

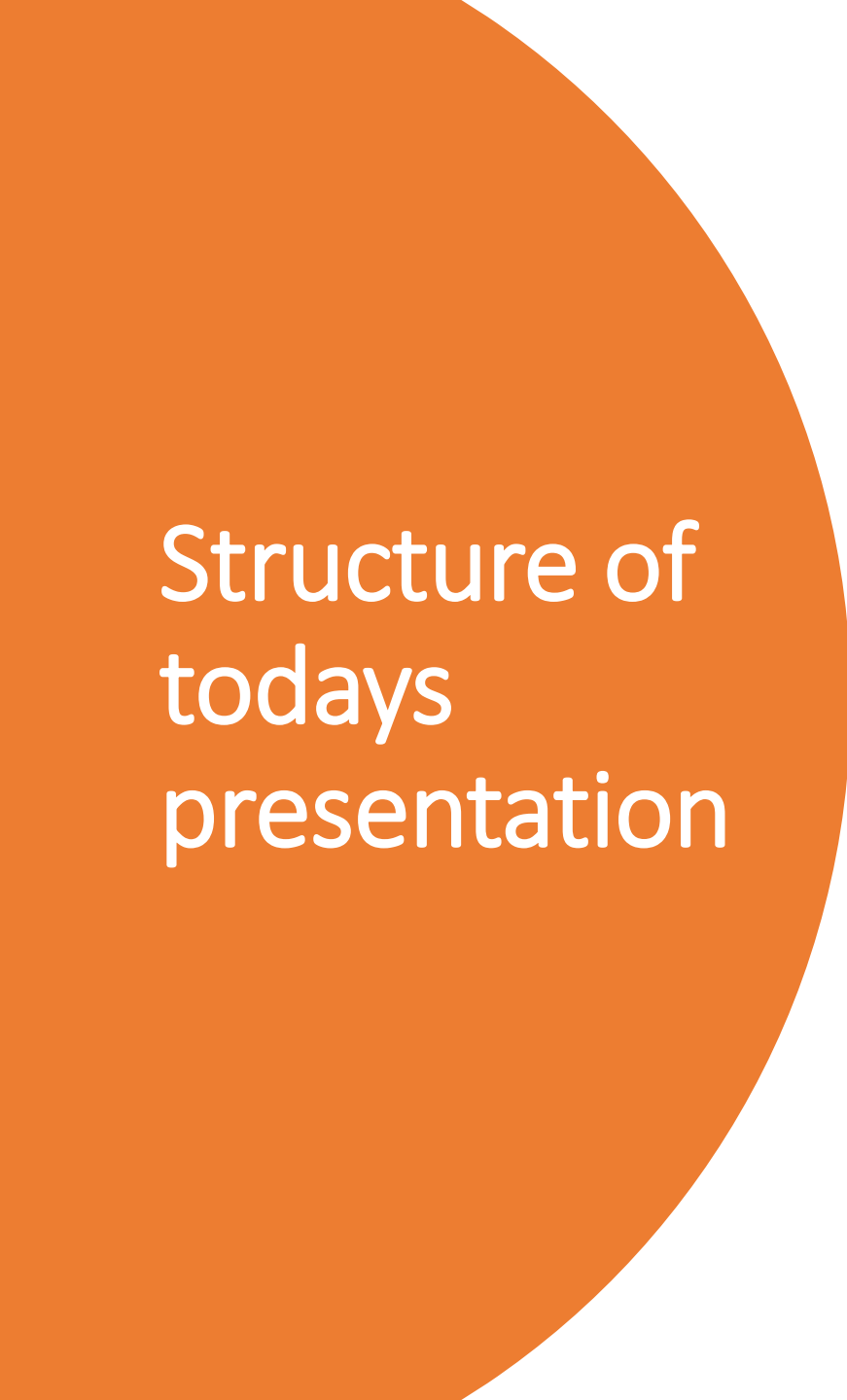
# *Are we there yet? Implementing Early Intervention in Psychosis Teams in Ireland*

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# Structure of today's presentation

1. What is Early Intervention in Psychosis-  
briefly!
  2. The Early Intervention in Psychosis National  
Clinical Programme in Ireland
  3. Where are we at with implementation in  
Ireland?
  4. Barriers & Facilitators
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# 1. What is Early Intervention in Psychosis?

