

**POWYS TEACHING HEALTH BOARD
EARLY INTERVENTION IN PSYCHOSIS OPERATIONAL POLICY**

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Powys Teaching Health Board is the operational name of Powys Teaching Local
Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu
Powys

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09/2023	Ward Manager, Adult Mental Health
09/2023	Clinical Policy Advisory Group

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area:

- Together for Mental Health Delivery Plan, 2019-2022
- Statistics for Early Intervention Psychosis Service
- NICE Guidelines
- 1000 lives+ Programme
- PTHB Annual Plan 2019/2020
- National Clinical Audit of Psychosis, 2018
- www.psychosis.wales Developed by Aneurin Bevan University Health Board, in conjunction with then National Centre for Mental Health (NCMH)
- National Service Framework for Mental Health
- Improvement Cymru

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
			X		<p style="text-align: center;">Please remember policy documents are published to both the intranet and internet.</p> <p style="text-align: center;">The version on the internet must be translated to Welsh.</p>
Age					
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Human Rights	X				
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>NO</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>NO</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>NO</p>					

1 Policy Statement/Introduction

1.1 Clinical Context

The onset of psychosis is usually preceded by a period of non-psychotic symptoms, known as prodromal symptoms. The symptoms of psychosis include hallucinations, delusions, disordered thinking and emotional withdrawal. There is evidence that a delay in receiving adequate treatment can reduce the chances and limit the extent of recovery.

Psychosis can have an extremely damaging impact on a young person's wellbeing and quality of life. It can affect their relationships with their friends and families and their ability to engage in education, training or employment. It also makes everyday tasks such as paying bills, keeping on top of household chores and maintaining one's personal hygiene very difficult (Rethink, 2014).

Approximately 220,000 people in England and Wales have a diagnosis of schizophrenia. Schizophrenia often has a considerable impact on a person's life. Outcomes vary between people, but it is associated with premature mortality. In 2007 it accounted for approximately 30% of the total expenditure on adult mental health and social care services (HQIP and The Royal College of Psychiatrists, 2012). It is also responsible for substantial economic costs from lost productivity because of unemployment or absence from work (NICE, 2014).

1.2 The Early Intervention in Psychosis Model

Early intervention in psychosis has two fundamentals that are different from standard care: **Early detection and phased specific treatment.**

Early detection may be defined as either the identification of people thought likely to develop psychosis (i.e., those who display prodromal symptoms, but have never been psychotic (Schaffner, 2001), or the identification of people who are already psychotic but have not yet received adequate treatment (Wyatt, 2001).

Phase-specific treatments are defined as psychological, social or physical treatments that are especially targeted at people in the prodromal or early stages of schizophrenia (Miller, 1999). Phase-specific treatments may be directed at preventing progression to psychosis (in people with prodromal symptoms), or at promoting recovery in people who have recently experienced their first episode of psychosis.

1.3 National and Local Context

In 2018 the Welsh Assembly Government provided Powys with the funding to set up an EIP Service, in line with the modernisation of mental health services for Wales. In late 2018 a steering group was developed which included staff from the Community Mental Health Teams (CMHTs), Crisis Resolution Home Treatment Teams (CRHTTs), Psychology Department and CAMHS (Child and Adolescent Mental Health Service).

The Steering Group started to develop the EIP vision for Powys, adopting a value-based approach that looked at the number of estimated cases, the resources we already have in place and the desired outcomes to be achieved.

Following the set-up of the EIP Steering Group, the team conducted an informal review of data across the county. These are estimated figures based on a retrospective review of cases.

First Episode Psychosis (FEP) in Powys:

27 cases of FEP seen in 1 year by the 5 CMHTs (excludes ARMS)

1.4 Feedback from Early Intervention Psychosis Network Peer Review

Background of the Peer Network Review

The Early Intervention Psychosis Network is a quality improvement and accreditation network for EIP teams in the UK, run by the College Centre for Quality Improvement (CCQI, Royal College of Psychiatrists). It uses a peer review model and the EIPN standards to review teams to identify areas of improvement as well as achievement.

