NCAP
NATIONAL CLINICAL AUDIT OF PSYCHOSIS

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

HQIP
Healthcare Quality Improvement Partnership

National Clinical Audit of Psychosis

Appendices
Early Intervention in Psychosis Audit

2020/21

Contents

Appendix A: Acknowledgments

Development of recommendations

The recommendations for the NCAP EIP 2020/2021 audit were developed by the NCAP team and members of the NCAP steering group. We would like to thank our steering group for their contributions. A list of members of the steering group, together with the organisations they represent, can be found in Appendix B.

Support and input

We would like to thank the staff from participating Trusts/organisations and Health Boards, who took part in the collection and submission of data for the EIP 2020/2021 audit. Their continued hard work and dedication to the audit throughout this difficult period, while managing the challenges and demands of COVID-19, is very much acknowledged and appreciated.

We would also like to thank the Healthcare Quality Improvement Partnership (HQIP) team for their continuing guidance throughout the NCAP EIP 2020/2021 audit.

Appendix B: Steering group members

Table 1: Steering group members and organisations (in alphabetical order)

Name	Organisation
Dr Alison Brabban	Early Intervention in Psychosis Network, NHS England and NHS Improvement
Linda Chadburn	Pennine Care NHS Foundation Trust/local audit representative
Prathiba Chitsabesan	NHS England and NHS Improvement
Dr Elizabeth Davies	Welsh Government
Dr Selma Ebrahim	British Psychological Society
Ellie Gordon	Royal College of Nursing
Wendy Harlow	Sussex Partnership Trust/local audit representative
Sam Harper	Healthcare Quality Improvement Partnership
Gabriella Hasham	Rethink Mental Illness
Sarah Holloway	NHS England and NHS Improvement
Steve Jones	NHS England and NHS Improvement
Beth McGeever	NHS England and NHS Improvement
Molly McPaul	Care Quality Commission
Jay Nairn	NHS England and NHS Improvement
Peter Pratt	Prescribing expert, NHS England and NHS Improvement
Caroline Rogers	Healthcare Quality Improvement Partnership
Lucy Schonegevel	Rethink Mental Illness
Dr David Shiers	General Practitioner (retired)/Carer
Dr Shubulade Smith	National Collaborating Centre for Mental Health
Dr Caroline Taylor	Royal College of General Practitioners/ Clinical Commissioning Group representative
Hilary Tovey	NHS England and NHS Improvement
Andrew Turner	Care Quality Commission
Nicola Vick	Care Quality Commission
Dr Jonathan West	Early Intervention in Psychosis Network (London)
Tristan Westgate	Rethink Mental Illness
Dr Latha Weston	Royal College of Psychiatrists, General Adult Faculty

All members of the steering group and the audit implementation group were asked to make a declaration of competing interests. The forms are held on file by the CCQI and are available for inspection.

Appendix C: Participating Trusts

Table 2: Participating Trusts, provider IDs and early intervention in psychosis (EIP) teams (alphabetised by Trust name)

Provider name	Provider ID	Team name(s)
Gloucestershire Health and Care NHS Foundation Trust (previously known as 2gether NHS Foundation Trust)	ORG01	GRIP (Gloucestershire)
Avon and Wiltshire Mental Health Partnership NHS Trust	ORG04	Bristol Early Intervention Team
		North Somerset Early Intervention Team
		South Gloucestershire Early Intervention Team
		Swindon Early Intervention Team
		Wiltshire Early Intervention Team
		Banes Early Intervention Team
Barnet, Enfield and Haringey Mental Health NHS Trust	ORG05	Barnet Early Intervention in Psychosis Service
		Enfield Early Intervention in Psychosis Service
		Haringey Early Intervention in Psychosis Service
Berkshire Healthcare NHS Foundation Trust	ORG06	Berkshire Early Intervention in Psychosis Service
Birmingham and Solihull Mental Health NHS Foundation Trust	ORG08	Solihull Early Intervention Service
Black Country Healthcare NHS Foundation Trust (previously known as Black Country Partnership NHS Foundation Trust)	ORG09	Sandwell Early Intervention Team
		Wolverhampton Early Intervention Team
		Dudley Early Intervention Service
		Walsall Early Intervention Service
Bradford District Care NHS Foundation Trust	ORG10	Bradford and Airedale Early Intervention Service
Cambridgeshire and Peterborough NHS Foundation Trust	ORG11	CAMEO
Camden and Islington NHS Foundation Trust	ORG12	Camden Early Intervention Service
		Islington Early Intervention Service
Central and North West London NHS Foundation Trust	ORG14	Brent Early Intervention Service
		Harrow and Hillingdon Early Intervention Service
		Kensington and Chelsea and Westminster Early Intervention Service
		Milton Keynes Early Intervention Team

Table 2 continued:

Provider name	Provider ID	Team name(s)
Cheshire and Wirral Partnership NHS Foundation Trust	ORG15	Central and Eastern Cheshire Early Intervention Service
		Cheshire West Early Intervention Service
		Wirral Early Intervention Team
Community Links Northern Ltd	ORG64	Aspire (Leeds)
Cornwall Partnership NHS Foundation Trust	ORG16	Cornwall Early Intervention Service
Coventry and Warwickshire Partnership NHS Trust	ORG17	Coventry Early Intervention Team
		North Warwickshire and Rugby Early Intervention Team
		South Warwickshire Early Intervention Team
Derbyshire Healthcare NHS Foundation Trust	ORG20	Derby City and South County Early Intervention Service
		North Derbyshire Early Intervention Service
Devon Partnership NHS Trust	ORG21	Exeter and East Devon EIP Service
		North and Mid Devon EIP Service
		Torbay, South and West Devon EIP Service
Dorset HealthCare University NHS Foundation Trust	ORG22	Pan Dorset Early Intervention in Psychosis Service
East London NHS Foundation Trust	ORG24	Early Intervention in Psychosis Service Bedfordshire and Luton
		Equip – City and Hackney Early Intervention Service
		Newham Early Intervention Psychosis Service
		Tower Hamlets Early Intervention Service
Essex Partnership University NHS Foundation Trust	ORG25	Mid Essex Specialist Psychosis Pathway
		North East Essex Specialist Psychosis Pathway
		West Essex Specialist Psychosis Pathway
		ESTEP East
		ESTEP West
Forward Thinking Birmingham	ORG63	Birmingham Early Intervention for Psychosis Service (West)
		Birmingham Early Intervention for Psychosis Service (East)
		Birmingham Early Intervention for Psychosis Service (North)
		Birmingham Early Intervention for Psychosis Service (South)

Table 2 continued:

