Achieving better access standards for mental health:

Early Intervention in Psychosis

EIP LONDON PROGRAMME BRIEFING PAPER
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INTRODUCTION

In 2015/16, a new access and waiting time standard will be introduced to ensure that more than 50% of people experiencing first episode psychosis commence a NICE concordant package of care within a maximum of two weeks of referral.

The impact and cost of mental health problems on individuals, society, the economy and health services is very high. Yet too often access to services for people with mental health problems is more restricted and waiting times are longer than for other services.

Currently, only 65% of people with psychotic disorders are receiving treatment\(^1\) and evidence shows current average waiting times for Early Intervention Psychosis services are between 10 and 17 weeks\(^2\). This produces poor outcomes for patients and imposes additional costs on mental health services and the wider health and care system (particularly urgent care).

Psychosis costs the NHS around £2bn per year\(^3\). The clinical evidence shows that early intervention makes a real difference\(^4\), so if patients are not getting treatment quickly enough or not getting the appropriate interventions, their long term care could be especially costly – and their life chances much more limited.

“...I’ve been determined to get waiting time standards into mental health. The great discrimination at the heart of the NHS is that you have all of these very politically powerful waiting time standards in physical health - the 4-hour target for A&E - then you look to mental health and there’s nothing. And that total imbalance drives where the money goes.”

*Norman Lamb MP, Minister for Care and Support, Channel 4 News 17/03/15*

Developing an access or waiting times standard for mental health services is necessary – although it is considerably more complex than for some physical health services. Pathways are less well defined, service models vary significantly and data availability is less well developed\(^5\). Integrated care with many different agencies playing an important role is also key in keeping people well or managing acute episodes.

The government has allocated new funding to help fill this gap, enabling providers and commissioner to meet the new access and waiting time standard.

BACKGROUND

In October 2014, the government released the [Achieving Better Access to Mental Health Services by 2020](#) report.

This report shows what action the government is taking to provide better access to care in mental health services within the next year, including the introduction of national waiting time standards for the first time. It also sets out its vision for further progress by 2020.
An additional £40 million non-recurrent funding boost for mental health services has been allocated for 2014-15. This comprises:

1. An investment of £7 million to end the practice of young people being admitted to mental health beds far away from where they live, or from being inappropriately admitted to adult wards; and
2. An investment of £33 million to support people in mental health crisis, and to boost early intervention services, which help some of the most vulnerable young people in the country to get well and stay well.

The national readiness programme, being lead by NHS England nationally, received £3 million of this funding. London received £5.67 million, the majority of which was allocated to CCGs. CCGs agreed to retain £525,000 to fund a London programme that supports CCGs and providers in implementing the new standards.

From 2015/16, access and waiting time standards will be introduced – the first of their kind in mental health services. An £80 million investment (half recurring for Early Intervention in Psychosis and half non-recurring) will deliver:

- Treatment within six weeks for 75% of people referred through the Improving Access to Psychological Therapies (IAPT)s programme, with 95% of people being treated within 18 weeks.
- **Treatment within two weeks for more than 50% of people experiencing a first episode of psychosis.**
- A £30 million targeted investment will help people in crisis to access effective support in more acute hospitals.

This pan-London programme is focusing on the new targets being introduced for Early Intervention in Psychosis (EIP).

**WHAT IS PSYCHOSIS?**

Psychosis causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions. However it is a complex presentation and someone with psychosis will have their own unique set of symptoms and experiences, according to their personal circumstances.

The two main symptoms of psychosis are:

1. **Hallucinations** – where a person hears, sees and, in some cases, feels, smells or tastes things that aren't there; a common hallucination is hearing voices.
2. **Delusions** – where a person believes things that, when examined rationally, are obviously untrue – for example thinking that people are spying on them, or that the television is talking to them.

The combination of hallucinations and delusional thinking can often severely disrupt perception, thinking, emotion and behaviour. Experiencing the symptoms of psychosis is often referred to as having a psychotic episode.

Psychosis is common and treatable. Psychosis isn’t a condition in itself – it is triggered by other conditions, such as a specific mental health condition like schizophrenia, a traumatic experience, stress, a physical condition, or the result of alcohol or drug misuse.
Psychosis often occurs for the first time between the ages of 14 and 35, although it can affect people of all ages. It is important that psychosis is treated as soon as possible, as early treatment usually has better long-term outcomes.

**WHAT IS EARLY INTERVENTION IN PSYCHOSIS?**

The NICE-recommended intervention for people who exhibit early symptoms of psychosis is a structured set of treatments provided by Early Intervention for Psychosis (EIP) Services. They are range of a specialist treatments which, when implemented well, provide improved outcomes over standard mental health care. Based on clinical advice, the acknowledged optimal window for EIP services to begin treatment is within a maximum of two weeks.

