

Appendices for Ireland **Early Intervention in Psychosis Audit**



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Appendix A: Methodology

Audit development

Two audit tools were developed to collect data from participating organisations; a patient-level casenote audit and a service-level contextual questionnaire. These tools were initially developed for the 2018/19 EIP spotlight audit and have been largely kept the same to allow comparison over the years.

Sample

Health organisations in Ireland participated in the audit. All 4 EIP teams with eligible cases in Ireland submitted data. A list of participating EIP teams can be found in Appendix E.

EIP teams were asked to identify all people with first episode psychosis (FEP) who met the audit eligibility criteria. For teams that had more than 100 eligible people the NCAP team identified a random sample of 100 people. Those that had fewer than 100 people were asked to submit data on all people identified.

Inclusion criteria

- The patient has FEP.
- Aged 65 years and under.
- On the caseload of the EIP team or receiving treatment for FEP 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).
- Has been on the team's caseload for 6 months or more at the census date (1 April 2021) and still on the caseload in September 2021 when the list of patients is submitted to the NCAP team for sampling.

Exclusion criteria

- 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.

Data handling and analysis

All data were entered using SNAP 11 Professional and quantitative data were extracted and analysed in IBM SPSS Statistics 26.

During the process of quality assuring the data received the NCAP team queried missing data and/or unexpected/extreme values with teams and amendments were made accordingly. The following changes were made:

- In this report all percentages have been rounded off to the nearest whole number (0.5 has been rounded up) therefore some percentages may not add up to 100%
- Duplicate entries were identified and removed

Experts by experience focus group

The NCAP team commissioned Rethink Mental Illness to set up and run a service user and carer reference group to gather reflections on the audit data from people with a lived experience of psychosis. The group was attended virtually via Microsoft Teams by 8 people with lived experience (4 service users and 4 carers). Quotes from the meeting were embedded throughout the report to offer insight into what the attending service users and carers thought about the results. The full Rethink report can be found on our [website](#).

Appendix B: Service level data

The following table displays the percentage and numerators for the service level data from the contextual questionnaire. 2020/21 Ireland data, and 2021/22 England and Wales data are included for comparison.

	Ireland 2021/22 % (n=4)	Ireland 2020/21 % (n=2)	Wales 2021/22 % (n=6)	England 2021/22 % (n=151)
Routine collection of demographic data				
Q1. Does this team routinely collect demographic data of those using mental health services, including the following protected characteristics:				
Age	100% (4)	100% (2)	100% (6)	99% (149)
Disability	75% (3)	100% (2)	50% (3)	91% (138)
Gender reassignment	25% (1)	0% (0)	33% (2)	48% (73)
Marriage and civil partnership	100% (4)	100% (2)	50% (3)	94% (142)
Pregnancy and maternity	75% (3)	100% (2)	33% (2)	73% (110)
Race	100% (4)	100% (2)	67% (4)	95% (143)
Religion or belief	0% (0)	0% (0)	50% (3)	93% (140)
Sex	100% (4)	100% (2)	100% (6)	99% (149)
Sexual orientation	0% (0)	0% (0)	33% (2)	82% (124)
Other demographic data				
Socioeconomic status	50% (2)	100% (2)	50% (3)	70% (106)
Refugee/asylum seekers	50% (2)	100% (2)	50% (3)	48% (72)
Migrant workers	50% (2)	50% (1)	33% (2)	27% (41)
Homelessness	75% (3)	0% (0)	50% (3)	95% (143)
None of the above	0% (0)	-	0% (0)	0% (0)
Q2. Does the team, or the organisation, have a written strategy/strategies to identify and address any mental health inequalities in access, experience and outcomes from using mental health services?				
Yes	25% (1)	50% (1)	17% (1)	63% (95)
No	75% (3)	50% (1)	83% (5)	37% (56)
Q3. What EI service is provided for these age ranges?				
Under 18s				
Stand-alone multidisciplinary EIP team	0% (0)	-	-	-
Hub and spoke model	0% (0)	-	-	-

	Ireland 2021/22 % (n=4)	Ireland 2020/21 % (n=2)	Wales 2021/22 % (n=6)	England 2021/22 % (n=151)
El function integrated into a community mental health team	25% (1)	-	-	-
No El service	75% (3)	-	-	-
18-35 years				
Stand-alone multidisciplinary EIP team	0% (0)	0% (0)	67% (4)	96% (145)
Hub and spoke model	100% (4)	100% (2)	17% (1)	3% (4)
El function integrated into a community mental health team	0% (0)	0% (0)	17% (1)	1% (1)
No El service	0% (0)	0% (0)	0% (0)	1% (1)
Ages 36 and over				
Stand-alone multidisciplinary EIP team	0% (0)	0% (0)	17% (1)	86% (130)
Hub and spoke model	100% (4)	100% (2)	0% (0)	3% (5)
El function integrated into a community mental health team	0% (0)	0% (0)	0% (0)	3% (4)
No El service	0% (0)	0% (0)	83% (5)	8% (12)
Q4. What length of treatment package (in months) is the team commissioned to provide for these age ranges?				
Mean months				
Under 18s	0	-	36	33
18-35	30	24	36	35
36 and over	30	24	6	31
Q5a. How many whole time equivalent EIP care coordinators work for the service?				
Mean (range)	5 (4-6)	4 (4-5)	4	11
Q5b. Are there care co-ordinators specifically for CYP under 18?				
Yes, within EIP team	25% (1)	0 (0%)	0% (0)	34% (52)
Yes, within CYPMH team	0% (0)	0 (0%)	17% (1)	19% (29)
No	75% (3)	2 (100%)	83% (5)	54% (81)

	Ireland 2021/22 % (n=4)	Ireland 2020/21 % (n=2)	Wales 2021/22 % (n=6)	England 2021/22 % (n=151)
Q6. Has there been an increase in the number of staff posts in this service in the last 12 months?				
Yes	75% (3)	1 (50%)	67% (4)	66% (99)
No	25% (1)	1 (50%)	33% (2)	34% (52)
Q7. Is this service able to provide Cognitive Behavioural Therapy (CBT) for At-Risk Mental State (ARMS):				
Under 18s				
Within the team	0% (0)	0 (0%)	0% (0)	42% (63)
Elsewhere	25% (1)	0 (0%)	17% (1)	9% (13)
Not at all	75% (3)	2 (100%)	83% (5)	42% (63)
Separate team providing ARMS assessment and intervention	0% (0)	0 (0%)	0% (0)	8% (12)
18-35				
Within the team	50% (2)	0 (0%)	0% (0)	44% (66)
Elsewhere	0% (0)	0 (0%)	17% (1)	9% (14)
Not at all	50% (2)	2 (100%)	83% (5)	41% (62)
Separate team providing ARMS assessment and intervention	0% (0)	0 (0%)	0% (0)	6% (9)
36 and over				
Within the team	50% (2)	0 (0%)	0% (0)	25% (38)
Elsewhere	0% (0)	0 (0%)	0% (0)	11% (16)
Not at all	50% (2)	2 (100%)	100% (6)	64% (97)
Separate team providing ARMS assessment and intervention	0% (0)	0 (0%)	0% (0)	0% (0)
Q8. What is the total caseload of the team?				
Mean (range)				
Total caseload	86 (38-136)	105 (85-125)	70 (27-152)	176 (11-596)
Caseload per whole-time EIP care coordinator	19 (7-36)	27 (18-36)	15 (8-25)	16 (1-59)

	Ireland 2021/22 % (n=4)	Ireland 2020/21 % (n=2)	Wales 2021/22 % (n=6)	England 2021/22 % (n=151)
Q9. How many people on the total caseload are in the following age ranges?				
Mean (range)				
Under 14				
First Episode Psychosis (FEP)	0 (0-0)	0 (0)	0 (0-0)	<1 (0-5)
ARMS for psychosis	1 (0-2)	0 (0)	0 (0-0)	<1 (0-1)
Suspected FEP	13 (0-27)	0 (0)	0 (0-0)	<1 (0-2)
14-17				
First Episode Psychosis (FEP)	5 (0-11)	0 (0)	2 (0-6)	4 (0-20)
ARMS for psychosis	0 (0-0)	0 (0)	1 (0-5)	1 (0-23)
Suspected FEP	0 (0-0)	0 (0)	<1 (0-1)	1 (0-22)
18-35				
First Episode Psychosis (FEP)	40 (0-86)	45 (39-50)	60 (21-146)	98 (0-392)
ARMS for psychosis	1 (0-4)	5 (0-10)	3 (0-11)	6 (0-65)
Suspected FEP	6 (0-22)	16 (5-26)	2 (0-12)	7 (0-69)
36 and over				
First Episode Psychosis (FEP)	24 (0-50)	34 (30-37)	2 (0-6)	52 (0-266)
ARMS for psychosis	2 (0-5)	1 (0-1)	0 (0-0)	1 (0-19)
Suspected FEP	6 (0-19)	6 (0-12)	0 (0-0)	4 (0-58)

Appendix C: Casenote audit data

The following table displays the percentage and numerators for the casenote audit data, and 2020/21 data are included for comparison. 2020/21 Ireland data and 2021/22 England and Wales data are included for comparison.