Provider name	Provider ID	Team name(s)
Greater Manchester Mental Health Services NHS Foundation Trust	ORG26	Bolton Early Intervention Team
		Salford Early Intervention Team
		Trafford Early Intervention Team
		Manchester Early Intervention Team
Hertfordshire Partnership University NHS Foundation Trust (HPSFT)	ORG27	PATH Early Intervention in Psychosis Services – Psychosis: Prevention, Assessment and Treatment in Hertfordshire
Humber NHS Foundation Trust	ORG28	Psychosis Service for Young People in Hull and East Riding (PSYPHER)
Isle of Wight NHS Trust	ORG30	Isle of Wight Early Intervention in Psychosis
Kent and Medway NHS and Social Care Partnership Trust	ORG31	Kent and Medway Early Intervention in Psychosis Service East Kent
		Kent and Medway Early Intervention in Psychosis Service West Kent
Lancashire and South Cumbria NHS Foundation Trust (previously known as Lancashire Care NHS Foundation Trust)	ORG32	Early Intervention Service – Central
		Early Intervention Service – East
		Early Intervention Service – North
		South Cumbria Early Intervention Team
Leicestershire Partnership NHS Trust	ORG34	Leicestershire Psychosis Intervention and Early Recovery (PIER) Team
Lincolnshire Partnership NHS Foundation Trust	ORG35	Early Intervention Team Lincolnshire
Livewell Southwest CIC	ORG36	Insight Team, Plymouth
Mersey Care NHS Foundation Trust	ORG37	Liverpool Early Intervention in Psychosis
		Sefton Early Intervention Team
Midland Partnership NHS Foundation Trust	ORG54	Early Intervention Team – Shropshire, Telford and Wrekin
		Early Intervention Team – South Staffordshire
NAViGO Health and Social Care CIC	ORG38	Early Intervention in Psychosis and Transition Service
Norfolk and Suffolk NHS Foundation Trust	ORG39	Central Norfolk Early Intervention Team
		Early Intervention Team – West Norfolk – Thurlow House
		Great Yarmouth and Waveney Early Intervention Team – Northgate
		East and West Suffolk EIP

Table 2 continued:

Provider name	Provider ID	Team name(s)
North East London NHS Foundation Trust	ORG40	Barking and Dagenham Early Intervention in Psychosis
		Havering Early Intervention in Psychosis
		Redbridge Early Intervention in Psychosis Team
		Waltham Forest Early Intervention in Psychosis
North Staffordshire Combined Healthcare NHS Trust	ORG41	Early Intervention Service, North Staffordshire
North West Boroughs Healthcare NHS Foundation Trust	ORG42	St Helens and Knowsley Early Intervention Team
		Halton and Warrington Early intervention Team
		Wigan Early Intervention Team
Northamptonshire Healthcare NHS Foundation Trust	ORG43	Community Mental Health Adult – Early intervention N'STEP
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (previously known as Northumberland, Tyne and Wear NHS Foundation Trust)	ORG44	Gateshead EIP
		North Tyneside EIP
		Northumberland EIP
		Sunderland EIP
		Newcastle EIP
		South Tyneside EIP
		North Cumbria EIP
Nottinghamshire Healthcare NHS Foundation Trust	ORG45	Ashfield and Mansfield Early Intervention in Psychosis Team
		County South Early Intervention in Psychosis Team
		Newark and Sherwood Early Intervention in Psychosis Team
		Nottingham City Early Intervention in Psychosis Team
		Bassetlaw EIP
		CAMHS – Head 2 Head
Oxford Health NHS Foundation Trust	ORG46	Buckinghamshire Early Intervention Service
		Oxfordshire Early Intervention Service
Oxleas NHS Foundation Trust	ORG47	Bexley Early Intervention in Psychosis
		Bromley Early Intervention in Psychosis
		Greenwich Early Intervention in Psychosis Team

Table 2 continued:

Provider name	Provider ID	Team name(s)
Pennine Care NHS Foundation Trust	ORG48	Early Intervention Team Bury
		Early Intervention Team Heywood, Middleton and Rochdale
		Early Intervention Team Oldham
		Early Intervention Team Stockport
		Early Intervention Team Tameside
Rotherham, Doncaster and South Humber NHS Foundation Trust	ORG49	Early Intervention in Psychosis – Doncaster
		Early Intervention Team – North Lincs
		Early Intervention Team – Rotherham
Sheffield Health and Social Care NHS Foundation Trust	ORG50	Sheffield Early Intervention Service
Solent NHS Trust	ORG51	Portsmouth Early Intervention with Psychosis Team
Somerset Partnership NHS Foundation Trust	ORG52	Somerset Team for Early Psychosis
South London and Maudsley NHS Foundation Trust	ORG53	Early Intervention Service – Croydon (COAST)
		Early Intervention Service – Lambeth (LEO)
		Early Intervention Service – Lewisham (LEIS)
		Early Intervention Service – Southwark (STEP)
South West London and St George's Mental Health NHS Trust	ORG55	Kingston Early Intervention Service
		Richmond Early Intervention Service
		Merton Early Intervention Service
		Sutton Early Intervention Service
		Wandsworth Early Intervention Team
South West Yorkshire Partnership NHS Foundation Trust	ORG56	Barnsley Early Intervention Team
		Calderdale Insight (Early Intervention in Psychosis)
		Kirklees Insight Team – North
		Kirklees Insight Team – South
		Wakefield Early Intervention in Psychosis Team
Southern Health NHS Foundation Trust	ORG57	Early Intervention in Psychosis Team – East Hampshire
		Early Intervention in Psychosis Team – North Hampshire
		Early Intervention in Psychosis Team – Southampton
		Early Intervention in Psychosis Team – West Hampshire

Table 2 continued:

Provider name	Provider ID	Team name(s)
Surrey and Borders Partnership NHS Foundation Trust	ORG58	Early Intervention in Psychosis East Surrey
		Early Intervention in Psychosis West Surrey and North East Hampshire
Sussex Partnership NHS Foundation Trust	ORG59	Bognor Early Intervention in Psychosis Service
		Brighton Early Intervention in Psychosis Service
		Hailsham Early Intervention in Psychosis Service
		Hastings Early Intervention in Psychosis Service
		Horsham Early Intervention in Psychosis Service
		Worthing Early Intervention in Psychosis Service
Tees, Esk and Wear Valleys NHS Foundation Trust	ORG60	Harrogate, Hambleton and Richmondshire Early Intervention in Psychosis Team
		North Durham and Easington Early Intervention in Psychosis Team
		Hartlepool Early Intervention in Psychosis Team
		Stockton Early Intervention in Psychosis Team
		Scarborough, Whitby and Ryedale Early Intervention in Psychosis Team
		South Durham Early Intervention in Psychosis Team
		Middlesbrough Early Intervention in Psychosis Team
		Redcar and Cleveland Early Intervention in Psychosis Team
		York and Selby Early Intervention in Psychosis Team
West London NHS Trust	ORG61	Ealing Early Intervention for Psychosis
		Hammersmith and Fulham Early Intervention for Psychosis
		Hounslow Early Intervention for Psychosis
Herefordshire and Worcestershire Health and Care NHS Trust (previously known as Worcestershire Health and Care NHS Trust)	ORG62	Worcestershire Early Intervention Service
		Hereford Early Intervention Team

Table 3: Participating Trusts and provider IDs (ordered by provider ID)

Provider ID	Provider name
ORG01	Gloucestershire Health and Care NHS Foundation Trust
ORG04	Avon and Wiltshire Mental Health Partnership NHS Trust
ORG05	Barnet, Enfield and Haringey Mental Health NHS Trust
ORG06	Berkshire Healthcare NHS Foundation Trust
ORG08	Birmingham and Solihull Mental Health NHS Foundation Trust
ORG09	Black Country Partnership NHS Foundation Trust
ORG10	Bradford District Care NHS Foundation Trust
ORG11	Cambridgeshire and Peterborough NHS Foundation Trust
ORG12	Camden and Islington NHS Foundation Trust
ORG14	Central and North West London NHS Foundation Trust
ORG15	Cheshire and Wirral Partnership NHS Foundation Trust
ORG16	Cornwall Partnership NHS Foundation Trust
ORG17	Coventry and Warwickshire Partnership NHS Trust
ORG20	Derbyshire Healthcare NHS Foundation Trust
ORG21	Devon Partnership NHS Trust
ORG22	Dorset HealthCare University NHS Foundation Trust
ORG24	East London NHS Foundation Trust
ORG25	Essex Partnership University NHS Foundation Trust
ORG26	Greater Manchester Mental Health Services NHS Foundation Trust
ORG27	Hertfordshire Partnership University NHS Foundation Trust
ORG28	Humber NHS Foundation Trust
ORG30	Isle of Wight NHS Trust
ORG31	Kent and Medway NHS and Social Care Partnership Trust
ORG32	Lancashire and South Cumbria NHS Foundation Trust
ORG34	Leicestershire Partnership NHS Trust
ORG35	Lincolnshire Partnership NHS Foundation Trust
ORG36	Livewell Southwest CIC
ORG37	Mersey Care NHS Foundation Trust
ORG38	NAViGO Health and Social Care CIC
ORG39	Norfolk and Suffolk NHS Foundation Trust
ORG40	North East London NHS Foundation Trust

