

# The National Clinical Audit of Psychosis

**A report by  
Rethink Mental Illness**

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# What is the National Clinical Audit of Psychosis?

Psychosis is a severe mental health problem which can have a huge impact on a person's life. Around 1 in 100 people in the UK will experience psychosis at some point in their life.

This means it's important that people with psychosis receive good all-round care. Currently, people with psychosis are receiving different levels of care in the UK.

The National Clinical Audit of Psychosis (NCAP) was set up to improve the quality of this care in England and Wales. It does this by assessing the services NHS Mental Health Trusts in England and Health Boards in Wales provide for people with psychosis and highlighting what needs to improve.

NCAP was commissioned by The Healthcare Quality Improvement Partnership on behalf of NHS England and the Welsh Government.

# What is psychosis?

**Psychosis is a severe mental health problem. It causes people to see or interpret things differently to other people. For example, someone may hear voices that other people do not hear or believe that other people want to harm them.**

**There isn't one single cause of psychosis. It may be due to a mental health condition such as schizophrenia. It can also be caused by extreme stress, drug or alcohol misuse, or a brain injury.**

## How was NCAP carried out?

NCAP collected information about the care received by 9,449 people with psychosis. This took place between October and November 2017. This care was provided by an NHS Mental Health Trust in England or a Health Board in Wales. In total, all 62 Mental Health Trusts and Health Boards took part.

The people whose care was audited were randomly selected from a list of people who met specific rules set out by the audit.

For each person selected, the Trust or Health Board completed a form which asked questions about four main areas of their care:

- monitoring of physical health
- medication and how it's prescribed
- access to psychological therapies
- employment.

All the answers were collected in a way that means no one will ever know to whom the care was provided.

## What did NCAP find out?

**Overall, NCAP revealed that the care provided to people with psychosis is improving in many ways. However, a lot of work still needs to be done to meet all of their mental and physical health needs.**

The number of people with psychosis receiving a full physical health check in the past year was 42%. This compares to 27% in 2012. This increase is good news as patients are often affected by health problems that can be prevented. These problems include side effects caused by medication.

On the downside, people with psychosis are not receiving enough support to help them get a job. Only 11% of patients were involved in some form of work or education; and just 46% of those looking for work had been offered any kind of support. To help people with psychosis lead healthier and longer lives, the health sector must offer more all-round support. This includes helping people secure a job, study or do a hobby they enjoy.

Another concern is that certain therapies are not being offered to patients. NCAP revealed Cognitive Behavioural Therapy for psychosis (CBTp) was offered to just 26% of patients, and family intervention to only 12%. This is despite the National Institute for Health and Care Excellence (NICE) recommending these two therapies for people with psychosis. NICE provides national guidance and advice to improve health and social care.

NCAP's findings on medication and how it's prescribed are a mixed picture. Compared to the last audit, there has been a slight rise in people involved in decisions about their medication. This is from 54% to 65%. This means more people are being asked how they think their medication may be affecting them.

However, NCAP also revealed that fewer patients are receiving written information about their medication. This is worrying because antipsychotic medication often has serious side effects. These side effects are something patients should be told about.

The audit found that 34% of people who were being prescribed a high dose of their medication had nothing in their notes to explain why their dose was above the maximum recommended level.

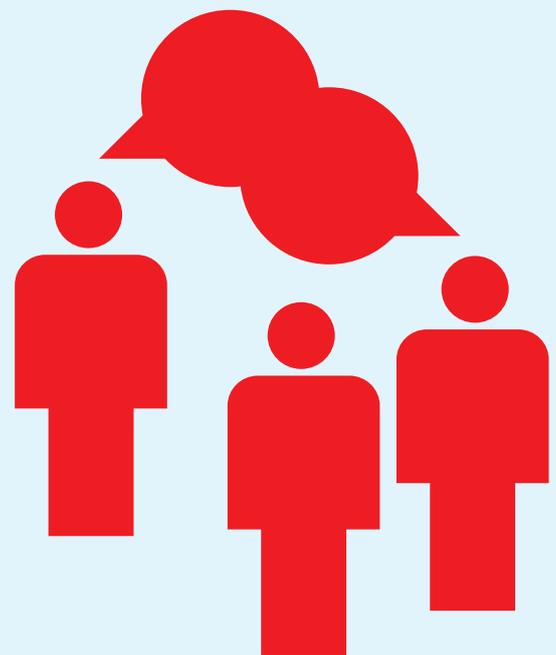
We're positive NCAP will help local services improve their care for people with psychosis. It will also help policy makers and key organisations improve mental health services and other helpful support. These organisations include NHS England and the Care Quality Commission.

# The lived experience advisory group

Rethink Mental Illness worked as a partner of the NCAP team. We formed the lived experience advisory group. This was a group of ten people from across England and Wales. All of them had experienced psychosis or cared for someone with psychosis.

The group compared the audit's results with their experiences. Often, the results reflected their own worries. This included patients not being given enough information about the side effects of their medicine.

The group also felt strongly that staff should spend more time explaining medication options to patients. They were also worried by the audit's finding that many patients are not being told about psychological therapies; and they were concerned that a high rate of people did not have a job.



# The areas NCAP looked at

In this section, we look in more detail at the four areas the audit focused on. This includes an explanation of each area and NICE's guidance in relation to it. This information is followed by the audit's findings and recommendations. They outline how care could be improved.

Throughout this section we have also included quotes from our lived experience advisory group. They help to bring to life issues and concerns patients and carers are facing.

## Monitoring of physical health

People living with a severe mental illness often have poorer physical health. For example, they're more likely to have heart disease and type 2 diabetes; and overall, they tend to die 15-20 years earlier than other people. This is why it's vital that the physical health and medication of patients are looked at regularly.

### NICE guidance

NICE recommends that people with severe mental illness are monitored for conditions or habits which may mean they're more likely to develop physical health problems.

## The audit's findings

### Yearly health checks

The number of people with psychosis receiving a full physical health check once a year has gone up. Forty-two percent of patients did not receive one in the past year. This compared to 34% in the last audit, and 27% in the audit in 2012.

However, NCAP revealed that 8% of patients did not undergo any physical health checks in the past year. The audit also showed that it's rare for health teams to collect information to calculate a patient's risk of heart disease. This is despite NICE stating that this should be done for the general population.

In response to the findings, the lived experience advisory group said that regular full physical health checks are needed. They felt that just checking for some physical health problems and not others wasn't good enough. This is because physical health problems are often linked to each other. They also said that having a full check means that less time is spent attending separate appointments which focus on just one area of health.

### Quotes from the lived experience advisory group

"I was actively encouraged not to stop smoking by my mental health team until my mental health had stabilised. When I did decide I wanted to stop, I mentioned it to my psychiatrist who said, 'That's nice,' but [they] did not offer any advice or support. Once I stopped I noticed a difference in my mental health, and I was proud of my achievement."

**“Since diagnosis in 2002, I have never had a physical health check.”**

“I would have benefitted from being informed that my antipsychotic medication can increase appetite. I was oblivious to this when I first started taking it. I put on three stone in weight within just a few months. At no point was I offered any acknowledgment or advice by staff regarding this.”

### Smoking

NCAP showed that there has been a small drop in the number of patients being asked whether they smoke and this information being recorded in their notes. This drop was from 89% in the last audit to 86% in this audit.

NCAP also revealed that 79% of patients who smoke were offered help to quit. This compared to 59% in the last audit.

### Alcohol

NCAP showed that the amount of alcohol patients drink is being recorded in their medical notes more often. In this audit, it was 87% of people. In the last audit, it was 70%.

In addition, 89% of people who may be drinking too much alcohol were offered support to help tackle this problem. This compared to 73% in the last audit.

### Substance misuse

The audit showed that 83% of patients who misuse substances, e.g. illegal drugs, were offered support. However, different NHS Mental Health Trusts in England and Health Boards in Wales offered different levels of support. For example, one Trust offered support to all their patients; another offered it to just 40%.

NCAP also revealed that 61% of patients who misuse substances accepted support when it was offered to them; 22% refused it; and 17% were not offered any help.

## The audit’s recommendations

As a result of its findings, and from listening to the lived experience advisory group, the audit recommends:

- Health teams should use the results of physical health checks to calculate people with psychosis’s risk of developing heart disease.
- Patients at risk of heart disease should be provided with the support they need to lower the risk.
- Health teams should record the results of physical health checks in every patient’s medical notes. They should also record the details of support offered.



### Quotes from the lived experience advisory group

“The distinction between physical health and mental health sometimes acts as a barrier to check-ups because professionals across these disciplines may be unsure as to who is responsible for carrying them out.”

**“There is too much emphasis on these tick box health checks, and not enough on the follow-up care in the community with the care coordinator.”**

## Medication and how it's prescribed

Antipsychotic medication is key to managing psychosis for most people. But it can also lead to side effects. This risk increases when a patient begins to take more than one antipsychotic medicine at the same time. It also increases when a patient takes additional medication.

Sometimes, though, a patient may need to take two antipsychotic medicines or additional medication. This might be because previous medications have not worked. Or it may be because additional medicine is needed to manage a side effect such as weight gain.

### NICE guidance

NICE states that people with psychosis or schizophrenia should only take one antipsychotic medicine at a time, unless there is a good reason for more than one antipsychotic to be prescribed.

## The audit's findings

### Information about medication

It's important that patients know what medication they are taking. They also need to know how it can help them and what side effects it may cause.

Despite this, fewer patients are receiving written information about their medication. In the last audit, 37% of patient notes revealed health teams had provided written information. This time it was just 30%.

### Involved in decisions

NCAP showed the number of patients who are involved in decisions about their medication seems to be rising. In this audit, 65% were involved; this compares to 54% in the last audit.

In addition, 79% patients had the benefits and side effects of medication with a professional. In the last audit, this figure was 66%.

### Levels of medication

On average, 90% of patients took a normal dosage of an antipsychotic medicine. Two per cent did not receive any antipsychotic medication; and 7.5% took a medicine above the recommended maximum dose.

In the notes of people who took medication above the maximum dose, 66% had a good reason for this recorded in their notes. This compares to 37% in the last audit.

It's important to state that there are reasons why people take medication above the recommended dose. This may be because lower doses have failed to improve a person's mental health.

For whatever reason a higher dose is prescribed, it should be discussed with a patient. This reason should also be clearly stated in their medical records.

## Clozapine

Clozapine is a medication which may help improve the mental health of people with psychosis who have not been helped by other anti-psychotic drugs.

NICE states that clozapine can be effective in reducing the symptoms of schizophrenia if previous treatment hasn't worked. It can also prevent people from becoming ill again after getting better.

What NCAP showed was that 29% of patients had been prescribed clozapine. We found that about half of people whose treatment had not been effective had been offered clozapine.

## Checking progress

NCAP showed more checks are taking place to understand why people aren't responding to their treatment. In the last audit, in 67% people, a professional had checked whether they were taking their medication correctly. This time that figure rose to 75%.

In addition, for 68% of these patients, the health team had instigated whether their use of alcohol or drugs was affecting their medication. This compares to 58% in the last audit.

## The audit's recommendations

As a result of its findings, and from listening to the lived experience advisory group, the audit recommends:

- Health teams should provide every person with psychosis with written or online information about their medication.
- Every patient should be involved in decisions about their medication. This should include talking about the benefits and side effects of a medication. The main points raised in this chat should be written down and provided to the patient.

## Quotes from the lived experience advisory group

“In my experience, I was at one point on too much [medication], but this was due to the severity of my symptoms and risk of suicide.”

**“I reacted badly to all five antipsychotics I tried, including clozapine, which caused me to have heart failure. My psychiatrist did hand me a leaflet on each of the prescribed medications, and I was involved in the decision making.”**

“I agree with the recommendation that service users should be involved in the prescribing decision. An honest discussion between psychiatrist and patient should take place.”

## Psychological therapies

In 2012, a programme was set up called IAPT-SMI. Its aim is to train more healthcare staff in psychological therapies. This is to help more people access and benefit from them.

Currently, the programme is available in only six places in the UK. As a result, not enough patients are benefitting from these therapies.

