

Early Intervention in Psychosis Phase 3 Final Report

April 2024 – March 2025

Introduction

The Scottish Government commissioned Healthcare Improvement Scotland (HIS) in 2019 to ensure the propagation of best practice for Early Intervention in Psychosis (EIP). 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 experiencing psychosis, their families and carers.

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?

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.

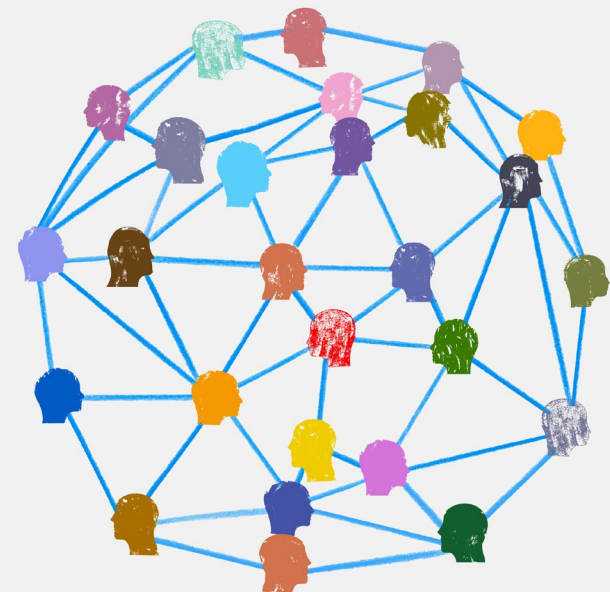
EIP services combine integrated multi-disciplinary teams providing assertive outreach and engagement, developmentally sensitive, youth friendly and recovery focused approaches, intervention for families, support for education and employment, quick access to psychological therapy and psychologically informed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

What learning will you take away from today's event?

"How valuable the services for EIP are. Knowing where to refer such service users to now and what is widely available has increased my understanding regarding how valuable it is for early intervention, and ultimately better outcomes there are for said service users."

National network event participant, November 2024

- 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.
- Rates of uptake of psychological therapy for psychosis in Scotland are around 1%. International figures are 25-30%.
- Only 20% of Scotland has access to Early Intervention in Psychosis.



Programme Phases

Phase 1

[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

[Phase 2 progress report](#)

In Phase 2 of the programme, Scottish Government commissioned HIS to develop models of EIP service delivery suitable for more rural areas with two pathfinder boards, NHS Tayside and NHS Dumfries & Galloway. The HIS team developed measurement and fidelity toolkits, delivered a learning system of events and case studies, worked with NHS Education for Scotland (NES) to develop an EIP training module, and facilitated coaching sessions with quality improvement and service design input.

Phase 3

The HIS team has worked with existing pathfinder boards to support data work, refine discharge pathways, and support development of discharge packs for service users, their family and carers through coaching sessions, service design, and quality improvement support. NHS Ayrshire & Arran has joined as a new pathfinder board and will be developing their own EIP service through testing of the EIP Implementation Guide and HIS support. The team has continued delivering webinars, now as part of the Reform learning system, and launched the Essentials of Early Intervention in Psychosis e-learning training module with NES.

Stakeholder Engagement

The EIP programme was successfully supported by the Lived Experience Reference Group, the Expert Reference Group, and the employment of an Engagement Officer through Change Mental Health.

These groups helped to advise on programme direction, offer wider skills knowledge and experience, and to ensure the voice of lived and living experience was present as well as that of the third sector.

Service user feedback has played a vital role in the local pathfinder site work when looking to refine and improve their services.

The service user journeys have also played a pivotal role in securing EIP as a priority area in the Scottish Government agenda in the Mental Health and Wellbeing Strategy.



This programme has placed lived and living experience at the core of the national programme as well as locally.

This has enabled the services to run as service users, their carers, and families have suggested, meaning the services have maintained almost 100% engagement throughout their 2-year cycle.

What learning will you take away from today's event around mental health reform?

