Mental Health Service - Esteem

Early Intervention Service For First Episode Psychosis

Operational Policy

Important Note:

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Contents

1. Introduction

Esteem Glasgow is an early intervention service providing a comprehensive mental health service to people experiencing a first episode psychosis within GG&C NHS board area.

The service has one base north of the River Clyde and one south and is known as Esteem – Greater Glasgow and Clyde.

This policy outlines the operational guidelines for the service, provides a statement of our aims, values and objectives for clients, carers, referrers, statutory and non- statutory agencies, outlines the managerial and governance arrangements for the service and includes the key components that will be a basis for measuring the impact of the service and the clinical work that the teams undertake.

1.1 Philosophy of Esteem

Early Intervention for Psychosis provides an evidence-based paradigm of care whose aim is to generate optimism and recovery so all young adults with psychosis and their families achieve ordinary lives. Early intervention in Psychosis (EIP) promotes timely and effective interventions to prevent longer term morbidity. Most people develop their first episode of psychosis during a critical time of development, in terms of transition to adulthood and key stage of social and occupational development. Early Intervention services were developed to work with this age group who typically have an elevated risk of suicide and low rate of engagement with mainstream services. The aim of the service is to intervene in the initial 2-year period of illness to reduce long term biological, psychological and social disability historically associated with psychotic illness.

Early Intervention Services provide a platform to engage young people, provide a message of hope and recovery and then are in an optimum position to deliver evidence-based interventions to improve long term outcome.

Psychosis can be understood as a particular response to major stressors in a vulnerable individual. EI services also have a role to challenge stigma and discrimination, a “normalising” framework is the most appropriate model to help the young person, and their family understand and come to terms with the psychotic episode and be supported to achieve their fullest recovery.

1.2 The National Context

Within the Scottish Government’s Mental Health Strategy (2017-2027) Action 26 requires boards to “[Ensure] the propagation of best practice for Early Intervention for First Episode Psychosis according to clinical guidelines”. Esteem joint service leads currently contribute to the Early Intervention Psychosis Programme – a commission from Scottish Government housed within Healthcare Improvement Scotland and tasked with supporting health boards in other parts of Scotland to develop EIP services.

Scottish Intercollegiate Guideline Network (SIGN 131) guidelines stipulate that individuals in the first episode of psychosis should receive treatment within the context of a specific Early Intervention model of care. This should be multi-disciplinary and encompass:

- Engagement and assertive outreach approach
- Family involvement with family interventions

- Access to psychological intervention and psychologically informed care
- Vocational / educational intervention
- Anti-psychotic medication

NICE, recommended treatments are:

- Medication
- CBT for psychosis
- Physical health and well-being support
- Family intervention and carer focused education and support
- Employment and educational support

The economic benefits of EI in Psychosis services are significant and well established.
Ref; The Kings Fund (McCrone et al 2008)

Esteem work will be based on an expectation of positive outcome for people aged 16-35 with psychosis when multi-disciplinary interventions can be made in a timely, comprehensive, integrated and family friendly manner.

2. Aims and Values

Esteem NHS GG&C aims to:

- Provide a responsive, accessible, individual centred service for people with first episode psychosis.
- Provide an optimistic recovery based sensitive approach.
- Offer a range of psychological, social, and vocational interventions, tailored to the individual's needs.
- Reduce the impact and burden caused by the psychotic episode and enable the individual to achieve and maximise their own personal goals.
- Involve other agencies that have a role in contributing towards this goal.
- Encourage empowerment of individuals through active collaboration in their care; by valuing the experiences of individuals and their families throughout their care and by recognising the impact of structural adversity on help seeking.
- Recognise the stigma associated with mental health problems and aims to lessen this by collaborating with individuals and their families in their own homes or other acceptable settings.
- Recognise the importance of family and carers within an individual's support network and aim to work in partnership with them.
- Place an emphasis on normal social role and service user development needs such as involvement in education and employment.
- Will focus on working with distressing experiences rather than diagnosis.

3 Model of Care

Esteem aims to:

- Increase engagement.
- Minimise duration of untreated psychosis
- Reduce compulsory detention.

- Reduce co-morbidity.
- Reduce relapse.
- Support families
- Reduce distressing symptoms of psychosis.
- Improve functional recovery.

By delivering:

- Home based care (either through face to face or through NHS Near Me video call)
- Assertive outreach
- Family involvement
- Collaborative care
- Bio-psycho-social formulation
- Prompt access to psychological therapy.
- Vocational rehabilitation
- Equalities based practice.

4. Objectives

1. To provide an easily accessible and needs led service for people aged 16-35 with first episode psychosis within the NHS Greater Glasgow and Clyde Board area (NHS GG&C)
2. To promote engagement and continue to offer care for up to two years after first contact.
3. To conduct a detailed assessment that looks at all aspects of the individuals physical, psychological, and social needs.
4. Following assessment, provide care through a range of evidence based medical, nursing, psychological and social interventions.
5. Through health promotion and education, encourage and support the individual to recognise their own health needs and make desired changes, promote healthy eating and physical activity.
6. Optimise the individual's housing, training, education and employment opportunities through establishing links and communication networks with agencies that can help people within their own communities.
7. Recognise the role and needs of families and carers through engagement, support, information sharing and education, whilst working in partnership with them.
8. Increase awareness of first episode psychosis through provision of educational sessions with other professionals and organisations within and out with NHS
9. To establish effective communication and clinical links with Primary Care services.
10. To undertake research in early psychosis to influence the development and practice of Esteem NHS GG&C**.**
11. To measure the clinical activities and outcomes of the service and the potential impact of the service through audit and evaluation.
12. Work to Esteem NHS GG&C Integrated Care Pathway (ICP).