**WHY EARLY INTERVENTION?**

Early intervention is important as:

- Experiencing psychosis is often unpleasant and distressing for the person involved, and also their family and friends
- A person experiencing psychosis may be neglecting themselves and be at risk of harm
- Early treatment can improve the long-term outcome for the person experiencing the psychotic episode

In 2011, *No Health Without Mental Health* highlighted the effectiveness of early intervention services for people experiencing first episode psychosis. There is good evidence that EIP services, when delivered in accordance with NICE standards, help people recover from a first episode and to gain good quality of life:

- 35% of people under their care are in employment, compared with 12% in traditional care
- They reduce the likelihood of an individual receiving compulsory treatment from 44% to 23% during the first two months of psychosis
- They reduce a young person’s suicide risk from up to 15% to 1%

NICE also found that EIP services reduce the likelihood that individuals with psychosis will relapse or be detained under the Mental Health Act, potentially saving the NHS £44 million each year through reduced hospital admissions.

**THE TASK AHEAD OF US**

In 2014/15 and 2015/16 we will work together to build the capacity needed to meet the new access and waiting time standards.

In 2015/16 improvements towards meeting the standards will come into effect from 1 April 2015 for achievement by 1 April 2016.
By April 2016, more than 50% of people experiencing first episode psychosis will commence a NICE-concordant package of care within two weeks of referral.

The standard is ‘two-pronged’ and both conditions must be met in order to meet the standard, i.e.

1. A maximum wait for two weeks from referral to treatment; and
2. Treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia

NATIONAL GUIDANCE – THE EXPECTATIONS WE MUST MEET

EIP is covered by three sets of NICE guidance:

- NICE clinical guideline 178 (2014) Psychosis and schizophrenia in adults: treatment and management
- NICE clinical guideline 155 (2013) Psychosis and schizophrenia in children and young people
- NICE guideline CG120 (2011) Psychosis with coexisting substance misuse

EIP services should aim to provide a full range of pharmacological, psychological, social, occupational and educational interventions for people with psychosis, consistent with this pathway.

Services should be accessible to all people with a first episode or first presentation of psychosis, irrespective of the person’s age or the duration of untreated psychosis.

WORKING TOGETHER TO MEET THE NEW TARGET

Meeting the new access and waiting time standard in London will require close collaboration and planning between commissioners, primary and secondary care, and other service providers within our local health and care system.

The Office of London CCGs and the London Mental Health Strategic Clinical Network is supporting the work taking place across London to meet the new target.

London’s EIP programme will work at pace with a number of worksteams covering:

‘If everyone who needed Early Intervention in Psychosis received a service, each year the NHS would save £44m’

• Clinical engagement on models of care
• Understanding current activity and needs by integrating and analysing data
• Accelerating development of the mental health workforce, together with LETBs and others
• Linking with the national programme, for which the National Collaborating Centre for Mental Health (NCCMH) is taking the lead role

Together, we have begun to identify challenges facing us as we prepare for the new access and waiting time standard – and the solutions must also be created collaboratively.

Part of the solution will be implementing the national guidance on the Referral to Treatment Time (RTT) pathway, as outlined below.

NATIONAL DOCUMENTATION

Closing the Gap: Priorities for essential change in mental health (Jan 2014)
https://www.gov.uk/government/publications/mental-health-priorities-for-change

No Health Without Mental Health: A cross government mental health outcomes strategy for people of all ages (Feb 2011)

Achieving Better Access to Mental Health Services by 2020 (Oct 2014)

NHS England investment in mental health 2015/16: A note to accompany the 2015/16 national tariff payment system (Nov 2014)

Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16 (Feb 2015)

Q&As on tariff arrangements for 2015/16

FOR MORE INFORMATION

For further information on London’s Early Intervention in Psychosis (EIP) programme, please contact the Early Intervention in Psychosis London programme at info@eip.london.
REFERRAL TO TREATMENT TIME PATHWAY

The Referral to Treatment Time (RTT) is the period of time taken from making a referral, which initiates a clock start, to the point at which the clock stops when treatment starts. A draft EIP RTT pathway – which by April 2016 will be two weeks – is described below. Each EIP service will be responsible for developing and implementing a pathway for their service. The technical indicator guidance is to be published in the summer.

FEP – First episode psychosis
DNA – Did not attend
ARMS – At risk mental state
1 http://www.mentalhealth.org.uk/content/assets/PDF/publications/manifesto-better-mental-health-manifesto.pdf
2 NHS Benchmarking Network, Data Intelligence Report, 2014
3 NHS programme budget data suggests that treatment of Psychosis cost the NHS around £2.0bn in 2012/13. Reference cost data suggests a similar figure in the same year of £1.9bn across the Mental Health reference cost clusters.
6 http://www.nhs.uk/Conditions/Psychosis/Pages/Symptoms.aspx
7 NHS Choices http://www.nhs.uk/Conditions/Psychosis/Pages/Introduction.aspx