"An understanding of the ongoing research into early intervention and gaining a greater understanding of the gaps that need addressing."

Participant, September 2024

Essentials of Early Intervention in Psychosis and Wider Training

The [Essentials of EIP module](#) was launched in September 2024. Development of the module was led by a commission with ESTEEM NHS Greater Glasgow and Clyde, working in close collaboration with NES. Development was supported through the EIP lived experience reference group, ensuring that the experiences and perspectives of those who have experienced first episode psychosis helped shape the module.

The aim of this standalone module is to enhance and enrich the understanding of first episode psychosis, helping those who work directly with people experiencing first episode psychosis and their families to deliver person-centred, recovery-focused care and support. The module contains information on what psychosis is and how individuals experience it, the rationale for EIP, the ethos and values of EIP, and the key components of multi-disciplinary team (MDT) approaches. It also contains information on destigmatisation, psychoeducation and recovery from psychosis. The module is delivered along with lived experience stories, informational videos and a range of other resources.

Since the module was launched, Essentials of EIP has been completed by 128 people with a further 156 in progress.



Pathfinder teams have continued with staff development and training

In NHS Tayside, the clinical psychologist and three nurses are trained in Behavioural Family Therapy. The occupational therapist and three nurses, all key workers, are trained in psychosocial interventions for psychosis (PSIP).

The majority of staff also have training in motivational interviewing and health behaviour change. The occupational therapist also has training in behavioural activation and the peer worker has been trained as a Wellness Recovery Action Plans (WRAP) facilitator and in peer-to-peer interventions.

EIP Implementation Guide

The implementation guide is one of the programme's primary outputs. It shares the learning gained from the experiences of the two pathfinders' sites in designing and delivering an EIP service, as well as drawing on the guidance and experiences of ESTEEM NHS Greater Glasgow and Clyde, the only other established EIP service in Scotland. The guide was also co-designed with lived experience, drawing on their experiences and that of carers and families. It also shares how the EIP model can be adapted to suit geographic, population and staff capacity needs among existing resources, as well as how to adapt to challenges. The Implementation Guide will be available to support all Boards interested in an EIP service.

The overarching aim of the guide is to provide a supported approach to the development and implementation of EIP services in Scotland.

The Implementation Guide is divided into three sections which aim to support boards through advice and practical learning from the pathfinders as well as tools and resources that target:

- How to develop an EIP service
- How to deliver an EIP service, and
- Discharge planning from EIP services.



The guide does not aim to be a static and unchanging resource, rather the aim is that the guide will adapt and change as more boards throughout Scotland develop and deliver their own EIP service and more learning becomes available.

The guide is currently being tested with an additional pathfinder board, NHS Ayrshire and Arran, who will use the guide, alongside support from the EIP programme at HIS to develop and implement an EIP service in their area. The implementation guide will be evaluated throughout this process, ensuring that it is fit for purpose, can achieve its objectives and offers the right resources and tools to support other NHS boards to development and implement their own service.

Pathfinder Sites Overview

Since April 2024, the programme has continued supporting the development and improvement of EIP services across pathfinder sites NHS Dumfries & Galloway and NHS Tayside. In September 2024, NHS Ayrshire & Arran joined as a pathfinder site and began to build their team and EIP service with the support of the EIP programme and Implementation Guide.



Model: Bespoke

Location: Rural

Caseload: 30 (estimated 45 after 18 months)

Current caseload: 47

Current team:

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

Caseload: 40 (estimated 50 after 18 months)

Current caseload: 30

Current team:

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)



Model: Specialist

Location: Kilmarnock, Ayrshire

Caseload: N/A

Current caseload: N/A

Current team:

Team leader (1.0)

Consultant psychologist (0.6)

Occupational Therapist (0.6)

Key worker (1.0)

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 continue to use a shared care model where patients remain under the care of a psychiatrist within the CMHT and at the same time can utilise 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 the case studies from Phase 2.

