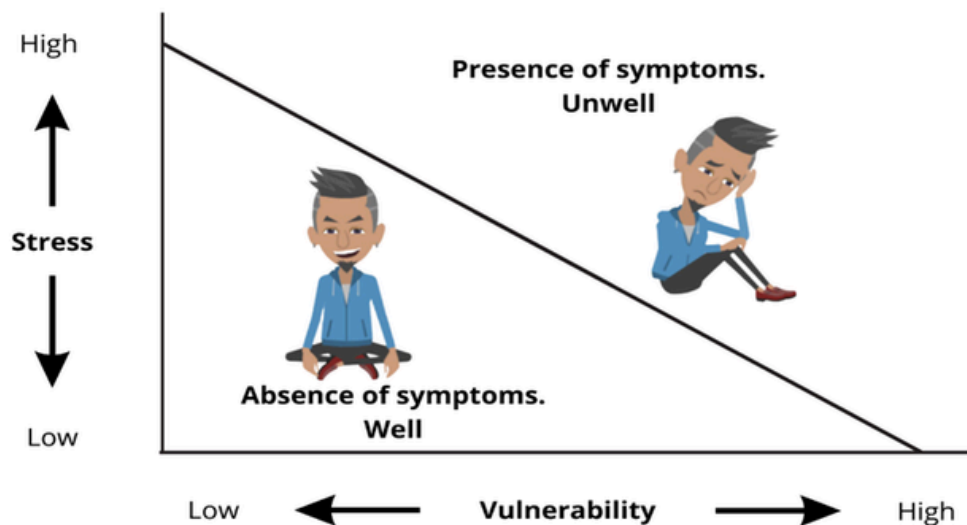
Advance statements are a key part of staying well plans, and you should update yours regularly so that it has the most up to date information.

The [Mental Welfare Commission](#) has a range of resources to support, advise and guide people in creating their advance statement (see useful websites section). NHS Greater Glasgow and Clyde also have a [guidance document](#) to support people in creating their advance statement (see useful websites section).

Stress Vulnerability Model

You have likely been introduced to the stress-vulnerability model during your time with Connect. The model is a tool that helps us understand how and why mental health conditions develop.

The model has three components that are thought to contribute to the development of mental health problems: biological vulnerability, stress and protective factors.



Biological vulnerability is the genetic predisposition towards a condition. For example, it is well known that conditions such as schizophrenia and bipolar disorder have genetic links and can occur in families.

Stress can contribute to the development of a wide range of mental and physical health conditions. Within the stress-vulnerability model, the onset of mental health problems is thought to be triggered following experience of a major life stressor (or a series of stressful life events).

A range of stressors can come before onset of symptoms, such as:



Stress is something that everyone will experience. Having adaptive ways of coping with stress and understanding your triggers for it, will help you stay well after EIP.

Protective factors can reduce the impact of both stress and genetic vulnerability. There are several protective factors that have been shown to have impact:



Having a combination of protective factors in place after EIP will help reduce the risk of relapse and support your recovery. The following section **Staying well after EIP**, has advice and resources to support you in your recovery.

There are also resources that can help support your mental health and wellbeing if you need additional support that is not related to relapse or crisis. These can be found in the **Moving On: After Leaving EIP** pack.

Staying well after EIP

Being aware of the things that can help keep you well will be important in your journey after leaving CONNECT. It is also important to be aware of the different things that can impact your journey. You may have already completed a relapse prevention booklet with your key worker, or you may have started to discuss doing this.



The following section has advice on medication, difficulties in recovery, early warning signs, strategies to stay well and substance use that could help support you in working through this booklet with your keyworker.

Medications

If you are continuing with medication after you move on from service, you may receive support for this from your GP, depending on your personal needs. If you are receiving your medication as a depot injection, this will be administered and supported by your local community mental health team (CMHT).

If you are well enough, it may also be helpful to begin to reduce or stop your medication. This is known as deprescribing. This should be done with you and your healthcare professional, such as your GP, clinical pharmacist or a psychiatrist. Reducing or stopping your medication will need to be done slowly and monitored carefully over time. Before leaving CONNECT, you can speak with your key worker about your medications. After leaving EIP, if you want to discuss your medications, this can be done with the service that will be supporting your care (GP or CMHT).

