

Our Vision to Improve Early Intervention in Psychosis in Scotland

June 2019

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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.**

We will also deliver **Action 26** of the Mental Health Strategy 2017 - 2027: *“Ensure the propagation of best practice for early interventions for first episode psychosis, according to clinical guidelines”*

Introduction

Why is Early Intervention in Psychosis (EIP) so important?

Psychosis is characterised by hallucinations, delusions and disturbed thinking. It can cause considerable distress and problems for people affected, and for their families or carers.

A diagnosis of schizophrenia, bipolar disorder, psychotic depression or other psychotic disorder may be made, but it can take months or years for a final diagnosis because this often requires evidence of how the condition develops over time.

There is significant evidence, e.g. *Scottish Intercollegiate Guidelines Network (SIGN) guideline 131; Management of Schizophrenia*, that early access to services, together with the delivery of defined evidence-based interventions, is fundamental in improving outcomes, and is highly cost effective. The time taken for the individual to start effective treatment directly affects later outcomes.

Estimates are of 1600 new presentations of psychosis in Scotland a year.

In recognition that this is a significant issue, and an area of focus for the Scottish Government, the Mental Health Strategy 2017-2017 includes Action 26:

“Ensure the propagation of best practice for early interventions for first episode psychosis, according to clinical guidelines”

Where We Are Now?

Understanding of current services for those experiencing a first episode of psychosis is limited. With the exception of a small number of specialist services, a lack of data means we have no clear indication of the current level of access to, nor the quality of, services.

To guide the development of this work, Healthcare Improvement Scotland (HIS) formed a Short Life Working Group (SLWG), surveyed every NHS Board, and carried out diagnostics within two Boards to provide case studies. The findings of this work can be found at the **Annex A**.

How Will We Achieve Our Vision?

We will take forward a two-stage process to achieve our vision 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.**

Firstly, we will establish a **National Early Intervention in Psychosis Improvement Network (EIPIN)**, followed by the phased **implementation** of better Early Intervention Psychosis (EIP) services and support across Scotland.

The EIPIN will:

- Provide national coordinated clinical and programme leadership,
- Bring together partners from Health, Social Care, the Third Sector, and people with lived experience, and;
- Lead planned improvement activity.

By the end of **2020** the EIPIN will:

- Conduct a national Needs Assessment, which will make recommendations for how EIP services can be delivered in **Urban, Semi-urban** and **Rural** communities, tailored to their specific needs. These recommendations will consider workforce and cost implications.
- Undertake a detailed exploration of the current EIP services in two test NHS Boards and associated Health and Social Care Partnerships (HSCPs), and support those appropriately. The EIPIN will consider how relevant Quality Indicator data relating to psychosis can be best collected and optimised in these Board areas, what is required to improve their EIP services, and what success looks like for local service providers and service users.
- Review the relevant SIGN guidelines, and promote their active use across NHS Boards and HSCPs.

To back the work of the EIPIN during the first stage, we will provide **up to £390k** of funding over the next two years.

The **second stage** of phased implementation across all Health Boards and HSCPs will be guided by the EIPIN's recommendations, as well as the learning from the improvement work in two test NHS Boards.