Early identification and engagement of individuals with a ***First Episode of Psychosis*** or the preceding ***At Risk Mental State***

AND

Assertive follow up and access to **evidence based interventions** during the initial 3-5 year critical illness for individuals and their family/carers

**Key principles of Early Intervention in Psychosis services are:**

- Culture of hope and optimism
- Youth orientation
- Service users goals inform all aspects of care pathway
- Involve family and carers early and explicitly
- Focus on both functional recovery **and** symptom relief
- Address co-morbidity early e.g. depression, substance abuse, anxiety disorders, trauma

# International and National Evidence for EIP x 20 Years

## Access

- Improves detection rates – DUP
- Reduces delays in accessing treatment.
- Reduces delays in receiving treatment – no internal waiting

## Early Intervention

- Lower levels of symptom severity, violence, suicidality and death
- Increased rates of remission, recovery and relapse prevention.

## Quality and Recovery

- Improved levels of functioning, independence and quality of life
- Improved satisfaction and engagement with services.

## Economic

- lower healthcare costs, short, medium and long-term,
- Reduced hospitalisations and length of stay.
- Societal savings – education, employment, social services,
- Societal savings criminal justice system.



# Invest to Save

The EIP NCP is an ***Invest to Save*** National Clinical Programme

- Invest in young people
- Invest to improve symptomatic and personal recovery
- Invest to reduce morbidity and mortality
- Invest to reduce suffering and disability
- Invest to reduce requirements for long term care by family/carers as well as by health and social services

# Cost of inadequate psychosis care

- > 70% of people who are admitted to an acute psychiatric bed for more than 6 months in Ireland-Schizophrenia
- Costs €43 Million/ year in Ireland

## 2. The Early Intervention in Psychosis National Clinical Programme in Ireland

- National Clinical Programme established in 2011
- Collaboration with the College of Psychiatrists of Ireland
- One of 5 National Clinical Programmes in mental health





## **HSE NATIONAL CLINICAL PROGRAMME FOR EARLY INTERVENTION IN PSYCHOSIS**

### **MODEL OF CARE EXECUTIVE SUMMARY**

May 2019

## **EIP 'Model of Care' Development**

- In 2016 all clinical programmes were required to develop a 'Model of Care'
- Model of Care writing group 2016- 2018
- Clinical Advisory Group in College of Psychiatrists 2018- 2019
- EIP NCP Model of Care launched June 2019 by Minister for Mental Health Jim Daly



# EIP Model of Care for Ireland

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- First Episode of Psychosis services for **those aged 14-64 years for up to 3 years**
  - At Risk Mental State Assessments for those aged 14 – 35 years referred to mental health services with suspected psychosis
  - **Standalone model** for urban areas with population over 200,000
- AND**
- **Hub and Spoke model** for catchment services up to a maximum of 200,000 population



# Which 'model' to use?

- The best evidence is for a Standalone EIP service model.
- However, this evidence is in the main from large, population dense urban centres... typically affiliated to a large academic university (co-located/ nearby).
- This is not the geography of Republic of Ireland
- **Total population 5.1 million**
  - Dublin metropolitan area 1.2 million
  - Cork 210,000
  - Limerick 94,000
  - Galway 80,000
- Largest County is Cork population 542,000, 102 miles (164km) in breadth
- Peninsulas, Islands.....