5. Access and Referral System

Hours of Operation

Esteem NHS GG&C operates Monday to Friday between the hours of 9am - 5pm, excluding public holidays. The service will offer some planned contact out with these hours.

Out with the above times, services are provided by Crisis and NHS 24 services for information and advice or in the case of an emergency. Contact numbers can be found in the service information leaflets given to clients and their families.

Referral Criteria

Our service is designed to meet the needs, and commence treatment, of young people with a first presentation of psychosis.

Esteem will accept referrals that meet the following criteria:

- ✓ Service users aged 16-35 (i.e. first day aged 16 up to last day aged 35)
- ✓ Residing within the NHS Greater Glasgow and Clyde Health Board Area
- ✓ Presenting with a first episode of psychosis, as defined by:
    - o A clear onset of psychotic symptoms in the form of hallucinations, delusions and conceptual disorganisation
    - o Symptoms have been present for at least 7 days
    - o Symptoms are associated with distress and a deterioration in functioning
- ✓ This episode has not been previously treated with antipsychotic medication for longer than 2 weeks (unless first episode started out with GG&C and/or service user is being transferred from another Early Intervention Service)
- ✓ For people aged 16-18 years, there will be discussion and agreement between Esteem and adolescent service as to the most appropriate service

Our service is not suitable in cases where:

- o The primary difficulty identified is not psychosis (e.g. a primary addiction problem, personality disorder, moderate to severe learning disability, brain injury)
- o There is an At Risk Mental State (i.e. not psychosis)
- o Psychotic symptoms are present solely in relation to acute intoxication and/or withdrawal states from substance(s).

Who Can Refer

- Community Mental Health Teams (CMHTs)
- Inpatient Services
- GPs
- Other Primary Care Mental Health Services
- Statutory and Non-Statutory Services

How to Refer

- By telephone – providing specific information as required.

    - Esteem Northeast and Northwest: 0141 232 2239
    - Esteem South and Southwest & Clyde: 0141 211 6563

- By completing referral form using electronic systems available e.g. SCI Gateway.

Referral Pathway

- Esteem will aim to see all new outpatient referrals within 5 working days and inpatient referrals within 2 working days.
- All routine referrals to CMHTs where first episode psychosis may be indicated and Esteem referral criteria may be met will be discussed and agreed for joint assessment. The referral remains open to CMHT, or other referring service (e.g. CAMHS, Crisis) until the service user is accepted on to the Esteem caseload.
- Assessments already undertaken by the CMHT, where individual meets referral criteria, should be discussed by telephone.

Initial Assessment

A joint assessment between referrer and a member of Esteem clinical staff will usually be requested in the first instance. We would aim to complete an initial assessment face to face within 5 working days of referral.

Initial assessment will include:

- Presenting history
    - including stressors, past psychiatric history, past medical history, substance use, family history, forensic history, personal/social history
- Mental state examination
- Risk assessment (using the standardised GG&C screening tool - CRAFT)
- Service users' hopes and aspirations
- Family support and dependents
- Gathering of relevant information from service user, family members, significant others, referrer and other sources (e.g. CAMHS notes)

Service users and families will be provided with information about who to contact throughout the assessment process and what to do if there is a crisis. Strenuous attempts will be made to engage service users and their families with the early intervention service. Taking an assertive outreach approach the team will adopt an outreach response to engagement. It is recognised people vary in their level of risk and capacity to consent so decisions about the extent of assertive outreach will be on a case by case basis.

Extended assessment

Where the presence of psychosis is unclear, the assessment period will be extended up to a maximum period of 6 weeks.

If a service user is taken on for extended assessment the following should take place:

1. Service user seen on more than one occasion (by allocated keyworker) to confirm presence of psychotic symptoms (ideally one session a home visit).
2. Psychiatrists provide mental state examination.
3. Notes from EMIS / CAMHS or GP are read.
4. Family or friends provide corroboration and possibly developmental history.
5. Consider admission with a view to assessment if risk issues
6. Psychological input considered if:
    - Complex trauma

- Personality disorder
- Developmental disorder is considered.

7. A decision on acceptance would be made at 6 weeks and referrer notified.

The Esteem consultant psychiatrist will take over as RMO during extended assessment, however service users should remain open on EMIS to CMHT during the 6 week assessment period, to help facilitate speedier transfer back to CMHT if they are not accepted.

Conclusion of assessment process
If following assessment, it is decided that the service user is to be accepted by Esteem, Esteem will notify the referring service who can close the case. Esteem will contact the service user and family to arrange ongoing care and treatment.