Annex A: Outputs from Diagnostic Exercise

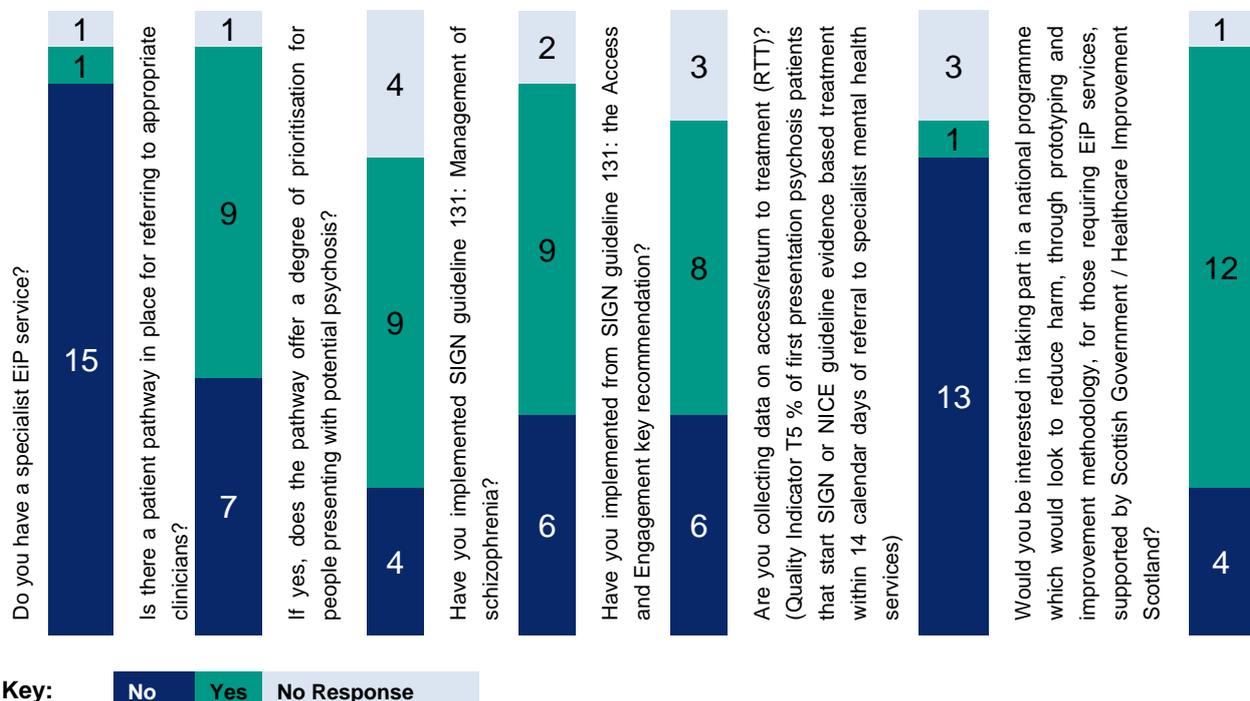
The information in this Annex has been gathered via the work of the Short Life Working Group (SLWG) that was formed by Healthcare Improvement Scotland (HIS)

NHS Health Boards: Early Interventions in Psychosis (EiP) Services Questionnaire

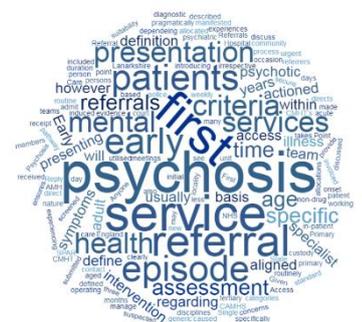
To identify the current position across Scotland in relation to EiP a questionnaire was developed and sent to all 14 regional health boards, as well as The State Hospitals Board for Scotland.

Responses were received from all of the boards except for NHS Borders, NHS Lothian and NHS Orkney. NHS Grampian, NHS Highland and NHS Tayside submitted multiple responses from different services/areas within their board. Seventeen completed questionnaires were received in total. This report outlines the responses received.

Specialist EiP Services Across Scotland



Within Scotland there are only two dedicated specialist services for EiP – NHS Greater Glasgow and Clyde and NHS Lothian CAMHS. At the time of this analysis, no response from NHS Lothian had been received.



Quality Indicator T5 (% of first presentation psychosis patients that start SIGN or NICE guideline evidence based treatment within 14 calendar days of referral to specialist mental health services)

Of the respondents, only NHS Greater Glasgow and Clyde confirmed that data on access/return to treatment (RTT) is collected. However, NHS Dumfries & Galloway is developing a framework to measure a wide range of quality indicators which will include T5. The cross system Quality Indicator Steering Group in NHS Grampian is collecting information and considering T5 indicator.

NHS Board Reflection on Early Intervention Psychosis

When asked to consider EiP services and where this work sits in the board's local priorities, there was an overall agreement that early intervention is a high local priority and an ask of The Scottish Government.