Table 3 continued:

Provider ID	Provider name
ORG41	North Staffordshire Combined Healthcare NHS Trust
ORG42	North West Boroughs Healthcare NHS Foundation Trust
ORG43	Northamptonshire Healthcare NHS Foundation Trust
ORG44	Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
ORG45	Nottinghamshire Healthcare NHS Foundation Trust
ORG46	Oxford Health NHS Foundation Trust
ORG47	Oxleas NHS Foundation Trust
ORG48	Pennine Care NHS Foundation Trust
ORG49	Rotherham, Doncaster and South Humber NHS Foundation Trust
ORG50	Sheffield Health and Social Care NHS Foundation Trust
ORG51	Solent NHS Trust
ORG52	Somerset Partnership NHS Foundation Trust
ORG53	South London and Maudsley NHS Foundation Trust
ORG54	Midland Partnership NHS Foundation Trust
ORG55	South West London and St George's Mental Health NHS Trust
ORG56	South West Yorkshire Partnership NHS Foundation Trust
ORG57	Southern Health NHS Foundation Trust
ORG58	Surrey and Borders Partnership NHS Foundation Trust
ORG59	Sussex Partnership NHS Foundation Trust
ORG60	Tees, Esk and Wear Valleys NHS Foundation Trust
ORG61	West London NHS Trust
ORG62	Herefordshire and Worcestershire Health and Care NHS Trust
ORG63	Forward Thinking Birmingham
ORG64	Community Links Northern Ltd

Appendix D: Trust returns

Table 4: Trust returns of case-note audit form

Organisation ID	Total eligible cases	Expected sample	Sample submitted	Number of opt outs	Final sample after data cleaning[1]	Number of CYP after data cleaning[1]	Final sample as % of total eligible cases	Final sample as % of expected sample	Final CYP sample as % of entire sample after data cleaning[1]
ORG01	39	39	39	4	35	1	90%	90%	3%
ORG04	224	224	226	10	214	3	96%	96%	1%
ORG05	241	226	250	13	212	0	88%	94%	0%
ORG06	84	84	85	3	81	4	96%	96%	5%
ORG08	52	52	52	3	49	0	94%	94%	0%
ORG09	268	268	271	6	265	24	99%	99%	9%
ORG10	285	100	101	1	99	6	35%	99%	6%
ORG11	133	100	104	1	100	2	75%	100%	2%
ORG12	350	200	200	16	183	2	52%	92%	1%
ORG14	340	321	322	0	321	11	94%	100%	3%
ORG15	289	259	257	10	246	4	85%	95%	2%
ORG16	105	100	100	6	94	7	90%	94%	7%
ORG17	226	215	215	9	206	2	91%	96%	1%
ORG20	227	199	200	3	193	3	85%	97%	2%
ORG21	151	151	152	14	137	1	91%	91%	1%
ORG22	51	51	51	0	51	1	100%	100%	2%
ORG24	540	378	382	11	367	14	68%	97%	4%
ORG25	308	308	311	0	311	7	101%	101%	2%
ORG26	621	376	378	20	356	14	57%	95%	4%
ORG27	364	100	101	4	97	2	27%	97%	2%
ORG28	139	100	103	2	97	3	70%	97%	3%
ORG30	30	30	30	0	29	0	97%	97%	0%
ORG31	148	148	148	4	143	4	97%	97%	3%
ORG32	397	311	314	1	310	3	78%	100%	1%
ORG34	295	100	96	1	94	3	32%	94%	3%
ORG35	52	52	52	1	51	1	98%	98%	2%
ORG36	86	86	86	2	84	0	98%	98%	0%
ORG37	480	200	201	5	195	2	41%	98%	1%

Table 4 continued:

Organisation ID	Total eligible cases	Expected sample	Sample submitted	Number of opt outs	Final sample after data cleaning[1]	Number of CYP after data cleaning[1]	Final sample as % of total eligible cases	Final sample as % of expected sample	Final CYP sample as % of entire sample after data cleaning[1]
ORG38	42	42	44	2	42	1	100%	100%	2%
ORG39	199	199	198	10	187	1	94%	94%	1%
ORG40	356	356	356	8	345	6	97%	97%	2%
ORG41	97	97	97	2	95	1	98%	98%	1%
ORG42	249	244	246	12	233	6	94%	95%	3%
ORG43	104	100	100	0	100	2	96%	100%	2%
ORG44	394	394	393	12	379	4	96%	96%	1%
ORG45	374	278	272	0	262	8	70%	94%	3%
ORG46	286	200	201	10	191	6	67%	96%	3%
ORG47	191	191	196	11	178	0	93%	93%	0%
ORG48	448	437	442	34	403	15	90%	92%	4%
ORG49	250	216	217	2	214	6	86%	99%	3%
ORG50	229	100	107	0	100	4	44%	100%	4%
ORG51	76	76	77	2	74	1	97%	97%	1%
ORG52	65	65	65	1	61	2	94%	94%	3%
ORG53	642	355	288	19	264	0	41%	74%	0%
ORG54	153	153	154	4	149	2	97%	97%	1%
ORG55	248	230	232	12	217	0	88%	94%	0%
ORG56	227	227	228	4	224	5	99%	99%	2%
ORG57	166	166	168	4	162	1	98%	98%	1%
ORG58	163	163	162	6	156	1	96%	96%	1%
ORG59	215	215	219	7	208	2	97%	97%	1%
ORG60	444	444	444	0	440	18	99%	99%	4%
ORG61	234	224	226	5	218	0	93%	97%	0%
ORG62	72	72	72	4	68	1	94%	94%	1%
ORG63	352	352	360	8	343	7	97%	97%	2%
ORG64	307	100	100	0	100	4	33%	100%	4%

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1   Includes the removal of people with FEP who chose to opt out of the audit via the national data opt out process.

Appendix E: Methodology

Audit development

The NCAP Early Intervention in Psychosis (EIP) audit reviews the care provided by EIP teams to people with first episode of psychosis (FEP).

Table 5: Timetable of the NCAP EIP 2020/2021 audit

	NCAP EIP audit 2020/2021
July 2020	Audit standards finalised and sampling materials distributed to Trusts
September 2020	Trusts provide lists of eligible patients
	Random sample lists sent to Trusts
October 2020	Trusts collect data on their sample
December 2020 - January 2021	Data cleaning by NCAP team
February - March 2021	Data analysis and presentation of preliminary data to steering group
March - July 2021	Writing of report. Submission of first version and then final version to HQIP
Summer 2021	Publication of national report

Development of the audit tools

2 audit tools were used to collect data from participating Trusts: a patient-level case-note audit form and a service-level contextual questionnaire. Trusts were asked to complete a case-note audit form for all people in their sample, and a single service-level contextual questionnaire. Both tools were designed so that comparisons can be drawn between data collected in successive audits.

