

Yorkshire and the Humber Adult Mental Health
Clinical Network

Early Intervention in Psychosis Network

EIP and COVID-19 Sharing Webinar

30 April 2020

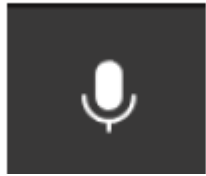


Early Intervention in Psychosis
Achieving *Ordinary Lives*

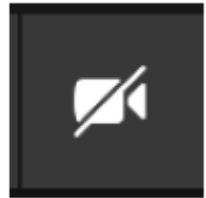
NHS England and NHS Improvement



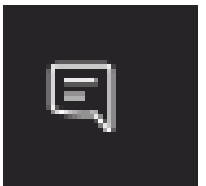
Housekeeping



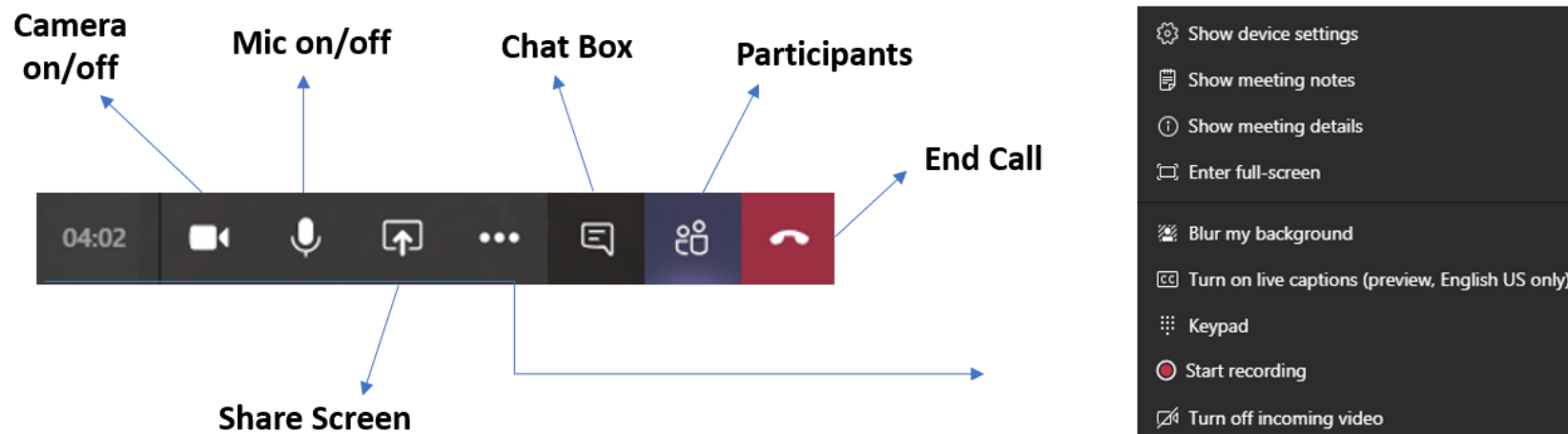
Please remain on mute throughout the session, unless invited to speak – thank you.



You are welcome to use the video function, however this occasionally causes bandwidth problems so you may wish to turn it off.

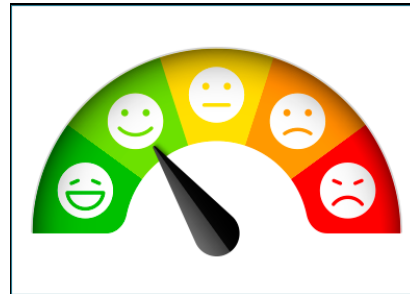


Whilst we will have an open conversation, please *feel free to use the chat box function* to ask questions or make comments.



How are you today?

Please use the chat box to type in ONE word to describe how you are feeling today.