In July 2019 the Powys EIP Steering Group presented to the panel the proposed EIP Service Model. The proposal included:

- Contextual information about the organisation and the population PTHB covers
- Informal data collection of EIP cases in the 12 months prior to 2019
- Allocated funding to set up service in Powys
- Proposed model - criteria, access, interface with other services, treatment plans

The EIP Steering Group also discussed the challenges and opportunities of working in such rurality with limited resources, and how we could develop a sustainable service.

Feedback

- It was agreed that a staged model would be the best approach, ideally over 3 years, to allow for data collection to identify the needs of the population and to shape the future service.
- The team should start with a reduced acceptance criterion (18-25, FEP only), given the initial budget for EIP Service.
- The team should look to appoint support workers within the team, either through Hafal or through PTHB, to build a sustainable service, with the roles of the support workers being integral to the model delivery.
- It is essential that the team identify key people within the 5 CMHTs that they can link with. There will need to be clear guidance about how the EIP team work with the CMHTs and how people with At Risk Mental State (ARMS) are managed.
- Inter-agency working and care pathways need to be decided and written into operational policies namely for Psychology, Learning Disabilities, CAMHS and transition. Engagement with psychiatrists to work with the EIP team should be established as soon as possible via focus groups. Discussions about prescribing and medicines review protocols will be required.

Update 2023:

Criteria age changed to offer care coordination to 18-35 year olds, and EIP to provide support to CAMHS for 14-18 year olds.

There is no budget to appoint support workers through third sector agencies, but monies provided to appoint a band 3 Health Care Support Workers (HCSW) into the team. Part-time admin also agreed and in post.

Good inter-agency working across the health board, utilise CMHT for Psychiatry and Duty workers.

EIP Powys are part of the All-Wales EIP National Steering Group – currently focussing on the development of:

- Physical Health Monitoring
- Carer Support and Education
- Adventure Therapy
- Education and Employment
- CAMHS Transition
- Data

Full review feedback (see Appendix 1)

2 Objective

2.1 Service Philosophy

Principles & Values

Our aim is to work assertively with individuals experiencing first episode psychosis. Using a holistic person-centred approach, we hope to empower a person's recovery through relapse prevention, building of social support networks and engagement in valued activities such as learning and development and leisure.

The Powys values are the intrinsic foundations from which care will be provided through the EIP Service.



2.2 Aims

- 1-** Reduce the length of time people remain undiagnosed and untreated and improve clinical / social / functional outcomes for people with psychosis.
- 2-** Offer advice / support and signposting to people affected by psychosis. This includes families and carers.
- 3-** Focus on recovery and independence from mental health services.

4- Audit the needs of the service to provide evidence for future service provision.

2.3 Client Group

This has been reviewed and the client group now consists of people aged 18-35. (See Eligibility Criteria 5.1) EIP Practitioners will act as Care Coordinators under the Mental Health (Wales) Measure (2010) for individuals aged 18-35.

For people aged 14-18, the CAMHS will provide care coordination with the support from the EIP Team with safe and structured transition arrangements in place (See 5.2).

People over 35 years old will be seen in the Adult CMHT.

3 Definitions

ARMS	At Risk Mental State
BFT	Behavioural Family Therapy
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behavioural Therapy
CCO	Care Co-ordinating
CCQI	College Centre for Quality Improvement
CMHT	Community Mental Health Team
CRHTT	Crisis Resolution Home Treatment Team
CTP	Care and Treatment Plan
DUP	Duration of Untreated Psychosis
EIP	Early Intervention in Psychosis
EIPN	Early Intervention in Psychosis Network
FEP	First Episode Psychosis
GP	General Practitioner
HCSW	Health Care Support Worker
HQIP	Healthcare Quality Improvement Partnership
LD	Learning Disabilities
MHM	Mental Health (Wales) Measure 2010
NCAP	National Clinical Audit of Psychosis
NICE	National Institute for Health and Care Excellence
PTHB	Powys Teaching Health Board
WCCIS	Welsh Community Care Information System
WRAP	Wellness and Recovery Action Plan