If following assessment, however, the service user is *not* accepted by Esteem, Esteem will notify the referring service. It is the responsibility of the referring service to decide on ongoing care and treatment and communicate this to the service user and/or family. If deemed necessary, Esteem will also provide feedback to the service user/family as to why they have not been accepted. Under such circumstances, if possible, both services would provide joint feedback. It should be recognised that non-acceptance by Esteem does not signify reduction in risk, and that this should be formally assessed and managed accordingly by the referring service.

6. Support for Families and Friends

Esteem NHS GG&C recognises the stress involved in caring and the vital role played by family and friends in supporting young people experiencing psychosis, how they react to psychosis can influence recovery. We aim to work in partnership with families and friends to promote positive mental health and recovery. We will endeavour to ensure that family and friends are:

- Involved with the initial assessment.
- Given information about psychosis and available supports both locally and nationally.
- Offered advice in understanding and supporting an individual experiencing psychosis.
- Involved in relapse prevention plans.
- Offered advice on dealing with stress that may arise from supporting a person experiencing psychosis.
- Offered family interventions where appropriate e.g. attendance at a group or family therapy.
- Advised on the availability of advocacy services.
- Advised of their right to an independent assessment of their needs by a local social work department.
- Given information and advice out with normal working hours (see section out of hours contact).
- Provided with opportunities to meet with other families with facilitation from Esteem NHS GG&C.

We recognise that children of individuals experiencing psychosis may have needs which we aim to identify and support them to access assistance if required.

If an individual experiencing psychosis refuses to give consent for their family to be involved in their care, then their family can be given general information about psychosis and support available to them. This decision will be reviewed with the service user and their relative on an ongoing basis.

7. Outcomes

All EI services routinely measure outcomes. In keeping with this, Esteem NHSGG&C measure outcomes and this is incorporated within a suite of operational measures such as.

- Service activity measures (attended appointments, length of assessment, and length of admission to hospital).
- Service delivery measure (uptake of psychological therapy, group attendance and family and friends support and medical review).
- Outcome measures (SES, DUP, DIALOG, QPR, BPRS, GASS).
- Service user satisfaction / staff satisfaction measures.

SES- Service Engagement Scale (SES) Tait et al 2002 is completed by the team and highlights how well engaged people are with the service.

DUP- Duration of Untreated Psychosis (DUP) the time from manifestation of the first psychotic symptom to initiation of adequate antipsychotic drug treatment.

DIALOG- DIALOG is a scale of 11 questions. Service users rate their satisfaction with eight life domains and three treatment aspects on a 7-point scale. DIALOG provides a score for subjective quality of life and a score for treatment satisfaction.

BPRS- The BPRS assesses the level of 18 symptom constructs such as hostility, suspiciousness, hallucination, and grandiosity. It is particularly useful in gauging the efficacy of treatment in service users who have moderate to severe psychoses.

GASS – This is a medication side effect rating scale.

8. Care Planning

Everyone's care follows the standards set out in Esteem Glasgow's Integrated Care Pathway (ICP), Appendix 3. The first three months of an individual's care tends to focus on establishing relationships with them and their family/carer, particularly minimising symptoms, and distress reduction.

A multidisciplinary discussion led by the Clinical Psychologist generates a formulation at twelve weeks which guides the nature and timing of subsequent interventions and a shared understanding among team and service user of relevant factors in treatment and recovery which generates an individually tailored care plan. Interventions may include assertive outreach, relapse prevention, vocational rehabilitation, family therapy, psychological therapies, group work and medication. Care plan will be recovery focused.

A copy of the care plan will be sent to the GP.

Everyone is offered a copy of their care plan, and subsequent reviews. The emphasis is on helping the service user make sense of their experience and focus on strengths, goals and recovery aims.

Interventions Offered:

Medication

Low dose atypical anti-psychotic medication will be offered with information about pros and cons of different medication and side effects so an informed decision about treatment can be made collaboratively between doctor and service user.

Physical Health
People with psychosis face a range of physical health challenges and all early intervention service support best practice in securing better health outcomes for service users.
Physical health screens are conducted in accordance with NHS GG&C Physical Healthcare Policy. A nurse led physical health clinic conducts the physical investigations including weight, BMI, blood pressure. Baseline blood tests are also taken and repeated as clinically indicated, incorporating lifestyle questions including lifestyle factors such as: Diet, physical activity levels as well as tobacco and alcohol consumption.

Risks associated with physical morbidity are modifiable therefore Physical Health Clinic staff, complemented by the keyworker, use every contact as a health improvement opportunity to deliver brief interventions to negotiate behaviour change. Staff use a motivational approach to find common ground on what is considered a priority while promoting healthier behaviours and discouraging detrimental ones.

Service users can be referred to appropriate local services for additional support such as a local exercise scheme; dietetics, ADRS (Alcohol and Drugs Recovery Service) or smoking cessation. Consideration may also be given for inclusion in the Esteem groups (e.g. badminton, cycling) or O/T groups.

The results of the health screen and investigations are discussed with the person, passed on to their G.P. and/ or discussed with a specialist as appropriate. It is integrated into the service user's care and changes in treatment can be considered where appropriate.

Psychosocial Interventions
Psychosocial interventions for psychosis and comorbid difficulties are routinely offered to all service users. Different groups are also on offer in the service at any one time focusing on e.g. physical activity, community engagement and management of distress. In addition to this we also offer formal peer support where required.