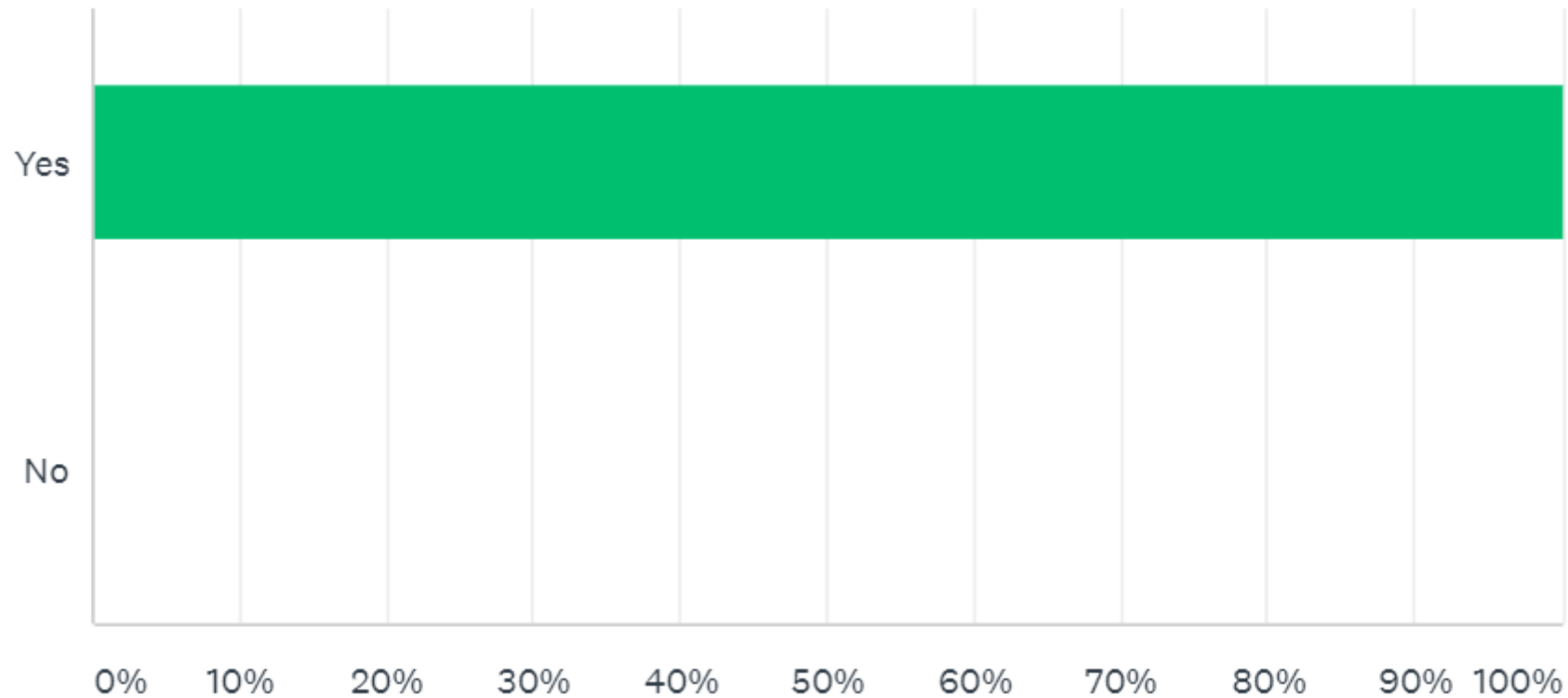
Staying Mentally Well During COVID-19 is really important.

Please see our webpage [here](#) for links to some top tips to help you, your friends and your family to look after your mental health during the COVID-19 outbreak.

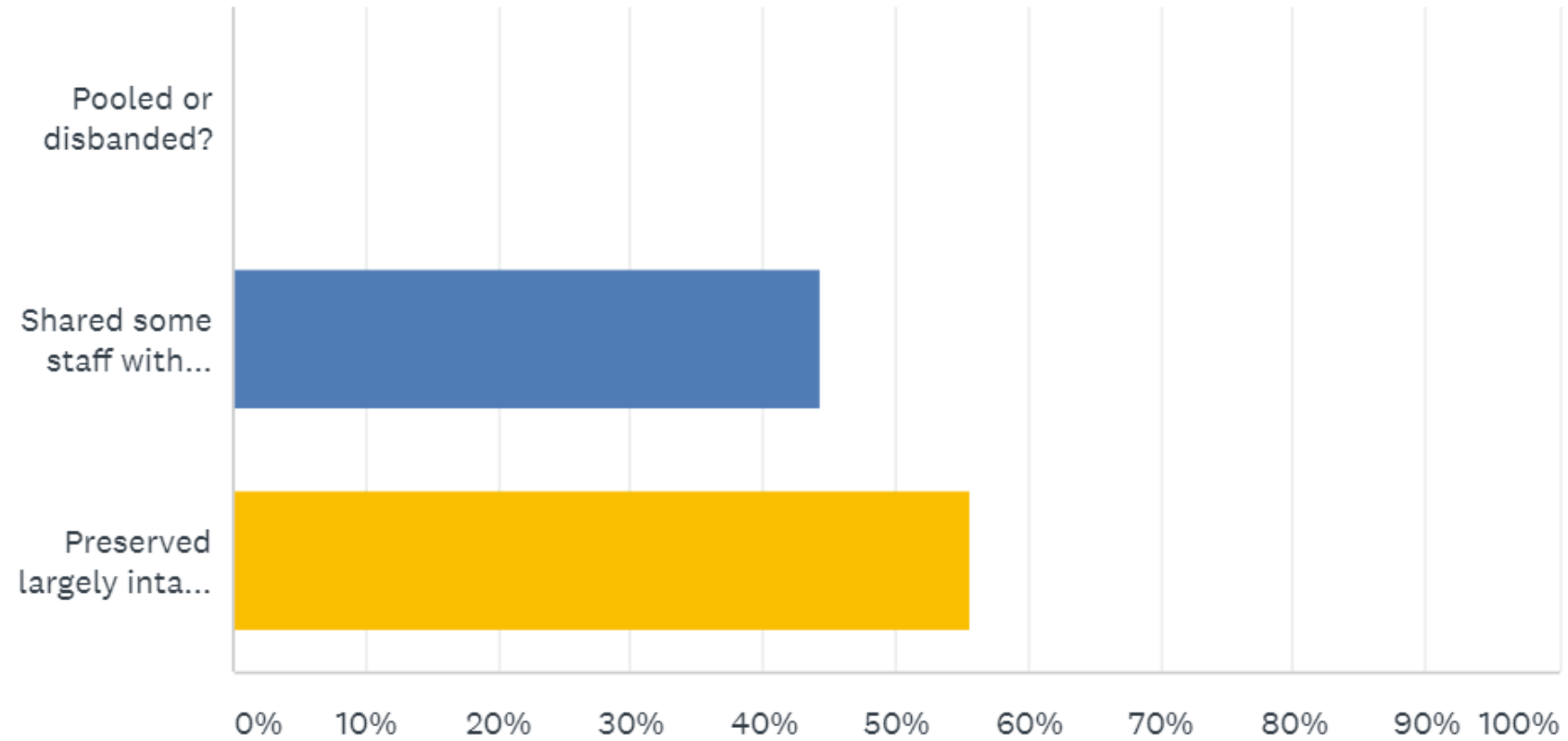
EIP Network COVID-19 Share and Learn (April 2020)