### NICE guidance

NICE recommends two psychological treatments for people with psychosis and schizophrenia. These are Cognitive Behavioural Therapy for psychosis (CBTp) and family intervention.

Cognitive behavioural therapy is a talking therapy that helps people manage their problems by changing the way they think and behave. CBTp is a specialist form of CBT. It has been developed to help people affected by distressing psychotic experiences. These experiences usually involve a person hearing voices, seeing things that are not there or believing things that are not true.

Family intervention is for families and carers who live with or spend a lot of time with a person with psychosis. It involves discussing their situation and identifying their specific needs. It then aims to put in place the support parents and carers need to cope with a patient's problems.

## The audit's findings

NCAP found that 26% of patients had been offered CBTp. It also revealed that only 12% of patients in touch with their families were offered a family intervention.

## The audit's recommendations

As a result of its findings, and from listening to the lived experience advisory group, the audit recommends:

- Every person with psychosis is offered CBTp and family intervention.
- Enough staff should be trained to meet demand for these therapies.
- All staff and clinical teams should know how and when to refer people to these therapies.

### Quotes from the lived experience advisory group

“I've not heard of CBTp, and it has not been offered to me. I've been offered CBT in the past.”

**“Psychological therapies are hugely beneficial, and I have personally benefitted from both CBT and family therapy to better understand and manage my psychosis. The fact that so few patients are offered CBT shocks me.”**

“Following my second admission to hospital, I was offered cognitive analytic therapy, which I took and massively benefitted from. I was lucky enough to have a year of this therapy, and it helped me to have a greater understanding of why I feel psychotic, depressed and self-harm.”

**“I'm a carer for my son, who has schizophrenia, and I asked about family therapy, as I thought it could be helpful. I was told we didn't need it.”**

## Employment

Many people with a mental illness say that working or studying can help to improve their mental health. This is because these activities make them feel good about themselves.

However, not everyone who has a mental illness can work or study. This is because of the impact the illness has on their everyday life.

### NICE guidance

NICE recommends that Mental Health Trusts in England and Health Boards in Wales do more to help patients find a job, if they are able to work.

## The audit's findings

NCAP's findings on employment were disappointing. Only 11% of patients were involved in some form of work or study outside the home; and just 46% of people who were unemployed and seeking work had been offered support.

In total, 58% of people were 'long-term sick or disabled and receiving benefits'; and 15% 'not working or seeking work'.

These figures suggest there is currently a lack of support to help patients find a job or access training.

Members of the lived experience advisory group said they also received little support to help them find or stay in work. They felt negative feelings towards people with mental health problems stops them accessing work and training; and they felt employers don't have a good understanding of mental illness, which is a big problem.

## The audit's recommendations

As a result of its findings, and from listening to the lived experience advisory group, the audit recommends:

- People with psychosis who can't attend mainstream education, training or work should be offered other types of support. This is to help them gain a good education or secure a job.
- Every patient's care plan should state how they've been helped so they can study, train for a role or secure a job.

### Quotes from the lived experience advisory group

"I'm seeking work but I've had no training to help."

**"Benefits advisors and job centres should do more to support people with mental health concerns, and work closely with mental health services to support people to get into work that is suited to them."**

"I worry how much the fear of stigma, rather than actual stigma, prevents some from seeking work."

# Acknowledgements

Rethink Mental Illness created this report. It is based on the findings of the National Clinical Audit of Psychosis project team.

## **Partner organisations involved in the National Clinical Audit of Psychosis were:**

- British Association for Psychopharmacology
- British Psychological Society
- Care Quality Commission
- College of Mental Health Pharmacy
- Healthcare Quality Improvement Partnership
- Mind
- NHS England
- NHS Benchmarking
- Prescribing Observatory for Mental Health
- Public Health Department Wales
- Rethink Mental Illness
- Royal College of General Practitioners
- Royal College of Nursing

## **Members of the lived experience advisory group included:**

- Benjamin Harris
- Geraldine Griffiths
- Tim Martin
- Veenu Gupta



**Leading the way to a better  
quality of life for everyone  
severely affected by mental illness.**

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