	Ireland 2021/22 % (127)	Ireland 2020/21 % (63)	Wales 2021/22 % (239)	England 2021/22 % (10557)
Demographics				
Q1. Gender				
Female	47% (60)	38% (24)	22% (52)	39% (4098)
Male	53% (67)	62% (39)	78% (186)	61% (6438)
Other/Non-binary	0% (0)	0% (0)	<1% (1)	<1% (21)
Q2. Age				
Under 18	2% (2)	3% (2)	3% (8)	2% (204)
18 and over	98% (125)	97% (61)	97% (231)	98% (10353)
Additional age break downs for reference				
Under 18	2% (2)	3% (2)	3% (8)	2% (204)
18-35	57% (72)	48% (30)	92% (221)	65% (6839)
36 and over	42% (53)	49% (31)	4% (10)	33% (3514)
Q3. Ethnicity				
White	94% (119)	89% (56)	77% (185)	64% (6739)
Black or Black British	0% (0)	3% (2)	7% (16)	13% (1393)
Asian or Asian British	3% (4)	8% (5)	8% (18)	13% (1349)
Mixed	1% (1)	0% (0)	5% (12)	4% (419)
Other ethnic groups	2% (3)	0% (0)	2% (4)	3% (315)
Refused	0% (0)	-	0% (0)	<1% (23)
Unknown	0% (0)	-	2% (4)	3% (319)
Q4. Was this person in work, education or training at the time of their initial assessment?				
Yes	43% (54)	49% (31)	41% (99)	41% (4337)
No	57% (73)	51% (32)	59% (140)	59% (6220)
Q5. Does this person have an identified family member, friend or carer who supports them?				
Yes	93% (118)	89% (56)	81% (194)	75% (7883)

	Ireland 2021/22 % (127)	Ireland 2020/21 % (63)	Wales 2021/22 % (239)	England 2021/22 % (10557)
Yes, but not to be involved	5% (6)	6% (4)	3% (8)	4% (447)
No	2% (3)	5% (3)	15% (37)	21% (2227)
Outcome measures¹				
Q6. Have any outcome measures been completed for this person?				
Yes	91% (116)	-	N/A	N/A
No	9% (11)	-	N/A	N/A
Q6a/b. How many times have the outcome measures been completed?				
Scale for the Assessment of Positive Symptoms/Scale for the Assessment of Negative Symptoms (SAPS/SANS)				
Once	41% (28)	-	N/A	N/A
More than once	59% (40)	-	N/A	N/A
N/A	0% (0)	-	N/A	N/A
Structured Clinical Interview for DSM-5 (SCID-5)				
Once	65% (45)	-	N/A	N/A
More than once	35% (23)	-	N/A	N/A
N/A	0% (0)	-	N/A	N/A
Mental Illness Research, Education, and Clinical Centre/Global Assessment of Functioning (MIRECC/GAF)				
Once	43% (29)	-	N/A	N/A
More than once	57% (39)	-	N/A	N/A
N/A	0% (0)	-	N/A	N/A
Birchwood Insight Scale (BIS)				
Once	29% (19)	-	N/A	N/A
More than once	71% (49)	-	N/A	N/A
N/A	0% (0)	-	N/A	N/A
Calgary Depression Scale for Schizophrenia (CDSS)				
Once	67% (45)	-	N/A	N/A
More than once	33% (23)	-	N/A	N/A
N/A	0% (0)	-	N/A	N/A
Other				
Once	49% (33)	-	N/A	N/A

¹ The outcome measure question for England and Wales included the following options: HoNOS, HoNOSCA, DIALOG, QPR, and Other.

	Ireland 2021/22 % (127)	Ireland 2020/21 % (63)	Wales 2021/22 % (239)	England 2021/22 % (10557)
More than once	51% (35)	-	N/A	N/A
N/A	0% (0)	-	N/A	N/A

Psychological & other Interventions (n=10,033)

Q7. Has this person commenced a course* of any the following treatment(s), delivered by a person with relevant skills, experience and competencies?

CBTp

Took up	63% (80)	57% (36)	48% (115)	46% (4811)
Refused	31% (39)	35% (22)	13% (30)	30% (3137)
Not offered	6% (8)	8% (5)	26% (62)	14% (1475)
Waiting	0% (0)	-	13% (32)	11% (1134)

Family Intervention

Took up	50% (64)	51% (32)	30% (71)	21% (2190)
Refused	31% (39)	35% (22)	23% (55)	43% (4527)
Not offered	13% (17)	14% (9)	40% (95)	31% (3246)
Waiting	6% (7)	-	8% (18)	6% (594)

Supported employment and education programme

The values below are based on the total responses in the questionnaire. The values in the report for Standard 5 are based on the subpopulation not in work, employment, or training at the time of initial assessment.

Took up	32% (41)	11% (7)	36% (85)	34% (3616)
Refused	20% (25)	11% (7)	16% (38)	33% (3499)
Not offered	46% (58)	78% (49)	43% (102)	29% (3089)
Waiting	2% (3)	-	6% (14)	3% (353)

Q8. Has this person commenced a course of antipsychotic medication?

Yes, less than 6 months ago	15% (19)	-	3% (7)	2% (237)
Yes - within the last 6-12 months	17% (22)	3% (2)	8% (18)	9% (983)
Yes - more than 12 months ago	66% (84)	97% (61)	86% (206)	82% (8684)
No	2% (2)	-	3% (8)	6% (653)

Q9. Has this person had two adequate but unsuccessful trials of antipsychotic medications?

Yes	14% (18)	6% (4)	11% (26)	10% (1059)
No	86% (109)	94% (59)	89% (213)	90% (9498)

	Ireland 2021/22 % (127)	Ireland 2020/21 % (63)	Wales 2021/22 % (239)	England 2021/22 % (10557)
Q9a. Has this person been offered clozapine?				
Yes, the person accepted clozapine	44% (8)	25% (1)	62% (16)	33% (351)
Yes, the person refused clozapine	6% (1)	50% (2)	23% (6)	18% (194)
No	50% (9)	25% (1)	15% (4)	48% (513)
Q10. Has this person's carer(s) commenced a course of a carer-focused education and support programme?				
Yes	32% (40)	55% (33)	25% (51)	52% (4319)
No	68% (84)	45% (27)	75% (151)	48% (3976)
Physical health screening and interventions				
Q11. Smoking status				
Current smoker	31% (40)	35% (22)	54% (129)	38% (4016)
Ex-smoker or non-smoker	42% (53)	43% (27)	38% (90)	51% (5422)
Not documented	26% (33)	22% (14)	5% (13)	5% (541)
Refusal	1% (1)	0% (0)	3% (7)	5% (578)
Q18. Interventions for smoking cessation				
<i>Only cases that required an intervention are included below.</i>				
<i>Percentages may be >100% as cases may have received multiple interventions</i>				
Brief intervention	0% (0)	100% (6)	54% (13)	83% (2152)
Smoking cessation education	6% (1)	50% (3)	42% (10)	29% (743)
Smoking cessation therapy	6% (1)	17% (1)	8% (2)	5% (129)
Referral to smoking cessation service	56% (10)	0% (0)	21% (5)	14% (373)
Individual/group behavioural support	67% (12)	0% (0)	0% (0)	1% (25)
Q12. Alcohol consumption				
Yes - harmful or hazardous use of alcohol	18% (23)	19% (12)	5% (12)	7% (711)
Yes - Alcohol use that is NOT harmful or hazardous	31% (39)	46% (29)	43% (103)	33% (3469)

	Ireland 2021/22 % (127)	Ireland 2020/21 % (63)	Wales 2021/22 % (239)	England 2021/22 % (10557)
No	36% (46)	30% (19)	43% (103)	49% (5208)
Not documented	13% (17)	5% (3)	6% (14)	5% (562)
Refusal	2% (2)	0% (0)	3% (7)	6% (607)

Q19. Interventions for harmful alcohol use

Only cases that required an intervention are included below.

