Research Summary

NHS
National Institute for Health Research

Evaluating the development and impact of Early Intervention Services (EIS) in the West Midlands

Early Intervention Services (EIS) support younger people through the critical early phase of a first episode of severe mental ill health (psychosis). EIS offer therapies, medication, information, education and work support, and support to families.

This research summary, based on research co-led by Professors Helen Lester and Max Birchwood at the University of Birmingham, on behalf of the NIHR Service Delivery and Organisation Programme (SDO), reports on the implementation and development of the 14 West Midlands EIS.

It is for:

- Commisioners and funders – sustainable funding and clear expectations are essential to successfully developing EIS
- Mental health clinicians, staff and managers – better understanding of EIS is needed
- The public – EIS knowledge helps people access this support
- Voluntary and Community Sector (VCS) organisations – for closer co-working
- The media – reducing the stigma of serious mental illness may help patients to seek support.

Key findings

- The bio-psychosocial approach of EIS involves medication, help to come to terms with the illness, and skills to minimise its impact on social and working life.

- All the interviewed patients valued EIS.

- Promoting best practice examples would make clearer the links between EIS and Child and Adolescent Mental Health Teams (CAMHS).

- Local variations lead to different interpretations of national policy guidance.

- EIS staff felt team flexibility and consensual decision-making enhanced quality of care; tensions arose if consultant psychiatrists disagreed with this. Some non-EIS psychiatrists felt Community Mental Health Teams (CMHT) should be better resourced instead.

- EIS benefit from financial stability, shared values and priorities, good communication between commissioners and clinicians, and co-operation across organisations.

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Background

Early Intervention Services (EIS) typically work with people aged 14-35 years. In the last decade, EIS have grown in policy importance. This is because evidence shows that early diagnosis and treatment of young people experiencing psychotic episodes can result in better recovery. This is in part achieved by the EIS bio-psychosocial approach, where people are supported for up to 3 years. This involves coming to terms with and managing the illness in everyday life. It also includes a focussed approach to education and training to enable this group of young people to enter the workforce.

Box 1. What is a psychotic episode?

'Psychosis' describes a set of conditions affecting someone's mind – how he or she thinks, understands and feels. For example, someone might experience auditory hallucinations (hearing voices) or other difficulties distinguishing between what is or is not real, or feel overwhelmed by everyday life. Such experiences are called psychotic episodes. They can be very frightening for the person, and for anyone witnessing them.

In the UK, four in every 1,000 people aged 16-64 experience a psychotic episode at some stage in their life – but this mostly affects people in their twenties.

The importance of EIS has been underlined in successive government policy documents published since 1998. Two studies (EDEN, and EDEN Plus) were commissioned to identify the key components of successful services, and to understand the importance of structural relationships between EIS and other health and social care organisations. This included other NHS mental health services, the role of psychiatrists, and relationships with VCS organisations. The researchers also explored whether different EIS were faithful to published guidance on how they should be organised; and the effect of local variations on their development.

Practical findings

Study 1 – The EDEN project

The EDEN project was set up to assess the development and impact of Early Intervention Services (EIS) in the West Midlands. The first EIS in the UK started in Birmingham. This Birmingham model of care has influenced the ways in which other such services have developed.

In 2000, the government's National Plan for the NHS set out its intention to develop 50 new EIS teams by 2004. National guidance (Policy Implementation Guides – PIG) on establishing these services was issued in 2001.

All fourteen West Midlands EIS took part in the EDEN project, which ran for 3 years from June 2003. Twelve of the 14 EIS were providing services for patients during the course of the study, and data from 479 of their patients was included. Fifty semi-structured interviews with service users and carers and 162 semi-structured interviews with EIS professionals and team members were carried out, and the findings analysed. (Semi-structured interviews involve conversations with individuals that cover the same set of topics.)

By studying one region in detail, the EDEN project was able to look at the variety of ways that local organisations and professionals respond to national guidance and policy when developing new services, as well as considering the work of established EIS teams. The 14 West Midlands EIS supported young adults from very diverse economic, social and cultural backgrounds, within widely varying local NHS structures.