Common difficulties in recovery

Recovery from psychosis takes time, and it is common to experience difficulties during this journey. This is perfectly normal. It is good to be aware of these difficulties so that you can stay engaged with your recovery plan and what you need to do to keep well.

Some common difficulties that people experience during recovery are:

Depression and Anxiety

Experiencing and recovering from psychosis can be a difficult journey, depression and anxiety can be common

Impatience

Recovery takes time, it is important to be patient with yourself and allow yourself time and space

Isolation

Experiencing psychosis may mean that you have lost contact with friends or your usual social groups

Low self-esteem

Experiencing psychosis can impact self-esteem, and it can take time for this to be rebuilt

Acceptance

Accepting diagnosis and treatment can be difficult, particularly if mental health is stigmatised

Early warning signs

Good treatment and support can help people with their recovery. However, sometimes after experiencing difficulties, some people may experience relapse. Experiencing relapse does not mean that you have done anything wrong in your recovery journey.

There are usually a range of early warning signs that will come before a period of relapse. These early warning signs usually involves changes in thoughts, feeling or behaviours, such as:

Sleeping too much or too little

Feeling sad or anxious

Difficulty concentrating

Sensitivity to lights, sounds or smells

Not taking care of yourself

Not taking care of personal hygiene

Not wanting to see family or friends

Feeling irritable or easily annoyed

Feeling suspicious of others

Eating too much or too little

Decreased motivation

Being aware of the early warning signs for relapse can help you get the support you need, when you need it. [Orygen](#) have a useful resource on preventing relapse in psychosis that includes a detailed list of common early warning signs.

Strategies to prevent relapse

You will have developed a relapse prevention plan with your keyworker. This will be reviewed before you leave the service. A copy will be shared with you to allow you to share it with whoever you think needs it.

There are a number of strategies that you can use to help reduce the risk of becoming unwell and experiencing relapse.

Some of these strategies are highlighted within the protective factors of the stress-vulnerability model and will likely be included in your own relapse prevention plan.

Some strategies are listed below, but conversations with your key worker will highlight the things that are most important to you in staying well.



Substance use

Using substances can be a common way for many people to cope when they are feeling stressed, but it could also be an early warning sign that you are beginning to become unwell. If you begin to use drugs or alcohol for the first time, or you begin to use them more frequently than before, this is a good time to start using your support networks, your care plans and your relapse prevention plan.

While using drugs or alcohol is a common way to cope through difficult times or experiences, they are also a common trigger for relapse. If you are worried about substance use, there are people and services who can support you, with a non-judgmental and recovery focused approach.

We Are With You and the Dundee Drug and Alcohol Recovery Service can offer advice and support if you are worried about substance use.

We Are With You

Address: Boots, 94 Albert Street, Dundee

Phone: 01382206888

Email: dda@wearewithyou.org.uk

Website: www.wearewithyou.org.uk/local-hubs/dundee

Referral route: self-referral

Provides free, confidential, non-judgemental support for people experiencing challenges with drugs and alcohol. They also offer an online chat service and online referral form

Dundee Drug and Alcohol Recovery Service

Address: Constitution House, 55 Constitution Road, Dundee

Phone: 01382 632542

Website: www.nhstayside.scot.nhs.uk

Referral route: self-referral

The service supports with drug or alcohol use and arrange contacts with other mental health support should you need them. Can be found through the Our Services tab on the website

Leaving the service

What to expect leading up to the day of discharge

Leading up to discharge from the service, you will receive your discharge letter. This letter will also be shared with the service that you will be discharged to and anyone that you feel should have it to support your recovery. You and your keyworker can work through this letter before discharge, to ensure that it is accurate for you.



The process and timelines around leaving CONNECT will be discussed with you in your last few months with the service. Your family or carers can also be included in these discussions.

The timelines for discharge and what you can expect are outlined in the **Timelines for Discharge** section.

These timelines should not be seen as something that will be applied rigidly to everyone. Instead, these should be seen as a guide. Discharge from the service will be based on what your needs are, and the service can be flexible to support you.

Throughout this process, your keyworker will be working with you, keeping you informed each step of the way. The Connect team will also have discussions with the other services that might be supporting you as you move in your journey.

