# National Programmes Day

## Are we there yet? Findings of a process evaluation of the implementation of the Early Intervention in Psychosis Model of Care

#3RsBetterHealthNCP22

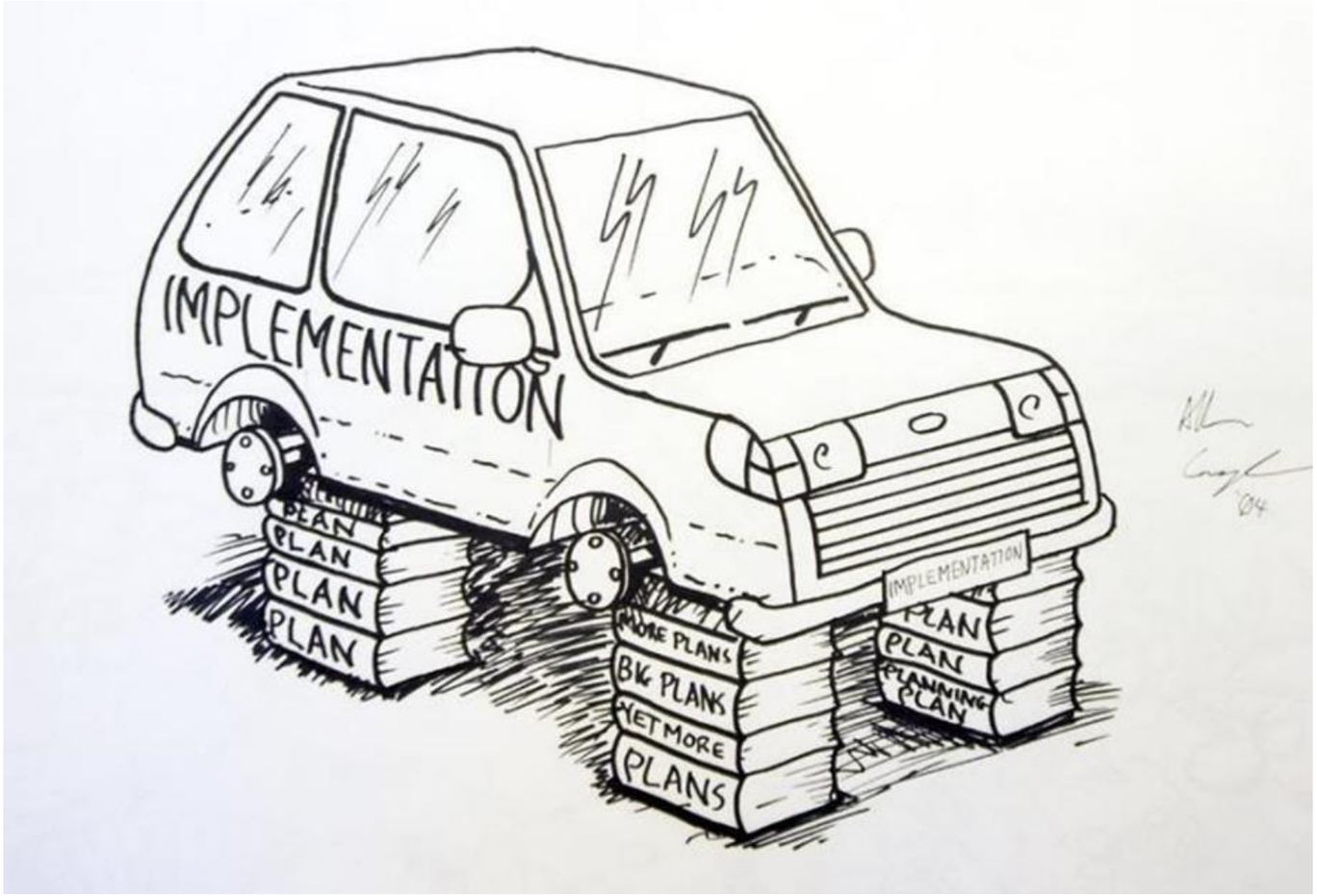
# Treatment as Usual

- Access to care is delayed & occurs in crises (GP, ED, In Patient, Mental Health Act)
- Revolving door of crisis, disengagement and readmission
- Suicide rates - 15%
- Life expectancy reduced by 15-20 years- main cause of years of life lost is poor physical health
- Stigma is high for service users and their families
- > 70% of those in an acute bed for more than 6 months- Schizophrenia Annual cost - > €43 Million yearly (MHC, 2020)