The case-note audit form was developed to collect information relating to a person's demography, as well as psychological and physical health interventions received by people with FEP, in accordance with the audit standards (these can be found online). Trusts collected and entered the audit data using information contained in case-notes, alongside other information available to the clinical team.

The contextual questionnaire form was developed to collect data relating to the infrastructure of the EIP team, specifically looking at whether the team offered a NICE-approved package of care. Items in the contextual questionnaire included:

- information about the team (for example, routinely collected demographic data, how it was set up, length of treatment packages, provisions for children and young people, number of care coordinators and provision of CBT for at-risk mental state [ARMS])
- information about caseload (for example, total caseload and length of treatment for people who were discharged and completed a package of care)
- information about specific EIP care arrangements for children and young people aged 14–17 years and relationships between EIP teams and CAMH services.

The case-note audit form used to collect data from participating Trusts was similar to that used for the EIP spotlight 2018/2019 audit and EIP 2019/2020 audit. There were minor adaptations made to the audit tool for the EIP 2019/2020 audit for the purpose of aligning the audit data collected with the Mental Health Services Data Set. In addition to preserving these adaptations, the audit tool for the EIP 2020/2021 audit included a minor adaptation to Question 10, in line with an amendment to standard 8, which asked for take-up of carer-focused education and support programmes as opposed to take-up and referral (in the NCAP EIP 2020/21 audit report).

Identification of the case sample

Sample numbers

Trusts submitted case-note data on a random sample of up to 100 people per EIP team (a maximum of 30 people aged under 18 and 70 people aged 18 and over). EIP teams were asked to send a list of people with FEP on the caseload that met the eligibility criteria (listed below) for the EIP 2020/2021 audit. For teams that had more than 100 eligible people, the NCAP team produced a random sample of 100 people using an Excel procedure. For teams with fewer than 100 eligible people, teams were asked to submit data on all people identified.

Inclusion and exclusion criteria

Patients were eligible for inclusion in the audit if they met the following criteria:

- aged 65 years and under[2]
- FEP
- on the caseload of an EIP team and open to CYPMH teams (if the service was part of a larger team, for example, integrated into a CMHT, only those on the EIP caseload were included)
- had been on the caseload of the team for 6 months or more at the census date (1 April 2020) and still on the caseload in September 2020 when the list of eligible patients was submitted for sampling.

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2   For the EIP 2020/21 audit, the lower age limit of 14 years was removed.

Patients were excluded from the audit if they were:

- experiencing psychotic symptoms due to an organic cause, for example, brain diseases such as Huntington's and Parkinson's disease, HIV, syphilis, dementia, brain tumours or cysts
- spending most of their time residing in a different locality due to attendance at university

Audit participation and process

Eligibility

All NHS-funded EIP teams in England were expected to participate in the audit. All 55 Trusts with eligible cases in England submitted data for the case-note audit and were assigned a unique organisation code (ORG ID) by the NCAP team, which can be used to identify each Trust in the figures throughout this report. A list of participating organisations can be found in Appendix C, which is ordered alphabetically by Trust name () and by provider ID ().

Data handling and analysis

Data cleaning

During December 2020 and January 2021, the NCAP team queried missing data, duplicate entries and unexpected/ extreme values with participating Trusts for the case-note audit and contextual questionnaire data. All queries were answered by the participating Trusts and the data were amended by the NCAP team accordingly.

Data entry and analysis

All data for the case-note audit were entered using Formic Fusion Survey software via secure webpages. Data were extracted to IBM SPSS Statistics 26 and analysed using this software in addition to Microsoft Excel 2016. The statistical techniques used in IBM SPSS Statistics 26 to analyse the data were frequencies, cross-tabulations and descriptive statistics. As the case-note audit collected patient identifiable information, the NCAP team downloaded the data from a secure Formic Fusion Survey account to a secure Microsoft Azure server before transferring a pseudonymised dataset to the Royal College of Psychiatrists servers to be used for analysis. In this report, whole number percentages have been rounded off (0.5 has been rounded up), therefore some total percentages may not add up to 100%.

Outliers

Due to the Covid-19 pandemic in spring/summer 2020, the outlier policy for this report has been amended in line with NHS-wide changes to reduce burden on frontline clinical teams. The amended outlier policy can be found here. The escalation steps which focus on the provision of comparative information to clinical teams and their healthcare provider organisations have been retained, but the wider regulatory checks and balances which normally feature have been reduced. This is in keeping with a system-wide reduction in regulatory activities at this time.

For the 2020/21 EIP audit, Trusts were identified as an outlier for a standard if their performance was more than 3 standard deviations (SD) outside of the average performance of all Trusts. These Trusts are known as 'alarm' level outliers.

Trusts who are identified as being 2 SD outside of the average performance of all Trusts are known as 'alert level' outliers. For the 2020/2021 audit, 'alert level' outliers were not notified of their outlier status.

The outlier standards were chosen and agreed with the NCAP steering group prior to the start of data analysis.

Quality assurance

At the commencement of the EIP 2020/2021 audit, we informed participating Trusts that as a result of the travel restrictions and social distancing measures imposed due to COVID-19, the NCAP team would not be carrying out quality assurance visits following data collection and cleaning for this round of the NCAP audit.

Service user and carer reference group

Consistent with the EIP 2019/2020 audit, the NCAP team ran a service user and carer reference group to gather reflections on the audit data from people with a lived experience of FEP. The group was attended virtually via Zoom by 7 people with lived experience (3 service users and 4 carers). Attendees were invited via email by Rethink Mental Illness. The case-note audit findings relating to the standards were presented by the NCAP team, and the quotes embedded throughout the EIP 2020/2021 report offer insight into how the attending service users and carers felt about the results. Quotes were selected for inclusion based on their capacity to shed light on:

a. the standard and why it matters from a service user and carer perspective
b. what the results mean to service users and carers, and/or
c. the context in which the audit was undertaken, in particular the impact of the COVID-19 pandemic.

Appendix F: Service-level data

99% of teams (n = 149) worked with 18- to 35-year-olds. The one team that did not do so was a CYP EIP team. 3% of teams (n = 5) did not have an EIP provision for under-18s within their locality and 9% (n = 13) did not provide care to people 36 years and over.

Most services for 18- to 35-year-olds were stand-alone multidisciplinary EIP teams (93%; n = 139). A minority of services for this age range operated as an Early Intervention service integrated into a community mental health team (6%; n = 9) or as a 'hub-and-spoke' model (<1%; n = 1), in which EIP care coordinators are based in community mental health teams (spokes) but are part of and supported by specialist EIP workers in a central EIP service hub.

The majority of services for over 35s were stand-alone multidisciplinary EIP teams (81%; n = 121). A minority of services for this age range operated as a hub-and-spoke model (2%; n = 3) or were integrated into a community mental health team (9%; n = 13). In some cases, there was no early intervention service available for over 35s (9%; n = 13).

The most common model of provision for children and young people (CYP) was adult EIP services with joint protocols with CYP mental health (CYPMH) services, with over half of all teams (52%; n = 78) having this model used within their locality for the care of under-18s. One third of teams (34%; n = 51) had an adult and young people's EIP service with staff who have expertise in CYP mental health. A minority of teams (6%; n = 9) had a specialist CYP EIP team or a specialist EIP team embedded within CYP mental health services (10%; n = 15) within their locality.

A further 11% of teams provided care to under-18s via an 'Other' model (n = 16) (see Table 7 for detail). 3% of teams (n = 5) had no CYP EIP provision for under-18s within their locality.