'Early Intervention in Psychosis is recognised as central to our Mental Health service delivery and as such our service has mainstreamed EiP throughout our various community and inpatient services offering robust diagnosis, care and treatment and recovery support to individuals and families.' [NHS Ayrshire & Arran](#)

'We are currently significantly investing in a range of service models that deliver earlier interventions for individuals. This is in line with our Directorate Plan and feeds into the HSCP Performance Framework.' [NHS Dumfries & Galloway](#)

'Across NHS Forth Valley our services are interested in developing work to enhance the provision of care and treatment to people with first episode psychosis and to strengthen the provision of assertive outreach. We would welcome support on this.' [NHS Forth Valley](#)

'The NHS Highland Mental Health Improvement Group recognises that this is a vulnerable group of patients and that there is an obligation to produce local service development recommendations which reflect the priorities indicated in the Scottish Government mental health strategy.' [NHS Highland](#)

Boards see the gains from early intervention, such as improved health of the patient and services. Bespoke EiP services have not always been the chosen delivery model, with incorporation of the ethos of EiP services into generic mental health services being the delivery plan for some boards.

'Leads have been identified to look at process to deliver this within existing resources and within the model of an enlarged generic CMHT.' [NHS Fife](#)

'Effective collaborative working between members of the CMHT ensure that the patient's needs are addressed in a person centred way with the involvement of the most appropriate skilled professionals depending upon presentation.' [NHS Grampian](#)

Some more rural and remote services have highlighted their view that lower referral numbers and lower population may not necessitate a separate EiP service.

'In a small rural mental health service, such as Moray, covering a population of 100,000 it is not possible to have specialist teams/services for specific diagnostic groupings. The demand upon the service for early presentation psychosis would not merit the use of resources for a specific team.' [NHS Grampian](#)

'Working in a remote and rural location it is difficult to support specialist dedicated services for specific conditions. The current number of referrals is also low in this area and potentially over a large geographical area. There will be additional work required to support early intervention in psychosis.' [NHS Highland](#)

'We recognise the potential gains which may be expected from providing high quality care early in the course of illness to reduce longer term morbidity and disability. We also recognise particular challenges in delivering such services across a sparsely populated remote and rural area. For this reason, in our local context we do not advocate the development of a discrete EiP service but we do aspire to deliver an early intervention approach by co-ordinating input from existing resources.' [NHS Highland](#)

Esteem in NHS Greater Glasgow and Clyde, as one of the two dedicated EiP services in Scotland, shared their thoughts on how their service has developed.

'Early Intervention in Psychosis is recognised as central to our Mental Health service delivery and as such our service has mainstreamed EiP throughout our various community and inpatient services offering robust diagnosis, care and treatment and recovery support to individuals and families.' [NHS Greater Glasgow and Clyde](#)

The following dedicated w.t.e. (whole time equivalent) staff are working in EiP within GG&C:

- Medical 3.4
- Nursing 15.6
- Allied Health Professional (AHP) 3.7
- Psychology 3.9
- Admin 4.4

An in-depth piece of diagnostic work is taking place with NHS Greater Glasgow and Clyde and NHS Highland's Argyll & Bute Health and Social Care Partnership to increase understanding of current EiP services. The approach will assist in identification of need, resource requirements and will help inform future actions.

Annex B: Early Intervention in Psychosis - Case Studies

Case study 1: NHS Greater Glasgow and Clyde

ESTEEM (Glasgow) became operational in September 2002 providing an early intervention service for people with a first episode of psychosis within North Glasgow. Initial funding for the service was established through Modernising Mental Health. The Esteem team current staffing is 3.4 medical staff, 15.6 nursing staff, 3.7 AHP staff, 3.9 clinical psychology staff and 4.4 admin staff in 4 sub teams to cover all of Greater Glasgow and Clyde. Social work is provided by various HSCP social work area's There has been a consistent accepted referral rate by Esteem of 100 people per annum. The current service caseload is around 200 people.