# Early Intervention in Psychosis

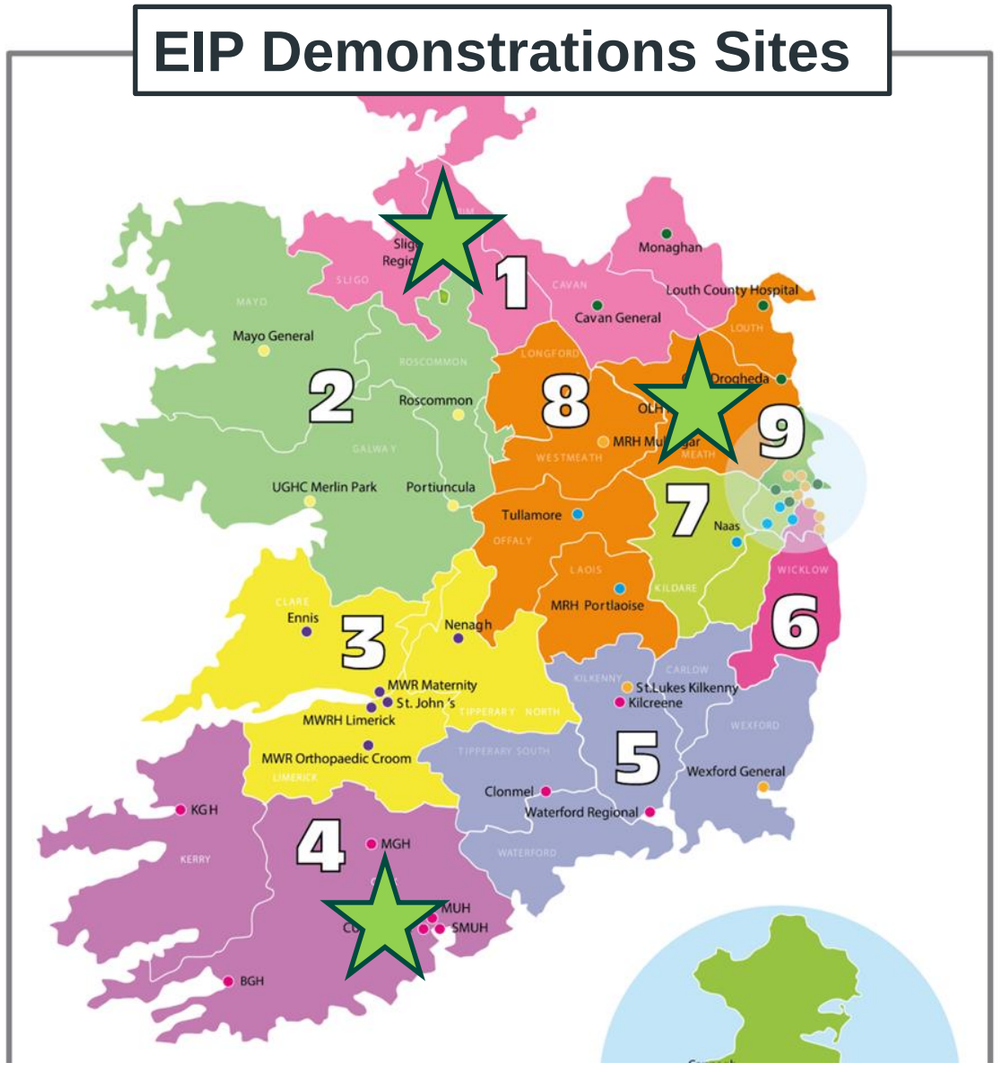
- **Reduce delays and inequalities-** *Access & pathways*
- **Maximise recovery by:** *Integration & quality*
  - Providing a range of evidence based care: CBTp, family supports and interventions, supports to return to education/ employment and physical health monitoring and support
  - Address co-morbidity early (substance abuse, depression, trauma)
  - Innovative team roles and functioning- keyworkers, peer workers, addiction counsellors
- **Prevent relapse & build resilience by:** *Integration & quality*
  - Ensuring assertive follow up in community (dedicated keyworker and team approach), psycho-education and involve family/ significant others
  - 3 year programme