For those aged under 18 years, CBT for ARMS was provided within the team in 47% (n = 70) of EIP services or could be provided elsewhere in 5% (n = 7) of services. 43% (n = 64) of teams did not provide CBT for ARMS intervention for under-18s.

For people aged 18 to 35 years, CBT for ARMS was provided within the team in 45% (n = 68) of EIP services or could be provided elsewhere in 9% (n = 13) of EIP services. 41% (n = 61) of teams did not provide CBT for ARMS intervention for 18- to 35-year-olds. For people aged 36 and over, CBT for ARMS was provided within the team in 21% (n = 32) of EIP services or could be provided elsewhere in 9% (n = 14) of services. 68% (n = 102) of teams did not provide CBT for ARMS intervention for people aged 36 and over.

Table 6: Contextual data for EIP teams in England (n = 150)

Q1. Routine collection of demographic data	n (%) of services
Data on protected characteristics	
Age	150 (100%)
Disability	139 (93%)
Gender reassignment	89 (59%)
Marriage and civil partnership	146 (97%)
Pregnancy and maternity	110 (73%)
Race	145 (97%)
Religion or belief	143 (95%)
Sex	147 (98%)
Sexual orientation	123 (82%)
Other demographic data	
Socioeconomic status	98 (65%)
Refugees/asylum seekers	74 (49%)
Migrant workers	47 (31%)
Homelessness	134 (89%)
None of the above	0 (0%)
Q2. Written strategy/strategies to identify and address any mental health inequalities	
Yes	96 (64%)
No	54 (36%)
Q3. Provision of Early Intervention service		
18–35 years	Stand-alone multidisciplinary EIP team	139 (93%)
	Hub-and-spoke model	1 (< 1%)
	Integrated CMHT	9 (6%)
	No EI service	1 (< 1%)
36 years and over	Stand-alone multidisciplinary EIP team	121 (81%)
	Hub-and-spoke model	3 (2%)
	Integrated CMHT	13 (9%)
	No EI service	13 (9%)

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3   Excluding one team which does not limit the length of treatment package for under-18s

Table 6 continued:

Q4. Length of treatment packages for different age ranges	n of services	Mean months (SD)	Range (min.–max.) months
Under 18 years[3]	139	35.59 (3.45)	45 (3 – 48)
18–35 years	149	35.38 (3.44)	33 (3 – 36)
36 years and over	137	33.82 (5.64)	34 (2 – 36)
Q5a. Model of provision for CYP *Total percentage may be >100% due to some teams having multiple models	**n (%*) of services**		
Specialist EIP team embedded within CYP mental health services	15 (10%)		
Specialist CYP EIP team	9 (6%)		
Adult and young people's EIP service with staff that have expertise in CYP mental health	51 (34%)		
Adult EIP service with joint protocols with CYP mental health services	78 (52%)		
Other[4]	16 (11%)		
No CYP EIP provision	5 (3%)		
Q5b. Is there a shared protocol between the EIP team and the CYP MH service?	**n (%) of services**		
Yes	130 (87%)		
No	20 (13%)		
Q5c. Are joint or reciprocal training events arranged at least annually between the CYP MH and EIP teams?	**n (%) of services**		
Yes	52 (35%)		
No	98 (65%)		

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4   For a breakdown of 'Other' models, please see Table 8.

Table 6 continued:

Q5d. How is medication managed for CYP? *Total percentage may be >100% due to some teams managing medication in multiple ways	n (%*) of services
CYP team prescribers with specific EIP training and experience prescribe for CYP	55 (37%)
CYP team prescribers advise and support EIP team prescribing for CYP	40 (27%)
CYP team prescribers do not have specific EIP prescribing training and experience and do not have a protocol or routine access to specialist EIP prescribing advice	24 (16%)
EIP team prescribers with specific CYP training and experience prescribe for CYP	36 (24%)
EIP team prescribers advise and support CYPMH team prescribing for CYP	59 (39%)
EIP team prescribers do not have specific CYP prescribing training and experience and do not have a protocol or routine access to specialist CYP prescribing advice	13 (9%)

Q5e. Provision from appropriately trained practitioners available for CYP, with early onset psychosis *Total percentage may be >100% due to some teams having multiple provisions	Cognitive behavioural therapy for psychosis (CBTp) (n [%*])	Family intervention (FI) (n [%*])
Provided by CYP MH team	37 (25%)	52 (35%)
Provided by EIP team	121 (81%)	122 (81%)
Provided by CMHT	0 (0%)	0 (0%)
Provided by Other	0 (0%)	0 (0%)
No CYP EIP provision	3 (2%)	1 (< 1%)

Q6. Whole-time equivalent EIP care coordinators	Mean (SD)	Range (min.–max.)
	9.90 (5.36)	31 (1 – 32)

Q6b. Care coordinators specifically for CYP under 18	
Yes, within EIP team	37 (25%)
Yes, within CYP MH team	17 (11%)
No	101 (67%)

Q7. Increase in number of staff posts	n (%) of services
Yes	76 (51%)
No	74 (49%)

Table 6 continued:

Q8. CBT for ARMS	Under 18	18–35	36 and over
Within the team	70 (47%)	68 (45%)	32 (21%)
Elsewhere	7 (5%)	13 (9%)	14 (9%)
Not at all	64 (43%)	61 (41%)	102 (68%)
Separate CBT for ARMS team	9 (6%)	8 (5%)	2 (1%)

Q9. Total caseload of the EIP team	Mean (SD)	Range (min.–max.)
Total caseload	165.97 (103.86)	572 (19 – 591)
Caseload per whole-time EIP care coordinator	17.08 (5.83)	51.75 (2.75 – 54.50)

Q10. Total caseload by age ranges			
Under 14 years	FEP	0.01 (0.12)	1 (0 – 1)
	ARMS	0.02 (0.18)	2 (0 – 2)
	Suspected FEP	0.01 (0.12)	1 (0 – 1)
14–17 years	FEP	4.93 (4.82)	23 (0 – 23)
	ARMS	1.22 (2.31)	11 (0 – 11)
	Suspected FEP	1.01 (1.92)	11 (0 – 11)
18–35 years	FEP	95.97 (63.18)	315 (0 – 315)
	ARMS	5.51 (10.77)	70 (0 – 70)
	Suspected FEP	5.10 (9.03)	71 (0 – 71)
36 years and over	FEP	49.10 (43.17)	277 (0 – 277)
	ARMS	0.75 (2.27)	16 (0 – 16)
	Suspected FEP	2.33 (4.63)	27 (0 – 27)

Q11. Average length of treatment in months of last 10 FEP service users		
	30.65 (9.45)	53.50 (6.40 – 59.90)

Table 7: 'Other' models of provision for CYP (n = 16)

'Other' models of provision for CYP	n of services
Joint work with CAMHS from age 17.5 until 18	1
Assertive outreach model for 16–18-year-olds, no specific EI provision	1
Fully integrated CAMHS and adult EIS 14–35, stand-alone	1
Early detection service for 16–25s with high risk of psychosis	1
EWMHS (Emotional Wellbeing and Mental Health Service)	1
0–13s offered core CAMHS pathways including psychosis	1
14–15-year-olds have CAMHS consultant as main medic, with care coordination and other interventions from main EIP service	2
Age range for adult EIP service with joint protocols is 14–18 within our team	1
The age range for adult EIP service with joint protocols is 14–18 within all teams	1
At 16 care managed independently if referred in	1
Aged 16–17 years' care is managed by the EIP	1
ARMS service within EIP Team	1
14–16s – supported by CYP team with advice from EI service	1
16–18s – access full EI package from EI service with joint protocols from CYP service	
CAMHS can request family work/CBTp from EIS	1
16–18s seen and taken onto the EIP service caseload, with no specific contact with CAMHS	1