Psychological Therapy
A range of evidence based psychological therapies will be offered by the service based on an individual's formulation. Examples may include information about psychosis; work on voices; anxiety management; relapse prevention and motivational interviewing to reduce substances.
Clinical psychologists offer highly specialised formulation driven therapy targeting psychosis, beliefs, trauma, or interpersonal difficulties. The service offers behavioural family therapy to all appropriate cases. In addition, intervention will be offered for complex comorbidity such as ASD or substance use.

Vocational Rehab Employability
Occupational therapists are in a unique position to contribute to addressing the vocational needs of our client group. Occupational Therapists have the skills and knowledge to accurately assess and support individuals addressing their vocational needs and determining capacity to engage with work/ education. Collaborating with employers and education services occupational therapists aim to support individuals to maximise their vocational capacity and retain employment/ education where appropriate. Use of the AHP Health and Work Report to support individuals returning to employment/ education as appropriate is a nationally recognised priority.

Using the employability pipeline occupational therapists are ideally positioned to determine an individual's current needs and appropriate intervention to assist them progressing towards their vocational aspirations. Occupational therapy caseloads reflect this emphasis on employability with a

70/30 % caseload split. Establishing effective networks with employability services including job centre, skills development Scotland and individualised placement support will be a key focus.

9. In-Patient Care

The ethos of early intervention is to minimise the use of hospital and compulsory care where possible. However, young people presenting with a first episode of psychosis frequently present acutely unwell with significantly altered behaviours that can present a significant risk to themselves and/or others. Inpatient care and treatment are therefore sometimes required. However, any hospital admission should be for as short a time as possible to ensure ongoing care are treatment is delivered in service user's own homes in the community.

If hospital admission is required, then all aspects of care will be explained to individuals and their families and/or carers. During a hospital admission the Esteem Consultant Psychiatrist will remain responsible for medical care; unless the service user is admitted to IPCU whereby care is transferred to IPCU consultant, and Esteem and hospital staff will develop a joint care plan. Key Workers will continue to in-reach to Esteem inpatients.

If a client is admitted to hospital the service will provide continuity of care in collaboration with the inpatient multidisciplinary team. For each Esteem sector team, there is an identified inpatient ward:

- North West Glasgow - Henderson Ward, Gartnavel Royal Hospital
- North East Glasgow - Elgin Ward, Stobhill Hospital
- South Glasgow - Ward 4B, Leverndale Hospital
- Renfrewshire and Clyde – Ward 3B, Leverndale Hospital

Each locality ward has an inpatient liaison nurse to liaise and support the role of the team and initiate an EI approach on admission. This consistency in approach and communication can facilitate reduced stays. Key roles of this post that reduce length of stay and improve service user experience of inpatient care:

- Immediate focus on assessment and engaging the young person and their family with the Esteem Early Intervention service.
- Accelerate the process of gathering collateral information.
- Initiate service user and carer psycho-education
- Gather feedback and prepare for MDTs.
- Initiate and pursue referrals to a range of other agencies e.g. social work, housing, immigration, and addiction services.

The liaison nurse is part of the ward nursing staff compliment and will have one fixed day rostered each week when they can attend the sector Esteem team MDT at the community base and the inpatient

MDT. They will be familiar with the Early Intervention model and have experience of assessing first episode service users and delivering EI interventions.

Discharge will be fully planned with clear follow up arrangements given to the young person and their family. Ensuring adherence to GG &C policy for discharge and follow up will ensure service users have face to face contact within 5 days of discharge wherever possible. All discharges from hospital should be placed under the 'at risk' category, ensuring weekly discussion at the MDT for at least the first 2 weeks following discharge.

10. Moving on from Esteem

After Esteem**,** care will be transferred to the relevant CMHT, GP or other appropriate service, considering the needs and views of the young person and their family. Esteem will provide a comprehensive transfer of care to the receiving service, and this will be negotiated in line with NHS GG&C Transfer of Care Policy. Service users deemed as having capacity to make informed decisions not to receive care may be discharged to GP with the option to resume contact in the future if they continue to meet criteria, within the 2 years of their first episode. Service users who have been discharged and who subsequently re-present will be redirected to the relevant CMHT.

There are some circumstances in which service users may be discharged early from the service, which include:

- Recovered and functioning well – no symptoms, completed intervention offered including EWS work.
- Moving out of the area – refer onto EI or CMHT.
- If rupture in relationships with the service / service user request CMHT care.
- Repeated disengagement –

    - Lower risk service users are those with capacity to make informed choice, involvement with other services, good social support.
    - Higher risk service users are those where there is a prominent level of concern from others, evidence of risk of harm to self or others, self-neglect, concerns about capacity or child protection. These service users will need a higher level of assertive engagement.

If a service user fails to attend an initial appointment, staff will continue to try to engage them. Alternative methods of contact (e.g. staff in other services working with person; family member; or GP) will be considered and if there are safety concerns, it may be necessary to contact family and/or make repeated attempts to see the service user. In cases of poor engagement, the service will continue to make efforts to engage the service user.

11. Record Keeping, Communication & Information Sharing

All service users should be registered on EMIS. Esteem must comply with the EMIS and other systems data recording standards and NHSGGC Information Policies as outlined in the Information Governance Framework[i].