Despite these differences, the EIS had common aims and objectives, and achieved similar outcomes for patients. The researchers analysed these similarities and differences in order to identify the overarching key elements to the successful development of EIS. In particular, the study aimed to:

1. provide information on key aspects of EIS development and delivery to maximise the effectiveness of emerging services
2. identify the key components of successful services in different areas and understand how local factors help or hinder EIS development
3. understand how relationships between PCTs, Mental Health Trusts and Social Care Trusts affects the commissioning and/or provision of EIS, and identify lessons for the future development of EIS within the wider health and social care system
4. provide information on the relationship between how services are arranged, the extent to which the national EIS guidance is followed, and key pre-defined outcomes such as duration of untreated psychosis (DUP).

The study had originally intended to explore reasons for variation in the costs associated with delivering EIS, but this was not carried out. One reason for this was

because of the reluctance of any of the EIS to share budget details. All the EIS were concerned that to do so might jeopardise their current funding negotiations with local NHS Trusts and PCTs.

Outcomes for patients

All the service users interviewed reported that their involvement with EIS had been positive. They highlighted as particularly important: the availability of staff, the comprehensive nature of the support, and the emphasis on building confidence and self-esteem. This positive experience was reflected by the fact that just over 90% of service users were still involved with EIS after 12 months (Box 2).

Box 2. Details of service users

Out of a total of 479 service users whose details were included in the study:
- 339 were male (70.7%)
- average age of patients was 23 years
- 268 were White, 67 were Asian Pakistani and 42 were Black-Caribbean
- 213 patients spent time in hospital at some stage over their first 12 months, with 125 of these sectioned under the Mental Health Act (1983)
- 434 (90.6%) were still involved with EIS after 12 months
- 303 people had additional health problems at the start of their involvement, of which alcohol and/or drug misuse was the most common
- the average time for Duration of Untreated Psychosis (DUP – the length of time before someone receives treatment) was 16 weeks.

Organisational issues

Problems for EIS

Despite a high rate of patients continuing to use EIS for more than 12 months, there was little evidence of service user or carer involvement influencing the service itself. There was a lack of resources for development work. This reflected a more critical issue amongst the EIS – that of under-funding. Uncertainty about annual budgets and budget decisions was often made worse by the impact of frequent NHS reorganisations.

These funding issues were a particular problem for those EIS that reached their capacity (in terms of numbers of patients supported) within their first year. This was because of difficulties in continuing to support existing patients for the following 2 years as expected, as well as addressing the needs of new patients coming into contact with EIS for the first time. In some cases, this led to EIS developing temporary waiting lists for patients. This in turn delayed the start of support following a first psychotic episode, and undermined one of the key aims of an early intervention service.

Other problems included difficulties recruiting and retaining team members. The lack of a dedicated psychiatrist was also identified as an issue by some EIS.

These issues – lack of staff, uncertainty over budgets, and under-funding – all affected staff morale.

In addition, several issues arose regarding the stigma surrounding mental health (Box 3). These included concerns that, at times, some EIS offices were not welcoming, accessible or de-stigmatising buildings. In these instances, the service environment did not fit the overall ethos and approach of the service.

Box 3. The stigma of mental health

The impact of the stigma attached to being mentally ill and needing mental health services has already been identified in research: for example, that it can lead to long delays before someone seeks treatment (Lincoln & McGorry, 1995) by which time their illness may be considerably worse.

The researchers found EIS staff routinely reporting that service users had pre-conceived, negative views of mental health and its treatment. These views were largely drawn from media coverage. Supporting service users to come to terms with these prejudices was an important part of the EIS support for their recovery.

The researchers also identified a significant additional element – the stigma attached to NHS mental health services within the NHS. This appeared to affect the priority given to mental health services in terms of budget allocations. It also affected the ability of mental health commissioners to influence other NHS colleagues, since such posts seemed to be seen as something of a 'poisoned chalice'.

Success factors

Several elements were identified as helping the development of EIS. Personal qualities of team members (such as dedication to the principles of EIS, and an ability to work together in a team) were seen as more important to the success of EIS than professional qualifications. A collaborative team approach together with strong local 'champions' during the early development phase of EIS, were also significant factors, as were opportunities to network with colleagues, both internally and with external organisations. Finally, those making decisions at service delivery or strategic levels needed actively to understand and support the role of EIS.