Appendix G: Additional analysis

S3 Standard 3: Family intervention

Further analysis for this standard was carried out on people who had an identified carer, excluding those who did not wish this person to be contacted (n = 7,444). 27% (1,980) of this subsample had received 1 or more sessions of FI. As shown in Figure 1, the proportion taking up FI ranged from 6% to 76%. Those not taking up FI in this sample included 37% (2,755) who refused this intervention. Refusals of FI ranged from 13% to 75% across Trusts.
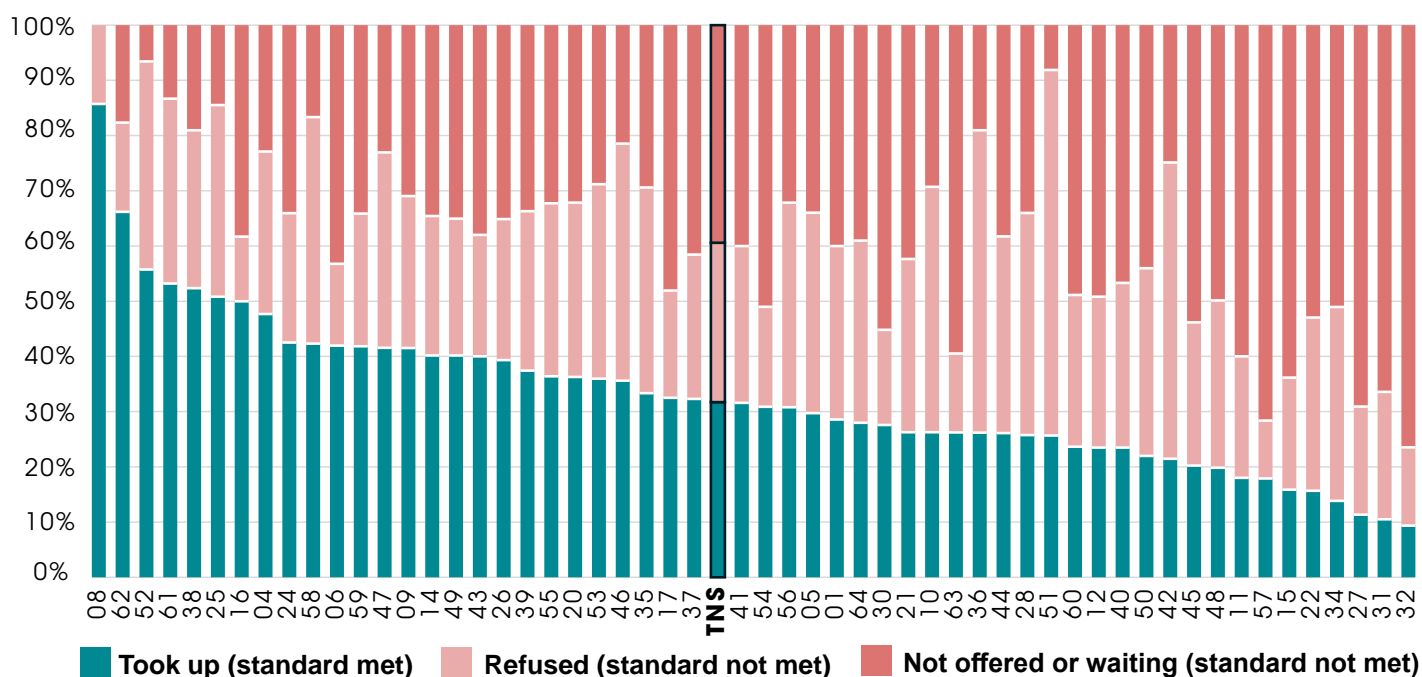
Figure 1: Proportion of people with FEP with an identified family member, friend or carer, excluding those who did not wish this person to be contacted, who took up FI (n = 7,444)

Legend:
- Took up (standard met)
- Refused (standard not met)
- Not offered or waiting (standard not met)
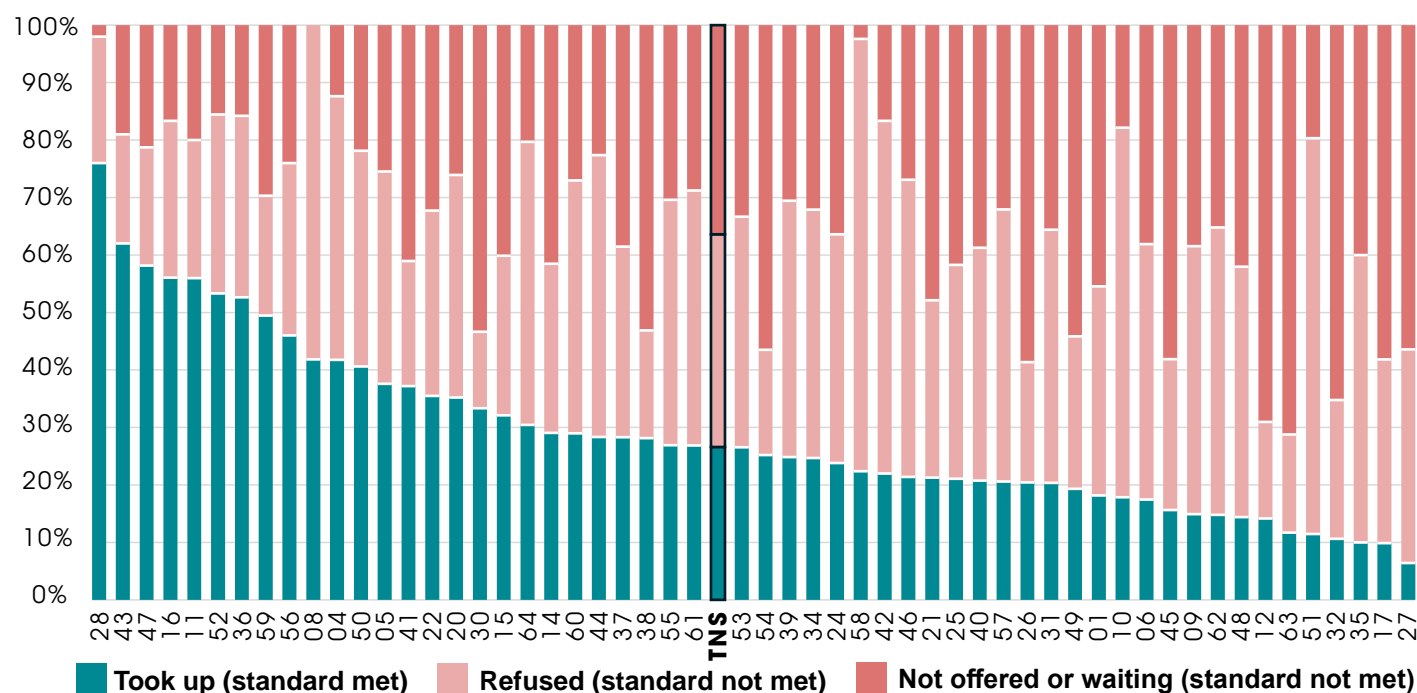
S8 Standard 5: Supported employment and education programmes

Figure 2 shows that 32% (3,183) of 10,033 people in the national sample attended 1 or more sessions of a supported employment or education programme, an increase of 2% since 2019. Those not taking up supported employment and education programmes included 29% (2,896) who refused this intervention. Refusals ranged from 10% to 66% across Trusts.