4 Responsibilities

The EIP service is responsible for covering the whole population of Powys. The service will be responsible for covering the primary and secondary care catchment areas:

- Welshpool
- Newtown
- LLandrindod Wells
- Brecon
- Ystradgynlais

4.1 Staff Group or Specific Role

- x 1 Team lead
- x 2 EIP Practitioners (Mental Health Nurses)
- 1 covering North Powys
- 1 covering Mid / South Powys
- Band 4 support worker – Part-time
- Band 3 support worker Full-time, in process
- Band 3 Administrator – Part-time

4.2 Other Staff

- Link workers in CMHT (Role being developed)
- Responsible Clinician - will be based within the relevant CMHT
- Nurse Prescriber (based within CMHT at present) - Funds available for a practitioner within the team to commence prescribing course in 2023.

5 Service Delivery (See Appendices 2 and 2.1)

5.1 Eligibility criteria

- Aged 18 years to 35 years inclusive, and:
 - Experiencing a First Episode Psychosis. This is the first presentation and the person is actively psychotic.
- or**
- They have experienced a psychotic episode in the last 2 years and remain symptomatic with ineffective treatment.
 - Psychosis being the predominant feature of the presentation

5.2 Access to Services

Referrals and Discussions with the EIP Service

Referrals or discussions are welcomed directly from the public e.g., the person, family, friends etc. The EIP practitioner will provide information / advice or will signpost to another service if further assessment is needed. Then a referral via the GP will be requested.

External professionals and agencies will refer via the GP, whereas PTHB professionals can refer directly.

Good practice would indicate that a joint assessment between the CMHT and EIP workers would be the most effective process. The EIP workers will endeavour to be flexible to join assessments. However, there may be times when this is not possible due to urgency / logistics and possible breaching of assessment time frames for the EIP Service.

The EIP Service is not an emergency service and therefore cannot provide urgent assessment in times of crisis. Urgent referrals should continue to go through the normal routes of entry into Mental Health Services, such as through the CMHT / CRHTT and should be assessed within appropriate time frames.

Patients under the care of EIP Service can access the duty system of their local CMHT. However, the EIP practitioner must endeavour to manage the situation in the first instance and liaise with the patient and other professionals if they are unable to directly see the patient due to unforeseen circumstances.

CMHT / CRHTT Referrals to the EIP Service

If a referral is made to the CMHT / CRHTT and the person meets the criteria for EIP, staff are to contact the EIP service directly to discuss a joint mental health assessment. A referral form must be completed so this can be uploaded to WCCIS.

Ward Referral to EIP Service

Upon completing a MHM assessment, the ward can contact the EIP Service directly. A referral form will need to be completed and the EIP worker will be invited to the next CTP review.

Transitioning from CAMHS EIP Service

Patients open to the CAMHS EIP will start the transitioning process 6 months prior to their 18th Birthday through the MHM 2010 process – (CTP reviews).

Exceptions to This:

If a patient enters the CAMHS EIP Service approximately 6 months prior to their 18th birthday, both the CAMHS / Adult EIP workers can joint-work the case, with the

CAMHS service taking CCO responsibility. The Adult Service will take over CCO at 18yrs.

If the patient has had over 3 years of treatment for a psychotic disorder, they would not meet the EIP criteria. (See Eligibility Criteria 5.1)

Triage / Referral Form (see appendix 3)

Link Workers

Role in Development

In every CMHT across Powys there will be an identified EIP Link Worker. The role of this worker is to support the CMHT / EIP team with triaging and assessment.

The link workers will have access to training and supervision through the EIP Service to widen their knowledge in this area to support the appropriate assessment and detection of FEP people.

5.3 EIP Team Location / Hours of Operation / Contact Details

The EIP team members will predominately be agile working across the CMHTs / CRHTTs In Powys, dependent on the needs of the service.

The EIP practitioners will come under the CRHTT local lone working arrangements and the PTHB Organisational Policy to ensure their safety is maintained.

The core hours are Monday – Friday, 9am-5pm, but the team may work flexibly beyond these hours to address the individual and carer need.

Contact Details:

South Powys Mobile	07929 781794
North Powys Mobile	07876 714117
Team Email	EIPPowys@wales.nhs.uk

5.4 Assessment Outcomes

Once the assessment has been completed, a decision will be made during the EIP team meeting as to whether the person meets the criteria for the EIP Service. This will be discussed within the CMHT MDT meeting.

If the person does not meet the criteria for the EIP Service, feedback will be sent to the referrer, GP and patient.

If the person is accepted for the EIP Service, an EIP Care Co-ordinator will be allocated and the referrer will be informed.

5.5 Management of EIP Patients

• Recovery

The EIP Service is dedicated to the recovery model. This philosophy supports that with the right environment and support, people who have experienced a psychotic disorder are able to recover.

Recovery has been defined as *"a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and / or roles"* and *"a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness"*.

• Medical Intervention/Monitoring

A local level agreement has been reached between the Medical Director and the EIP Service that means EIP patients can be seen within a timely manner. This may include prioritising EIP patients if waiting times are in place.

The physical health monitoring can be facilitated or organised by the EIP Service in line with the National Clinical Audit of Psychosis (NCAP) requirements and in arrangement with the person / family or carers.

• Psychological Interventions

A local level agreement has been reached between the Psychology Department and the EIP Service which means EIP patients in Powys can access CBT through the Psychology Department in a timely manner. Where there is a waiting list, EIP patients will be prioritised to ensure the EIP model of access to treatment can be implemented.

If psychological treatment is commenced in the CAHMS EIP team, it is expected the treatment will continue on into the Adult EIP Service. This is to ensure consistency and to prevent breakdown of treatment.

EIP practitioners are trained to offer Behavioural Family Therapy (BFT).

• Increased Functioning/Social Recovery

The EIP practitioners will work with the person and the family to offer family interventions and opportunities to nurture a meaningful and active recovery. This will be through identifying and working towards achievable life goals in education, occupation and pastimes.

5.6 Carers, Family and Friends

All carers of service users are entitled to an assessment of their own needs.

During the assessment process with clients, the service will make a point of speaking with the carers to gain a holistic understanding of the persons experiences and how it affects the carers.

The EIP Service will provide the carers with an EIP Carers Pack within the first week of acceptance. This will include information on how to access a carers assessment, carers support, resources and up-to-date information on FEP.

Carers will be given the opportunity to attend educational sessions or carers education and support sessions as part of ongoing family interventions or as a single intervention.

5.7 Discharge / Transition from Service

Discharge planning and preparation will start in good time. Good practice would indicate at least 6 months prior to discharge. This time allows for a safe and structured discharge or transition.

All people being transitioned to a secondary care service will be done via the Mental Health (Wales) Measure 2010 process, and a CTP review will be called to ensure a seamless transition.

People being discharged out of services will complete a Wellness and Recovery Action Plan (WRAP) so they are equipped with all the information they require about who, how and when to contact Mental Health Services if the need arises.

5.8 Raising Awareness /Health Promotion

For early detection and assessment of psychosis, the EIP team will offer advice, training and consultation opportunities to statutory and non-statutory organisations and individuals.

The EIP team will be instrumental in raising awareness and reducing the stigma of those experiencing Psychosis in the local community. They will aim to imbed the proactive and preventative culture of an EIP service, by facilitating training and networking with the wider community.

6 Monitoring Compliance, Audit & Review

Completing the National Clinical Audit of Psychosis in line with national EIP requirements (full details of NCAP audit standards can be found online at the [Royal College of Psychiatrists](#) web page).

7 References / Bibliography

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Implementing the NICE guideline on Psychosis and Schizophrenia in Adults (CG178)
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Schaffner K, McGorry PD. *Preventing Severe Mental Illnesses - New Prospects and Ethical Challenges*. Schizophrenia Research 2001;51(1):3-15.

Wyatt R, Henter I., *Rationale for the Study of Early Intervention*. Schizophrenia Research 2001;51(1):69-76.