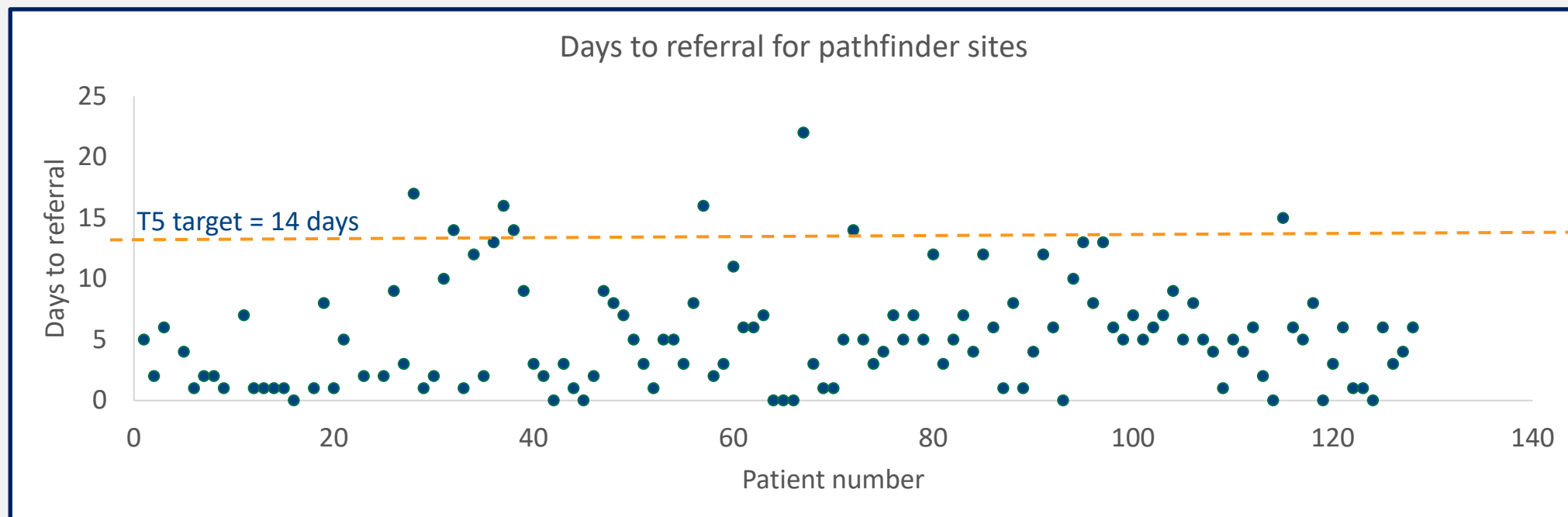
Access data

REFERRAL TO TREATMENT

96%

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) (5/132, 96%). The median referral to treatment time within NHS Tayside is **6 days**, and **2 days** within NHS Dumfries & Galloway.

21% of people within NHS Dumfries & Galloway and NHS Tayside, presenting with FEP **begin treatment on either the same day as referral or one day following referral**. This is due to the assertive outreach employed by the pathfinder boards and the ability of EIP teams to assess people on the ward and whilst on CMHT waiting lists.



Access data

DURATION OF UNTREATED PSYCHOSIS

Both pathfinder sites have continued to evidence reductions in duration of untreated psychosis (DUP).

In the previous end of phase report, EIP pathfinder sites were assessing people with a wide range of DUPs from 0.4 to 350 weeks.

In phase three of the programme:

- NHS Tayside have reduced DUP from an average of 11 days to **2 days**.
- NHS Dumfries and Galloway had a baseline median of 11 days, this increased to 85 days after accepting referral from Child and Adolescent Mental Health Services (CAMHS) and other services. This has now returned to an average of **11 days**.