S5 Standard 8: Carer-focused education and support programmes

Further analysis was carried out on people who had an identified carer, excluding those who did not wish this person to be contacted (n = 7,444). Figure 3 shows that 55% (4,104) of carers had taken up or been referred to education and support programmes. This ranged from 8% to 100% across Trusts.

Figure 2: Proportion of all people with FEP who have taken up supported employment and education programmes (n = 10,033)

Took up (standard met)　Refused (standard not met)　Not offered or waiting (standard not met)

Figure 3: Proportion of people with FEP with an identified family member, friend or carer, excluding those who did not wish this person to be contacted, who have taken up or been referred to carer-focused education and support programmes (n = 7,444)

Standard met)　Standard not met
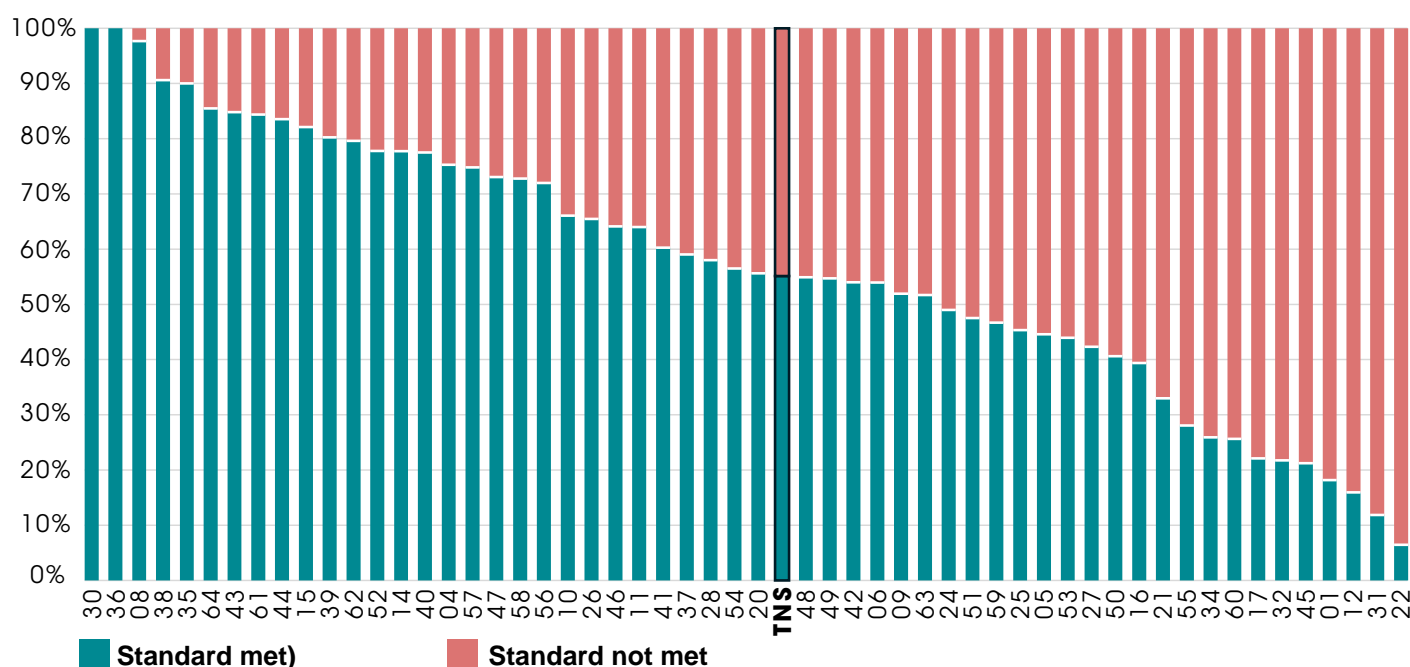
Breakdown of recorded specific outcome indicators

For people recorded as having met the outcome indicator (i.e. had 2 or more outcome measures recorded on 2 or more occasions – at baseline assessment and repeated at 1 other time point), data were analysed further to determine the types of outcome measures used.

Table 8: Breakdown of the outcome measures recorded more than once for people with FEP who had 2 or more outcome measures recorded on 2 or more occasions (n = 5,480)

Outcome measure recorded	n (%) of people with outcome measure recorded more than once*
HoNOS/HoNOSCA	5,160 (94%)
DIALOG	4,637 (85%)
QPR	4,306 (79%)
Other[5]	634 (12%)

*   Total percentage will be >100% due to multiple outcome indicators being recorded for all people.

5   Teams were able to enter 'other' responses using a free text box. Examples of responses for other outcome measure scales include the Positive and Negative Syndrome Scale, Global Assessment of Symptoms scale and Short Warwick-Edinburgh Mental Wellbeing Scale.

Appendix H: Demographics

Tables 9 and 10 display the demographic characteristics for the case-note audit sample (n = 10,033).

Tables 11 and 12 display the demographic characteristics for people under the age of 18 in the case-note audit sample (n = 228).

Table 9: Number of people with FEP in the case-note sample by age and gender (n = 10,033)

	n (%)	Mean age in years (SD)	Age range	Age min.–max. (years)
Total sample	10,033 (100%)	32.68 (11.60)	54.40	11–65
Male	6,186 (62%)	31.15 (10.70)	51.27	14–65
Female	3,833 (38%)	35.20 (12.53)	54.35	11–65
Other	14 (<1%)	19.44 (3.27)	10.90	15–25

Table 10: Number of people with FEP in the case-note sample by ethnicity (n = 10,033)

Ethnic group	n (%)
White	6,420 (64%)
Black or Black British	1,202 (12%)
Asian or Asian British	1,229 (12%)
Mixed	411 (4%)
Other ethnic groups	771 (8%)

Table 11: Number of people with FEP under the age of 18 in the case-note sample by age and gender (n = 228)

	n (%)	Mean age in years (SD)	Age range	Age min.–max. (years)
Total sample	228 (100%)	17.02 (0.88)	6	11–17
Male	122 (54%)	17.17 (0.64)	3	14–17
Female	99 (43%)	16.85 (1.09)	6	11–17
Other	7 (3%)	16.87 (0.91)	3	15–17

Table 12: Number of people with FEP under the age of 18 in the case-note sample by ethnicity (n = 228)

Ethnic group	n (%)
White	136 (60%)
Black or Black British	30 (13%)
Asian or Asian British	39 (17%)
Mixed	12 (5%)
Other ethnic groups	11 (5%)

Appendix I: Glossary

A

Antipsychotics: A group of medications that are prescribed to treat people with symptoms of psychosis.

ARMS (at-risk mental state): A set of subclinical symptoms which do not meet the threshold for a psychosis diagnosis. Symptoms may include unusual thoughts, perceptual changes, paranoia, disorganised speech and poor functioning. ARMS patients are considered at risk of developing psychosis or psychotic disorders.

Audit: Clinical audit is a quality improvement process. It seeks to improve patient care and outcomes through a systematic review of care against specific standards or criteria. The results should act as a stimulus to implement improvements in the delivery of treatment and care.

Audit standard: A standard is a specific criterion against which current practice in a service is measured. Standards are often developed from recognised, published guidelines for provision of treatment and care.

B

Blood glucose: Level of sugar in the blood. Measuring this is done to see if someone has diabetes (the term blood glucose is used in this report as a more familiar terminology for non-medical readers than the more correct plasma glucose).

Blood pressure: This gives one measure of how healthy a person's cardiovascular system is, i.e. the functioning of their heart, blood vessels and aspects of their kidney function. It is measured using 2 levels: systolic and diastolic blood pressure.