Local variations versus national guidance

The study found some tensions between those PCT executives who expected they would decide how local EIS would develop, and those who wanted to support those actually running EIS to adapt the service to local elements and to patients' ideas (which might mean not following published national guidance to the letter).

The researchers developed a Fidelity Scale to find out whether and how the EIS included in the study kept to the detail of the PIG. Some of the differences they found were due to a lack of capacity – such as EIS having less consultant time than set out in the PIG. Other differences reflected responses to local needs, and meant that EIS offered something not contained in the PIG – for example, a significant focus on youth work.

Relationship with other mental health teams

The potential for overlap, or poor communication and patient care, between EIS, Child and Adolescent Mental Health Teams (CAMHS) and Community Mental Health Teams (CMHT), was considerable. There was a need to make clearer these roles and responsibilities.

Overview of Study 2 – EDEN Plus

EDEN Plus was an additional study that looked in more detail at two of the key issues from the main EDEN project:
- The ways in which different professionals, including psychiatrists, worked together within and across EIS teams; and
- What helped, and what hindered, joint working between EIS and the voluntary and community sector.

Two of the 14 EIS were excluded from this study because they were either not yet running a service or had fewer than two team members. Of the remaining 12, ten agreed to take part. EDEN Plus used a mix of focus group discussions and semi-structured interviews with psychiatrists, EIS staff, local voluntary and community sector professionals, and with organisations. In-depth interviews also took place with Strategic Health Authority mental health lead officers, local NHS commissioners of mental health services, and social services directors.

2a – Partnership working with VCS organisations (EDEN Plus)

This study explored in more detail some of the aspects of partnership working that emerged in Study 1. The researchers carried out in-depth interviews with 47 people working in voluntary and community sector organisations. They also interviewed EIS team leads and staff.

Good practice

Examples of good practice in partnership working included a 5-year NHS funding agreement with a VCS. This secure funding supported the development of the organisation, and its ability to build and retain joint working relationships. Joint training sessions were seen as a good way to share resources, and create opportunities to network. In a few cases, EIS and VCS staff shared the same building, and this helped to

create mutual understanding and shared knowledge. Developing joint protocols for sharing information about service users was seen as helpful by EIS and VCS.

> **Box 4. Joint working**
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> EIS team members appreciated the ability of VCS to be more flexible compared to the NHS. They also valued the specialist knowledge often held by VCS, and that these organisations often focused on tackling social exclusion. VCS staff valued opportunities to expand their own networks, and to work with like-minded organisations and individuals.
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> The study found a number of factors that affected partnership working. These included relationships that were based on individuals, and which were not sustained once people left for new jobs. Both VCS and EIS staff reported lack of resources, lack of time and lack of mutual understanding as problems. EIS staff tended to work more closely with the larger VCS organisations because these were more visible and therefore easier to contact. Smaller VCS faced a number of problems relating to short-term and low levels of funding. Although they were often seen as more responsive to local need, they were harder to find out about. In addition, their staff lacked the time to make contact or to influence strategic decisions, whilst EIS staff's lack of time to research new contacts, also meant fewer opportunities to establish relationships.

Overview of Study 2b – Role of psychiatrists (EDEN Plus)

Fourteen psychiatrists working in the West Midlands took part in one of three focus group discussions. In-depth interviews took place with 16 consultant psychiatrists. In addition, ten of 11 eligible EIS teams took part in one of a series of 9 focus groups (EIS where new teams were not yet providing services, or had only 2 team members in place, were excluded).

Role of psychiatrists within EIS

Four of the 10 EIS teams had some level of dedicated consultant psychiatrist time. Although roles and responsibilities had not generally been discussed, there was a general agreement that psychiatrists brought expertise in diagnosis and prescribing medication to the EIS team.

Tensions arose, however, where psychiatrists were not 'team players', or preferred a more traditional approach to managing patients. This was because the emphasis within EIS was of a multi-disciplinary

teamwork in order to deliver the service's wider, bio-psychosocial approach. There were also different views as to whether consultants should always be seen as a mental health team's natural leader.