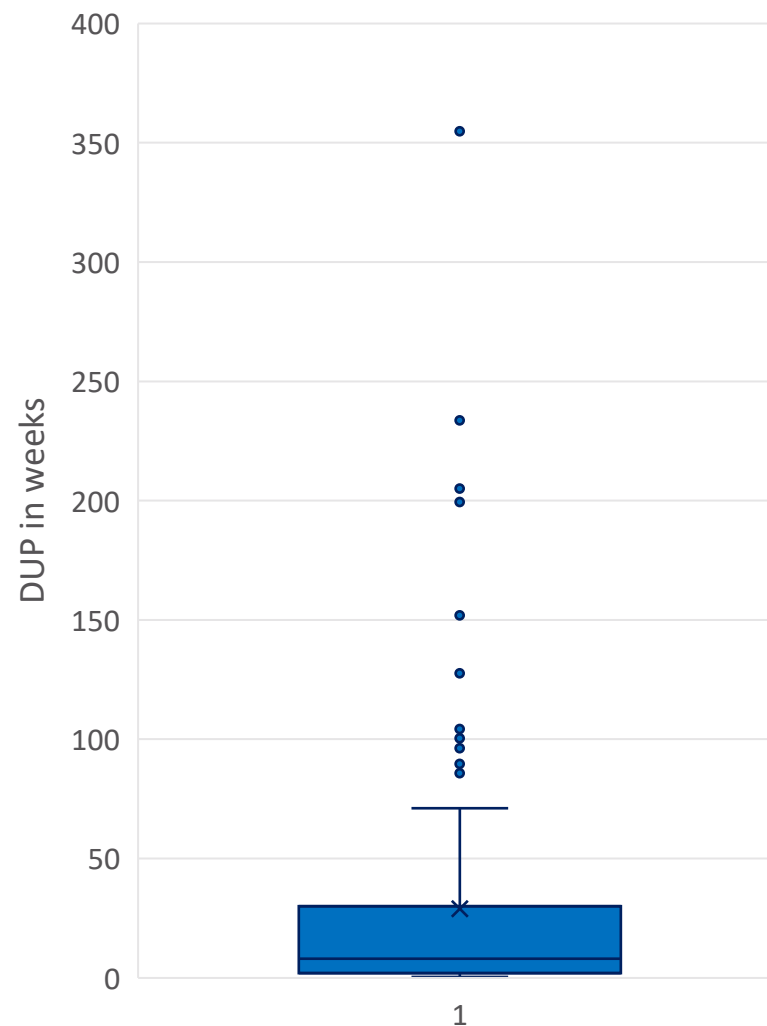
ENGAGEMENT

Both pathfinder sites have continued to evidence high levels of engagement.

Pathfinders are maintaining ongoing contact with **92% to 100%** of their caseload every month.



Pathfinder duration of untreated psychosis (DUP) to November 2024



Outcome data

OUTCOME MEASURES

81 - 89%

of people on EIP caseloads have had their clinical and patient reported outcomes undertaken in a timely manner. November 2024 data for timely completion of brief psychiatric rating scale (BPRS) and EQ5D data for NHS Dumfries & Galloway was 81% (28/34).

For NHS Tayside during the same period, timely completion of BPRS and EQ5D had a median of 89% (21/29) and 84% (20/29), respectively.

These figures represent the growing caseloads within the pathfinder sites.

QUALITY OF LIFE

51%

of people who have been on the EIP caseload within the pathfinders for more than six months are in employment, education or training (66% of the people in NHS Dumfries & Galloway and 40% of people in NHS Tayside).

What difference has the EIP service made for the people who are experiencing FEP and their families in your area?

"They have had the opportunity to access professionals quickly and treatment started quickly."

Pathfinder site response to Phase 3 evaluation survey

READMISSION

The majority of service users across both pathfinders have not had a readmission.

NHS Tayside have 21 service users on their caseload who had a previous admission to an inpatient ward (as of May 2024). Of these 21, four have had readmission following EIP.

NHS Dumfries & Galloway EIP service has a readmission rate of 12.6% compared to the health board's average of 39.3% (5-year average of mental health readmissions).

Only 2.6% of EIP service users have had more than one readmission since referral, compared with the health board's overall psychiatric readmission of 26%.