Body mass index (BMI): This is an indicator of healthy body weight, calculated by dividing the weight in kilograms by the square of the height in metres.

C

Child and Adolescent Mental Health Services (CAMHS): A service which specialises in the treatment of children and adolescents.

Carer: A person, often a spouse, family member or close friend, who provides unpaid emotional and day-to-day support to the service user. In this audit, service users identified their own carers.

Children and Young People's Mental Health (CYPMH) service: A service that specialises in the treatment of children and young people.

Cholesterol: An important component of blood lipids (fats) and a factor determining cardiovascular health. High levels of cholesterol may lead to heart problems.

Clinician: A health professional who sees and treats patients and is responsible for some or all aspects of their care.

Clozapine: A medication used to treat patients who are unresponsive to conventional antipsychotic medication.

Cognitive behavioural therapy (CBT): A form of psychological therapy, which is usually short term and addresses thoughts and behaviour.

Cognitive behavioural therapy for psychosis (CBTp): A specialist form of CBT that has been developed to help people experiencing psychotic symptoms, most often hallucinations and delusions. It also focuses on reducing distress, anxiety and depression common in psychosis, developing everyday self-management skills and working towards personal goals.

College Centre for Quality Improvement (CCQI): A centre which specialises in assessing and improving the quality of care of mental health services through quality and accreditation networks, national clinical audits, and research and evaluation.

Community mental health team (CMHT): A group of health professionals who specialise in working with people with mental health problems outside of hospitals.

Commissioner: A person or organisation that plans and monitors services.

D

Diabetes: A long-term condition caused by having high levels of sugar in the blood. There are 2 types; type 1 diabetes can be controlled with insulin injections, and type 2 diabetes can generally be controlled through diet.

Dyslipidaemia: A condition where a person has an abnormal level of 1 or more types of lipids. Most commonly there is too high a level of lipids, which increases the risk of having a heart attack or a stroke.

E

Early Intervention in Psychosis (EIP) service: EIP services are specialised services providing prompt assessment and evidence-based treatments to people with first episode psychosis (FEP).

Ethnicity: The fact or state of belonging to a social group that has a common national or cultural tradition.

F

Fasting plasma glucose: A blood test to see if someone has diabetes.

Family intervention (FI): A structured intervention involving service users and their families or carers. This intervention aims to support families to deal with problems effectively, improve the mental health of all members and reduce the chance of future relapse.

First episode of psychosis (FEP): First episode psychosis is the term used to describe the first time a person experiences a combination of symptoms known as psychosis. Each person's experience and combination of symptoms will be unique. Core clinical symptoms are usually divided into 'positive symptoms', including hallucinations (perception in the absence of any stimulus) and delusions (fixed or falsely held beliefs), and 'negative symptoms', such as apathy, lack of drive, poverty of speech, social withdrawal and self-neglect. A range of common mental health problems (including anxiety and depression) and coexisting substance misuse may also be present.

G

General practitioner (GP): A doctor who works in practices in the community and who is generally the first point of contact for all physical and mental health problems.

Glucose: A type of sugar. The body uses this for energy.

H

Haemoglobin: A protein found in red blood cells that helps to deliver oxygen from the lungs to the rest of the body.

Harmful or hazardous use of alcohol: A pattern of alcohol consumption causing health problems directly related to alcohol.

HoNOS: Health of the Nation Outcomes Scales. Developed to measure various aspects of the level of symptoms, social and other functioning, and general health of people with severe mental illness.

Healthcare Quality Improvement Partnership (HQIP): An organisation which funds clinical audits and works to increase their impact to improve quality in healthcare in England and Wales.

Hub-and-spoke model: A healthcare model in which EIP care coordinators are based in community mental health teams (spokes) but are part of and supported by specialist EIP workers in a central EIP service (hub).

Hypertension: High blood pressure. This is a risk factor for heart disease and stroke.

L

Lipids: Fats, such as cholesterol. They are stored in the body and provide it with energy. Levels too far outside of the normal range increase risk of certain diseases.

M

Mental Health Services Data Set (MHSDS): An approved NHS Information Standard that contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disability or autism spectrum disorder services.

mmol/l: Millimoles per litre.

Multidisciplinary: Usually refers to a team of health professionals from different professional backgrounds.

N

National Clinical Audit and Patient Outcomes Programme (NCAPOP): A closely linked set of centrally funded national clinical audit projects that collect data on compliance with evidence-based standards. The audits provide local Trusts with benchmarked reports on the compliance and performance. The programme is funded by NHS England and NHS Improvement and the Welsh Government.

National data opt-out process: A service that allows people to remove their patient data from being used in research and planning.

National Clinical Audit of Psychosis (NCAP): NCAP is a 3-year improvement programme to increase the quality of care that NHS Mental Health Trusts in England and Health Boards in Wales provide to people with psychosis.

NHS England and NHS Improvement: The National Health Service (NHS) England is a publicly funded healthcare system. NHS England and NHS Improvement works together with Clinical commissioning groups (CCGs) who deliver health services locally, and local authorities (councils) to make shared plans for services. (http://www. england.nhs.uk/).

NICE (National Institute for Health and Clinical Excellence): An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NICE guideline: Guidelines on the treatment and care in the NHS of people with a specific disease or condition.

NICE quality standard: Quality standards set out the priority areas for quality improvement and cover areas which have a variation in care. Each standard includes a set of statements to help services improve quality and information on how to measure progress.

Non-high-density lipid cholesterol: A type of cholesterol. High levels of this are linked to heart problems and stroke.

O

Obesity: An abnormal accumulation of body fat, usually 20% or more over an individual's ideal body weight. Obesity is associated with increased risk of illness.

Outcomes: What happens as a result of treatment. For example, this could include recovery and improvement.

Outcome indicators: A measure that shows outcomes.

P

Primary care: Healthcare services that are provided in the community. This includes services provided by GPs, nurses and other healthcare professionals, dentists, pharmacists and opticians.

Psychological therapies: Covers a range of interventions designed to improve mental wellbeing. They are delivered by psychologists or other health professionals with specialist training, in one-to-one or group sessions.

Psychosis: A term describing specific symptoms that may indicate a loss of touch with reality. Symptoms can include difficulty concentrating and confusion, conviction that something that is not true is so (false beliefs or delusions), sensing things that are not there (hallucinations), and changed feelings and behaviour. Psychosis is treatable, and it can affect people of any age and may sometimes be caused by known physical illnesses.

Q

Q-Risk score: A measure that indicates the risk of developing cardiovascular disease within the next 10 years.

R

Random plasma glucose: A blood test to measure the level of glucose in the blood.

Royal College of Psychiatrists: The professional and educational body for psychiatrists in the UK.

S

Secondary care: This refers to care provided by specialist teams in Trusts rather than care provided by GPs and primary care services. Mental health trusts provide secondary care services, most of which involve care provided in the community rather than in hospitals.

Service user: Person who uses mental health services.

Substance misuse: The use of illegal drugs to the extent that it affects daily life. Can also refer to the use of legal drugs without a prescription. Substance misuse can lead to dependence on the substance and can affect the person's mental health.

T

Total national sample (TNS): The combined data set of the national sample.

Trusts: NHS trusts are public service organisations that provide healthcare services. They include: primary care trusts; acute trusts, which manage hospitals; care trusts, which cover both health and social care; foundation trusts, which have a degree of financial and operational freedom; and mental health trusts, which provide health and social care services for people affected by mental health problems. The term 'Trust' has been used throughout the report to refer to all trusts and organisations providing NHS-funded EIP services in England.

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List of figures and tables