All written records must adhere to the Health / Local Authority recording policies and be in accordance with professional standards to provide an objective overview of all contacts and actions relating to the individual service user.

All records, paper or electronic are treated as confidential documents. Information is only shared on a 'need to know' basis with the service users' permission and under the scrutiny of the Caldicott principles, and in accordance with NHSGGC Information Sharing Policy unless the situation meets necessary risk requirements which would require those rights to be breached.

An entry will be made in the clinical record for each contact. This record will include details on the intervention delivered, dated, and include details of the practitioner's job title and team. This entry will also include details of the next planned session, where this is applicable.

Formal communication with GPs / referrers will be at the point of assessment (including DNA), discharge and at other relevant points.

12. Multi-disciplinary Team Working

Multi-disciplinary team working is based upon Early Intervention principles and the Esteem NHS GG&C Integrated Care Pathway (ICP) for the care and treatment of individuals with psychosis. See Appendix 3.

A weekly clinical meeting ensures multi-disciplinary input into all aspects of risk, acute care, and review of ongoing care for service users are delivered. This provides an opportunity for new case formulation and ongoing regular review, which determines care delivery, and the timing of various interventions delivered by team members.

There is a collaborative culture within the service, whereby the contribution of everyone is valued and recognised. We encourage reflective practice and open dialogue which reflects our philosophy with clients and their families.
Supervision arrangements in the team include intervention specific supervision, 1-1 supervision and peer group supervision.

13. Management, Clinical Quality and Care Governance, Assurance Arrangements

13.1 Specialist Services Management Structure

Esteem sits within the Specialist Services within Glasgow City HSCP. The other Specialist Services comprise MHAU, Adult Eating Disorders, Perinatal Mental Health and Liaison. Esteem line management falls under Specialist services, Head of service, Specialist Services- Service Manager and Specialist Services Operational Manager. The Senior Management Team (SMT) and Incident Review Group meetings will provide managerial decision making to the Esteem Management group. Professional leads attend the SMT. Esteem Senior Clinicians, where possible would attend the specialist services Clinical Governance Meeting. The Esteem Management Group and the Sub-team business meetings occur once per month and provide opportunity for cascading and escalating priority service management issues.

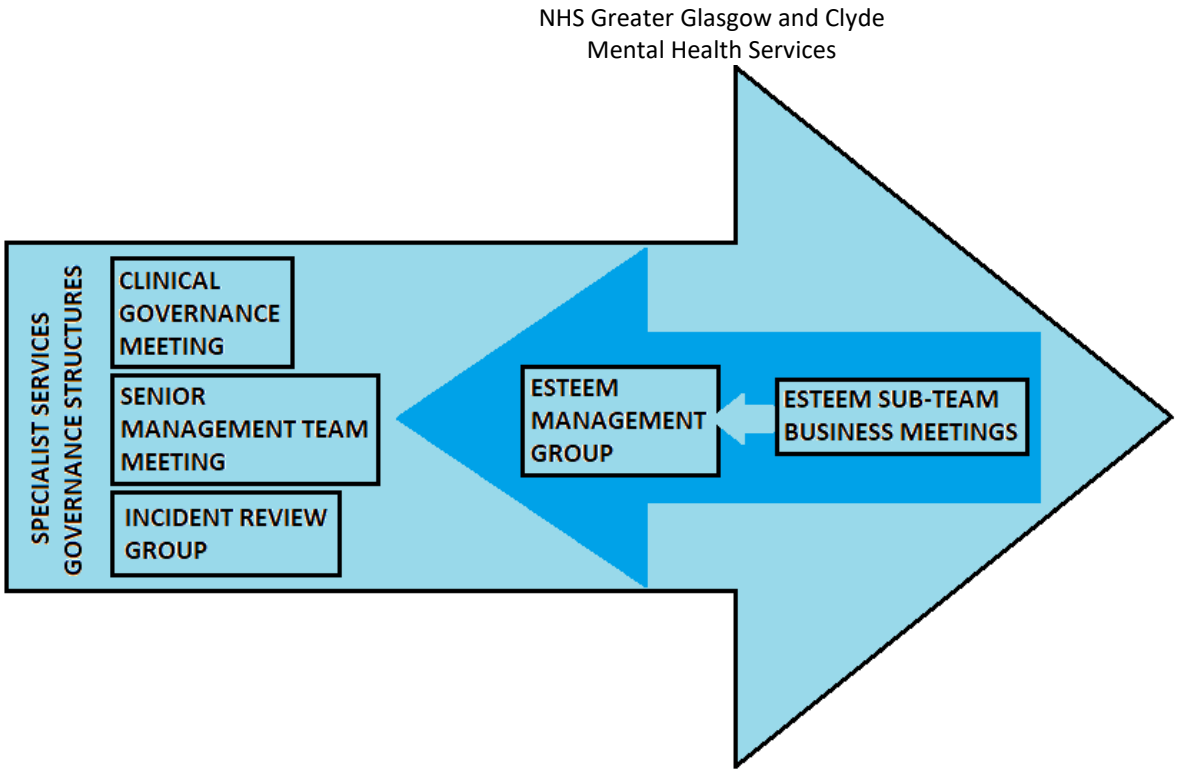

Figure 1. Specialist Service Governance Structure

13.2 Esteem Operational meeting

The Operational group includes the senior clinicians for Esteem, Service Manager, Operational Manager, Service Administrator and Clinical Director. The main function of this group is to oversee the work of the service oversee all operational business for Esteem includes:

- Financial Management
- Operating conditions in service
- Recruitment
- Service Performance and development
- Interface issues with HSCPs and MH services across the Esteem catchment area

The group meets monthly, and the Team leader will usually chair the meeting. Esteem maintains a shared multi-disciplinary leadership structure, in-keeping with EI philosophy. This group will be informed of operational management issues and decisions, delegate service wide tasks as appropriate to other groups and receive feedback and advice from senior clinical advisory roles within the service on a regular basis and where appropriate provide management endorsement to proposed activities. This group will choose the tools to bring about required service enhancements, including leadership, clinical engagement, skills development, as well as staff and service user participation.

13.3 Clinical Governance and Assurance Arrangements

It is expected within Greater Glasgow and Clyde area that the responsibility for ensuring that Clinical Governance structures and assurance process are in place rests with General Management. This said it is acknowledged that this is not achievable without the close involvement of professional leadership, and collaboration with, senior and frontline clinical staff. To strengthen the managerial arrangements for the service and provide a framework for Clinical Governance and Assurance the following arrangements are in place.

13.4 Professional Leadership

Each discipline will adhere to standards laid down by their own professional bodies. Where appropriate key clinicians from Esteem would seek representation on the following governance and advisory structures. This will enable the service and practitioners to be aware of the broader strategic direction of mental health services and associated governance requirements or developments.

- Existing nursing, medical and AHP advisory groups
- Existing MH Clinical Governance Forums
- Professional leadership structures aligned with general manager

13.5 Continuous Quality Improvement:

Improving quality is about making healthcare safe, effective, service user centred, timely, efficient and equitable. There will be a link with the Early Intervention Programme within Healthcare Improvement Scotland to ensure consistency in local and national EIP outcome measurement and Quality indicators. The following describes the structure, content and functions that will ensure that the appropriate Clinical, Quality and Care Governance arrangements are in place and describes how the service will operate within these and the managerial framework. The service will use NHS Scotland Quality Strategy as the driver behind these arrangements.

13.6 Esteem Integrated Care Pathway (ICP)

The ICP (see appendix 3) provides structure to the two-year service user journey for Esteem service users. This provides clarity for staff in terms of specific tasks and procedures to be undertaken at key stages of the two-year timeline.

13.7 GG&C Standards

1. All clinical contacts are recorded in EMIS.
2. Service data such as Mental Health Dashboard data will be used to analyse the demand, capacity and flow of the service.
3. Service user safety and risk assessment will be documented in EMIS in line with NHS GG&C policy and work aligned by the SPSP MH programme.
4. In line with NHS GG&C policy learning from Significant Adverse Events (SAERS) will be cascaded appropriately and reviewed at relevant service meetings. Suggestions and complaints will be dealt with using current NHSGG&C policies.

13.8 Outcome Measures

Service Evaluation and routine collection of outcome data (via CoreNet or EMIS) in accordance with the ICP will allow evaluation of the aims, values and objectives of the service. This will include measuring outcome on; levels of engagement; contact with families and carers; psychotic symptoms; access to psychological therapy; length of stay in hospital; use of the mental health act; numbers in employment, education and training; service satisfaction and discharge destination.

13.9 Audit, Research & Feedback

Audit, Significant Clinical Incidents and Service user and Carer feedback of experience are some of

the rich sources of learning and data available to the service. These sources will be utilised to help inform quality improvement work within the Esteem service.

13.10 Early Intervention in Psychosis Standards

Esteem recognises national and international work on standards of good practice in Early Intervention in Psychosis. Esteem seeks to increasingly align itself as closely as possible to the UK Royal College of Psychiatry Early Intervention in Psychosis accreditation standards.

13.11 Evidence Base

Esteem recognises that several medical, psychiatric, psychological and social fields of literature are continuously developing and of key relevance to Early Intervention in Psychosis. Esteem maintains a monthly Journal Club to keep this current and fresh for staff. Esteem recognise and seek to learn from Evidence Based Practice as well as the Practice Based Evidence developed over time across other EI services nationally and internationally.

13.12 Meeting Structures

Esteem Operational Meeting	
Focus	▪ Establishing key strategic/managerial direction ▪ Governance ▪ Establishing and evaluating service development ▪ Budgetary affairs in keeping with Standing Financial Instructions ▪ To fulfil an advisory function and provide the team or Service Manager with detailed analysis, be it evidence statement or service development proposal. ▪ To fulfil a clinical review function whereby complex cases, good practice reviews and service development proposals can be discussed. ▪ To consider research priorities and implementation within the service
Who	Attended by senior managers including specialist service manager, Operational manager, specialist services administrator manager, clinical director, and senior clinicians from the service. The quorum for meeting would be four: This should include at least one of the following post holders: Team leader, specialist services manager, Operational Manager, Head of Mental Health. The meeting will be chaired, and minutes taken.
Frequency	Monthly

Business Meetings	
Focus	To allow all team members a forum in which they can raise issues and be informed of and contribute to or propose service developments and for the purposes of cascading information
Who	Attended by all members of the team. Quorum would be five including the team leader/deputy in attendance for the meeting to go ahead. This quorum reflects the collocated nature of the teams
Frequency	Monthly (Co-located)

Research Meeting	
Focus	To agree research priorities for the service, facilitate research and collaboration between clinicians and NHS/ University.
Who	Attended by Service Manager, Team Leader, Consultant Psychologist, Consultant Psychiatrist and Professor Gumley (University of Glasgow)
Frequency	Quarterly.