Learning System

The EIP learning system continued to be an integral part of the programme throughout 2024/25. These sessions enabled the pathfinder sites to reflect on the practicalities of delivering EIP services, alongside the support of experienced colleagues.

The learning system has also provided the pathfinder sites an opportunity to approach any issues experienced in a collaborative and supportive way and provided a forum for knowledge sharing. These sessions also included the input from third sector partner Change Mental Health.

Coaching sessions continued throughout this phase of the programme.

- These are short, informal and unstructured spaces to share and review progress and learning between the national team, clinical leads, and pathfinder sites.
- Sessions were held every six weeks, with five sessions delivered throughout April 2024 to March 2025.

Learning sessions also continued throughout this phase of the programme.

- Both pathfinders attended sessions facilitated by a senior service designer to develop and refine EIP discharge pathways.

Case study

As the pathfinders are in their second year of service, an area of focus has been activities concerned with discharge from EIP.

The EIP team worked closely with NHS Tayside, alongside support from Esteem EIP in Glasgow and Change Mental Health, to develop information packs designed to support for service users and their families through the process of discharge.

“The support and expertise of the HIS team has felt vital in service set up and how we have moved forward.”

Pathfinder site response to Phase 3 evaluation survey

Sharing Learning: National Network Events

National network events are a series of virtual webinars and workshops held regularly. We have had attendance from most Scottish territorial health boards 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.

Three national network events were organised from September 2024 to March 2025 as part of the Transformational Change in Mental Health Reform learning system for complex mental health. Two of the events highlighted critical EIP research and work being delivered across Scotland in September and November 2024.

At our most recent event, **75% of attendees strongly agreed they would recommend these events to colleagues and peers.**

September 2024

“Mental Health Reform: Launch Webinar”

Diana Hekerem (HIS)
Rachel King (HIS)
Professor Ian Kelleher
Dr Ruchika Gajwani

November 2024

“What we need to know about looking after people with psychosis”

Dr Catherine Parkes

Event Engagement

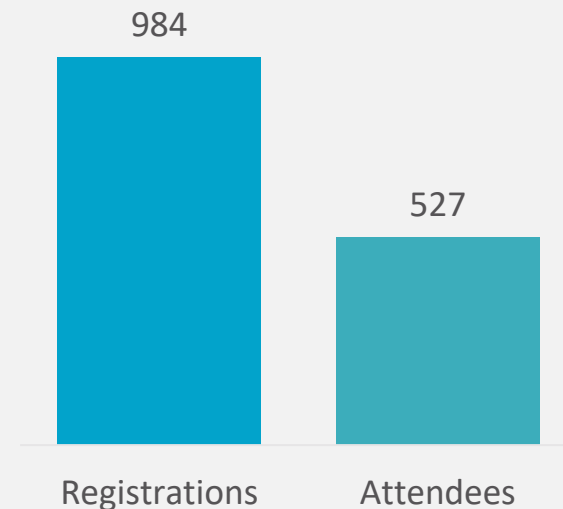


Chart showing statistics from events derived from the EIP programme's own data.

“Lots to consider and take away, plan to speak to colleague in CAMHS and look at how our two services work together to improve outcomes.”

Participant, September 2024

“Firstly, expanding on the content within the Turas learning module has been fantastic to consolidate my learning. Secondly, hearing the experience of Isla as someone who has experienced a first episode of psychosis and Eilidh as a carer has been incredibly informative and moving.”

Participant, November 2024

Conclusion

Following on from the testing stage, HIS will continue to support boards designing EIP services through use of the Implementation Guide and resources, including a data tool and how to involve lived experience.

If you wish to hear more about it or require support for EIP in your area, please get in touch.

Keep in touch



Website: <https://ihub.archive.nhsscotland.net/improvement-programmes/mental-health-portfolio/early-intervention-in-psychosis/>



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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, NHS Dumfries & Galloway, and NHS Ayrshire & Arran
- National Lived Experience Reference Group
- National Expert Reference Group
- Change Mental Health (Hamish Kidd)
- ESTEEM clinical lead (Dr Suzy Clark)

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.

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