# Counties of Ireland

**Total population 5.1 million**

Dublin metropolitan area 1.2 million

Cork 210,000

Limerick 94,000

Galway 80,000

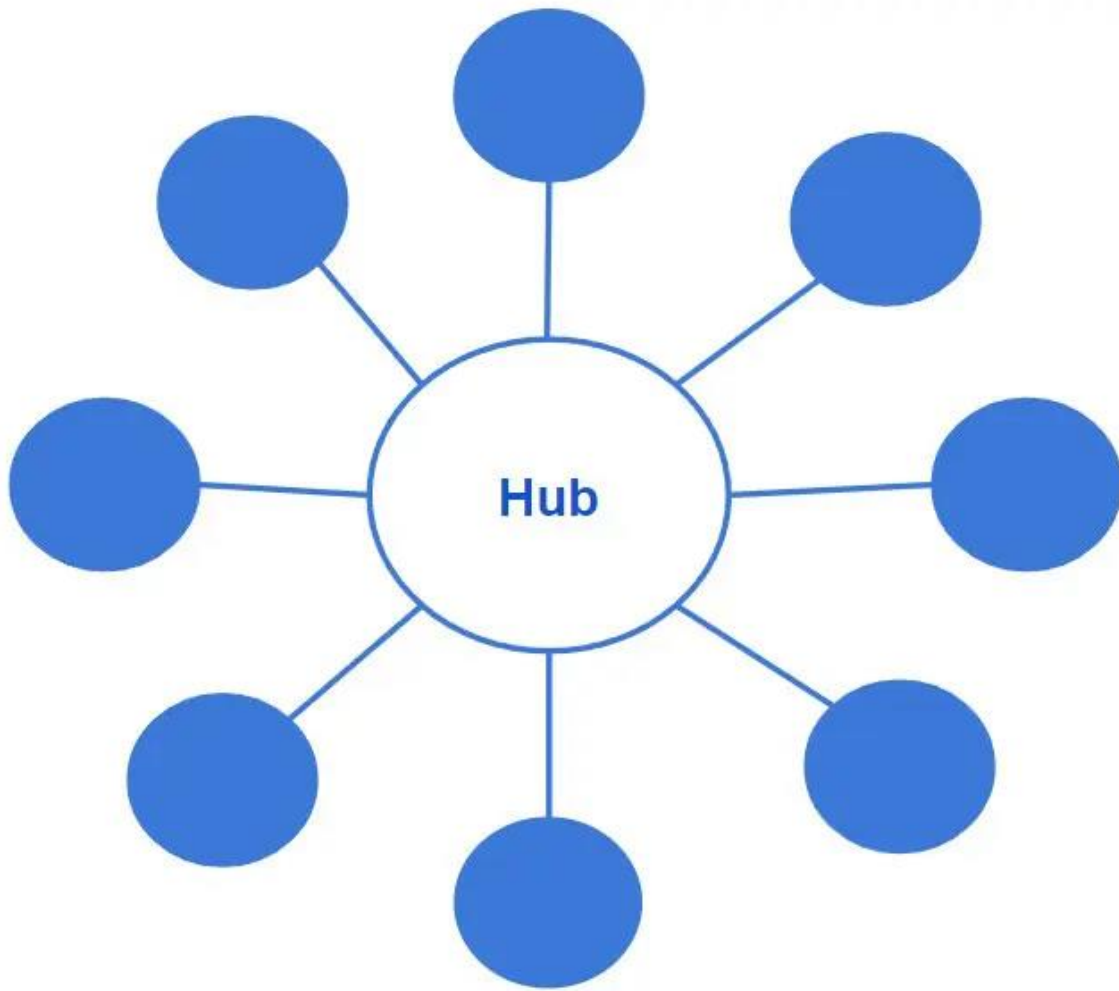
Largest County is

Cork population 542,000

102 miles (164km) in breadth

Peninsulas, Islands.....





# Hub and Spoke

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- Where EIP staff are located
- Where interventions are delivered
- Who takes clinical responsibility
- There is a spectrum .....