- EIP Model of Care launched June 2019
- Hub and Spoke model recommended for populations of < 200,000
- 3 Hub and Spoke Teams funded as ‘Demonstration sites’ in 2018



# The Process Evaluation

- Prof Catherine Darker, Trinity College Dublin
- 2019- 2022
- **What happens when you try and implement the EIP Model of Care into ‘the real world’?**



# **Study 1:** What is the treatment context into which EIP is being implemented?

Getting a really good understanding of ‘treatment as usual’ and also the new ‘MOC’

- **Documentary analysis**
- **Organograms-** Map out the governance, staffing and activities at each site

## Sample Results from study 1

| | BEFORE | AFTER |
|---|---|---|
| **Assessment** **Access* | Not standardised, no target time | Standardised instruments, target time 3 days met in majority of cases |
| **Treatments available** **Quality* | Largely based on medical model | Medication, CBTp, Behavioural family therapy, Individual placement support, Physical health assessments and interventions |

# Study Two
## Understanding Implementation Processes

- A quantitative assessment of monthly data from demonstration sites
  - ***To note:*** only two demonstration sites data (Cork South Lee and Sligo) included due to decision of local research ethics committee associated with the Meath site

  - N=192 service users included; N=40 not included from Meath

    - **Reach** √
    - **Dose** √
    - **Fidelity** – no team able to achieve full fidelity due to resourcing

# Study 2: Dose response between keyworker engagement and psychosocial interventions

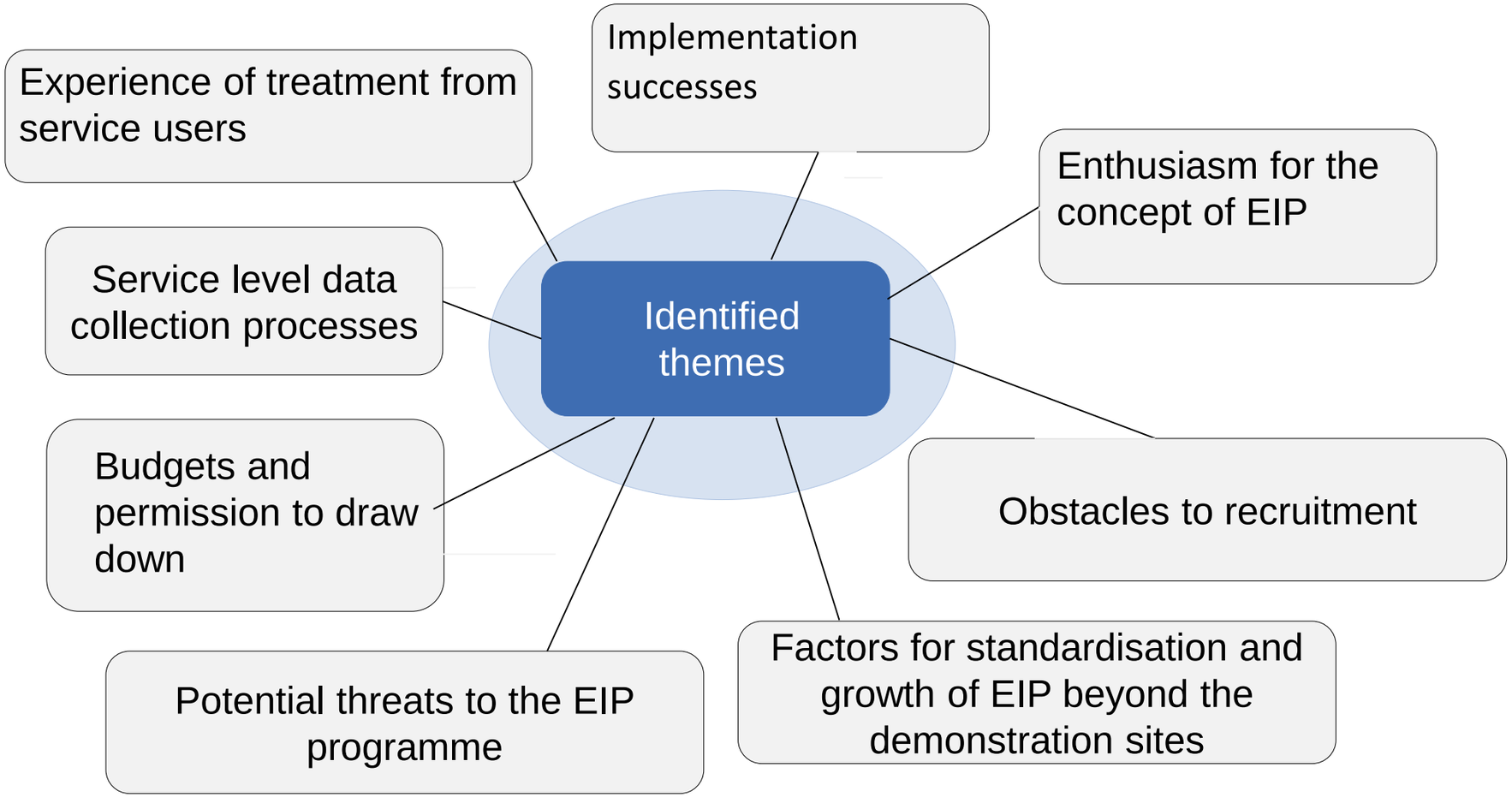
Table 2. Logistic regression analysis of the association between keyworker contacts and engagement with CBTp, BFT and IPS.

