Healthcare Improvement Scotland

Mental Health Renewal Programme: Early Intervention in Psychosis (EIP) Community of Practice

Workshop 1

Leading quality health and care for Scotland

NHS SCOTLAND

Agenda

Time	Topic	Lead
10.30am	Welcome	Benjamin McElwee, Senior Improvement Advisor, Healthcare Improvement Scotland
10.35am	Early Intervention in Psychosis – service identity, model, culture and progress	Suzy Clark, Professional Lead for Specialist Mental Health Services, Glasgow City HSCP
10.50am	Getting to know each other	
11.10am	Lived experience perspectives using Advance Statements	Gordon McInnes, Engagement Worker, Glasgow Mental Health Network
11.30am	Break	
11.40pm	*Discussion*: Workforce planning, development, and training needs *(this section will include a short comfort break)* - with input from ->	Anne Joice, Director of Psychological Therapies, Public Services Delivery Scotland
12.25pm	*Discussion*: Service delivery - with inputs from ->	Margaret Dool, Certified Disability Management Professional, Employability, NHS Greater Glasgow and Clyde David Ruddick, Mental Health Unscheduled Care Service Manager, NHS Dumfries & Galloway Laura Graham, Clinical Pharmacist, NHS Dumfries & Galloway
1.10pm	History of Healthcare Improvement Scotland's Early Intervention in Psychosis work and future support	Rachel King, Unit Head, Transformational Change Mental Health
1.25pm	Closing remarks	Benjamin McElwee

Healthcare Improvement Scotland

Early Intervention in Psychosis: Service identity, model, culture and progress

Suzy Clark – Professional Lead for Specialist Mental Health Services, Glasgow City HSCP, Former Clinical Lead for Healthcare Improvement Scotland

NHS SCOTLAND

EIP Community of Practice Inaugural meeting

Goals:

- To form a sustainable network of professionals working in EIP that enables collaboration, learning, sharing of knowledge and improvement to enable effective delivery of EIP.

Why?

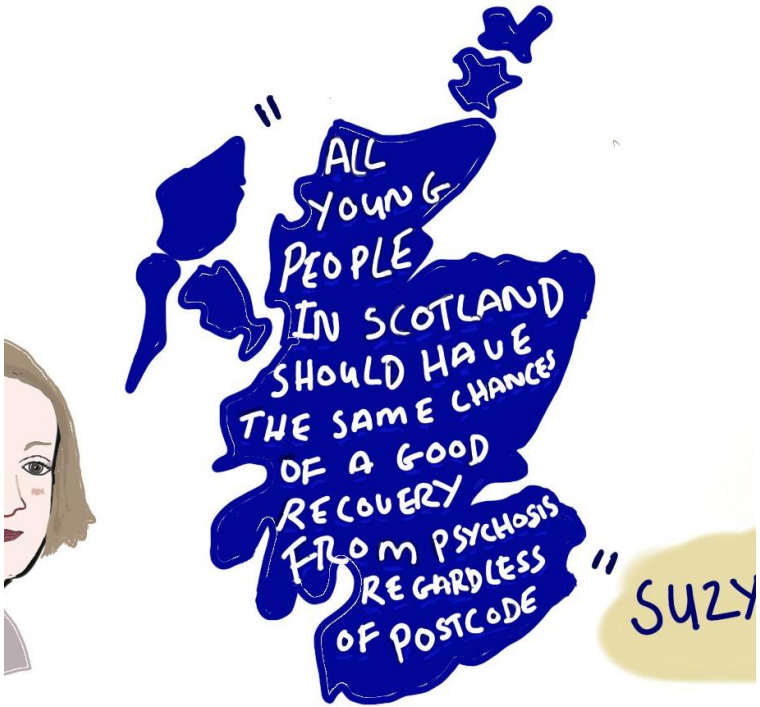
- Long overdue
- Having a robust service model with evidence that is patient centred is crucial in current climate
- Anyone who has worked in this area, or experienced treatment knows the value of it

But

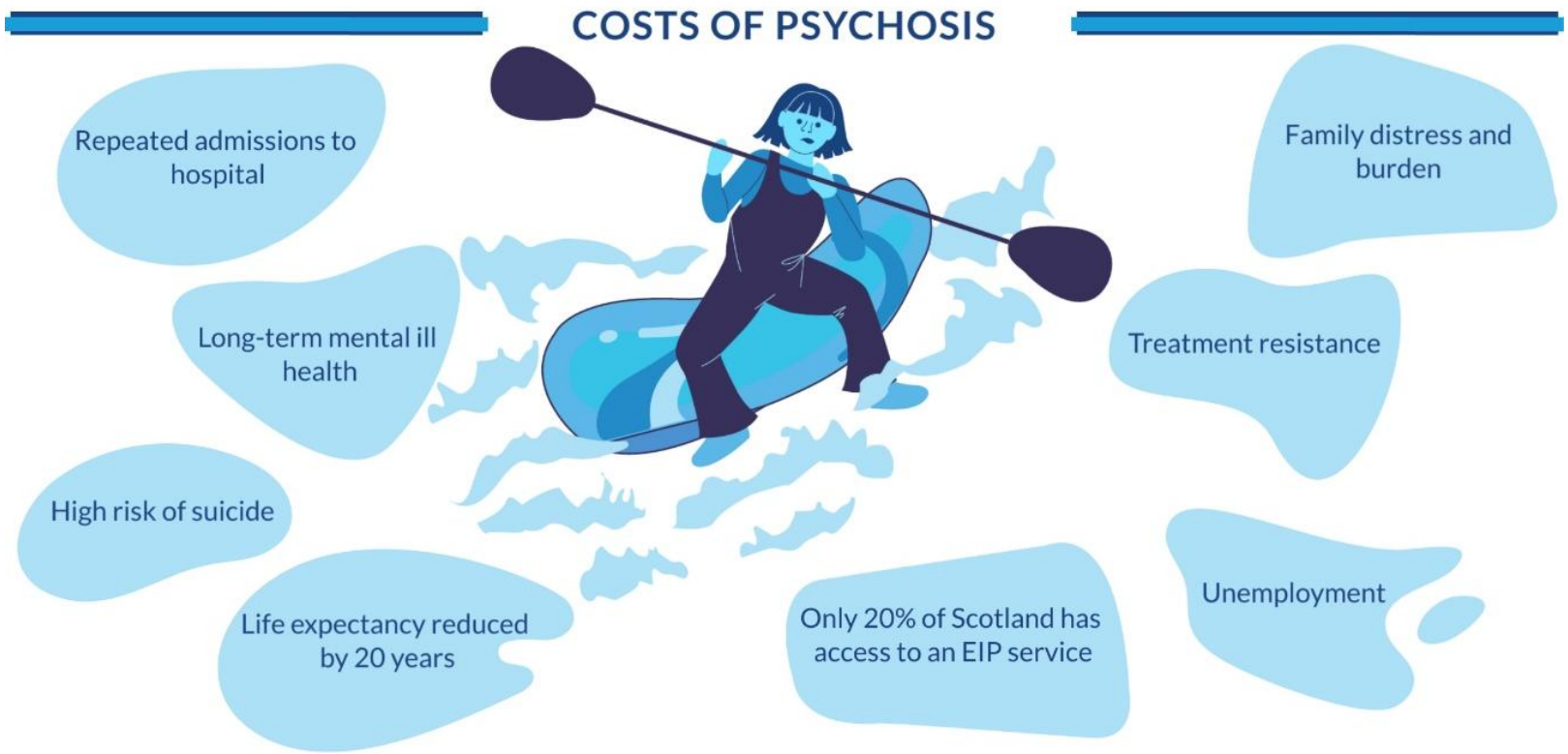
- Swimming against the tide: service retraction across the board

My contribution today

- Service context
- Service identity
- Model
- Culture
- Progress



What is EIP?


COSTS OF PSYCHOSIS
Repeated admissions to hospital
Family distress and burden
Long-term mental ill health
Treatment resistance
High risk of suicide
Unemployment
Life expectancy reduced by 20 years
Only 20% of Scotland has access to an EIP service

International Early Psychosis Assoc - EIP services

Early Intervention in Psychosis guidelines vary:

Quality of guidelines vary:

- SIGN scores highly - the views and preferences of the target population have been sought. (Ferrari et al 2023)
- 13 years old and still relevant
- **BUT they are not adhered to/have little traction in NHS Scotland**

Scottish Context

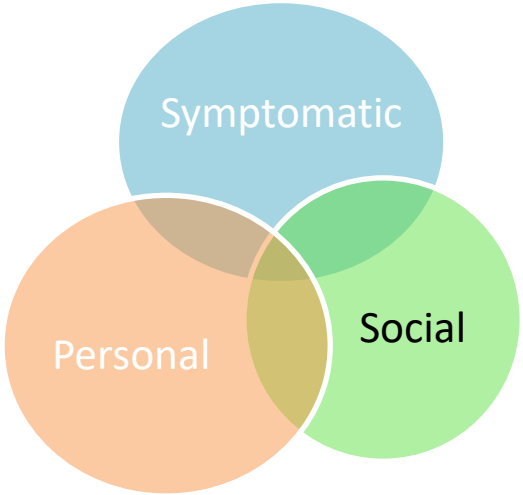
- Increased demand across mental health services
- Increased complexity in the system
- A move away from specialist services
- Dissatisfactions with services generally
- Lack of business intelligence and feedback loops
- Problems with throughput in community mental health teams
- Significant financial pressures
- Service retraction
- Regional models

But need for:

- Equitable provision across
- Balancing operational pressures with high quality prevention work
- Need for clear demonstration of quality and value