Miller R, Mason S. *Phase-Specific Psychological Interventions for First-Episode Schizophrenia*. Bulletin of the Menninger Clinic 1999; 63:499-519.

Appendix 1: Peer Review Outcome Summary

Summary and Conclusions

It was agreed that a staged model would be the best approach.

The team should start with a reduced acceptance criteria (18-35, FEP only), measure and demonstrate outcomes and then submit bids for additional funding to widen the criteria and increase staffing. Looking at the impact of the preventative work on reducing bed days and the cost benefit of this should be key. The team should be clear with referrers what they can and cannot offer and accept, to ensure the resource is not spread too thinly.

The team should contact Hafal (3rd sector provider) now to discuss possible input in the team. It was discussed that initially their input would be preferable to an NHS Band 4 support worker, due to their training and the governance in place. The team could consider a joint bid for funding with Hafal. The team would need to discuss with Hafal the ages that they can work with. It was suggested that the team speak to a neighbouring Health Board (Swansea Bay) about the contracts their EIP team have with Hafal.

It is essential that the team identify key people within the 5 CMHTs that they can link with. There will need to be clear guidance about how the EIP team work with the CMHTs and how people with ARMS are managed.

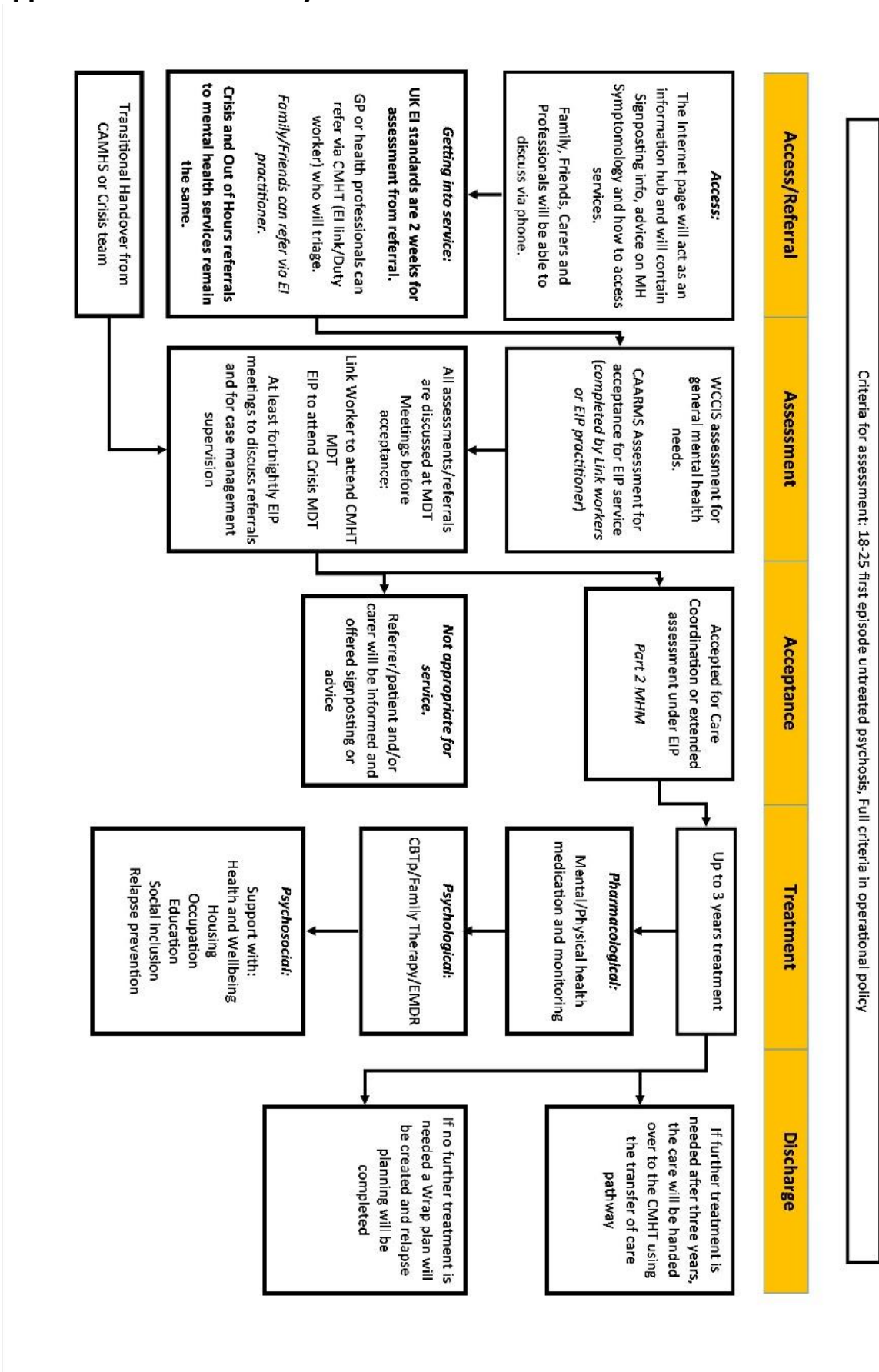
Interagency working and care pathways need to be decided and written into operational policies. Namely, for psychology, LD, CAMHS and transition.