# Hub and Spoke model

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- The Hub can be real/ virtual
- **At the Hub:** Clinical lead, lead for psychological interventions, lead for family interventions- some staff delivering psychological interventions, family interventions, Individual placement support, physical health based there..
- **At the Spokes:** EIP Keyworkers, some staff delivering psychological interventions, family interventions, Individual placement support, physical health. Interventions delivered at spokes> Hub
- Consultant at the spokes holds clinical responsibility

# Evidence Based Interventions

1. Allocated to a dedicated EIP **Keyworker** caseload
2. **Pharmacotherapy**- start low and go slow, clozapine early
3. **Physical health** monitoring and lifestyle interventions
4. **Psychological interventions**, CBTp, Cognitive remediation
5. **Family supports and interventions**, Behavioural Family Therapy
6. **Individual Placement Support**

# Resource Requirements

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- HSE commissioned the development of a population based psychosis incidence prediction tool
- Prof James Kirkbride and colleagues in University College London





3.

Where are we at with  
EIP Implementation in  
Ireland?



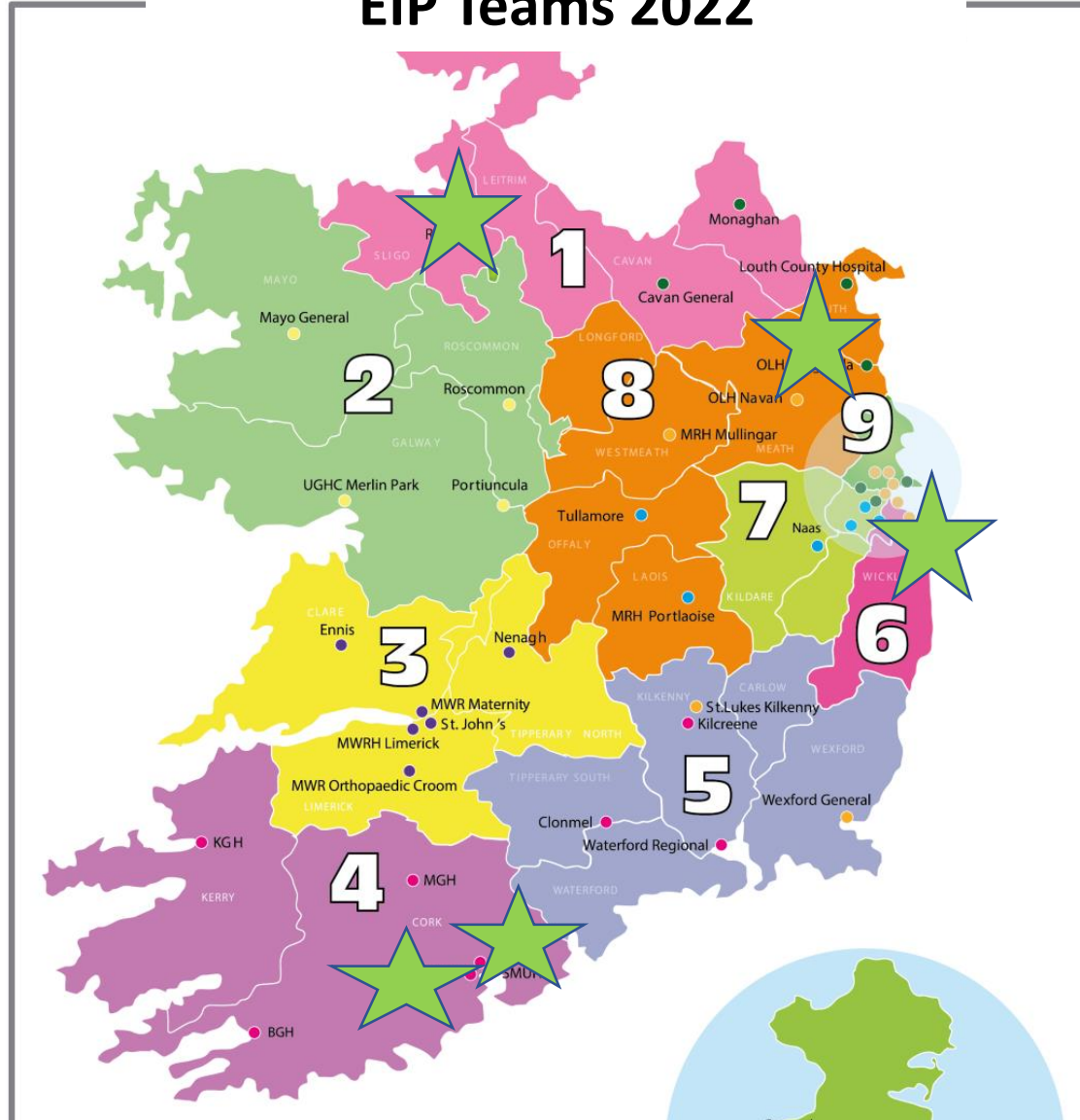
# Early Intervention in Psychosis in Ireland

