

Programme

9.30	Registration		
10.00	Welcome and introduction <i>Chair: Stephen McGowan, EIPN Advisory Group Chair and Regional Clinical Lead for EIP, NHS England and NHS Improvement</i>		
10.15	An update from the Quality Network <i>Cassie Regan, Programme Manager, and Miranda Fern, Deputy Programme Manager, The Royal College of Psychiatrists</i>		
10.30	An update from NHS England <i>Alice Crampton, Senior Project Manager and Alison Brabban, National Clinical Advisor, NHS England</i>		
10.45	An update on EIP in Northern Ireland <i>Annette Thampi, Consultant Psychiatrist, Belfast Trust</i>		
11.00	Break		
11.15	Racism, discrimination and health inequalities in healthcare <i>Juliana Onwumere, Consultant Clinical Psychologist, South London and Maudsley NHS Foundation Trust and Academic Researcher, King's College London</i>		
11.45	Delivering Improved Access, Evidence Based EIP Care and Outcomes for People with FEP in England and Wales <i>Philippa Nunn, Programme Manager and Jo Smith, Joint Clinical Advisor, NCAP</i>		
12.05	Predicting population need for psychosis care: a ten-year update <i>James Kirkbride, Professor of Psychiatric & Social Epidemiology, Division of Psychiatry, UCL</i>		
12.30	Lunch		
1.30	Workshop session 1		
	1. Urgent Family Intervention in Sheffield EIS – A way to heal fragmented selves through reconnecting with family stories	2. Voyage to Recovery 2023 – 2200 miles around the UK	3. Paths, Edges and Vistas: walking practices to support early psychosis recovery
2.30	Break		
2.45	Workshop session 2		
	4. The benefits and applications of adventure therapy for people with psychosis	5. Taking the natural path towards recovery	6. How can we improve the engagement experiences of our staff and diverse young people in Early Intervention in Psychosis (EIP) services?
3.45	Final plenary and close <i>Stephen McGowan, EIPN Advisory Group Chair and Regional Clinical Lead for EIP, NHS England and NHS Improvement</i>		
4.00	Close		

Plenary Sessions

Welcome and introduction

Chair: Stephen McGowan, EIPN Advisory Group Chair and Regional Clinical Lead for EIP, NHS England and NHS Improvement

An update from the Quality Network

Cassie Regan, Programme Manager and Miranda Fern, Deputy Programme Manager, The Royal College of Psychiatrists

An overview of network activity over the past 12 months, benefits of membership, and plans for future development.

An update from NHS England

Alice Crampton, Senior Project Manager and Alison Brabban, National Clinical Advisor, NHS England

An update on EIP in Northern Ireland

Annette Thampi, Consultant Psychiatrist, Belfast Trust

Racism, discrimination and health inequalities in healthcare

Juliana Onwumere, Consultant Clinical Psychologist, South London and Maudsley NHS Foundation Trust and Academic Researcher, King's College London

Delivering Improved Access, Evidence Based EIP Care and Outcomes for People with FEP in England and Wales

Philippa Nunn, Programme Manager and Jo Smith, Joint Clinical Advisor, NCAP

EIP teams in England and Wales have been audited annually against national evidence-based standards since 2016. This presentation will describe audit methods, latest performance data from the 2023 bespoke audit and will reflect on changes in performance outcomes over time. The presentation will also outline progress in relation to the planned move to using routinely collected data to monitor performance against these national standards going forward in 2024/2025.

Predicting population need for psychosis care: a ten-year update

James Kirkbride, Professor of Psychiatric & Social Epidemiology, Division of Psychiatry, UCL

Early Intervention in Psychosis services provide evidence-based treatments for care, informed by an evidence-based model of population need for care known as the PsyMaptic model since 2014. This model uses epidemiological data to forecast need for first episode psychosis care in England every year, and underpins current NICE Access and Waiting Time guidance for EIP services. Ten years since its establishment, in this talk I will evaluate how this tool has performed nationally, its successes, challenges and future opportunities to provide timely, accurate information to EIP services and commissioners.