Engagement with psychiatrists to work with the EI team should be established as soon as possible via focus groups. Discussions about prescribing and medicines review protocols will be required.

Given the funds available, the current ambition in Powys amounts to the introduction of a best practice FEP pathway as a starting point for a staged development of an EIP service. There is a long way to go but this is a worthwhile starting point and the commitment and energy surrounding this ambition should be acknowledged, welcomed and strongly encouraged.

The peer review team recommend utilising the EIPN standards as a framework for developing the EI team in Powys. It would be beneficial to visit the team again in a year to support the team with further development.

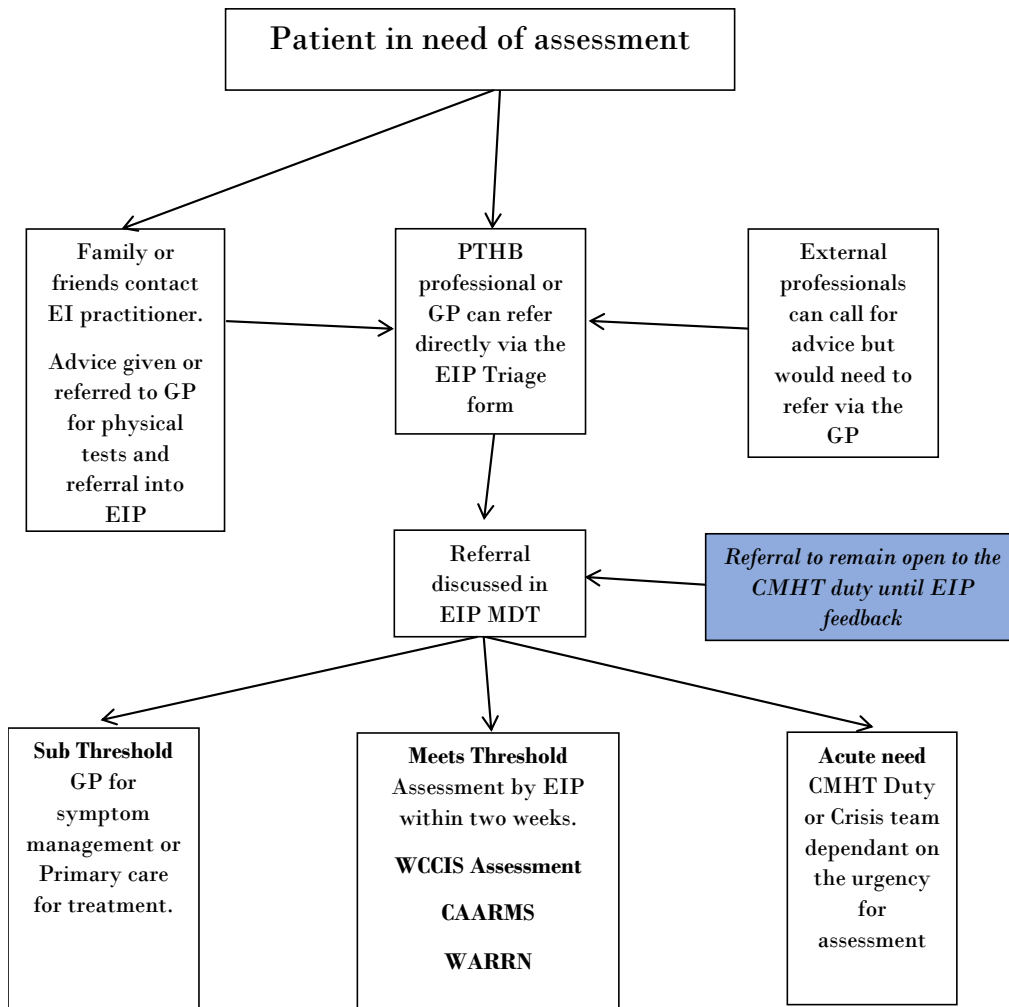
Appendix 2: EIP Pathway





Appendix 2.1: EIP triage pathway

Powys Early Intervention in Psychosis Service: Visual pathway for Referral to Triage



Criteria:

The Powys EI team currently support people aged 18 to 35 who are experiencing early symptoms of psychosis or have experienced untreated psychotic symptoms within the last 2 years.

Appendix 3: EIP Triage Form

Triage/ referral form Powys Early Intervention.

(Please ensure WICCS information is up to date)

Name		Date of Birth	
WCCIS		Address	
Name of Referrer		Contact number	
Consent for contact given		Has Mental Health Measure assessment been completed	
Date Symptoms started			
Reason for referral:			
<p><i>Please provide the reason for referral to the EIP team, please include a rough date of when symptoms first started and any treatment so far.</i></p>			

Has the person presented with any of the following :		
Hallucinations	Delusions	
Thought disorder	Memory Problems	
Changes in behaviour	Distress	
OCD	Risk to self/others (consider crisis intervention)	
Family History of MI	Substance misuse	