14. Health and Safety

Staff adhere to NHSGG&C Health and Safety Policies.

Appendix 1 - Referral scoring sheet.

	SCORING	SUGGESTED QUESTIONS
Score 1 point each		
Spending more time alone Arguing with friends and family The family is concerned. Excess use of alcohol Use of street drugs (including cannabis)	_____ _____ _____ _____ _____	• Do you feel you have turned into a loner or have become less talkative? • Do you prefer to spend time alone? Have you started to withdraw from your group of friends? • Have you stopped doing things with others? • Has anyone said they have been worried about you? • Are you unusually irritable or angry or do you find yourself more involved in arguments with relatives and friends? • Have you been drinking heavily recently? • Have you used any drugs recently? If so, could you give details of what type of drug and when you last used the drug?
Score 2 points each		
Sleeping difficulties Poor appetite Depressive mood Poor concentration	_____ _____ _____ _____ _____ _____	• How have you been sleeping recently? • How have you been eating? • Have you felt less like eating than usual? How long for? • Have you been feeling low? • Have you been feeling anxious or panicky? How long for?

Restlessness Tension or nervousness. Less pleasure from things		• Does it happen that different thoughts are getting mixed up in your mind, do you find it difficult to structure your thoughts? • Do you feel nervous, restless, or tense? • Do you feel jumpy, edgy or do others think that you appear this way and have remarked on it?
Score 3 points each		
Feeling people are watching you* Feeling or hearing things that others cannot*	_____ _____	• Do you have the impression people are watching you or trying to take advantage of you? • At any time could you see, hear, smell or taste things that others could not? Did you sometimes hear noises or voices while on your own?
Score 5 points each		
Ideas of reference* Odd beliefs* Odd manner of thinking or speech Inappropriate affect Odd behaviour or appearance First degree family history of psychosis plus increased stress or deterioration in functioning* **TOTAL**	_____ _____ _____ _____ _____ _____	❖ Do you ever feel that events or other people's actions have a special for you? ❖ Do you have the feeling others laugh or talk about you? Or do you receive messages? (ideas of reference) ❖ Do you believe anything that other people have found unusual or strange? (odd beliefs) ❖ At any time, did you ever experience that people or things in your environment appeared to be changed? ❖ Has anyone commented to you recently that you have said unusual or confusing things? ❖ Has anyone in your family ever had a mental illness?
20 points or more direct to Esteem for assessment. If score less than 20 – joint assessment.		

Acknowledgements to: Manchester; Salford; Sheffield; South Worcestershire EIP Services; IRIS and Leeds Aspire

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Appendix 2 - The Clinical Team

Responsibilities of key disciplines within the service are:

Key worker role

The keyworker will have responsibility for a range of case management tasks and will remain involved with the client and family throughout their time in the service. It will be the responsibility of the keyworker to:

- Meaningfully engage the client with the service.
- Develop a working therapeutic relationship with client and family.
- Co-ordinate a comprehensive assessment
- Guide the client towards recovery through offering medication advice and education about psychosis.
- Ensure that the client's family engage in care as much as possible.
- Co-ordinate discharge planning from in-patient care involving other agencies where appropriate.
- Provide a flexible response to crisis.
- Support the efforts of clients to return to occupational, educational and leisure activities where appropriate.
- Co-ordinate efforts to meet other social care needs.
- In collaboration with the client and family, develop and implement relapse prevention planning where possible.
- Co-ordinate multi-disciplinary reviews.
- Prepare and co-ordinate discharge from the Esteem service.

Key workers within the team may have a nursing or occupational therapy background. The specific roles of each discipline are described below.

Nursing

Within **Esteem**, Mental Health Nurses work in the capacity of keyworkers as well as providing specialist nursing assessment and interventions.

Psychosis can affect an individual's physical, psychological, and social wellbeing. Through the nursing process, nurses can identify specific symptoms which cause day to day problems and assist the individual through a process of education and structured evidence-based interventions to promote independence and recovery. Fundamental to this is the therapeutic alliance which nurses are skilled at establishing and maintaining.

Nurses administer and monitor the effects of medication, promoting concordance using education and health promotion. Esteem provides a nurse led physical health clinic to monitor the physical impact of psychosis and treatments.

Occupational Therapy

Occupational therapy is concerned with activities of daily living. It provides specialist assessment of function in relation to an individual's ability to perform tasks associated with their life roles. When daily living skills have been impaired by illness the Occupational Therapist can deliver interventions that allow individuals to regain these skills, develop new skills or learn adaptive techniques to manage day to day life.