Investing in EIP is about levelling up

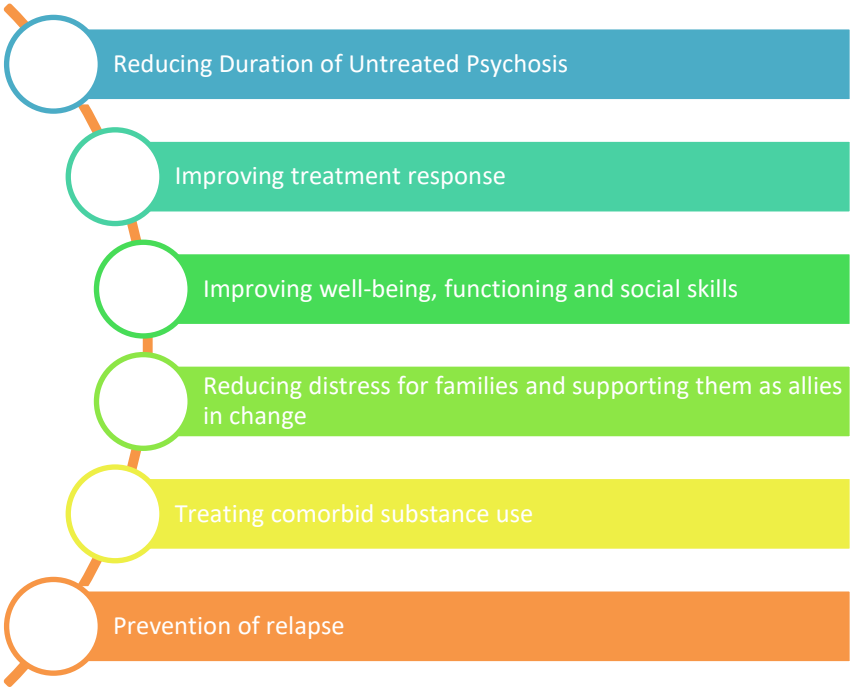
- 5 ACE's = 193 x more likely to develop psychosis.
- Esteem - 28 % caseload BME, 50% caseload from most deprived area.
- Investing in EIP is about 'levelling up' disadvantage.



RECOVERY from Psychosis

Model

- Early interventions and secondary preventive interventions are theorised to improve the outcomes of first-episode psychosis through these mechanisms

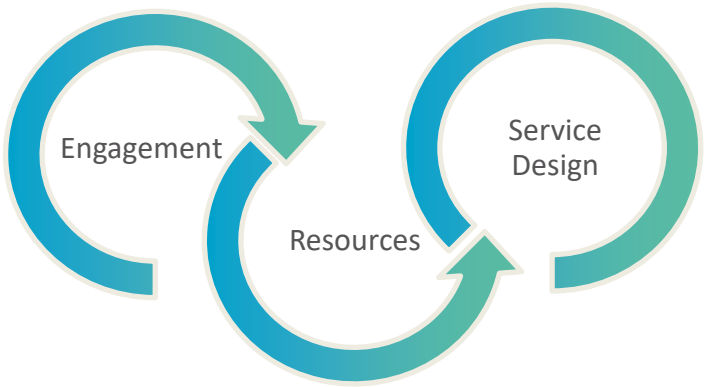


Core Components of EIP

Engagement
- Recovery focus
- Person-centred
- Developmentally and culturally sensitive
- Synergistic and collaborative
- Hopeful
- Empowering
- Human rights-based approach
- Trauma informed
- Family engagement

Resources
- Biopsychosocial interventions
- CBTp and other psychological interventions
- Family interventions
- Low dose antipsychotic medication
- Regular medication review
- Annual physical health reviews
- Support for carers
- Treatment of co-morbidities
- Vocational support
- Housing support

Service Design
- Quick access to early treatment
- Measurement of duration of untreated psychosis
- Low caseloads
- Embracing diagnostic uncertainty
- Integrated multidisciplinary working
- Staff with ring-fenced time
- Three-year duration
- Assertive outreach
- Peer support



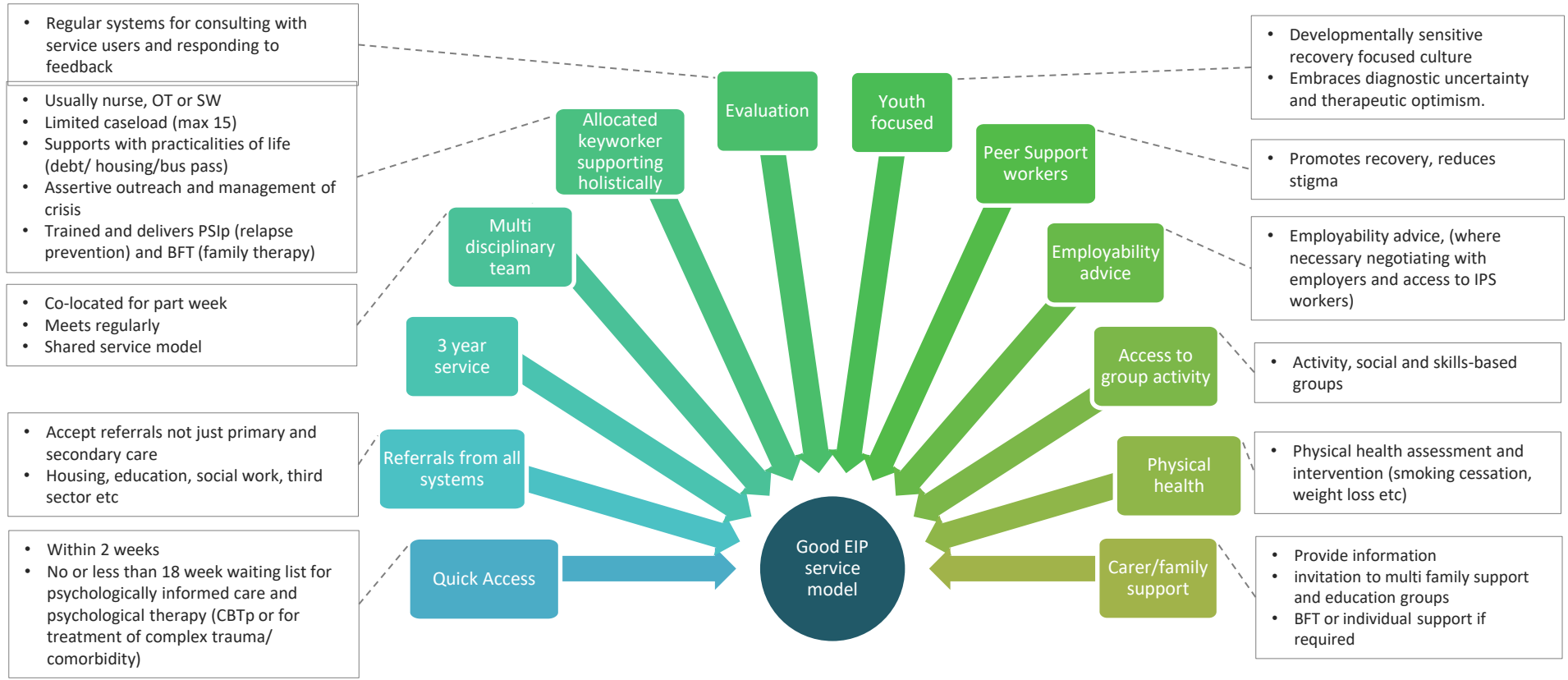
Service Model Options

Specialist Standalone

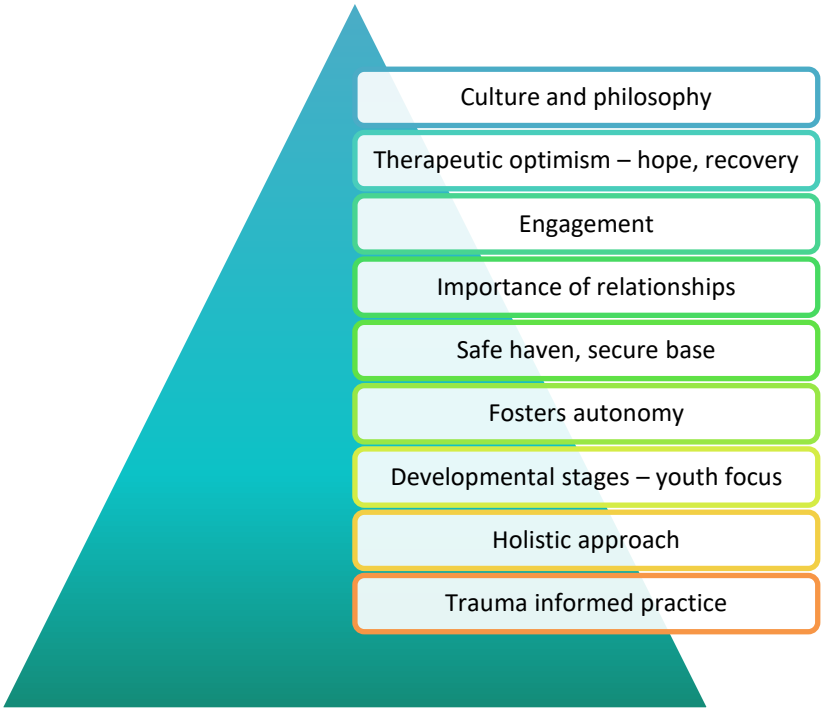
Hub and Spoke

Bespoke*

What does “Good” look like?