There were particular problems for 'patch-based' psychiatrists working with EIS (this is where psychiatrists cover a number of services across an area). This way of working created a distance between the psychiatrist and EIS team that hampered communication about patients.

Other problems appeared to be related to the attitudes of psychiatrists to EIS. Some were supportive of the EIS work and approach, and this positively affected their working relationship with the team. Others felt that the funding should be spent on existing mental health teams. There was a minority view that, if Community Mental Health Teams (CMHT) were better funded, EIS teams would not be needed.

Conclusions

A lack of strategic planning for and knowledge about EIS at senior NHS commissioner levels appears to affect the service, particularly in terms of resource allocation. This leads to delays in offering a full early intervention approach that can help patients' recovery (short and longer term). In addition, the role of EIS in relation to other mental health services – CMHT and CAMHS – needs clarifying. In particular, those working in these services need to be clear about their respective individual and joint responsibilities towards patients.

There is a good awareness within EIS of factors that help to support early interventions, such as building good working relationships across mental health services as well as with the wider community. But there are problems making this a reality. This, together with the issues surrounding resource allocation and joint working, suggests a strong need for government directives on EIS to concentrate on practical issues rather than on further policy statements.

Importantly, the study identified how the continuing stigma surrounding mental health services affects the service itself – particularly in terms of commissioning decisions, because mental health has a low status within the NHS. This in turn affects the likelihood of patients' accessing services at the critical early stages of ill health.

A key implication of this study, therefore, is that this apparently widespread stigma about mental health and about mental health services requires serious attention. This should be led and supported appropriately by central government and carried out at all levels within and across NHS and social care services, as well as broadcast and print media, patients and service users/survivors, and with the general public.

Future research

The researchers found a number of areas for further research:

- Identifying strategies that EIS find useful for building relationships with psychiatrists, and working in partnership with voluntary and community sector.
- Qualitative research on the experiences of service users and family carers is needed. Iin particular, more needs to be known about how users' experiences change during the three years that they are involved with EIS. This is particularly important in light of the government's emphasis on improving the quality of service from the point of view of the patient.
- In addition, comparisons of costs and patient outcomes between different service models are being explored as part of the ongoing National EDEN Study. This is being carried out between 2005 and 2010.

About the study

Aims
There were four main aims of the study.

1. To provide information on key aspects of EIS development and delivery to maximise the effectiveness of emerging services
2. To identify the key components of successful services in different areas and understand how local factors help or hinder EIS development
3. To understand how relationships between PCTs, Mental Health Trusts and Social Care Trusts affects the commissioning and/or providing of EIS, and identify lessons for the future development of EIS within the wider health and social care system
4. To provide information on the relationship between: how services are arranged, the extent to which the national guidance is followed, and key outcomes such as duration of untreated psychosis (DUP).

The study also considered issues about working in partnership with VCS organisations, and the role of psychiatrists in EIS.

How the research was carried out
The studies were carried out over 3 years from June 2003 by researchers from Birmingham University, led by Professors Helen Lester and Max Birchwood. The team used a number of methods, including one-to-one interviews, and group discussions, with staff, service users and family, and data taken from patients' notes. The researchers worked with patients from a user led organisation called SUREsearch (Service Users and Research and Education) to develop the work. One of the research team who interviewed users and carers had used mental health services.

Members of the research team

Manchester University: Helen Lester (co-Lead)

Birmingham University: Max Birchwood (co-Lead), Stirling Bryan, Nicola Jones-Morris, Billingsley Kaambwa, Julie Richards, Helen Rogers, Namita Sirvastava, Sonal Shah, Dr Lynda Tait, Effy Tzemou

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Further information

The full report, this research summary and details of current SDO research in the field can be downloaded at: www.sdo.lshtm.ac.uk

For further information about anything included in the report, please contact lead researcher Professor Helen Lester, National Primary Care Research and Development Centre (NPCRDC), Manchester University.

Feedback
The SDO Programme welcomes your feedback on this research summary. To tell us your views, please complete our online survey, available at: www.sdo.lshtm.ac.uk/researchsummaries.html

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Addendum

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene and Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk