

**NCAP**  
NATIONAL CLINICAL AUDIT  
OF PSYCHOSIS



# **Early Intervention in Psychosis Service Provision by CYP MH and Dedicated CYP EIP Teams**

## **Guidance on data collection**

## About this guidance

This guidance has been provided to assist your children and young people's mental health or specialist children and young people's EIP team in collecting data on the Early Intervention in Psychosis (EIP) care offered to under 18-year olds as part of the National Clinical Audit of Psychosis (NCAP). This survey includes the care of children and young people (CYP) with a First Episode Psychosis (FEP) (or a subsequent psychotic episode), suspected psychosis or an At Risk Mental State (ARMS).

This survey is designed to map children and young people's access to NICE concordant EIP care from the moment that Children and Young People's Mental Health (CYP MH) services identify that CYP may be experiencing a first episode psychosis or suspected psychosis. This bespoke survey for CYPMH services is designed to complement the national NCAP 'Spotlight' survey of specialist EIP teams for all ages.

### Which teams and services should complete this questionnaire?

- All specialist CYP EIP teams for under 18 years
- All generic CYPMH services.

### Which teams should **Not** complete this questionnaire?

- Specialist 'adult' EIP teams for people aged 18 years or more
- Specialist 'all ages' EIP teams that include both adults and young people under 18 years.

In addition, other specialist CYPMH teams are not expected to complete the survey. ('Other' specialist CYPMH teams not completing the survey might include, eating disorders, crisis & intensive home treatment, MHST's, learning disability, LAC and youth justice/forensic teams etc.)

## Timeline

15 <sup>th</sup> March 2021	Survey registration opens [will be kept open until end of data collection period]
4 <sup>th</sup> May 2021	Links to guidance and the online data collection form will be made available to CYP MH and CYP EIP teams' survey leads for teams who have registered to take part in the survey
15 <sup>th</sup> June 2021	Deadline for teams to submit data online
August 2021	National reporting

## Data collection

Each team is asked to complete:

- One questionnaire about service provision by their team

A printable version of the data collection form has been emailed to your team survey lead. We recommend you complete the forms on paper first before submitting data online. Please ensure you keep a note of your online data collection form receipt number in order to access a partially completed or submitted form. You can save a PDF of any form when you submit it – instructions on how to do this will be provided with the link to the online form.

All required questionnaires must be submitted online by **15th June 2021** via the link provided to the survey contact by the team running the survey.

## Service Level Questionnaire

**All questions in the questionnaire are mandatory.**

**All responses should be completed for each individual CYP MH/CYP EIP team and not a combined return for the Trust/Organisation as a whole.**

### Front Page

This includes:

- The name of CYP MH/CYP EIP team that the responses to this questionnaire are about
- The name of the trust / organisation delivering the EIP service / team (e.g. Trust or Voluntary sector)
- The name of your survey lead - They will be responsible for submitting data online on behalf of your team and for communicating with NCAP survey team
- Clinical commissioning groups (CCG) and code. Please can you indicate from the drop down list all CCGs that your team covers.

### About your service

- **Q1 Models of provision for children and young people with psychosis**

The following questions seek to shed a sharper spotlight on the experiences of children and young people under 18 years who experience psychosis. If CYP with psychosis are treated by a separate team in your area, either separately or in collaboration with your team, please do liaise with this team, where appropriate, before completing this section of the questionnaire.

#### **Service model**

Please select the options that best describe the model/s of provision in your locality for CYP, with first episode psychosis, aged from 0 to 17 years (i.e., up to 17 years and 364 days or, under 18 years) and the age range for which the model identified principally applies. More than one model may apply, please complete all options that apply. If 'Other' selected, please specify details within the text box. (To clarify age ranges; for example, show 14 to 17 years for a service that operates from the 14th birthday until 17 years and 364 days, i.e., the 18th birthday)

- **Q2 Caseload**

This should be completed for your individual team, and not the Trust/organisation as a whole. If the service is part of a larger team (integrated into a CMHT, for example) please only count those **confirmed First Episode of Psychosis (FEP), suspected psychosis or At Risk Mental State (ARMS) currently on the caseload of the CYP MH or dedicated CYP EIP team**. You may need to go through individual case lists for all open cases if your IT system cannot identify the cases.

Please note that this may require an estimate obtained through individual practitioner's responses. If you do not have information systems with the relevant diagnostic or SNOMED coding, you are not expected to search the team's entire caseload.

Teams that are unable to complete each of the specific lines (for FEP, suspected psychosis and ARMS) are asked to complete the 'Total of above' line (d) which may be an estimate.

- **Q5 Length of EIP treatment package**

If your service is part of a larger CYP MH team (or integrated into a CMHT) please only include length of treatment packages for CYP who are EIP service users.

- **Q6 Shared care protocols between the EIP team and the wider CYP mental health service**

We are defining a shared care protocol as one that is jointly agreed and implemented between the specialist or dedicated EIP team, irrespective of age range, and the wider CYP mental health service. The specialist EIP concerned team may address people of any ages.)