| | | Adjusted | |
|---|---|---|---|
| Outcome variable | | Odds Ratio (95% CI) | p - value |
| CBTp | | 5.76 (2.43 – 13.64) | <0.001 |
| | | | |
| BFT | | 5.52 (1.63 – 18.69) | 0.006 |
| | | | |
| IPS | | 3.73 (1.64 – 8.48) | 0.002 |
| | | | |

Notes: CBTp= cognitive behavioural therapy for psychosis, BFT= behavioural family therapy, IPS= individual placement and support, CI= confidence interval. All analyses were adjusted for sex, age, duration of untreated psychosis, housing status, employment and substance use in the last four weeks.

# Study 3: Mechanisms of Impact

## Qualitative interviews N=40



# Recovery, Resilience, Reform

- **Recovery**
  - **EIP works** √ **Preferred by service users** √ **Clinicians want to work in this way** √
  - **Bringing Policy to life :**
    - Sharing the Vision- Recovery, Trauma informed, Human rights, Valuing learning
    - Slaintecare to life- right care, right time, right place
- **Resilience**
  - **Clinical leadership-** critical but needs protected time
  - Evaluation hugely **validating** for teams- real data on what actually happened
  - Data counters the false ‘status quo’ narratives
- **Reform**
  - **Data collection system**
  - Improved clarity of **roles and processes** between **HSE HR, finance & clinical teams**
  - DoH & HSE need establish a grade code for **Keyworker role**
  - **Multiannual budgets** to allow multiannual implementation (only way to implement a lrage complex programme)

# Project Team

- Research Team:
- Professor Catherine Darker (Principal Investigator)
- Professor Joe Barry (Chair of Population Health Medicine) – *RETIRED*
- Dr Nicola O'Connell (Research Fellow)
- Dr Gail Nicholson (Research Fellow maternity cover)
- Dr Hudson Reddon (maternity cover for PI)

- Funders: National Clinical Programme for Mental Health, HSE

- Site Co-Investigators:
- Dr Marie Whitty and Dr Emer Rutledge (Meath MHS)
- Dr Karen O'Connor (South Lee, MHS Cork)
- Dr Donagh O'Neill (Sligo MHS)

- CAMHS Advisor:
- Dr Dermot Cohen (South Galway CAMHS)