Percentages may be >100% as cases may have received multiple interventions.

Brief intervention and advice	0% (0)	100% (12)	80% (4)	74% (403)
Education about alcohol consumption	0% (0)	25% (3)	40% (2)	44% (239)
Referral to alcohol misuse service	0% (0)	33% (4)	60% (3)	33% (180)
Motivational interviewing	0% (0)	17% (2)	0% (0)	10% (56)
Referral to psycho-education programme	6% (1)	8% (1)	0% (0)	2% (13)
Individual/group behavioural support	25% (4)	8% (1)	40% (2)	3% (18)
Pharmacological intervention for harmful use of alcohol commenced or reviewed (acamprosate, disulfiram or naltrexone)	94% (15)	8% (1)	0% (0)	1% (7)

Q13. Substance misuse

Yes	29% (37)	41% (26)	32% (76)	19% (2042)
No	57% (73)	56% (35)	61% (145)	70% (7382)
Not documented	13% (16)	3% (2)	3% (8)	5% (541)
Refusal	1% (1)	0% (0)	4% (10)	6% (592)

	Ireland 2021/22 % (127)	Ireland 2020/21 % (63)	Wales 2021/22 % (239)	England 2021/22 % (10557)
Q20. Interventions for substance misuse				
<i>Only cases that required an intervention are included below.</i>				
<i>Percentages may be >100% as cases may have received multiple interventions.</i>				
Brief intervention/advice	3% (1)	96% (23)	57% (21)	73% (1025)
Substance use education	0% (0)	38% (9)	19% (7)	38% (537)
Referral to detoxification programme	25% (8)	4% (1)	0% (0)	3% (36)
Referral to substance misuse service	0% (0)	8% (2)	51% (19)	32% (447)
Referral to psycho-education programme	22% (7)	4% (1)	3% (1)	3% (35)
Motivational interviewing	91% (29)	4% (1)	0% (0)	8% (106)
Q14. BMI/Weight				
Yes	53% (67)	52% (33)	69% (165)	81% (8518)
Not documented	46% (58)	48% (30)	27% (64)	10% (1018)
Refusal	2% (2)	0% (0)	4% (9)	9% (992)
Patient was pregnant	0% (0)	0% (0)	<1% (1)	<1% (29)
Q21. Interventions for weight gain/obesity				
<i>Only cases that required an intervention are included below.</i>				
<i>Percentages may be >100% as cases may have received multiple interventions.</i>				
Mental health medication review with respect to weight (e.g. antipsychotic)	0% (0)	78% (7)	11% (4)	26% (1140)
Advice or referral about diet	4% (1)	100% (9)	80% (28)	90% (4011)
Advice or referral about exercise	0% (0)	100% (9)	71% (25)	82% (3660)

	Ireland 2021/22 % (127)	Ireland 2020/21 % (63)	Wales 2021/22 % (239)	England 2021/22 % (10557)
Lifestyle education regarding risk of diabetes	13% (3)	56% (5)	0% (0)	13% (596)
Referral for lifestyle education regarding risk of diabetes	0% (0)	67% (6)	0% (0)	3% (124)
Weight management programme	0% (0)	67% (6)	3% (1)	3% (148)
Referral for weight management programme	4% (1)	22% (2)	0% (0)	4% (165)
Referral for lifestyle education	13% (3)	11% (1)	3% (1)	3% (135)
Combined healthy eating and physical education programme	70% (16)	44% (4)	14% (5)	3% (131)
Referral for combined healthy eating and physical education programme	83% (19)	56% (5)	0% (0)	2% (75)
Pharmacological intervention for obesity commenced or reviewed	35% (8)	11% (1)	0% (0)	1% (39)
Q15. Blood pressure				
Yes	54% (69)	64% (40)	73% (175)	82% (8674)
Not documented	43% (55)	37% (23)	23% (55)	9% (918)
Refusal	2% (3)	0% (0)	4% (9)	9% (965)
Q22. Interventions for hypertension				
<i>Only cases that required an intervention are included below.</i>				
<i>Percentages may be >100% as cases may have received multiple interventions.</i>				
Mental health medication review with respect to high blood pressure (e.g. antipsychotic)	0% (0)	100% (2)	30% (3)	16% (156)

	Ireland 2021/22 % (127)	Ireland 2020/21 % (63)	Wales 2021/22 % (239)	England 2021/22 % (10557)
Advice or referral about diet/salt intake	0% (0)	50% (1)	60% (6)	65% (630)
Advice or referral about exercise	0% (0)	50% (1)	70% (7)	60% (586)
Referral to general practice service	0% (0)	50% (1)	30% (3)	43% (417)
Referral to secondary care physician	0% (0)	0% (0)	0% (0)	4% (38)
Referral for antihypertensive therapy	0% (0)	50% (1)	10% (1)	1% (13)
Antihypertensive therapy	0% (0)	50% (1)	0% (0)	5% (48)
Q16. Glucose				
Yes	49% (62)	35% (22)	59% (141)	72% (7588)
Not documented	49% (62)	65% (41)	30% (71)	13% (1395)
Refusal	2% (3)	0% (0)	11% (27)	15% (1558)
Person was pregnant/ gave birth within last 6 weeks (weight not measured)	0% (0)	0% (0)	0% (0)	<1% (16)
Q23. Interventions for diabetes/high risk of diabetes				
<i>Only cases that required an intervention are included below.</i>				
<i>Percentages may be >100% as cases may have received multiple interventions.</i>				
Mental health medication review with respect to glucose regulation (e.g. antipsychotic)	0% (0)	0% (0)	33% (1)	21% (115)
Referral to general practice service	0% (0)	0% (0)	67% (2)	56% (306)
Referral to secondary care physician	0% (0)	0% (0)	0% (0)	5% (29)
Diet modification	0% (0)	0% (0)	0% (0)	31% (172)

	Ireland 2021/22 % (127)	Ireland 2020/21 % (63)	Wales 2021/22 % (239)	England 2021/22 % (10557)
Advice or referral about exercise	0% (0)	0% (0)	33% (1)	50% (274)
Metformin therapy	0% (0)	0% (0)	67% (2)	13% (69)
Referral for diabetic care	0% (0)	0% (0)	33% (1)	6% (35)
Diabetic care	0% (0)	0% (0)	67% (2)	19% (102)
Referral to structured lifestyle education programme	0% (0)	0% (0)	0% (0)	2% (13)
Q17. Cholesterol				
Yes	52% (66)	33% (21)	56% (134)	71% (7481)
Not documented	46% (58)	67% (42)	33% (79)	14% (1453)
Refusal	2% (3)	0%	11% (26)	15% (1623)
Q24. Interventions for dyslipidaemia				
<i>Only cases that required an intervention are included below.</i>				
<i>Percentages may be >100% as cases may have received multiple interventions.</i>				
Mental health medication review to lower blood lipids (e.g. antipsychotic)	0% (0)	0% (0)	0% (0)	11% (8)
Advice or referral about diet	0% (0)	0% (0)	0% (0)	79% (56)
Advice or referral about exercise	100% (1)	0% (0)	0% (0)	75% (53)
Referral to primary or secondary care physician	0% (0)	0% (0)	0% (0)	49% (35)
Lipid lowering therapy	0% (0)	0% (0)	0% (0)	17% (12)
Referral for lipid lowering therapy	0% (0)	0% (0)	0% (0)	9% (6)
Q27. Was the patient allocated to an EIP service care coordinator?				
Yes	89% (113)	100% (63)	91% (218)	N/A
No	11% (14)	0% (0)	9% (21)	N/A
Q28. Was the patient engaged by an EIP service care coordinator?				
Yes	89% (113)	100% (63)	91% (217)	N/A

	Ireland 2021/22 % (127)	Ireland 2020/21 % (63)	Wales 2021/22 % (239)	England 2021/22 % (10557)
No	11% (14)	0% (0)	9% (22)	N/A

Appendix D: Additional analysis

Standard 6: Physical health screening

For all people with FEP, further analysis for this standard was carried out to breakdown screenings via each individual physical health measure.