Activity is the therapeutic medium used by Occupational Therapists not only to improve skills but also to promote confidence and self-esteem, to increase motivation, to introduce self-directed goal setting, to reduce social anxiety and isolation and to establish a sense of physical and mental wellbeing.

Within **Esteem** the Occupational Therapist works in the capacity of keyworker as well as providing specialist occupational therapy assessment and intervention. The Employability Pipeline outlines where OT specialist interventions may be required.

Support Worker

The unique role of the Support Worker within Esteem was developed to provide additional support to clients and the clinical team in areas such as crisis work, delivering psychological and social interventions, monitoring mental health and medication.

Social and therapeutic activities are offered on a one to one or group basis. Practical help can be given with activities of daily living, welfare issues and supporting clients to adopt a healthy lifestyle.

The Support Worker has useful links with leisure, educational and vocational services and other local non-statutory organisations, housing, social work services and local colleges/training and employment services.

Psychiatry

In keeping with the principles of Early Intervention and the structure of the ICP, the Consultant Psychiatrist has a key role in engaging the client and family to the service. Therefore, the Consultant Psychiatrist is required to take a more flexible approach including outreaching to clients within the community if required.

Within the context of the MDT, the Consultant Psychiatrist contributes to the individually tailored formulation driven approach to care and treatment. This includes physical health care, consideration of appropriate ICD 10 diagnosis and delivery of a bespoke treatment plan integrating pharmacological, psychological, and social interventions.

The Consultant Psychiatrist retains clinical responsibility for the care and treatment of service users on the Esteem NHS GG&C caseload if they are admitted to hospital. In line with the aims and objectives of the service, the psychiatrist aims to minimise hospitalisation and the use of the mental health act.

The consultant psychiatrist has a leadership role disseminating the early intervention approach and modelling the culture of collaboration, optimism, normalisation of the psychotic experience and recovery focus both within Esteem service and throughout the wider organisation. Where possible medical staff within Esteem will cross cover each other.

Clinical Psychology

The Clinical Psychologist has a lead role in ensuring the delivery of psychologically informed care and high quality psychological interventions as a cornerstone of an early Intervention for psychosis service. Their responsibilities include:

- Leading the multidisciplinary team formulation discussion, highlighting both a person's problems, circumstances and relationships and a theoretical conceptualisation of this which will inform treatment planning. Providing the report for this which guides the nature and timing of the interventions outlined in the ICP e.g. family work.
- Providing guidance to the team on maintaining engagement and a collaborative therapeutic relationship with people with multiple and complex needs
- Providing specialised psychological assessment of individuals and families
- Providing high quality individually tailored psychological therapy for individuals and families e.g. interventions for complex trauma.
- Providing consultation on complex cases e.g. where high levels of co-morbidity or risk exist
- Providing supervision for specific psychological interventions delivered by members of the team.
- Facilitating the implementation of high quality research to continually improve outcome of service delivery.
- Disseminating a normalising recovery focused compassionate model of effective care to the wider mental health system.
- Contributing to multi-disciplinary team leadership.

Peer Support Worker

Esteem currently has 2 peer support workers who bring their lived experience to aid the recovery and support of service users by promoting wellbeing, supporting community interaction, and challenging stigma.

Youth Employment Coach

There is a Youth Employment Coach based within Esteem. This post is funded through the Scottish Governments "No one left behind" strategy which is aimed at "placing people at the centre of the design and delivery of employability services" The post holder is line managed by NHS GG&C Health Improvement, with supervision also provided by the Esteem Team Leader. The post holder works with Esteem's living in the Glasgow City area who meet the criteria outlined by the "No one left behind" strategy. The Youth Employment Coach will collaborate with them to move towards an identified positive destination e.g. employment, education, or training. The post holder receives referrals from all members of the MDT within Esteem.

ESTEEM – INTEGRATED CARE PATHWAY (ICP) – 2023

	BASELINE (0-6 WEEKS)	3 MONTHS	6 MONTHS	YEAR 1	YEAR 2
ICP REVIEW POINTS	Initial assessment documented	✓	Consider additional ICP review from 3 months – 1 year if indicated	✓	✓
OUTCOME MEASURES	BPRS EET status	BPRS DUP EET status DIALOG SES – if >12, plan re-formulation		BPRS EET status DIALOG	BPRS EET status DIALOG
PHYSICAL HEALTH MONITORING	✓	✓	✓	✓	✓
		MDT formulation			Transfer of care

OTHER ACTIONS

- Demographic information recorded.
- Allocate key worker within 2 weeks.
- Assertive engagement/crisis management
- Corroborative history
- Discuss with MDT
- Extended assessment completed within 6 weeks.
- Risk assessment/management plan.
- Assessment document completed within 2 weeks.
- Provide feedback to referrer/GP

Items to consider/complete:

- Vocational/employment support
- Referrals to other disciplines (psychology/OT/support worker/peer support worker/employability coach)
- Advanced Statement
- Signpost to user involvement within mental health network
- Groups
- Staying Well Plan/PSIP
- Complete carer satisfaction
- Offer Family & Friends
- BFT

[i] Information Governance Framework
http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/Non%20Clinical%20Policies/Pages/InformationGovernanceandInformationTechnologySecurityFramework.aspx