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- EIP is a National Clinical Programme in the HSE
- Currently **5 EIP services** in Ireland
  - DETECT, South Dublin & North Wicklow
  - EIST (North Lee, Cork)
  - RISE (South Lee, Cork)
  - Meath (Compass)
  - Sligo

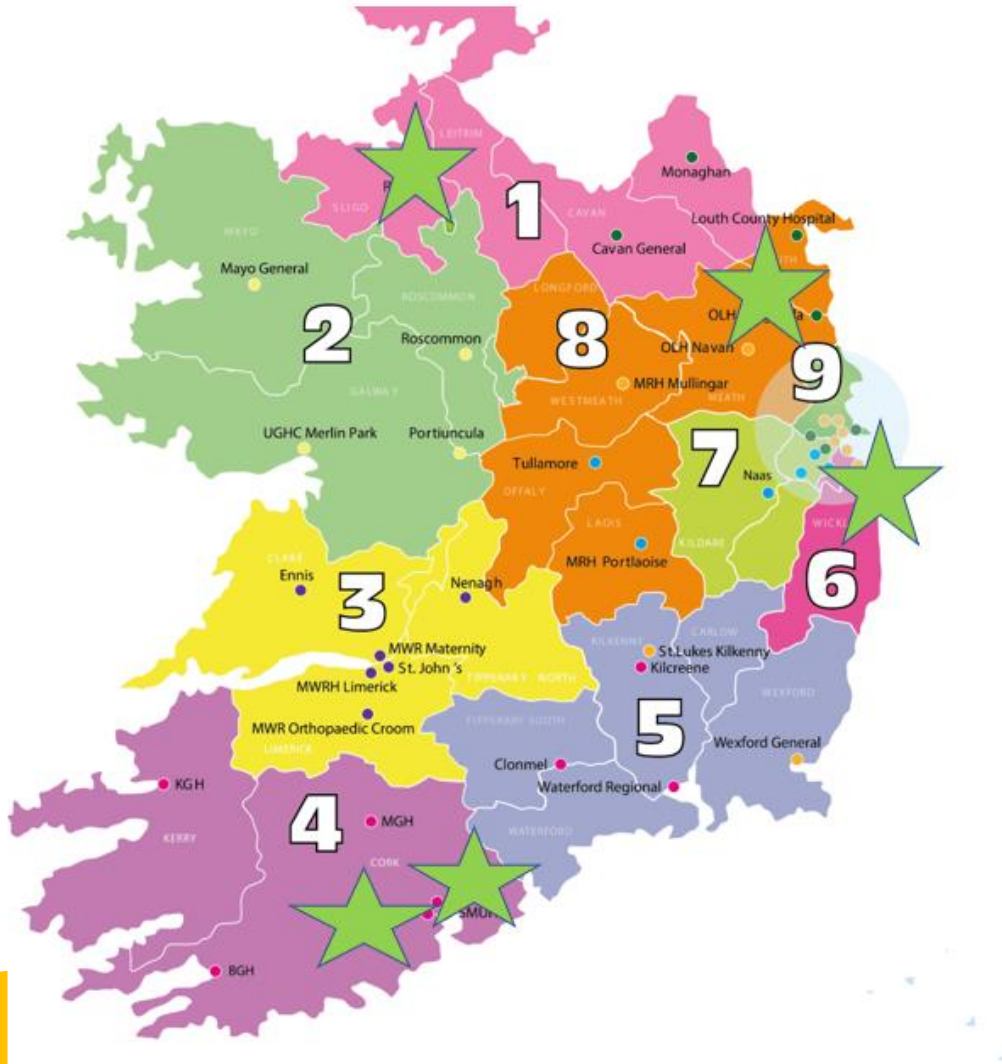


## EIP Teams 2022



- 5 EIP services
- 19% of the adult population have access to an EIP service in Ireland
- 0% of children have access to an EIP service in Ireland in 2022
- An ARMS clinic has been funded in 2022 for Young people (under 18's in CHO 6).

## EIP Teams 2022



- **Detect:** South Dublin, North Wicklow. Mix of Urban and rural

Population 360,000

- **EIST:** North Cork City- Urban

Population 100,000

- **RISE:** South Cork City- largely urban with 1 spoke rural


Population 200,000

- **Sligo/ Leitrim-** largely rural


Population 115,000

- **Compass- Meath-** suburban/ rural

Population 160,000


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## The demo teams... and their evaluation


- 3 of these teams were funded in 2018
  - A process evaluation of the implementation of the EIP Model of Care into reality in each site was also commissions
  - This evaluation was completed over two years by Trinity College Dublin
  - The final report was published on the 22<sup>nd</sup> September 2022
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# Skilled Workforce Development

- EIP Principles – Induction & Network days
  - Prescribing in EIP- Induction & Network days
  - Individual Placement Support- Network days
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- EIP Keyworker role- Virtual Supervision Groups
  - CBT for psychosis- Training course Trinity College Dublin & University of Galway
  - Physical health screening and intervention- POCT
  - Individual Placement Support- Network days

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So how did the  