If you have any questions about any aspect of leaving CONNECT, you should speak with your key worker.

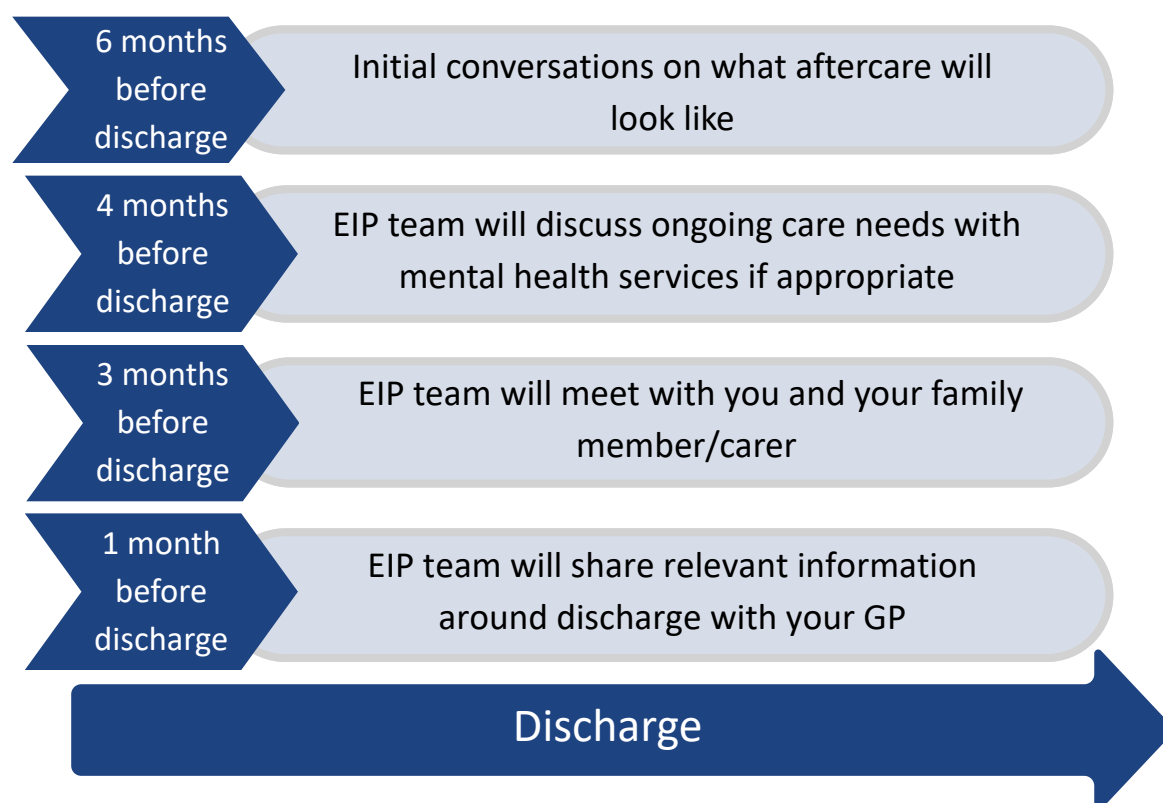
Timelines for discharge

The milestones for discharge are explained on the following pages. These milestones are a guide, and not something set in stone. The journey to discharge will be different for each person.

Getting ready to leave the service will be collaborative, involving you, your key worker, your family and anyone from your support network you feel should be involved.

The aim is to make sure that you are fully informed, ensuring that your views, the views of your family and any one else who is supporting your recovery are listened to.

This is an example of a journey to discharge:



Six months before discharge

At this point, the CONNECT team will begin discussions on what your care after EIP should look like. This will include considering whether ongoing support will be needed from mental health services (such as a community mental health team or CMHT), or if ongoing support can be provided by primary care (your GP).

If it is felt you will need support from mental health services, we will request a meeting with the relevant service to discuss your needs and identify a plan.

Four months before discharge

If you need support from mental health services, the CONNECT service will meet with the service that you will be discharged to four months before discharge. This is likely to be CMHT.

The aim of this meeting is to ensure that the time you have to wait before accessing the other service is as short as possible and we can facilitate a smooth transition of care for you. It will also ensure that the service you are being discharged to has a good understanding of what your needs are.