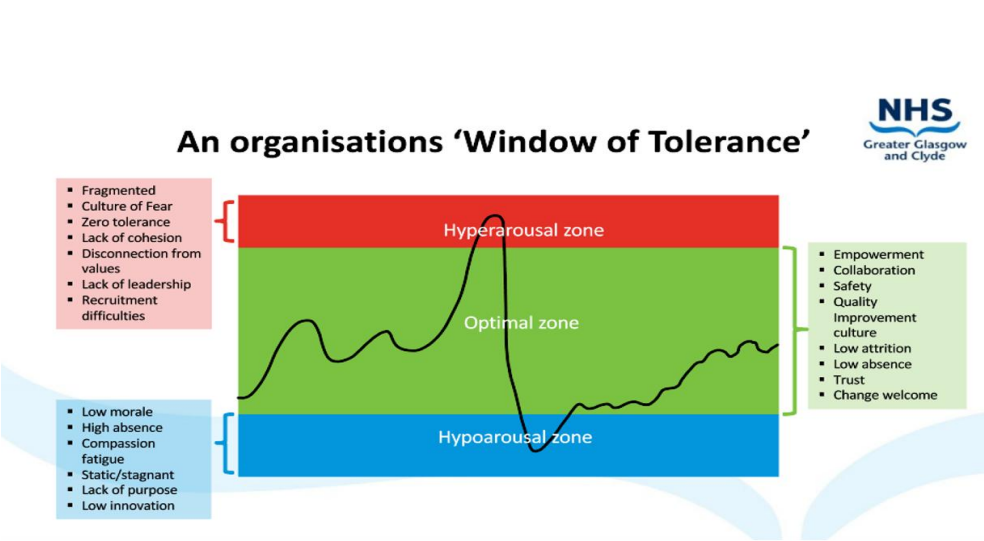
Culture



- Recovery is a dynamic process involving a sequence of responses.
- Understanding sources and forms of threat experienced by the person
- Understanding person's coping or recovery style as a response to key threats.
- Understanding problems as unintended consequences of person's best efforts to cope
- Gives team a language to work with people in their best efforts to cope and helps staff be compassionate about interactions that can otherwise feel frustrating

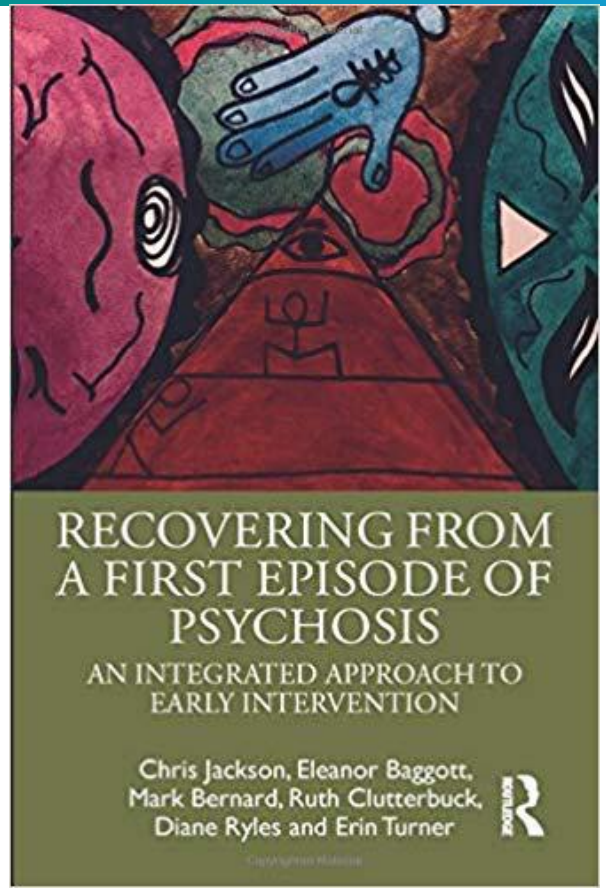
But

- Very difficult to deliver all EIP without additional resource, so focus on a couple of key improvements & measure improvements
- Scale of change agenda is huge, think about what needs done locally, regionally and nationally
- Clinicians who think about service user have never been more important



So:

- A learning health system or learning network is critical for Early Intervention in Psychosis
- Opportunities for shared learning help staff feel valued
- **Improving psychosis outcomes and services may require context-sensitive but high-quality application of core principles**
- Simple technologies may be powerful – family involvement
- Helps boards deliver on p/t spec and MH standards
- This work will inform Scottish Government mental health outcome data reporting requirements



Getting to know each other

Healthcare Improvement Scotland

Lived experience perspective using advanced statements

Gordon McInnes, Engagement Worker, Glasgow Mental Health Network

NHS SCOTLAND

Our work on Advance Statements

For those unfamiliar with the topic:

- An Advance Statement is a statement you make in relation to your mental health care and treatment that formally comes into effect should a person come under the Mental Health (Care & Treatment) (Scotland) Act 2003.

- It is a safeguard, intended to help a person plan preventatively, protect their rights and to help make care more informed and person-centred.

- There is a low take-up of these, a lot of misinformation and generally people are aware of the negatives (they can be over-ruled) but not the opportunities they afford (much greater personalisation of care).

- We have found the best way to promote advance statements is to use peers to d advance statements.

MENTAL HEALTH NETWORK

Our work on Advance Statements

Today we will discuss the contents of two advance statements and give some insight into how we promote them. This is intended to illustrate how greater engagement in care can improve treatment.

Some assumptions:

1. People have strong opinions about their psychiatric care.

2. There are exceptions but Mental Health Services do not generally record these views.

3. The staff that work with people when they are most unwell, either do not know that person, or do not know them as a well person.

4. Therefore the key question we ask is this:

‘What do people need to know to work with you when you are most unwell?’

MENTAL HEALTH NETWORK

Our work on Advance Statements

Finally, we divide an Advance Statement into four sections:

1. Medication – what works, what doesn't, any caveats.
2. Electro-convulsive Therapy – where appropriate.
3. Psychological Therapies & managing behaviour when unwell.
4. Involvement of carers & others.

MENTAL HEALTH NETWORK

Our work on Advance Statements

A.S.1 – Person with Bipolar Diagnosis.

“When unwell I will be extremely anxious. I will withdraw from people and attempt to isolate myself. I will listen to music to self-soothe. I welcome the opportunity to talk about my issues however and find one-to-one talking therapies beneficial.

I would rather not access group activities/therapies until I feel comfortable with my surroundings but I do enjoy these once I have gotten to know people.”

“When unwell I would prefer to receive medication orally. Injections bring up traumatic memories of past experiences.

When unwell I am unlikely to be treatment compliant and so please give me oral medication but observe me taking this.

When I am manic I feel alive as opposed to being depressed all the time.

When psychotic – this is when I accept that I need to take medication. Risperidone has proven effective in the past and I would open to commencing treatment with this.

If as a last resort I consistently refuse oral medication then I accept that there will be a need to inject me.”

Our work on Advance Statements

AS 2 – Person with a Schizophrenia Diagnosis.

“I hear voices and can become extremely paranoid of others. The voices are of people I know both in my life currently, and those who have deceased. The voices are mainly negative towards me, particularity regarding my appearance, which effects my confidence. I feel that I am being stalked, persecuted and at times being assaulted. This can become extremely frightening and I may react aggressively towards myself or other in response.

I have found that Clozapine relaxes my mind and quietens the voices to a manageable level. I feel that this has been the best drug for me with regard to my mental wellbeing and would prefer to stay on this drug if I remain physically well.”

“I have had involvement from Psychology on a previous admission in hospital which made a major difference in my understanding of my mental illness. I feel that this would be beneficial in my goal of recovery.”

Our work on Advance Statements

AS 2 Contd.

“Due to the nature of my illness I feel that where possible I would be more comfortable with mainly female nursing staff, in particular when involved in any assessments or therapy until I am capable of stating otherwise.

I would appreciate nursing staff to discuss my care with me regularly and when possible be involved in my care planning.”

“I do not work well within a group setting and much prefer 1-2-1 working therefore when possible this be the available option.”

MENTAL HEALTH NETWORK

Our work on Advance Statements

In summary, the benefits of a well-written Advance Statement are:

- Provides clear evidence of patient preferences and opinions regarding treatments they have received.
- Provide a framework for discussing experiences of treatment in a constructive manner.
- Provide additional context and clarity around decision making.
- Is a partnership document built around the personalisation of care.
- Can explore and clarify disagreements or sensitive issues within care.
- Reflects the learning from mental health crises and subsequent treatment.

MENTAL HEALTH NETWORK

Our work on Advance Statements

Some Links:

Mental Welfare Commission – https://www.mwcscot.org.uk/law-and-rights/advance-statements

Statistics - https://www.mwcscot.org.uk/sites/default/files/2021-07/T3-AdvanceStatements_2021.pdf

Scottish Government - https://www.gov.scot/publications/new-mental-health-act-guide-advance-statements/

VoX Scotland - https://voxscotland.org.uk/advance-statements/

Advocard/CAPS Advocacy - https://www.advocard.org.uk/pdfs/advance-statements-guide-july-2012.pdf

Angus HSCP - https://angushscp.scot/wp-content/uploads/2021/07/Advance-Statements-Pack-3.pdf

NRC-PAD - https://nrc-pad.org/

Our work on Advance Statements

ANY QUESTIONS?

Gordon McInnes
gordon@mhngg.org.uk
0141 550 8417

MENTAL HEALTH NETWORK

Comfort break

Healthcare Improvement Scotland

Workforce planning, development, and training needs

Leading quality health and care for Scotland

NHS SCOTLAND

Public Services Delivery
Scotland

Psychological Therapies & Interventions for Psychosis

Anne Joice, Head of Programme

Catriona Kent, Principal Educator

PSD Scotland Psychology Directorate

1

Applied psychology professional programmes

Provide funding in partnership with Health Boards for a variety of training programmes across Scotland including Clinical Psychology, Health Psychology, Clinical Associates in Applied Psychology and Psychological Intervention Assistants.