- **Q7 Regular joint or reciprocal training between the EIP team and the wider CYP mental health service**

We are defining regular joint or reciprocal training between EIP teams and the CYP mental health service as it should be at least annual.

- **Q8 Medication management for CYP**

Medication management may involve medical and non-medical prescribers from EIP and/or CYP mental health teams. This question addresses the training and support available to the respective practitioners.

- **Q9** Please set out the availability of provisions by appropriately trained practitioners for under 18s in line with NICE guidance and quality standards <http://www.nice.org.uk/guidance/qs102>. Note that 'appropriately trained' refers to specific EIP training in respect of CBTp and Family Intervention for Psychosis described below.

- **Q10**

Please ensure that the person who delivers the following treatments has the **relevant skills, experience and competencies** defined as:

**Cognitive Behavioural Therapy for Psychosis**

- Postgraduate diploma level training in generic CBT or equivalent (e.g., IAPT high intensity training or some clinical psychology training programmes), plus additional specialised CBTp training. Those who have completed generic training in CBT and are currently undertaking specialist CBTp training with regular clinical supervision can be included.
- Early cohorts of practitioners involved in developing CBTp may have undertaken a different route to competence. This might have involved:
  - Being a therapist in a CBTp research trial with supervision from an expert in the field;
  - Evidence of attending CBTp conferences (after receiving generic CBT training), with regular supervision from an expert in the field).
- CBTp therapists should also be receiving regular clinical supervision from a supervisor with appropriate [CBTp competencies](#), for a minimum of an hour per month.
- Training in generic psychosocial interventions (PSI), generic CBT alone or short training courses in CBTp alone are not considered sufficient to deliver NICE recommended CBTp.
- CBTp courses should follow curricula derived from the national competence framework.

**Family Intervention**

- The competencies required to deliver FI are described in "[Competence Framework for Psychological Interventions for People with Psychosis and Bipolar Disorder](#)".
- Practitioners delivering this approach require specific FI training focused on psychosis (based on recommendations in NICE guidelines CG178), lasting five days or more (e.g., Meriden's 5 day "Early Intervention in Psychosis Behavioural Family Therapy Training" or equivalent).
- All staff delivering FI should receive clinical supervision for at least one hour per month if they are actively seeing families, and supervisors must have received training in a FI course and be experienced in providing FI.

- **Q11 CYP MH/CYP EIP whole time equivalent practitioner staff**

Practitioner staff includes all qualified and unqualified practitioners, (i.e. clinical staff), but excludes admin staff and managers who have no clinical role.

For example, if a service has three full-time nurses (3), two full-time social

workers (2) and one half-time occupational therapist (0.5) who act as EIP care coordinators for CYP, their response would be 5.5.

- **Q12 CYP MH/CYP EIP care coordinators/practitioners**

This should be completed for each individual team, and not combined for the Trust/Organisation as a whole. In your response you should refer to the whole-time equivalent staff in the team who are EIP care coordinators for CYP under 18 years who experience psychosis.

If the CYP EIP service is integrated into/is part of another team, do not count staff members who do not care coordinate EIP cases.

Please do not include posts which are vacant.

The following definition of an EIP care coordinator is taken from page 21 of the [Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance](#).

Care coordinators should be skilled in engagement and working with a biopsychosocial formulation (i.e. supporting people across the spectrum of their biological, psychological and social needs), and be able to function as part of a multidisciplinary team. They should be skilled in working with recovery-based approaches to care planning. They should be able to work flexibly and creatively with people in order to achieve their individual goals, supporting them across a range of health and social care needs, including housing, benefits and debt advice. Care coordinators can come from a range of professions but typically will be nurses, occupational therapists or social workers. Care coordinators may also deliver family intervention if they are trained and supervised in delivery.

- **Q13 Provision of Cognitive Behavioural Therapy (CBT) for At-Risk Mental State (ARMS)**

Please ensure that you only answer that CBT for ARMS can be provided within the team or that there is a separate team providing ARMS assessment and intervention if the person delivering the treatment has the relevant ARMS skills, experience and competencies. An example of a comprehensive assessment tool is the Comprehensive Assessment of At-Risk Mental States (CAARMS) that identifies people at risk of developing psychosis and outlines a care plan and package of care. Practitioners should be competent in completing a thorough ARMS assessment and formulation which also considers the effects on presenting symptoms of adverse childhood experiences, including trauma and neglect, as well as potential learning difficulties and neurodevelopmental conditions. Interventions offered to include interventions for coexisting mental health problems (depression, any of the anxiety disorders, emerging personality disorder or substance misuse), along with individual CBT (with or without family intervention).

## **Online data submission**

Each data collection form must be submitted online. Guidance on how to submit data online is provided in a separate document.

## **Support and guidance from the survey team**

The survey team is available to provide support and help with completing the survey.

## **Contact information**

For queries about the data collection process please contact:

NCAP project team on [NCAP@rcpsych.ac.uk](mailto:NCAP@rcpsych.ac.uk) or 0208 618 4268 or visit our website at [www.rcpsych.ac.uk/NCAP](http://www.rcpsych.ac.uk/NCAP).