Final plenary and close

Stephen McGowan, EIPN Advisory Group Chair and Regional Clinical Lead for EIP, NHS England and NHS Improvement

Workshops

1. Urgent Family Intervention in Sheffield EIS – A way to heal fragmented selves through reconnecting with family stories

Diane Morrison, Clinical Psychologist and Kevin Simmons, Systemic Psychotherapist, Sheffield Early Intervention Service

While 'psychosis' can be understood as a reaction to multiple stresses in a person's life, people can experience this in different ways, such as voice-hearing, paranoid and persecutory thoughts and/or beliefs, and unusual perceptual experiences. People, and their family members, can feel fragmented and disconnected. A foundation of our work with families where 'psychosis' is present has been to co-create a space where there can be clarity of communication, allowing for different stories about psychosis and mental health to be explored. We have used ourselves as co-therapists in a physical and active way in the 'room' with families, to aid connection and coherence (Reed, 2013).

Within our service, we have tried to respond to both the needs of families and the needs of our colleagues working with families. Thus we introduced 'urgent family intervention', influenced by the ideas from open dialogue (Seikkula et al., 2001). We see families in crisis as soon as we can. We typically offer four sessions and see people within two weeks of referral for 'urgent family intervention'. There are many different ideas about psychosis from professionals and service users and it is important there is place for these to be heard. How we offer family intervention and how we do it is influenced by both external drivers and realities and by our histories, stories, and our own preferences for working systemically.

Families have their own individual and culturally-based stories and beliefs about themselves before psychosis and had anticipated future trajectories. Families often want to use the sessions to share information about mental health and learn more about 'psychosis'. They might bring particular stories about psychosis and how they understand it, influenced by dominant societal discourses and stigma; for example, being labelled as "mad" or "hard to recover". These messages can intersect with cultural and religious explanations and stories of psychosis, which can be privileged by some family members and not others, for example, voice-hearing as "jinn" within Muslim families (Lim et al., 2014). In family intervention sessions we allow space for stories about psychosis and distress to be told and heard and can co-construct alternative ways of talking, thinking and feeling so new stories can develop (Lang & McAdam, 1999).

We think about how, in our reflections, we might question dominant discourses so we can create space for other stories. Pearce (1999) outlines a tension between the actual events we experience in our lives ("stories lived") and the stories we tell in order to make meaning out of our lives ("stories told"). This is relevant in our work with families who are trying to make sense of and make meaning from real or imagined events or support a loved one who may be distressed by this. Thinking about stories in this way can open up possibilities and "preferred futures" for families.

As therapists we are actively aware of our white privilege and 'blindness' in the context of structural racism. We feel there are opportunities within these contexts to question ourselves and enhance our systemic practice, and re-evaluate our positioning (Vetere & Sheehan, 2017; Cronen & Pearce, 1999), for example by being more explicit about social difference and what is being noticed (Watt-Jones, 2011), attending more to what is not visible (Burnham, 2012), using ourselves more actively as therapists (Friere, 2004; Afuape, 2016).

We encourage thinking about connectedness and difference and coherence within the system. We hope to model this way of working in our discussions with other team members too, so that they feel contained, and freed up to be curious. We allow time for understanding and options to develop to convey there is no pressure to "do something" straight away.

2. Voyage to Recovery 2023 – 2200 miles around the UK

Stephen McGowan, EIPN Advisory Group Chair and Regional Clinical Lead for EIP, NHS England and NHS Improvement, Mike Jackson, Research Director, Bangor University and Estelle Rapsey, Principal Clinical Psychologist, Somerset NHS Foundation Trust

3. Paths, Edges and Vistas: Walking practices to support early psychosis recovery

Mark Batterham, Early Intervention Practitioner, Harry Dyson, Lived Experience Researcher, and Richard Gurney, Mental Health Worker, Bath & North East Somerset Early Intervention in Psychosis Service, Avon & Wiltshire Mental Health Partnership NHS Trust

There is an established, although under-reported, tradition of mental health workers walking with - and alongside - service users. In March 2019, staff working in an early intervention in psychosis service in the West of England started offering regular group walks for service users across a variety of urban, rural and post-industrial settings. A year later as the pandemic washed in, 1:1 walks became common practice, even for therapists and psychiatrists habituated to institutional environments.