Physical health/Disability	Decline in self-care or personal hygiene	
Social Isolation	Disinhibition	
Early Warning Signs: Thoughts		
Thoughts are racing	Senses seem sharper	
Thinking you have special powers	Thinking you can read other peoples minds	
Thinking other people can read your mind	Receiving personal messages from the TV/ Radio or other electronic devices	
Difficulty in making decisions concentrating	Experiencing strange sensations	
Preoccupied with things	Thinking you might be someone else	
Seeing visions or things other people cannot see	Thinking people are talking about you	
Thinking people are against you	Having nightmares	
Thinking your thoughts are not your own	Thinking your thoughts are controlled	
Hearing voices	Thinking part of you has changed shape.	
Early Warning Signs: Feelings		
Feeling helpless or useless	Feeling afraid of going crazy	
Feeling sad or low	Feeling anxious or restless	
Feeling increasingly religious/spiritual	Feeling like you're being watched	

Feeling isolated	Feeling tired or lacking energy	
Feeling confused or puzzled	Feeling forgetful or far away	
Feeling in another world	Feeling excited or strong	
Feeling unable to cope with everyday tasks	Feeling like you are being punished	
Feeling like you cannot trust others	Feeling or behaving irritable or violent	
Feeling like you do not sleep	Feeling guilty	
Early Warning Signs: Behaviours		
Difficulty in sleeping	Speech comes out jumbled or with odd words	
Talking or smiling to yourself	Acting suspiciously as if being watched	
Behaving oddly for no reason	Spending time alone	
Change in ability to maintain work/school performance	Acting like you are someone else	
Not seeing people	Not eating	
Not leaving the house	Behaving like a child	
Refusing to do simple requests	Drinking more	
Smoking more	Movements are slow	
Unable to sit down for long	Lack of feelings	