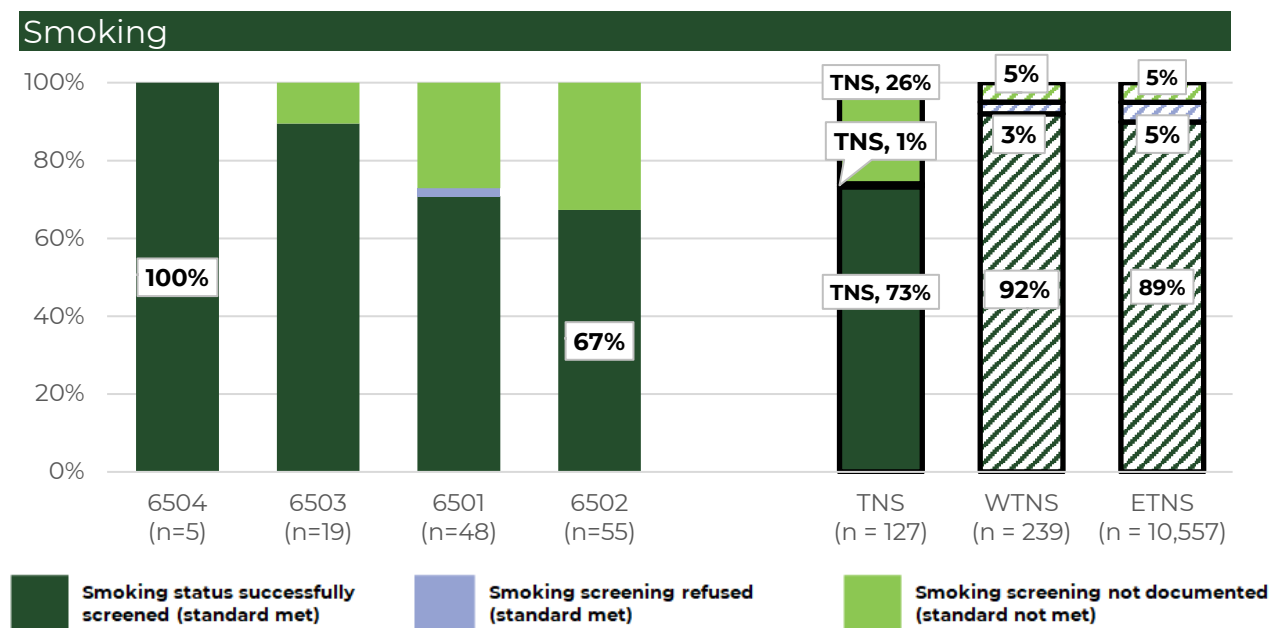


Figure 1. Proportion of people with FEP offered an annual screening for cigarette smoking (n=127)

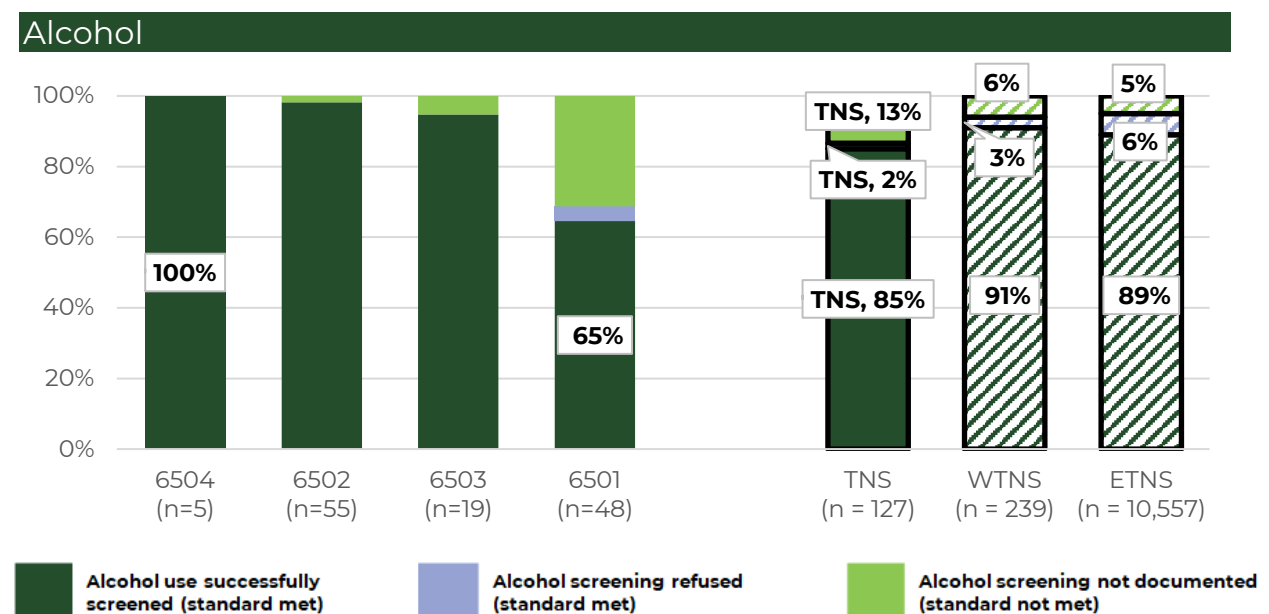


Figure 2. Proportion of people with FEP offered an annual screening for alcohol use (n=127)

Substance misuse

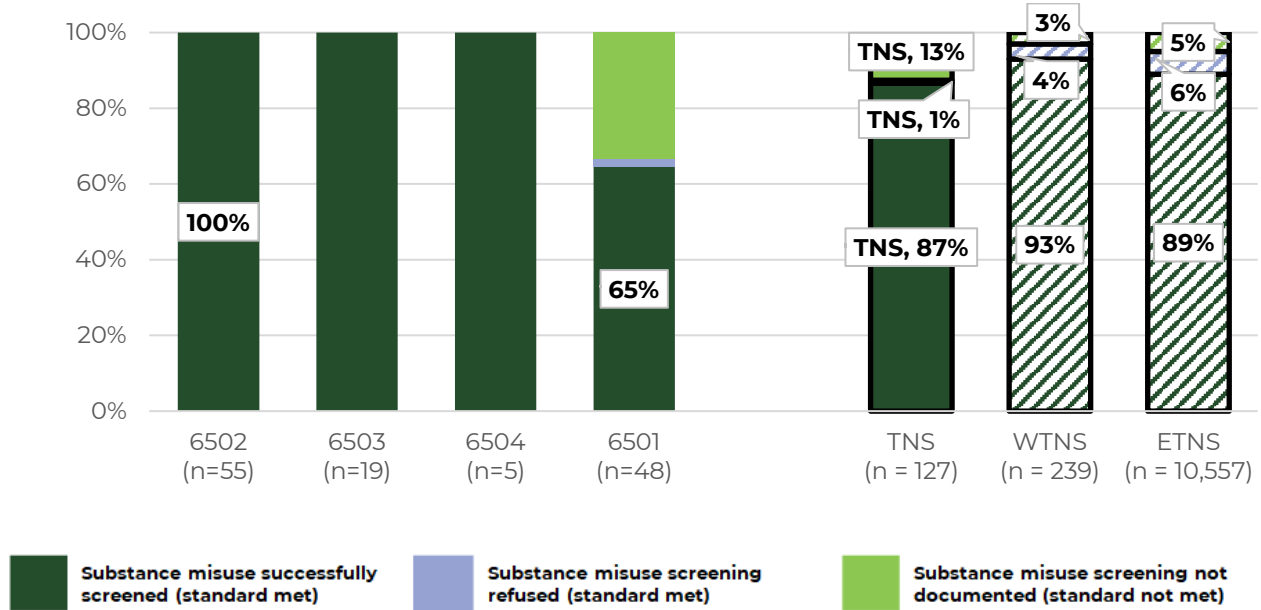


Figure 3. Proportion of people with FEP offered an annual screening for substance misuse (n=127)