We report on an evaluation of these expanded practices and suggest that 1:1 and group walks contain the potential to counter isolation, rescript therapeutic relationships, relieve distress, and bolster psychological interventions. Re-appropriating the public realm as a site of treatment also expands spatial ranges and strengthens place attachment.

We propose that walking practices can and should be developed to support early psychosis recovery. Specifically, we propose that mental health staff develop ways of helping service users to engage with and sense place in their recovery journey.

4. The benefits and applications of adventure therapy for people with psychosis

Michaela Morris, Service Improvement Manager for Mental Health, Improvement Cymru El Williams, EIP Team Lead, Headroom, Cardiff & Vale UHB, Lynsey Lewis, Health Care support Worker, Tina James, EIP Team Lead, and Anthony Rees, Community Mental Health Nurse, Hywel Dda UHB, Bethan James, Children & Young People's lead and Sophie Griffiths, Recovery Practitioner, Adferiad and Charlotte Swithenbank, EIP Team Lead, Aneurin Bevan UHB

We would like to present a video we have made of our work, discuss how these sessions helped the people using them through having a service user panel which we would ask questions of and discuss the varying ways in which adventure, being small or large, is able to help develop people's sense of themselves and their ability to take control over their own lives.

5. Taking the natural path towards recovery

Natasha Goakes, Highly Specialist Clinical Psychologist, Bury EIT, Pennine Care NHS Foundation Trust and Jennifer Lea, Nature and Wellbeing Senior Office, Lancashire Wildlife Trust

A workshop detailing the Green Social Prescribing Groups that Bury EIT have been running in partnership with the Lancashire Wildlife Trust. In the workshop, you will have the opportunity to take part in a nature-based activity, while learning about how the partnership between Bury EIT and Lancashire Wildlife Trust began, hearing the perspective of each side of the partnership, and how it has been working together. The structure of the groups will be described, along with the outcomes. Following this, some of the challenges will be highlighted, along with the lessons learned from working together. There will also be an opportunity to hear the story of a service user's experience of attending the groups.

6. How can we improve the engagement experiences of our staff and diverse young people in Early Intervention in Psychosis (EIP) services? A novel model, free resources and Early Youth Engagement (EYE-2) trial outcomes for lead practitioners and services

Kathryn Greenwood, Professor of Clinical Psychology, University of Sussex

The Early Youth Engagement (EYE-2) in first episode psychosis (FEP) programme explores how we can improve engagement and outcomes from the perspective of services, case managers, clinicians, and service users from a range of backgrounds. The workshop itself will be an opportunity to learn about and discuss a new model of engagement, differing service contexts and approaches, and a set of free resources (substantial booklets and website) for teams. The resources are co-produced with service users and carers including from BAME and LGBTQ populations, and are available in multiple languages. Attendees will be provided with the resources and access to the website.

Results will be shared relating to thematic analysis of qualitative interviews with EIP case managers and clinicians involved in the Early Youth Engagement (EYE) project, with themes informing the EYE-2 engagement model. A mixed methods study will explore service context in 20 UK EIP teams. A qualitative study will explore the engagement perspectives of spiritually, ethnically, culturally and sexually diverse service users. The effectiveness, cost-effectiveness and implementation of the EYE-2 intervention in a cluster RCT in 20 EIP teams and 1027 service users will also be shared.

The EYE-2 intervention focuses on relationships, communication and motivational goal focus, supported by systemic social network approaches and bespoke psychoeducational tools. Wide variations in service context and stringency of caseload acceptance criteria are discussed. Diverse minority populations describe multi-faceted cultural alliances, experiences and preferences for engagement and language barriers. The RCT revealed reduced crisis care use and better social outcomes. An interactive session and discussion will consider the impact for EIP services of the future.