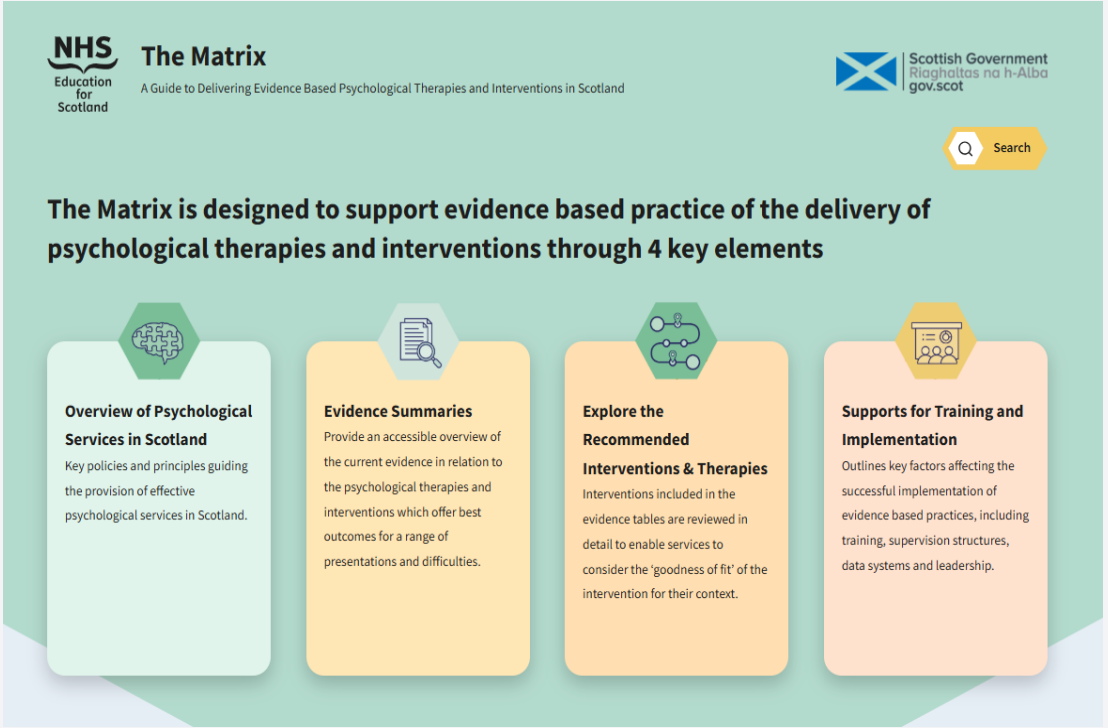
2

Psychological skills for the multidisciplinary workforce

Supporting NHS Boards to improve the psychological care they offer to the Scottish population through the commissioning and delivery of training on specific Psychological Therapies and Interventions as recommended by the Matrix.

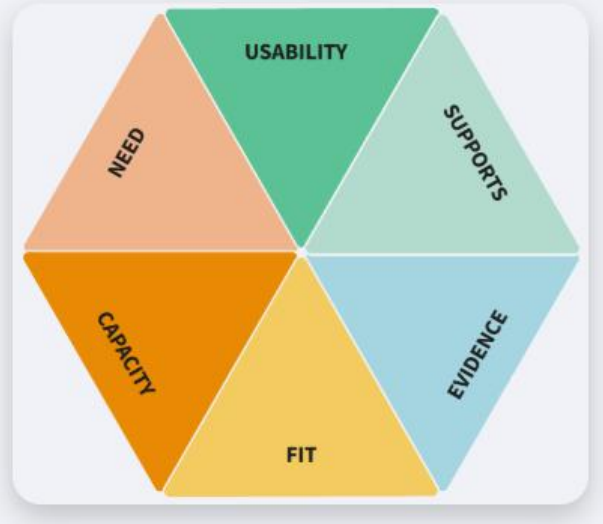
- **PSD Scotland** publishes and maintains the **Matrix: Guide to Delivering Evidence-based Psychological Therapies in Scotland**

- Currently, advisory & technical groups are revising the evidence tables for **‘psychosis’.**



The Matrix: Guide to Delivering Evidence-based Psychological Therapies in Scotland

- Aim is to make **Intervention Summaries** available for all evidence based Psychological Therapies included in the Matrix
- Interventions are scored by the Technical Group on their **evidence**, **usability**, **supports**
- Guidance is provided for local boards to assess their own **need**, **capacity** and **fit**



Psychological Therapies & Interventions: Psychosis

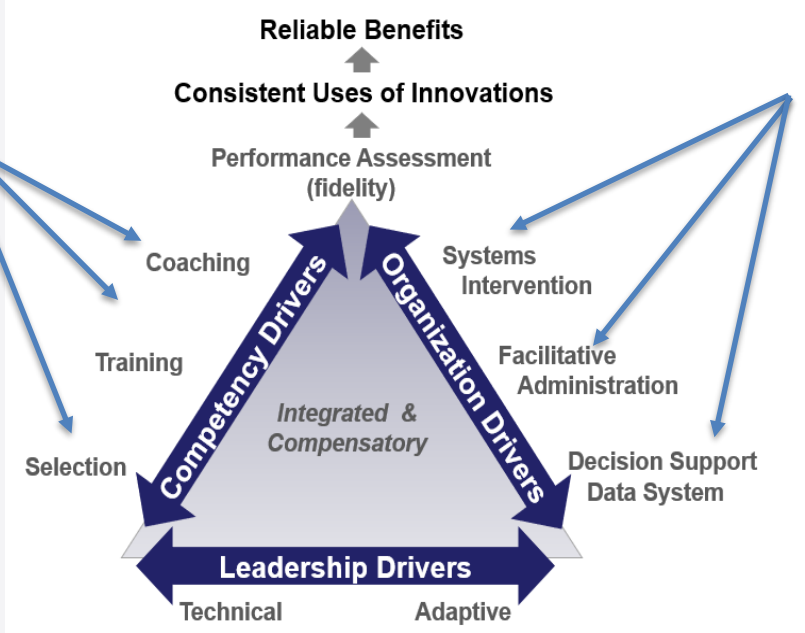
Heading

- We aim to commission, design and deliver education in Psychological Therapies and Interventions for multidisciplinary staff working with adult mental health in line with the recommendations in the Matrix across **specialist**, **enhanced**, **skilled**, and **informed** practice levels
- We are committed to providing high quality education and training, based on implementation science, through work-based learning programmes that incorporate **e-learning**, **interactive skills workshops, coaching** and **assessment of competence**.
- We provide education and training for staff working with **anxiety** and **depression**, **psychosis**, **eating disorders**, and **personality disorder** within adult, older adult and forensic mental health settings.

Designing education and training

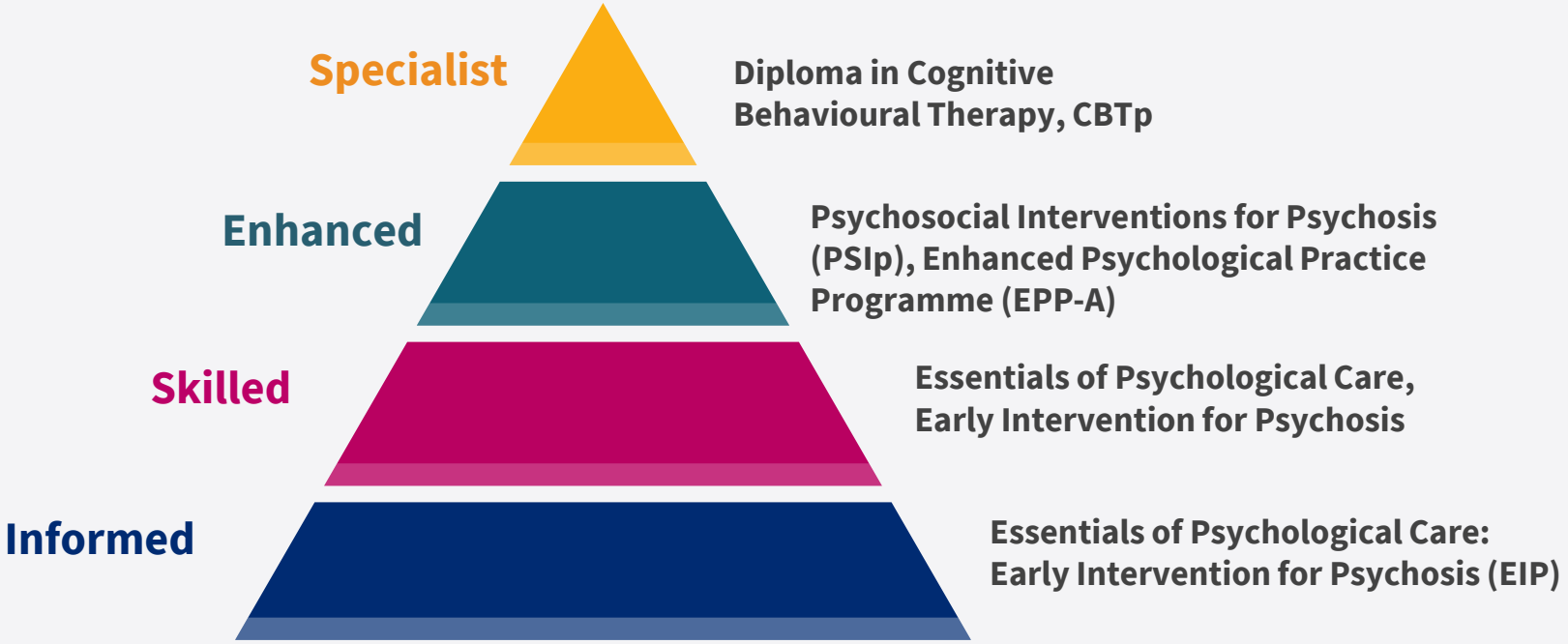
All **PSD Scotland** education and training in psychological therapies and training is designed around competency drivers:

- Selection of staff with pre-requisite knowledge
- Interactive skills training
- Coaching and supervision to support putting into practice



PSD Scotland works closely with local boards to ensure education and training is supported with strong organisational drivers

Psychological therapies and interventions for psychosis



Specialist: Cognitive Behavioural Therapy for Psychosis

PSD Scotland provides 45 CBT education places each year

- Since 2019, local boards have nominated staff to undertake
    - 180 PG Certificate
    - 106 PG Diploma
- 91 staff have competed the PG Certificate, 57 completed the Diploma

Specialist: Cognitive Behavioural Therapy for Psychosis

PSD Scotland Cognitive Therapy for Psychosis programme

- Launched in April 2026
- E-learning module: Key principles of engagement in CBTp, goal setting and treatment targeting, key mechanisms and processes, formulation in CBTp, reducing voice-related distress and impairment, treating delusions, treating negative symptoms, practicing effectively, ethically and safely.
- Interactive workshops (2 days)
- Coaching sessions – 8 x 1 ½ hour sessions

Enhanced: Enhanced Psychological Interventions for Psychosis

Enhanced Psychological Practice programme

PSD Scotland has supported **145 staff** to undertake the Enhanced Psychological Practice Programme.