BMI

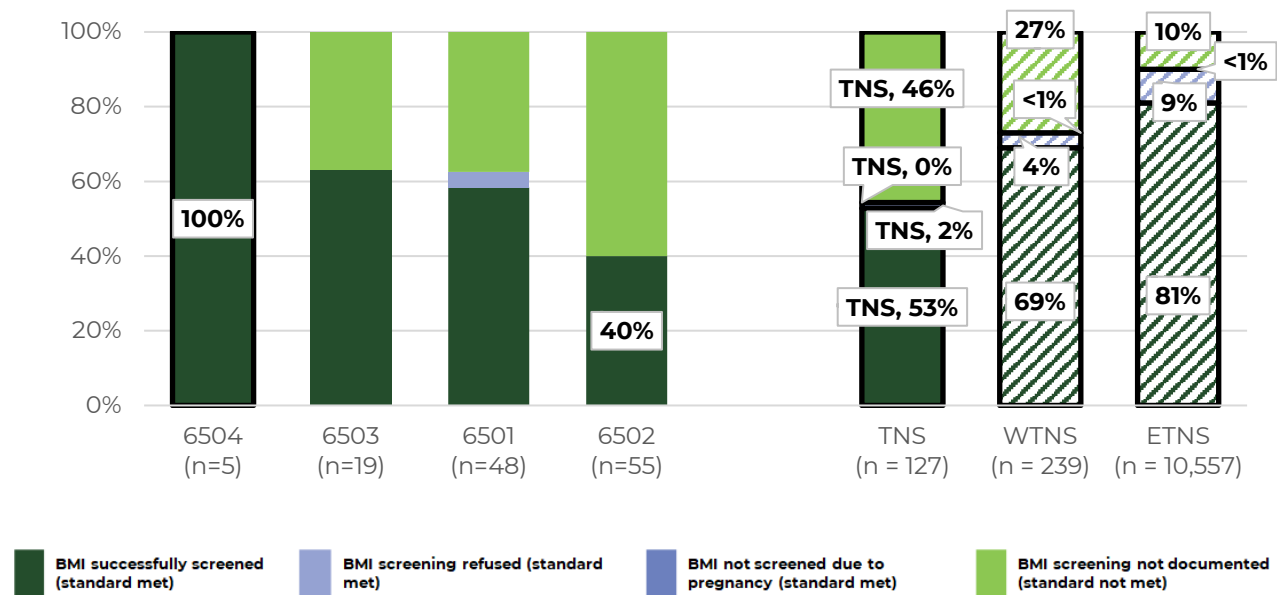


Figure 4. Proportion of people with FEP offered an annual screening for BMI (n=127)

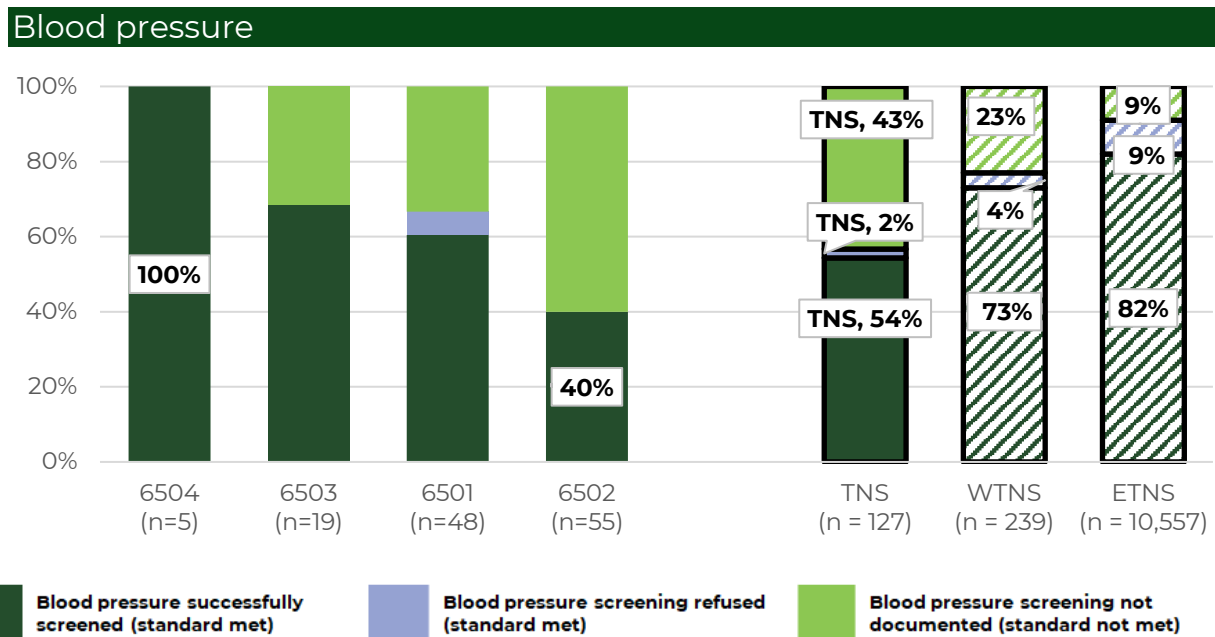


Figure 5. Proportion of people with FEP offered an annual screening for blood pressure (n=127)

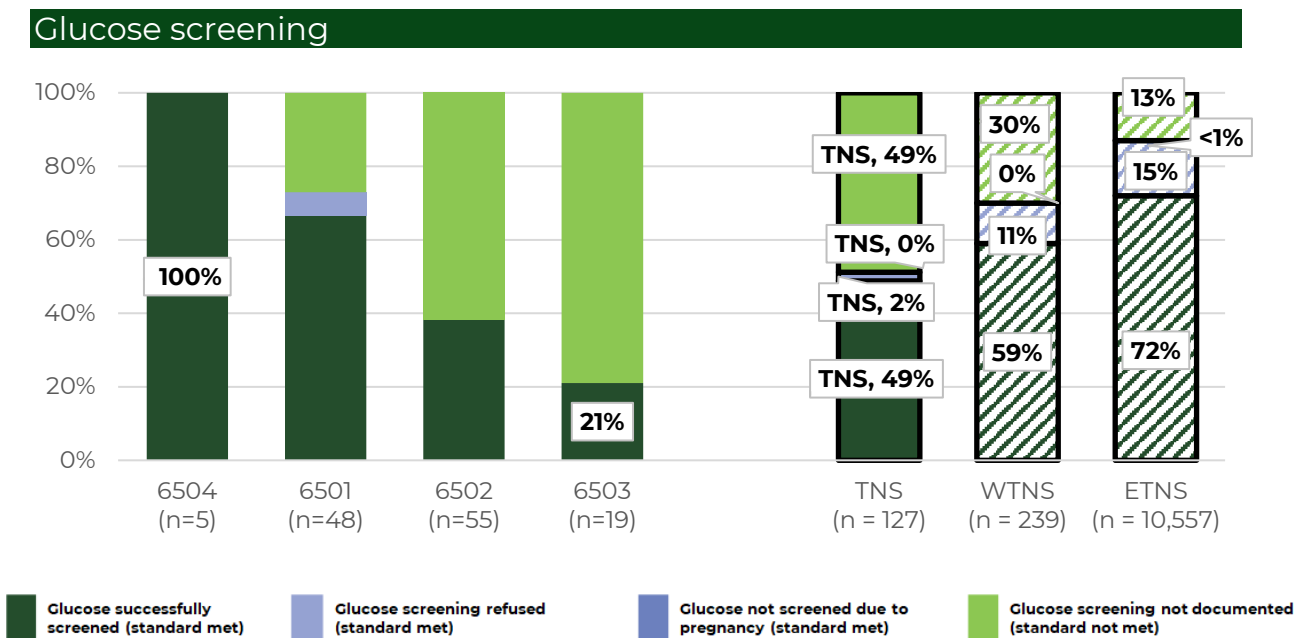


Figure 6. Proportion of people with FEP offered an annual screening for glucose (n=127)