ESTEEM use an integrated care pathway (ICP) to guide assessment and treatment. This enables staff to deliver multidisciplinary care for those at highest risk of poor outcome. At the end of the 2 year engagement with the service people transition to community mental health teams or their general practitioner for continuing care.

The assessment process, linking to capacity and capability within the board, is one area of opportunity for future improvement work.

Case study 2: NHS Highland (Argyll and Bute)

NHS Highland (Argyll and Bute) does not have a specialist EI service for people experiencing psychosis but has identified action 26 as a priority. People are referred to and treated by existing Community Mental Health Teams (CMHTs) or CAMHS services depending on presenting age. The current referral rate ranges from 0 – 8 per annum across four localities. People are identified at referral based on the information providing by the referrer.

There is no defined pathway for people experiencing from psychosis to guide their treatment and determine input from health and social care professionals. Previous attempts to develop an ICP in NHS Highland did not produce a pathway. The approach taken is to try and ensure as many staff within the CMHTs have training to provide care. 36% of workforce have completed NES PSI training.

NHS Highland identified staff training and creation of a tailored patient journey pathway as areas for future improvement work.

Case study 3: Lived Experience

My experiences were really difficult for me to understand. I couldn't make sense of what was happening. I couldn't come up with a rational explanation, no one else ever has this going on, so I kept it to myself, never spoke about it, hid my behaviour as much as I could but things started to get really bad and my family realised my behaviour was irrational and convinced me to seek help and try talk to someone.

When I was in hospital I was convinced no one would understand or could help with what I was going through. When I spoke to the Doctors. I wasn't fully honest; so nothing really happened, I wasn't getting better, if anything I was getting worse. I then made the decision to try explaining everything that was happening and how I felt; I got in touch with a worker from Esteem. When she came out to see me I remember wondering what her reaction would be when I told her about what had been happening. I thought she would look at me as if I was crazy, and then phone someone to take me away. But when I was trying to explain things it was very strange. She seemed to know that I was trying to say, as if she had heard something like this before. I was shocked yet she wasn't. As we talked she was explaining stuff that was making me feel as if what was happening to me was an illness and that it could be treated. At last I had made some sense of it and this gave me hope.

My next step was to go with her to see a Doctor who started me on medication. I wasn't thrilled to be having to take pills daily but if it was to put me back on the road to recovery then it was a small sacrifice to make. Not only was I to take medication but Esteem frequently came out to visit me. It was during these visits I realised I had a psychosis and it was an illness. We talked at length on how it happened and why and what was going on in my head.

When on the medication and my understanding of what was happening improved, things changed dramatically. My head was clear the symptoms had all but a little gone it was the first time in years that I had felt like this. So much so I couldn't remember when I last felt like this. I felt it was mainly down to the medication, which did have a few cons, like it gave me bad heartburn and indigestion and made me very tired when I took them but the pros of medicine by far outweighed the cons.

After a few months on the medication and with the support of my family and Esteem, my new support member from Esteem and I discussed staying well plans. What was happening and how to keep it from happening again. This was going really well, my confidence went through the roof. I got a job working as a barman, something I never had the confidence to do before. My family noticed a huge change in me. I remember my mum talking to the Doctor and my mum was happy to explain the changes she saw in me.

Things were going so well now and I felt like a new person. I felt confident in myself and with the support of my family and my keyworker I asked about coming off the medication.

It had been over a year now and I knew I felt I could cope without them and the symptoms wouldn't comeback, so gradually they were reduced slowly and then stopped.

Now that I have been off medication for a while I have a good job and a long-term relationship. I have things that give me a purpose and help keep me well and feel like I have a new life. The reason for this huge change I put down to these things:

Seeking help, medication, self determination to get better, support of family and friends and most importantly actually talking about what was going on. If I didn't then the people from Esteem could not have helped or explain to me what was happening and that I wasn't the only one this has happened to and I would not have got better.

I write about my experience in the hope that someone in the same horrible place I was back then reads this and it gives them the belief that things will change and what they are going through is not uncommon and it is treatable, I think it would have helped me.



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