Placements within the Esteem team in Glasgow

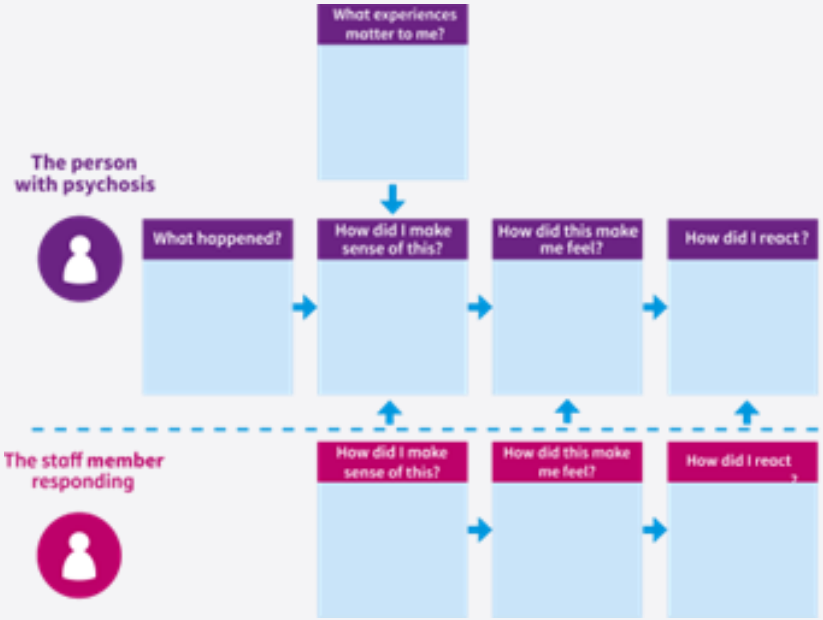
Psychosocial Interventions for Psychosis

A national team of expert trainers provide local training to multidisciplinary staff that encourages staff to engage in collaborative alliances that encapsulate optimism, recovery and hope with people who have experienced psychosis

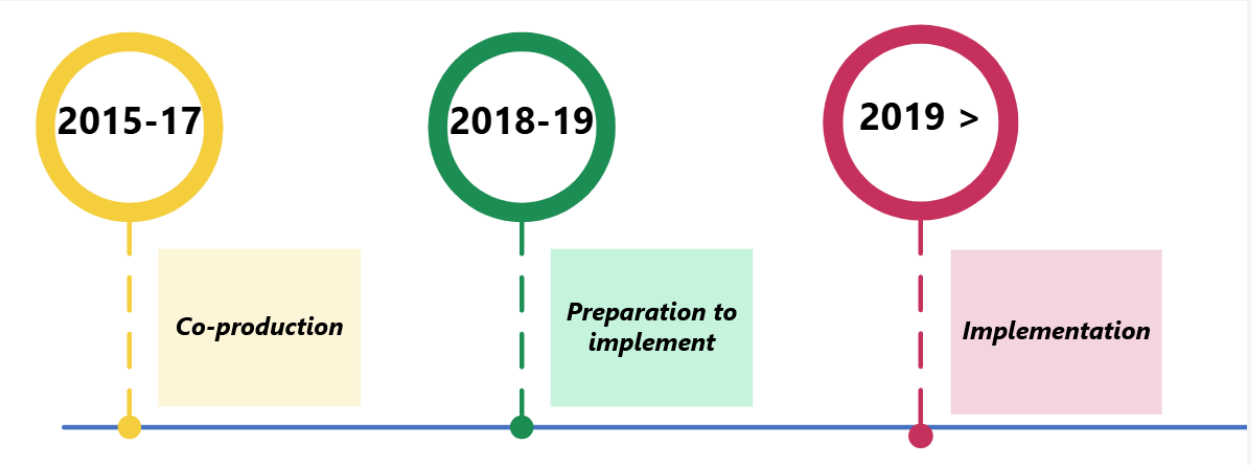
Enhanced: Enhanced Psychological Interventions for Psychosis

By the end of the learning programme, you will be able to:

- Critically reflect on the psychosocial approach to psychosis especially in relation to current mental health services
- Apply the essential factors in **developing and maintaining collaborative alliances** with people who experience psychosis.
- Develop **psychosocial formulations** that enhance a shared understanding of the experience of psychosis, particularly in developing goals, blocks to goals and activities of recovery.
- Apply a normalising approach to de-stigmatise psychotic experiences, enhance engagement and **address threats to collaboration that arise from the risk of relapse**



Enhanced: Enhanced Psychological Interventions for Psychosis



Digital learning programme

- e-learning module
- Workshops
- Clinical materials
- Coaching materials
- Trainer's handbook

Pilot training
Train trainers (experts by experience, in psychological therapy & in target audience

Local delivery of training in 10 Health Boards
Turas Learning programme
Trainers network

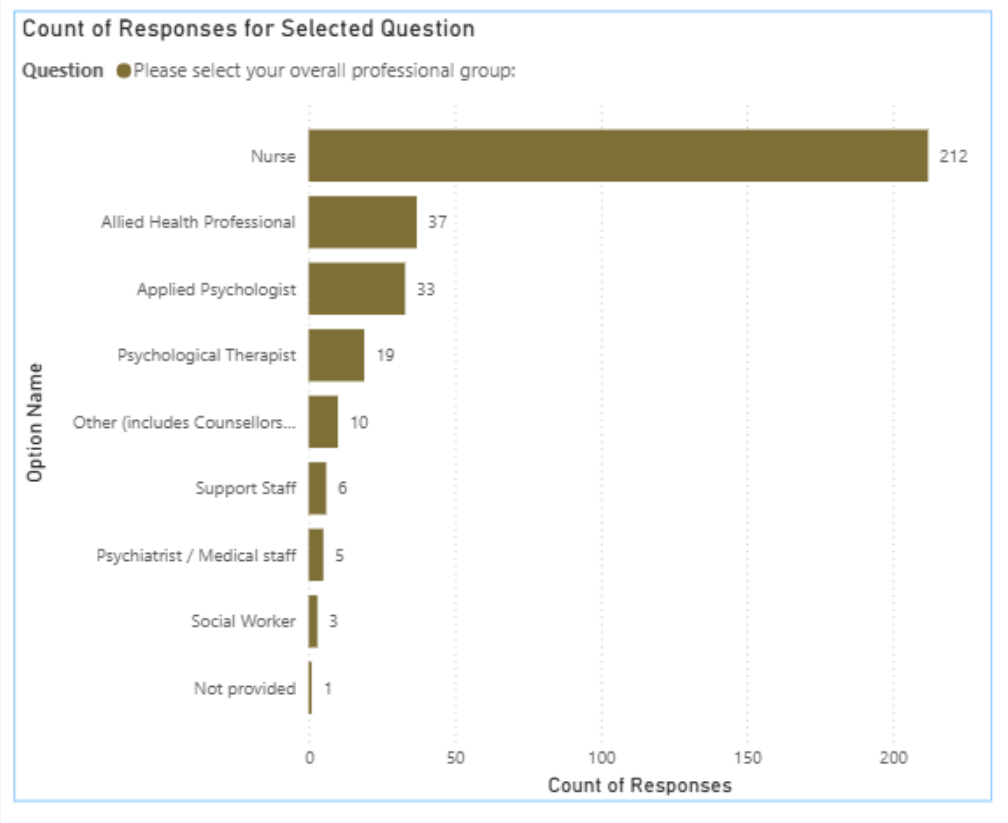
Enhanced: Enhanced Psychological Interventions for Psychosis

Since 2019

- **582** learners are undertaking the learning programme
- **472** learners accessed e-learning, 339 complete (72%)
- **346** offered places at an interactive workshop, 257 attended (74%)
- **96** staff have written reflective reports after their coaching sessions, 68 are ‘super users’
- **14** have completed the performance assessment; submitted a case study to their supervisor (3%)

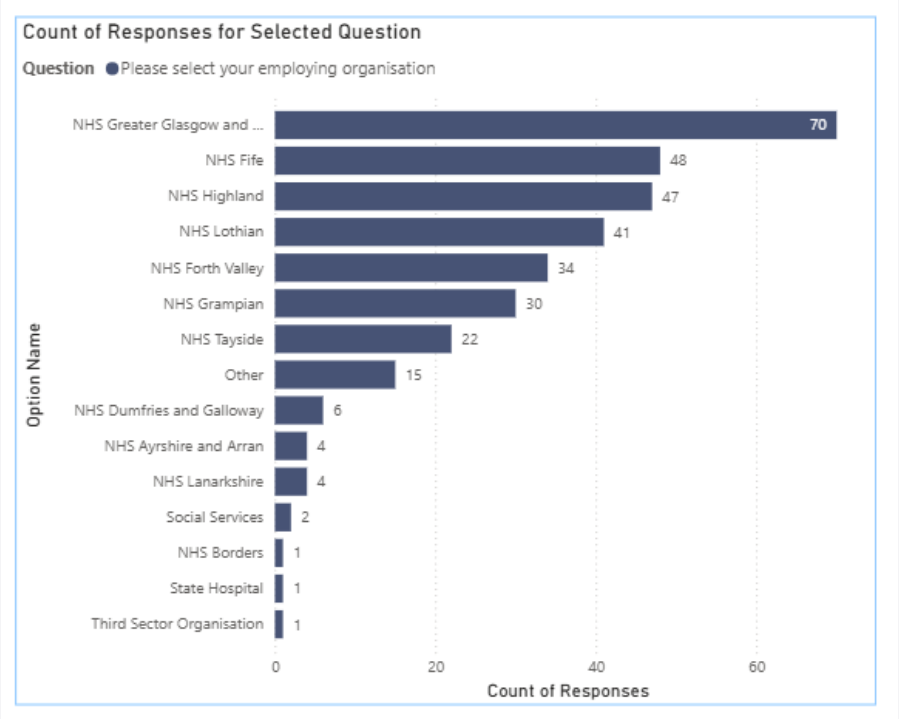
Professional groups

- **Nurses** are the predominant professional group to receive training



Scottish Health boards

- **6 health boards** actively deliver training to multidisciplinary staff



“We were able to feel that we were being treated as equal. Very much in that situation. So, we weren't sort of shot down, nor did we feel that we were incriminating ourselves by sharing information which, in a sort of therapist situation, we'd probably hold back on”.