Cholesterol screening

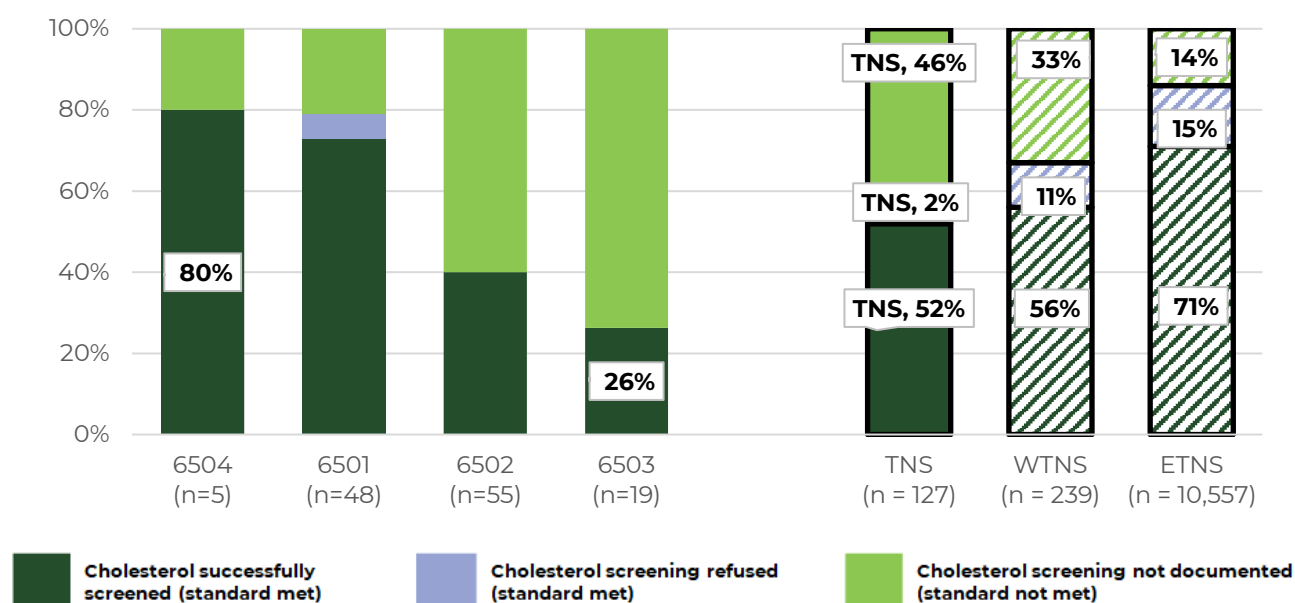


Figure 7. Proportion of people with FEP offered an annual screening for cholesterol (n=127)

Standard 7: Physical health intervention

For all people with FEP, further analysis for this standard was carried out to breakdown intervention offer via each individual physical health measure.

Smoking

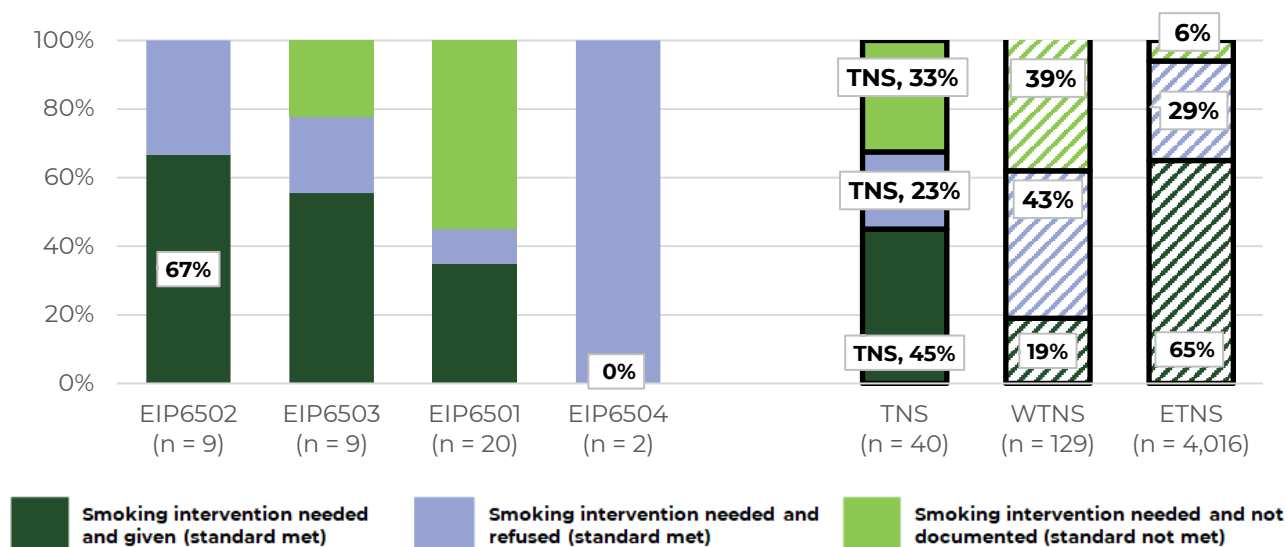


Figure 8. Proportion of people with FEP offered an intervention for cigarette smoking across EIP teams (n=40)

Alcohol use

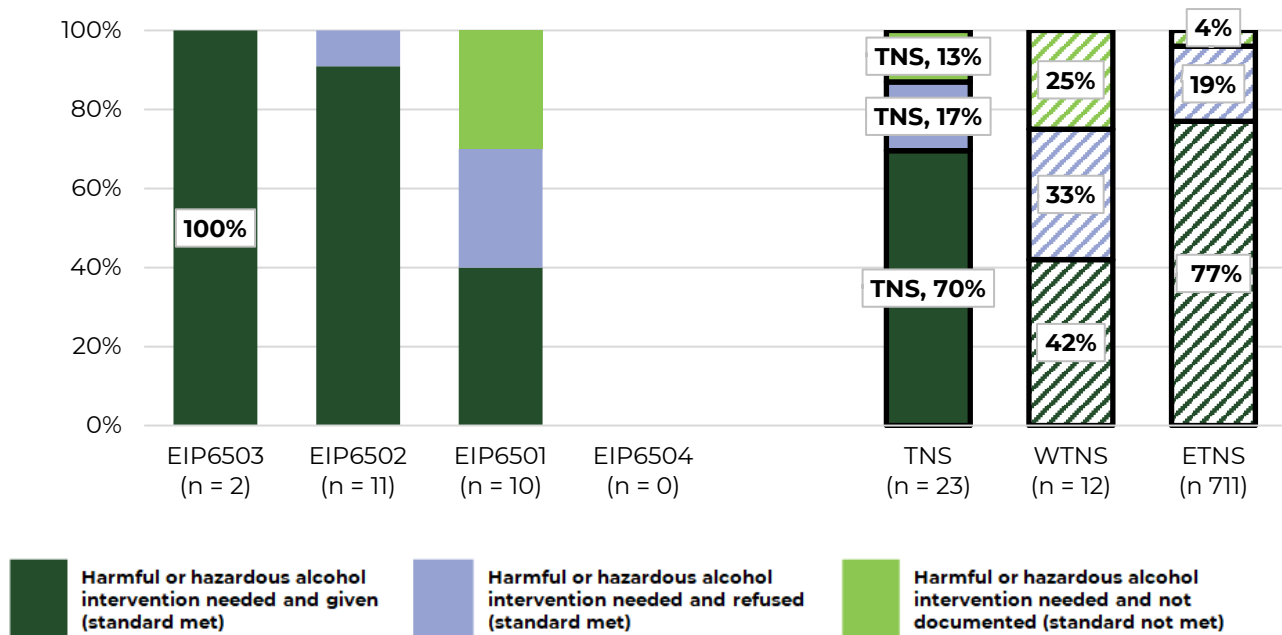


Figure 9. Proportion of people with FEP offered an intervention for harmful or hazardous use of alcohol across EIP teams (n=23)

Substance misuse

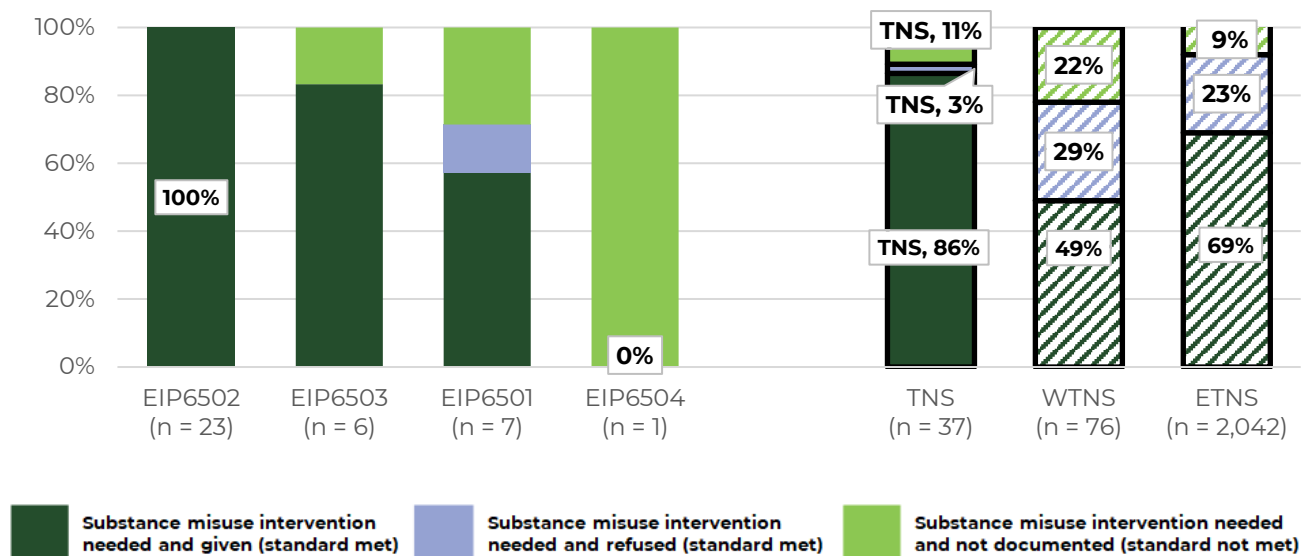


Figure 10. Proportion of people with FEP offered an intervention for substance misuse across EIP teams (n=37)

Weight gain

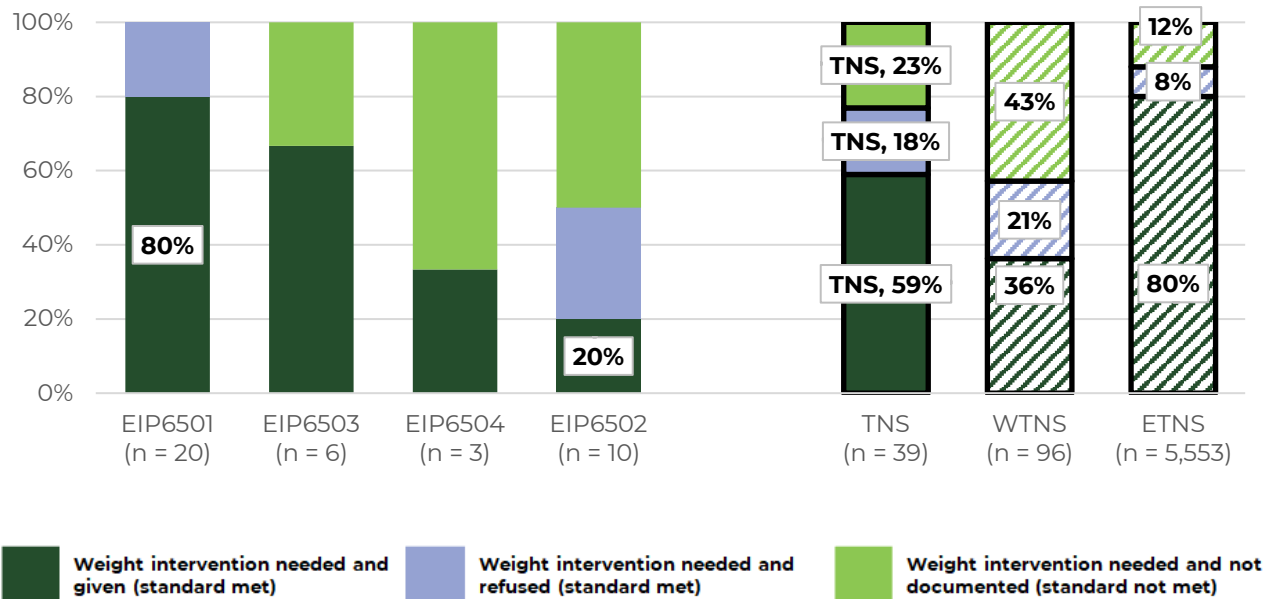


Figure 11. Proportion of people with FEP offered an intervention for elevated BMI / weight gain across EIP teams (n=39)

Hypertension

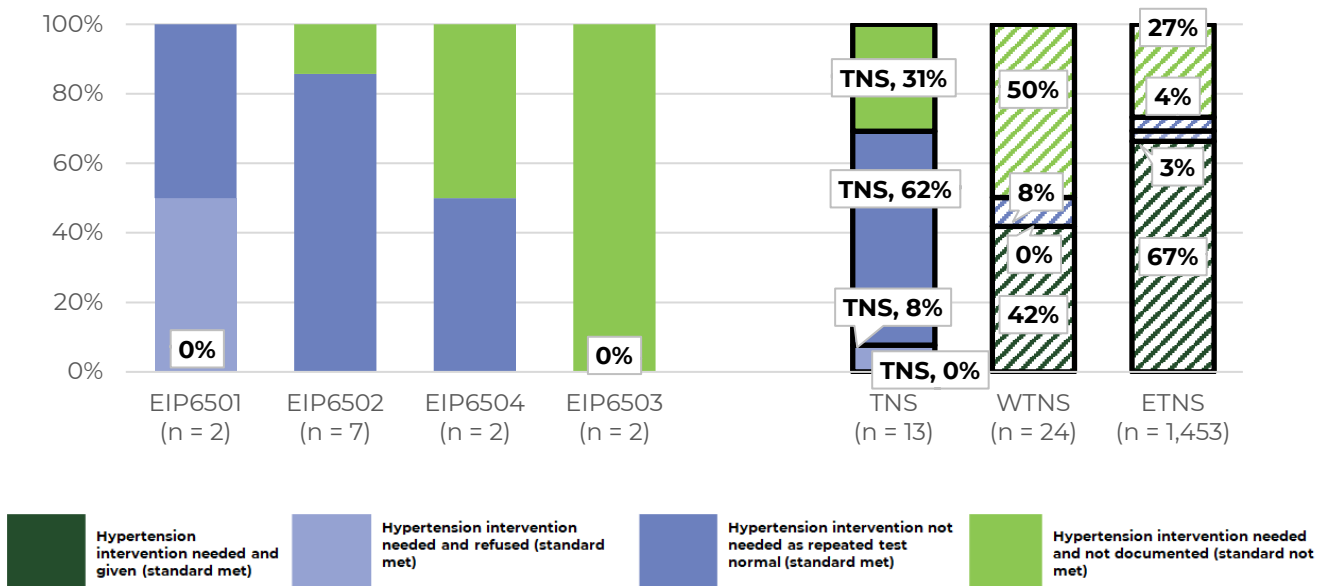


Figure 12. Proportion of people with FEP offered an intervention for hypertension across EIP teams (n=13)

Diabetes

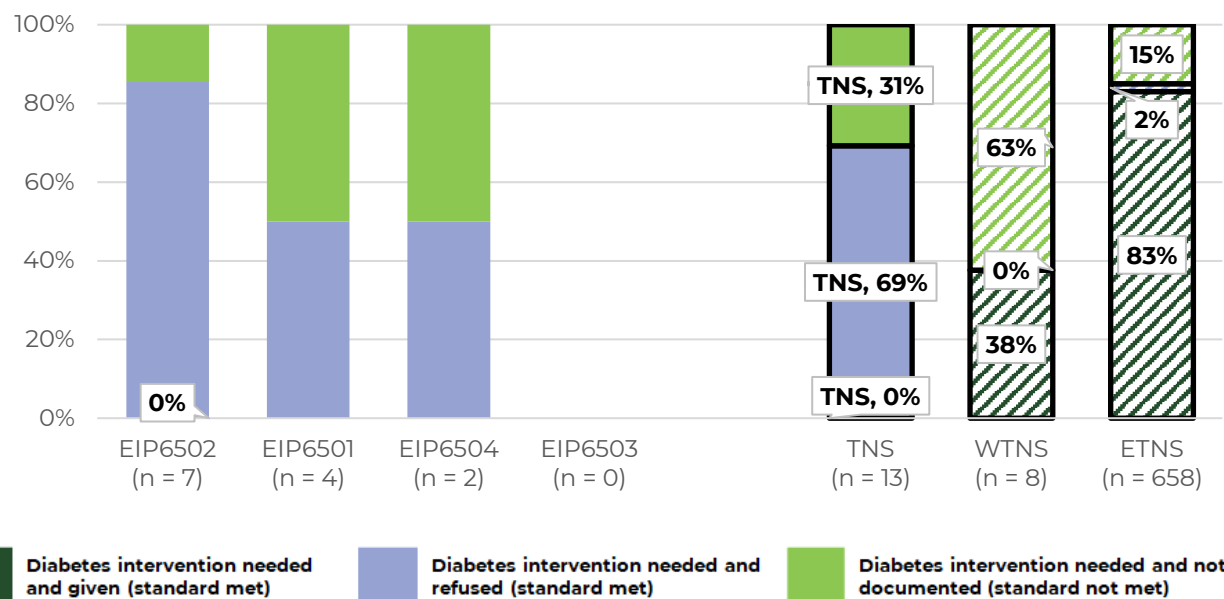


Figure 13. Proportion of people with FEP offered an intervention for elevated diabetes across EIP teams (n=13)

Dyslipidaemia

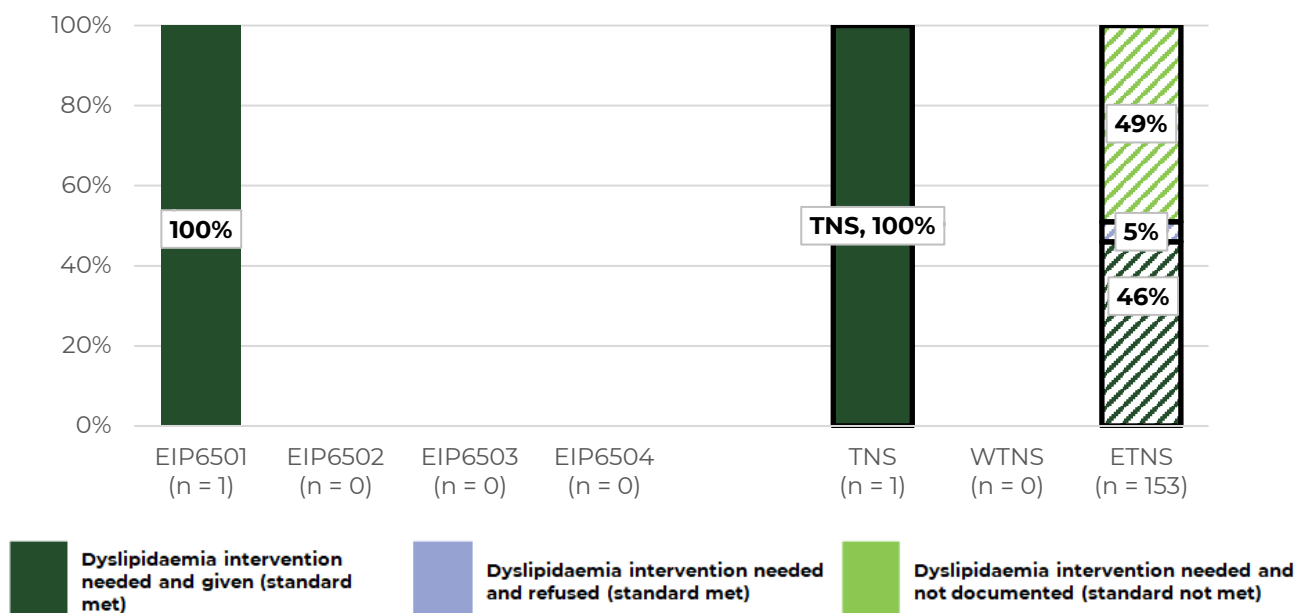


Figure 14. Proportion of people with FEP offered an intervention for elevated cholesterol levels across EIP teams (n=1)

Appendix E: Participating Community Healthcare Organisations (CHO)

CHO	Provider ID	Team name(s)	Total sample
Health Service Executive CHO4	6501	CHO4 South Lee RISE	48
Health Service Executive CHO6	6502	CHO6 DETECT	55
Health Service Executive CHO1	6503	CHO1 Sligo	19
Health Service Executive CHO8	6504	CHO8 Meath	5

Appendix F: Steering Group members

Name	Organisation
Eva Bell	Rethink Mental Illness
Dr Alison Brabban	Early Intervention in Psychosis Network, NHS England and Improvement
Dr Elizabeth Davies	Welsh Government
Dr Selma Ebrahim	Association of Clinical Psychology UK
Wendy Harlow	Sussex Partnership Trust / Local audit representative
Steve Jones	NHS England and Improvement
Fahad Khan	Adult community mental health, NHSE/I
Alexa Knight	Rethink Mental Illness
Beth McGeever	NHS England and Improvement
Natalia Plejic	Healthcare Quality Improvement Partnership
Peter Pratt	NHS England and Improvement
Caroline Rogers	Healthcare Quality Improvement Partnership
Dr David Shiers	General Practitioner (retired) / Carer
Dr Caroline Taylor	Royal College of General Practitioners / Clinical Commissioning Group representative
Andrew Turner	Care Quality Commission
Dr Jonathan West	Early Intervention in Psychosis Network (London)
Nadine Young	Care Quality Commission

Appendix G:

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

Birchwood Insight Scale (BIS): An eight-item self-report outcome measure that assess the following three areas: awareness of having a mental illness, attributing symptoms as part of a disorder, and the need for treatment.

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

Calgary Depression Scale for Schizophrenics (CDSS): A nine-item outcome measure rated by a clinician that assesses levels of depression in people with schizophrenia.

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

Children and Young People (CYP): All service users under 18 years of age.

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 Healthcare Organisations (CHO): CHO's provide a broad range of services that are provided outside of the acute hospital system and includes Primary Care, Social Care, Mental Health and Health & Wellbeing Services. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to people's homes.

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).

EIP Key worker: The EIP key Worker is a designated member of the CMHT who under the clinical supervision of the treating consultant psychiatrist will be responsible for co-ordinating the clinical care for service users with FEP.

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

F

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

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

Health Inequalities: Systematic differences in the health status of different population groups that may be considered unfair.

Health of the Nation Outcomes Scale (HoNOS): Developed to measure various aspects of the level

of symptoms, social and other functioning, and general health of people with severe mental illness.

Health Services Executive (HSE):

The Health Service Executive is a publicly funded healthcare system in the Republic of Ireland. It is responsible for the provision of health and personal social services.

Healthcare Quality Improvement Partnership (HQIP):

Aims to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

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.

The Mental Illness Research, Education, and Clinical Centre (MIRECC) version of the Global Assessment of Functioning (GAF):

An outcome measure that assesses occupational functioning, social functioning, and symptom severity.

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 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 5-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 Digital: The National Health Service (NHS) Digital uses information and technology to improve health and care.

NHS England and Improvement:

The National Health Service (NHS) England is a publicly funded healthcare system. NHS England and 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/>).

National Institute for Health and Clinical Excellence (NICE):

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 for 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.

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.

Outlier: A data point that is very much bigger or smaller than the other data points.

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.

Protected Characteristics: A set of 9 characteristics that are protected from discrimination under the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

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.

R

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.

Scale for Assessment of Negative Symptoms (SANS): A comprehensive test used to assess the negative symptoms associated with schizophrenia. The test evaluates attentional impairment, anhedonia-asociality, avolition-apathy, affective blunting, and alogia.

Scale for Assessment of Positive Symptoms (SAPS): A comprehensive test complementing the SANS tool that assesses hallucinations, delusions, bizarre behaviour, and positive thought disorder.

Structured clinical interview for DSM-5 (SCID-5): A test administered for the diagnosis of a mental disorder in the diagnostic and statistical manual of mental disorders. The test is administered through an interview in a semi-structured manner.

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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