

Clinical Assessments within Early Intervention in Psychosis (EIP)

EIP pathfinder sites share their learning of conducting assessments over the first 12 months of accepting referrals. This includes what has worked well and the adaptations they have made in the face of various challenges. NHS Tayside CONNECT are implementing a hub model EIP service which serves the population of Dundee. NHS Dumfries & Galloway EIP are implementing a bespoke EIP service to serve a mostly rural, dispersed population. Each team currently has a caseload of between 15 - 20 service users.

Initial Assessment

An initial assessment typically consists of one (but can be up to three) hours of appointments leading to a decision to either:

- a) accept the person onto the EIP caseload for care and treatment
- b) accept for extended assessment, or
- c) redirect the referral to an appropriate place.

The preference of how to conduct an initial assessment in both pathfinder sites would be face to face with the person, and that this would be a joint assessment with a member of the Community Mental Health Team (CMHT) or Child and Adolescent Mental Health Service (CAMHS).

A member of the team will triage the person prior to initial assessment, reviewing any existing mental health records, CAMHS records and social work records. Pathfinder sites have found this has helped to direct questions within the assessments to find the most relevant information. The key prompts to define whether EIP is an appropriate service are:

- Has the person experienced psychotic symptoms for 7 days?
- Is this the first time the person has presented to services with psychosis?



Initial Assessment (continued)

For NHS Dumfries & Galloway EIP, the distance from the EIP base at the Mountainhall treatment centre in Dumfries can be up to 3 hours to other parts of the region. To meet the challenge of working across such a large geographical area, the person being referred would be asked to attend their nearest health centre for their initial assessment, where they would be met by a member of the EIP team and the CMHT.

This has successfully allowed the team to co-ordinate face to face assessments that are convenient for staff from both teams and the person attending the assessment. The team have also piloted a virtual initial assessment via Microsoft Teams, where the person attended their local medical centre in Stranraer, and attended the call alongside a practise/community nurse.

Dundee based CONNECT EIP have occasionally used NHS Near Me for an initial appointment, to accommodate for the person being unable to leave their home. All other initial assessments have been done face to face.

One of the defining features of an EIP service is that people are seen as soon as possible after a First Episode Psychosis (FEP) is identified. The Scottish Government quality indicator for first episode psychosis indicates that a person should be seen within 14 days of referral.

Where a timely joint assessment isn't possible, for example when the referral is a routine referral into another service, the EIP pathfinder sites have been able to assess the person independently whilst the person remains on the wait list for an assessment with the other service. Such collaborative working across services allows for a person to be quickly re-directed to the most appropriate service.

CMHTs at both sites have valued the EIP teams being able to take caseloads from waiting lists. Being responsive to other demands of the system has built trust and good working relationships. NHS Tayside keep two regular assessment slots available each week to allow the service to be responsive to urgent referrals.

“

Being responsive to other parts of the system, such as the ability to assess urgent referrals, appeals to CMHTs and builds on existing relationships

Team Lead
NHS Dumfries & Galloway

”

Extended Assessment

The experience of both pathfinder sites is that identifying people who are experiencing a FEP isn't always clear. As a cluster of symptoms, the presentation of psychosis is diverse and symptoms can be disclosed throughout the assessment. Both sites have also seen a high prevalence of comorbid autism, and drug and alcohol use. Pathfinders have found that a significant proportion of referrals can be taken on for an extended assessment.

Ideally during extended assessment the patient will be seen at home, out of home, at different times of day and by different disciplines in the team which, when combined with family corroborative account, can provide a fuller picture. This process can take up to four or sometimes six weeks. A key worker would not be allocated during extended assessment.

At NHS Tayside, clinicians outside of the service may also do assessments during this time (for example autism service) to identify or rule out other diagnoses and the most appropriate service to meet the person's needs.

Family Involvement

A person's family are involved early on in the assessment to gather a corroborative history and an account of developmental history is gathered from the family within 12 weeks.

Pathfinder sites have so far found that family members do not usually attend with the person at the initial assessment appointment, but that engagement with the family is initiated shortly after this initial appointment, once consent has been given by the person being assessed.

“

The team are really good - they involved me from the start and asked about the impact on the family

Family member of person with psychosis
NHS Dumfries & Galloway

”

Appropriate referrals into EIP

Pathfinder sites have used the referral criteria developed by ESTEEM EIP, NHS Greater Glasgow and Clyde which are based on standardised referral criteria for all EIP services.

Appropriate referrals into EIP (continued)

Pathfinder sites found that actively promoting the launch of the EIP team, along with information on how to identify a FEP and how to refer someone to the service has been effective in the early stages of the service in generating appropriate referrals. However this awareness and education has needed to be repeated and supplemented with posters and leaflets to sustain awareness of the service. NHS Tayside CONNECT are at the initial stages of developing an intranet site.

Both pathfinder sites have found that referrals from acute services (hospital/crisis team) are often the most clearly identifiable FEP. In NHS Dumfries & Galloway, clinical psychologists within the EIP team work across the EIP and the acute wards, whilst in NHS Tayside the team lead and/or the clinical psychologist currently attend the weekly ward multidisciplinary team (MDT) meeting. The input of EIP staff into ward MDT meetings has led to earlier identification of FEP and facilitated early discharge from hospital into the EIP service.

MDT working and psychiatry input within EIP services

Cases are discussed at the weekly EIP MDT for effective shared decision making. The current shortage of psychiatrists across Scotland has presented a challenge when trying to work in a full MDT, and is being approached in different ways by each pathfinder site.

NHS Tayside have arranged for sessional input from a consultant psychiatrist (0.2 WTE) and have arranged the weekly MDT meeting to fit with the psychiatrist's availability to enable full MDT working and shared decision making. The psychiatrist is also willing to respond to queries via phone or email outside of this time.

Within NHS Dumfries & Galloway, each of the five geographical areas are covered by different consultants, as such it is not feasible to organise sessional input from a psychiatrist within each geographical area at the MDT meeting at this early stage of the EIP. Service users within the service remain open to CMHT for the entire duration of their EIP journey to enable locality based psychiatry input and effective crisis support. This also allows for smoother transfer of care, should the person not be appropriate for the EIP service. NHS Dumfries & Galloway are currently exploring the input of a clinical pharmacist to be able to support medication reviews and speak directly with service users regarding multiple medications.



Acknowledgements

The content of this case study was gathered from conversations with:

- Family members of people with experience of psychosis, NHS Dumfries & Galloway
- Team lead, NHS Dumfries & Galloway
- Team lead, NHS Tayside
- Key worker, NHS Tayside
- Clinical lead, EIP Programme

Keep in touch



Twitter: @SPSP_MH



Email: his.mhportfolio@nhs.scot

Published August 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-No Derivatives 4.0 International License. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot