Early Intervention in Psychosis (EIP) – Challenges and Solutions to Improving Outcomes

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By April 2016, more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral.

- Care pathways
- Variation
- Outcomes
- Physical health
- Designing services in partnership
- Balancing clinical and non-clinical outcomes
- Delivering care in the least restrictive setting
- Data
By April 2016

- More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral.
The case for change

Alice Evans was at university when she developed schizophrenia. She didn't leave her parents' house for the next ten years.
“Psychiatrist put me on anti-psychotic drugs designed to lessen symptoms... but what I really wanted to do was talk to somebody in therapy sessions”

“At the time there was a lack of funding for this type of treatment, something which continues to be a problem for people with mental illnesses today.”

“...the medication took a toll on my physical health and by the end of the following year I had gained around ten stone (63.5kg) in weight due to the side effects.”
THE ABANDONED ILLNESS
A report by the Schizophrenia Commission
EXECUTIVE SUMMARY

• Schizophrenia and psychosis cost society £11.8 billion a year

• Only 1 in 10 of those who could benefit get access to true CBT

• Only 8% of people with schizophrenia are in employment

• 87% of service users report experiences of stigma and discrimination.
Life Expectancy

• Life expectancy 20% lower
• Both “natural” and “unnatural” causes
• 28% attributable to suicide; 12% accidents
• Respiratory disease, epilepsy, diabetes, cerebrovascular disease, infections
Duration of Untreated Psychosis (DUP)

- Strongest predictor of symptom severity (Drake et al. 2000)
- Limited success of community education and awareness campaigns (Lloyd-Evans et al. 2011)
- Educating general practitioners – limited impact (Lester et al. 2009)
- Delays within secondary care – most significance (Birchwood et al. 2013; Norman et al. 2001)
• The health service spent £2.0 billion on services for people with psychosis in 2012/13. Over half (54%) of this total was devoted to inpatient care.

• Early Intervention: net savings of £7,972 per person after four years
Intelligence driven

What does local data tell us...?
When compared to other mental health service users:

- 17% higher A&E attendance rate
- Admitted more often and experience 25 days longer average length of stay
- Use 3 times as many healthcare professional contacts
When compared to general population:

Are admitted to non-mental health Trusts more frequently and stay longer

Only 6% are in employment
Coproduction workshop

20 Service Users from across Hampshire

3 Carers

5 Healthcare Professionals

4 Hours
Service Users, Carers and Professionals collectively wrote almost 100 postcards relating their personal experiences of care in Wessex
HELP IS MORE AVAILABLE FOR EARLY INTERVENTION
Rathod et al. (2015). Pathways to recovery: A case for adoption and implementation of systematic pathways in psychosis and Schizophrenia. Jointly produced by Imperial College Health care partners and Wessex Academic Health Sciences Network.
Implementation

• Pathway live 1\textsuperscript{st} June 2015

• Southern Health NHS Foundation Trust

• Four Early Intervention in Psychosis teams (EIP) covering the whole of Hampshire (14 – 35 years) - population size 1.3 million
Evaluation

• Evaluation – does the pathway make a difference?
• Can we reduce the severity of disease and release efficiency savings?
• All records of patients entering the pathway are being audited (~ 35 people/month)
• Outcomes:
  - Reduced Duration of Untreated Psychosis (DUP)
  - Promotion of physical health
  - Supporting recovery - CBT, Family Therapy
  - Employment/education/vocational support
  - Reduced A&E attendances
  - Reduced admissions
  - Reduced LoS
System Changes

- Review of referral processes
- Standardised assessments
- Training in physical health
- Monthly Steering Group Meetings – share data
- IT and EPR changes
- Lack of skills and capacity to offer interventions – training underway
- Employment and education – trained member of staff soon to be in every team
- Culture and energy
EIP assessment within 7 days of EIP receiving a referral

Percentage of patients receiving assessment within 0 - 7 days

Baseline (i.e. Apr– May) n=89, pathway (i.e. Jun– April) n=>300
"I started volunteering for a local mental health charity ... They pointed me towards some proper talking therapy which became instrumental in my recovery...I am now pursuing a PhD. ”

“It has taken me 20 years to get this far in recovery... If we can challenge the stigma, get proper investment in mental health services, and show kindness and provide meaningful support to people, then people will not be left as long as I was before they are able to make their own steps toward recovery”. 
Wish list

• Build in-house capacity for service improvement
• Create headspace and time
• Co-ordinated approach to coproduction
• Peer visits/clinical networks – share learning across services
• Availability of physical health training – training in skills, interventions and signposting
• How can IT systems better support teams in everyday practice
• Adequate modelling for service redesign
Wish list

• Design services that ‘pull’ people through a system
• Ensure money ends up where intended
• Ensure ‘safe staffing’ for community teams?
• Training for staff needs to fund back fill and factor in capacity for use in practice
• Support resilience and wellbeing of staff
• How can people access the right data to support change?
• Support commissioners with developing effective payment systems for outcomes
Pathways to recovery: A case for adoption of systematic pathways in psychosis

Executive summary

The Schizophrenia Commission Report (2012) highlighted major problems in the state of care for people with psychosis across the country. Evidence based and cost effective interventions are available, but spending continues to be skewed to the most expensive parts of services (Knapp, 2014).

For the first time in the history of mental health in the UK, integrated care pathways that prescribe time frames around clinical interventions and service delivery have been developed. This work has been led by Imperial College Health Partners (ICHP) and Wessex Academic Health Science Networks (AHSCs). These pathways have been developed using the template of stroke care, where there has been a demonstrable improvement in outcomes for patients and carers due to this approach. The aim of the new pathways is to reduce the impact of disease and promote recovery through ensuring that every individual gets the best evidence-based care at the right time and in the right place.

In developing these pathways, a multivigorous approach was used, using i) research and data ii) co-production with individuals and carers, and iii) engagement with clinicians and other stakeholders including commissioners, primary care and third sector organisations. This approach used a robust methodology to develop pathways which can be adopted for use across the wider NHS.

This document describes the approach used in development of the pathways and provides a guide for patients, carers, provider organisations and commissioners on adoption and implementation.
More information

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