Trainer with lived experience

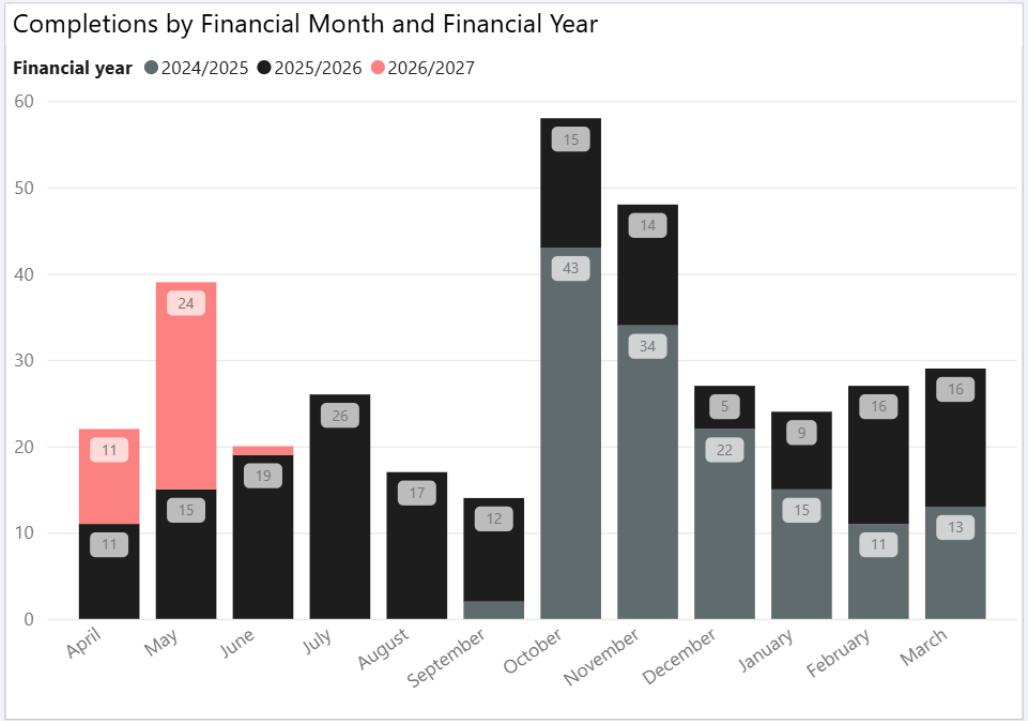
It has given me the confidence to discuss psychosis and an appropriate EBP intervention. It has been great to structure sessions and to have something physical and so structured to guide sessions.'

Mental health nurse

Informed - Essentials of Psychological Care

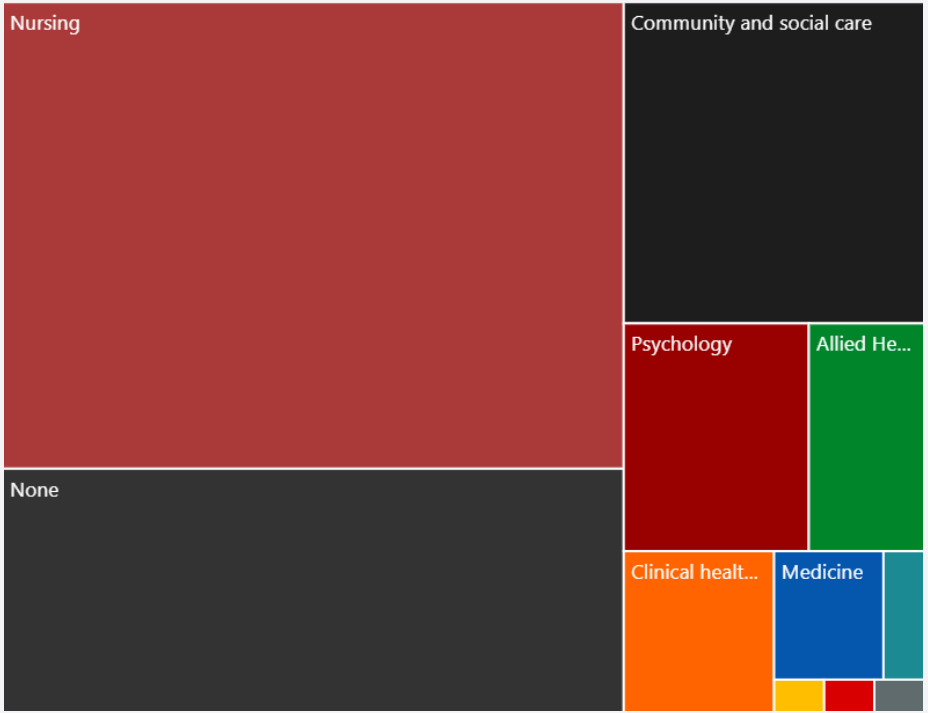
Early Intervention for Psychosis

Since its launch in September 2024, **694 staff** have accessed the e-learning resource on Turas Learn, **374 (54%)** have completed it.



Informed - Essentials of Psychological Care

Nursing is the main group of staff accessing the e-learning module, but it is being accessed by **multidisciplinary groups** of staff.



Informed - Essentials of Psychological Care

Feedback from learners

- *'Absolutely fantastic training - excellent combination of visual, video, text that presents lots of info in super clear way'*
- *'Really easy to read and work through. Excellent resource and information detailing the importance of and best practices of Early interventions in psychosis'*
- *'Great training package that gives a good insight into the impact of first presentation psychosis. Highlighting, the importance of early intervention and the knock-on effect this has for the patient'*
- *Fantastic subject. Quite detailed, perfect for even Paramedics and GP s*
- *'I think there is insufficient focus here on the key components that prevent relapse (i.e., appropriate medication and use of clozapine and keyworker involvement). Also, inclusion of controversial BPS statements about treatment is unnecessary'*

Discussion points

- How have you identified the training needs of yourself or staff, or how do you plan to?
- What would make it easier for you or your staff to access education & training?
- What would make it easier for you or your staff to put education & training into practice?
- What challenges have you or will you have to overcome in relation to your EIP workforce?

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 275 6000** or email **altformats@nhs.scot** to discuss how we can best meet your requirements.

Public Services Delivery Scotland

PSD Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel: 0131 275 6000
www.publicservicesdelivery.scot

Discussion

Healthcare Improvement Scotland

Service delivery

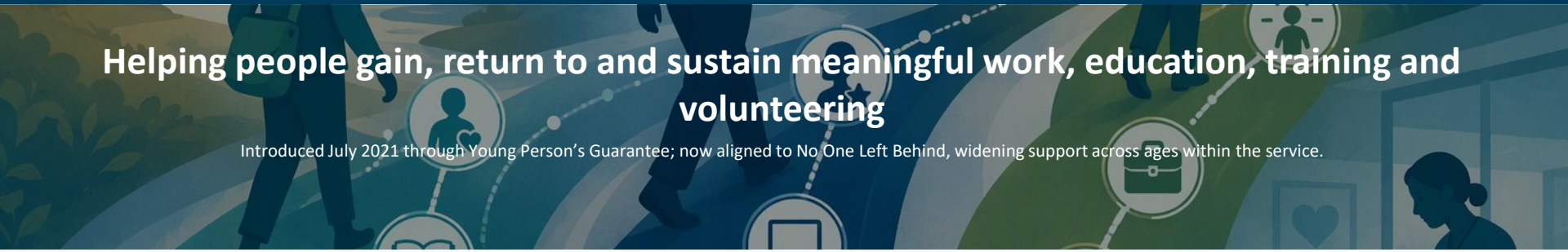
Margaret Dool – Certified Disability Management Professional, Employability, NHS Greater Glasgow and Clyde

NHS SCOTLAND

Employability within Esteem – Mags Dool Youth Employability Coach

Margaret.dool2@nhs.scot

Embedded support for people recovering from first episode psychosis



Helping people gain, return to and sustain meaningful work, education, training and volunteering

Introduced July 2021 through Young Person's Guarantee; now aligned to No One Left Behind, widening support across ages within the service.