implementation  
go?

- Funding awarded January 2018 to 3 teams-  
Cork (RISE), Meath (Compass), Sligo/Leitrim
  - RISE, Cork launched May 2019 (11 WTE)
  - Sligo launched October 2020 (6 WTE)
  - Meath in operation since July 2021 (10 WTE)
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4.

The barriers and  
facilitators to EIP  
implementation



# Barriers

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- **Funding**: Need to secure multi-annual ring fenced funding
- Changing the status quo is hard... requires tenacity, tolerance of uncertainty, patience and faith
- Also The pragmatics of it can require skills that aren't necessarily core to a healthcare leaders skillset e.g. expertise in HR, IT etc
- **Stigma**- Psychosis poorly understood in general population
  - In Ireland, 72% of references to psychosis in the media were in context of perpetrator violence
  - Limited public and therefore political profile for Psychosis

# Barriers

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- Recruitment- staff very interested in working in this area.... But they then leave gaps in other parts of the health service
- Often unspoken barriers
  - This group are already getting care
  - Therapeutic Nihilism
  - Change is hard... some are more open to it than others – early adopters... laggards
- EIP isn't just about improving access/ reducing delays/ access to evidence based interventions... it's a culture change....

# Barriers

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- New EIP Teams...are not being developed on a greenfield site. There is an existing healthcare model.... that has gaps, challenges, that is struggling
- Your new EIP service will inherit all of those challenges and then face its own
- Tension between - doing something 'good enough'
  - getting started vs what is set out in the 'model of care'
- Fidelity and quality improvement important focus from the outset.