If you do have to wait for access, there are further resources within the **Moving On: What to Expect After Leaving EIP** pack to support you during this time.

Three months before discharge

Three months before you leave the service, the CONNECT team will meet with you (and your family or carer if you would like) to discuss the options and decisions about your care.

If you are being discharged to the CMHT, the CONNECT team will assist the handover of your care. This will all be based on what your needs are and may include a joint appointment with both services. If you are being discharged to your GP, this will be discussed with you at this point.

One month before discharge

If you are being discharged to your GP, one month before discharge from the service, your key worker will work with you to go through what information you want to be shared with your GP. This information will be included with your summary of care/discharge letter.

Your GP can also be provided with anything else you may feel would be beneficial, such as your relapse prevention plan. This will ensure that your GP has enough information to support your care after EIP.

Day of discharge

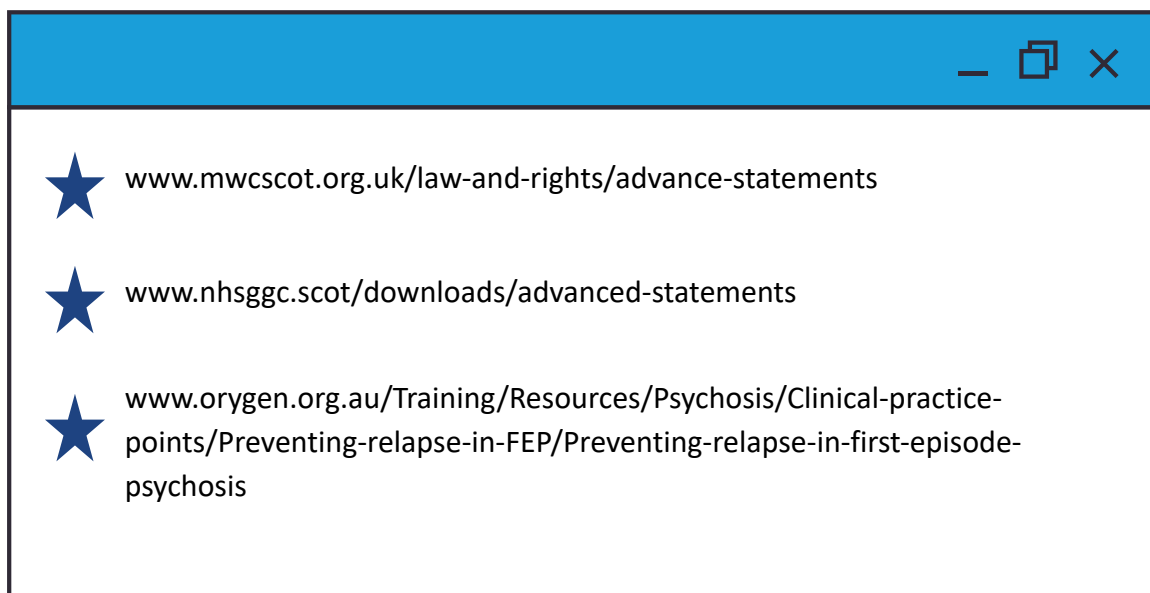
At two years, you will be ready to leave the EIP service.

Checklist

Before leaving EIP checklist	
Has the timeline for discharge been explained to you, along with the relevant milestones?	Yes/No
Have you completed a discharge care plan?	Yes/No
Has your family/carer or any other person you have identified been included in developing your discharge care plan?	Yes/No
Have you completed your advanced statement?	Yes/No
Has your family/carer or any other person you have identified been included in developing your advanced statement?	Yes/No
If you have decided to include your family/carer in discussions around discharge, have they been adequately included and informed?	Yes/No
Has your discharge destination been discussed with you leading up to discharge from the service?	Yes/No
Has it been explained to you how the service you will be discharged to will support your care after EIP?	Yes/No

Useful websites

All information linked to the text highlighted and underlined in blue throughout the Moving On pack are taken from the websites below.



Next steps

Moving on from CONNECT EIP is the next step in your recovery journey and you should be proud of all the work that you have done, and all you have achieved in your time with the service.

This pack is one of two. The next pack will support you after you leave the EIP service, with advice and resources on:

- Moving on from EIP
- Community support
- Online support
- Your rights