1 Assess & plan

Vocational goals, strengths, barriers and realistic next steps

2 Build readiness

Confidence, routines, CVs, applications and interview practice

3 Connect

Employers, colleges, universities, training providers and community partners

4 Sustain

In-work / education support, adjustments, wellbeing and problem-solving

What makes it different

Embedded in a clinical early intervention team
Person-centred and clinically informed
Flexible contact in familiar, accessible settings
Focus on recovery, identity, confidence and long-term sustainment

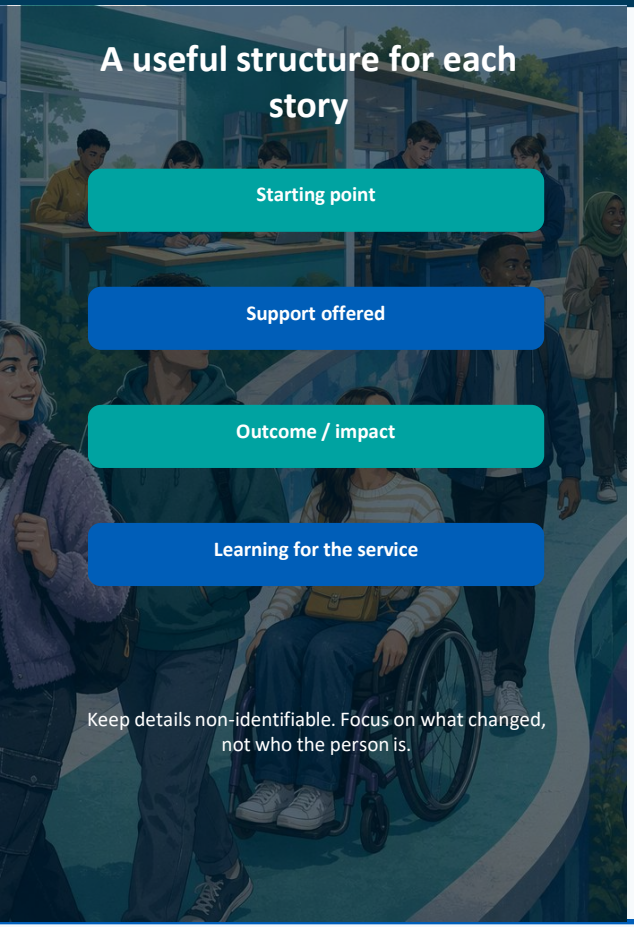
2025/26 CLD snapshot

1 programme | **32 young people** | **22 positive destinations**

Reported for Esteem youth employability, 01/04/2025–31/03/2026.

Case studies: how employability supports recovery

Anonymised examples showing recovery, confidence and sustainable employment



A useful structure for each story

- Starting point
- Support offered
- Outcome / impact
- Learning for the service

Keep details non-identifiable. Focus on what changed, not who the person is.

Case study 1

Sustaining work after hospital admission

Starting point

A person in full-time third sector employment was admitted to hospital following first episode psychosis and was at risk of falling out of work because sickness paperwork and employer contact were difficult to manage.

My input

YEC became involved while the person was still in hospital: ensuring sick lines were submitted, keeping employer contact appropriate until the person could decide what to disclose, creating a healthy working plan, tailored return-to-work plan and phased return plan, and supporting Occupational Health involvement as an advocate.

Impact

The person returned to work successfully. The employer was supported to understand the situation and remains helpful. Monthly in-work support meetings continue to help sustain employment.

Sustainment happens before, during and after return to work

Case study 2

From symptoms to sports coaching

Starting point

A young person experiencing ongoing voice-hearing after first episode psychosis believed work was no longer possible. A clinical team referral opened a conversation about interests, strengths and goals.

My input

YEC completed a vocational assessment and identified sport as a motivating environment where the person felt more at ease. Support included access to a sports and employability programme, then applications for a sports coaching apprenticeship with an SVQ outcome, plus funding support for driving lessons.

Impact

Confidence grew significantly. The person completed the apprenticeship, moved into work, gained driving skills and was discharged while living a more independent and fulfilled life alongside ongoing symptoms.

Strengths and interests can be a route back to confidence

Case study 3

Finding confidence through floristry

Starting point

A young person with no school qualifications was referred following first episode psychosis. They were unsure about future options and felt they had no clear interests.

My input

YEC used community-based assessment through informal outings to local cafes, parks and libraries. Through this, an interest in nature and flowers was identified. Floristry courses were explored and funding was secured through the ILF Transition Fund to cover course costs and supplies.

Impact

The person started the course, reported increased confidence, became more socially connected and developed meaningful relationships through flower arranging. They progressed to the next level and were discharged as ongoing support was no longer needed.

Community-based assessment can uncover meaningful goals

Healthcare Improvement Scotland

Service delivery

David Ruddick – Mental Health Unscheduled Care Service Manager, NHS Dumfries & Galloway

Laura Graham – Clinical Pharmacist, NHS Dumfries & Galloway

Service Delivery Adaptations: D&G

- Sessional psychiatrist input replaced with 4 hours per week of band 7 clinical pharmacist (prescribing qualification is essential)
  - -no set clinic, available for ad hoc queries/prescriptions/telephone reviews
  - -patient focused clinical letters to promote ownership of their health
  - -patient led discussions about treatment choices
  - -proactive discussions about depot preparations
  - -focus on physical health monitoring and deprescribing trials
  - -office co-located with psychiatrists which facilitates informal discussions
- Use of CMHT psychiatry input instead via joint clinic reviews

Patient Journeys: D&G

- K, Female, 22 years old
- May 2024 Inpatient admission, first episode psychosis & daily suicide attempts, lives with parents. Started Olanzapine and discharged on 7.5mg ON
- Nov 2024 Titrated gradually to 15mg ON but reported little response so patient opted to switch to Aripiprazole and was titrated to 15mg OM by November.
- Dec 2024 Concurrent GAD so commenced Sertraline 50mg OM Sertraline
- May 2025 Sertraline gradually titrated to 150mg and one further increase of Aripiprazole to 20mg with ongoing psychology, keyworker and OT input
- Patient no longer having suicidal thoughts, family feel safe to return to normal living, patient applying for interviews as both GAD and psychosis symptoms are tolerable.
- June 2026 discharged with Aripiprazole deprescribing plan if remains stable after 1 year of treatment (Jan 2027) if patient wishes to begin this

Patient Journeys: D&G

- A, male, 24 years old. Moved to live with grandparents to escape delusional ideation from living with mum in Inverness.
- May 2025 He opted for Aripiprazole trial, no effect after gradual titration to 25mg
- November 2025 opted to switch to Lurasidone 37mg OD. Experienced vomiting so opted to switch to Olanzapine
- April 2026 Olanzapine gradually titrated to 15mg ON, some non compliance but overall no effect so continued discussions about clozapine while confirming location desire (initially wished to move back to Inverness)
- July 2026 Agreed to remain in D&G and for inpatient admission for Clozapine titration. Unable to proceed with outpatient titration due to annual leave of multiple teams

Service Delivery Adaptations: D&G

- Joint working with CMHT
- Shared care psychiatry model
- CMHT physical health clinics
- Wider staff integration from other teams – multiple team members have dual roles so are representing EIP across other forums

Team Learnings: D&G

- Don’t be afraid to test changes to traditional models
- Challenges become strengths
- Joint working and good relationships is vital
- Development of strong team identity

Discussion

Healthcare Improvement Scotland

History of HIS Early Intervention in Psychosis work and future support

Rachel King, Unit Head, Transformational Change – Mental Health

NHS SCOTLAND

Early Intervention in Psychosis in Scotland - history

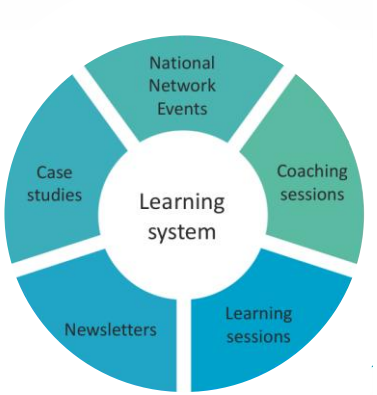
In 2019, the Scottish Government commissioned Healthcare Improvement Scotland to develop a deeper understanding of the Scottish context related to Early Intervention in Psychosis. The recommendation from this work was that:

'***All NHS boards should establish early intervention in psychosis services which enable reliable delivery of the evidence-based interventions and minimise the duration of untreated psychosis***'.

Early Intervention in Psychosis in Scotland - history

Phase 1: 2019 - 2021

- National needs assessment
- Development of national network



Phase 2: 2021-2024

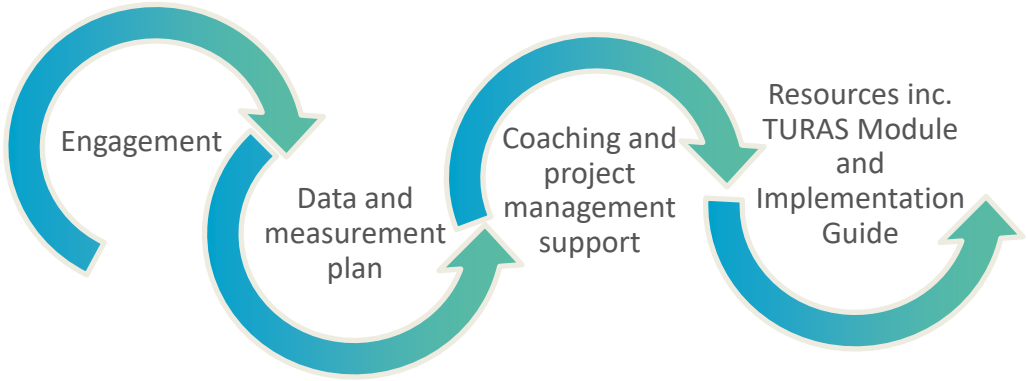
Pathfinders

- NHS Tayside
- NHS Dumfries and Galloway

Phase 3: 2024-2025

Pathfinders

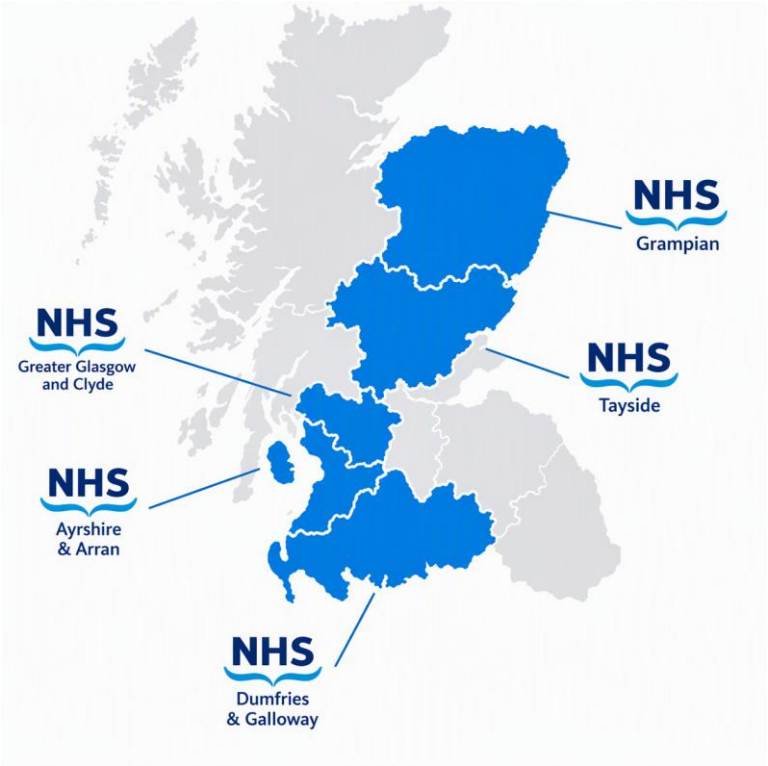
- NHS Ayrshire and Arran
- NHS Tayside
- NHS Dumfries and Galloway