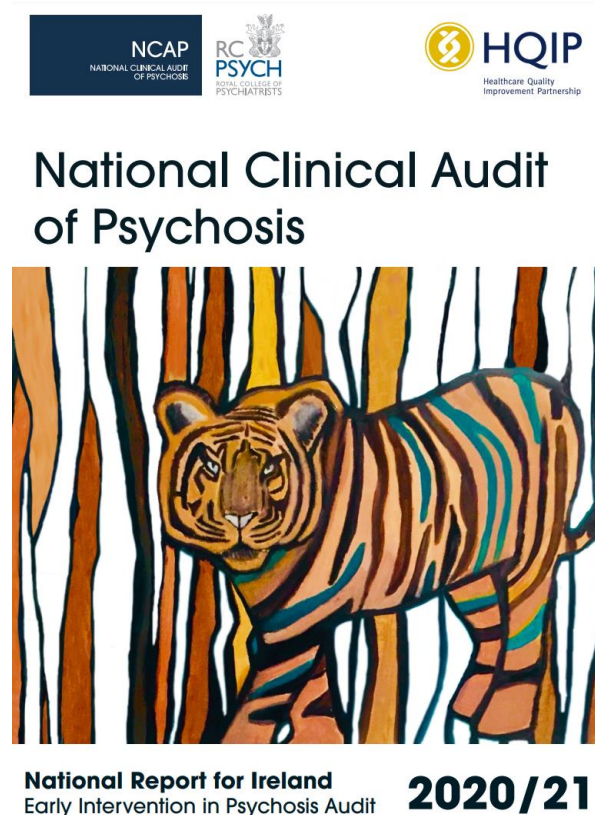
# Facilitators

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- Energy and enthusiasm really important... but you need to build a coalition of support and pace yourselves... marathon not a sprint.
- Build a broad coalition- Lived, Loved, learned
  - Service users
  - Families
  - Voluntary sector – collaborate on projects, shared issues
  - Academics- link them in to your network, support collaborations, engage
  - Clinicians- provide opportunities for education and networking
- Know your landscape- who has power, who is listened to, how have other projects found success? Adapt your messaging to your context.

# Facilitators

- Gather data... it counters the false narratives



Coláiste na Tríonóide, Baile Átha Cliath  
**Trinity College Dublin**  
Ollscoil Átha Cliath | The University of Dublin

The National Clinical Programme for Early  
Intervention in Psychosis: A process evaluation of  
the implementation of a new model of care in  
three demonstration sites

End of Project report

June 2022

# Facilitators

## Findings from the national survey on the experiences of those living with psychosis

Posted on August 30, 2022

**National survey findings highlight lack of specialised supports and significant experiences of stigma for those living with psychosis.**



Rialtas na hÉireann  
Government of Ireland

### Sharing the Vision

A Mental Health Policy  
for Everyone



# What we learned

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- EIP works- reduced admissions, reduced relapses, better outcomes
- Service Users and their families prefer it
- Staff prefer working in this way
- It was barriers within our health system that impaired implementation- Funding, HR processes, Poor IT infrastructure

# What we have learned

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- Change is hard.... Needs clinical leadership & broad collaboration
- Listen for the Narratives that resist change & be prepared to counter them....Whack a mole...





# What we have learned

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- **Some example narratives from Ireland:**
  - EIP teams are ivory towers – too specialised
  - We can only resource the status quo OR new developments NOT both
  - Not this year.. Next year.
  - This may work in other places... but Ireland is different... my service user is different
- You need **allies outside of your health service/ your part of the health service**- they can speak to things and in places you can not
- Early Intervention in Psychosis has **a positive impact beyond psychosis care**- it's a progressive way of working, it impacts the wider health system (GP, Physical health), social welfare demands, employment- share this message
- What is the cost of NOT investing in evidence based care for people with psychosis?

# Recap

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briefly!
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3. Where are we at with implementation in  
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# Questions



More information on EIP National Clinical Programme in Ireland here: <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/psychosis/>

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