Early Intervention in Psychosis in Scotland - thanks

Many people have been part of this…

Dr. Suzy Clark
Rachel King
Ashley Hose
Fiona Lacey
Dr. Rajeez Krishnadas
Hamish Kidd
Sarah Wilson
Nicola Graham
Sophia Madden
Andra Coldea
Andrew Robinson
Ashling McCallion
April Masson
Ciara Robertson
Sue Gillan



Linda Graham
Keith Russell
Donna Petrie
Annita Tasker
Anne Joice
Catriona Kent
Martin Whitecross
Catherine Parkes
Julie Barrett
Thelma Bowers
Kenny Day
Jeanie Gallagher
Dr Katie White
Jacqueline Pike
David Ruddick
Laura Graham

…too many to include them all!

Early Intervention in Psychosis – features

Leadership: A shared structure between the team lead, psychology and psychiatry.

Leadership from psychology supports staff training in essential EIP interventions and staff supervision and wellbeing.

Key workers and peer support workers: Share knowledge of local service landscape and create links with local groups to offer advanced levels of support for people experiencing first episode psychosis and their families

Staff training to enable delivery of evidence-based psychological interventions: Some examples from Pathfinders include:

- Clinical psychologist and nurses trained in Behavioural Family Therapy.
- Keyworkers trained in psychosocial interventions for psychosis (PSIP)
- Staff trained in motivational interviewing and health behaviour change, behavioural activation and Wellness Recovery Action Plans.

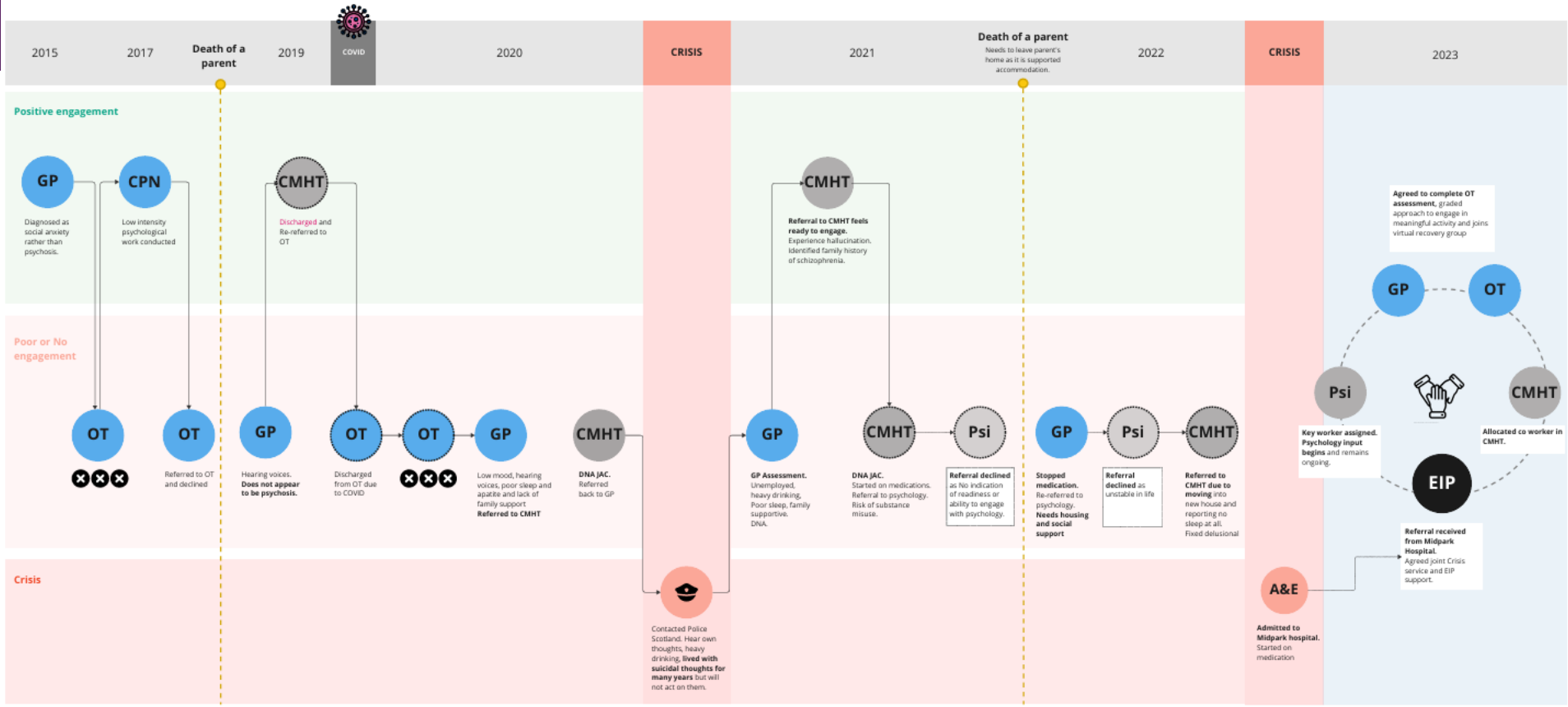
Person-centred care vs symptom management: Early Intervention in Psychosis services differ in that they explore and care for the needs of the whole person and their familial/social context holistically vs the adoption of a multidisciplinary yet individual symptom management approach.

Case studies and further information on core components of Early Intervention in Psychosis can be found in the Implementation Guide

Adam, 21 years old

Was first referred to CAMHS when he was 6 years old for behavioral problems and family issues.
Had multiple disengagements until he was in touch with the GP in 2015

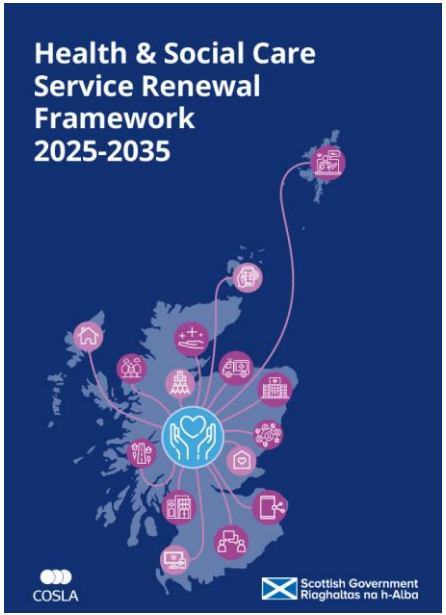
This journey map is a presentation of how the service user has engaged with different services over the years, and how an overall positive engagement has been achieved via multi agency and multi-disciplinary teams approach.
This map also highlights how certain services have rejected the service user due to having substance misuse problems and showing no readiness to engage with treatments.
A noted observation after being within EIP service is the way in which the service user is now positively engaging with medication and talking therapies including OT, a service that he had not engaged well at all in the entire journey.

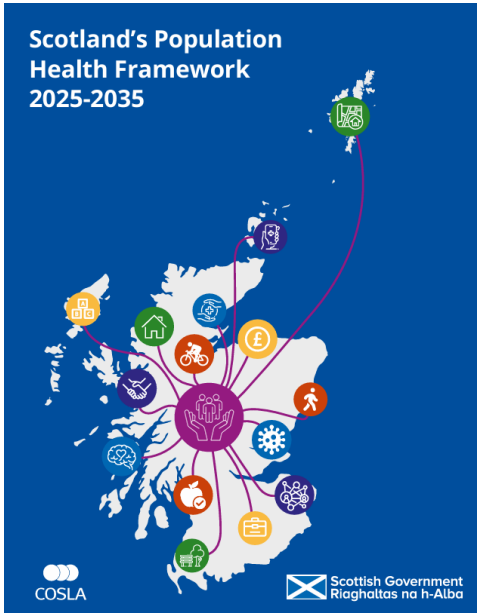


Primary Care
- GP General practitioner
- OT Occupational Therapy
- CPN Community Psychiatry Nurse

Secondary Care
- CMHT Community Mental Health Team
- Psi Psychology
- EIP Early Intervention in Psychosis
- JAC Joint Assessment Clinic
- Open to both services
- 3 strikes policy
- step Declined by the service due to poor engagement
- Police

Mental Health Renewal and Policy Context





Feedback

Please click this link

Alternatively, you can scan the QR code

Mental Health Renewal Programme: Early Intervention In Psychosis Community of Practice

Next steps

Mental Health Renewal Distribution list

Mental Health Renewal Programme - mailchimp mailing list consent form

Use this link to sign up to our distribution list to ensure you receive all communication around future mental health renewal events, including how to register. Alternatively, you can scan the QR code above

Keep in touch

Email: his.transformationalchangementalhealth@nhs.scot

Web: https://www.healthcareimprovementscotland.scot/

Find out more: Transformational Change Mental Health Renewal Programme – Healthcare Improvement Scotland