Results analysis - X18 responses

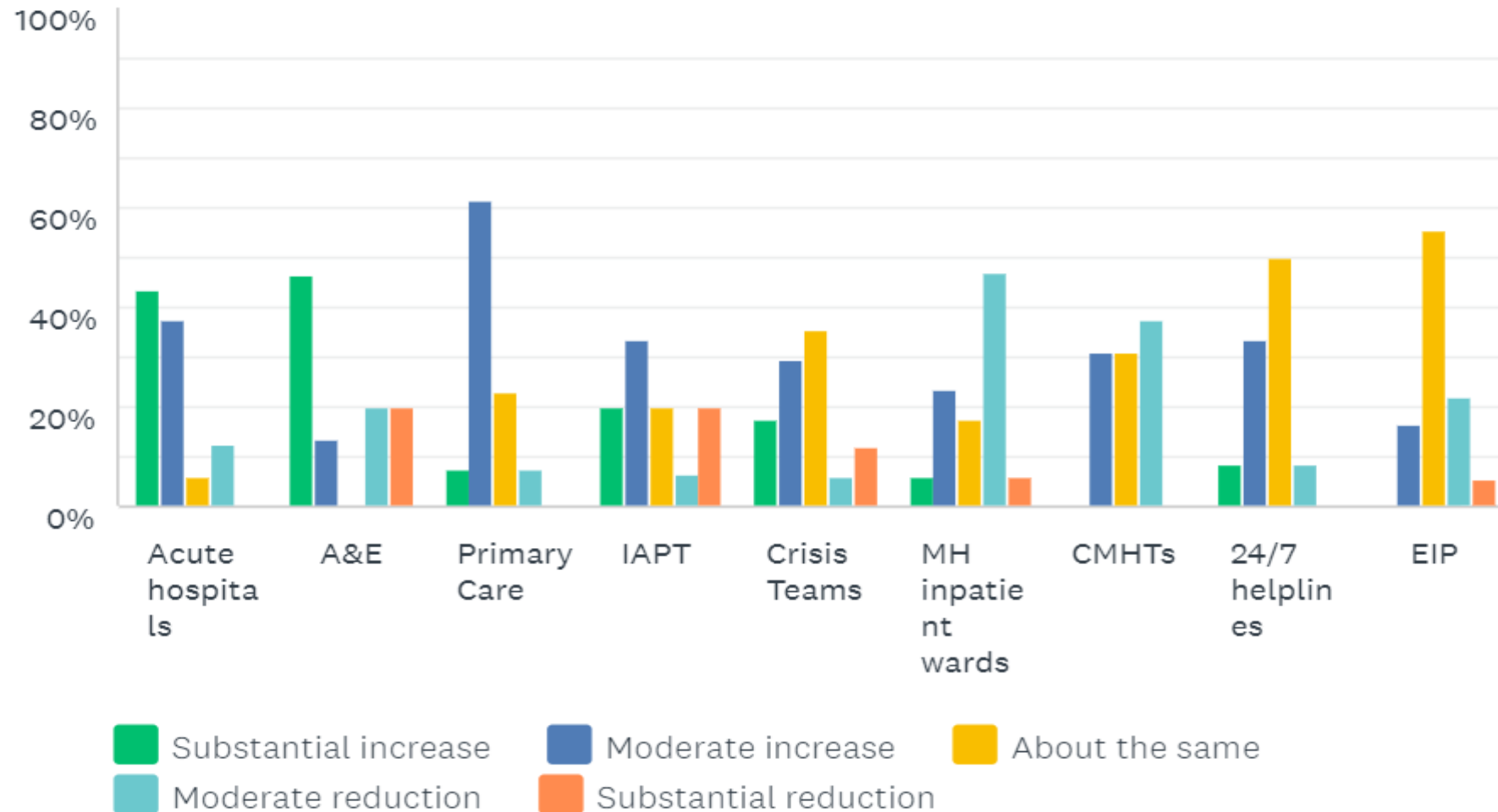
Q2 -Has your trust reported referral-to-treatment performance accurately through MHSDS?



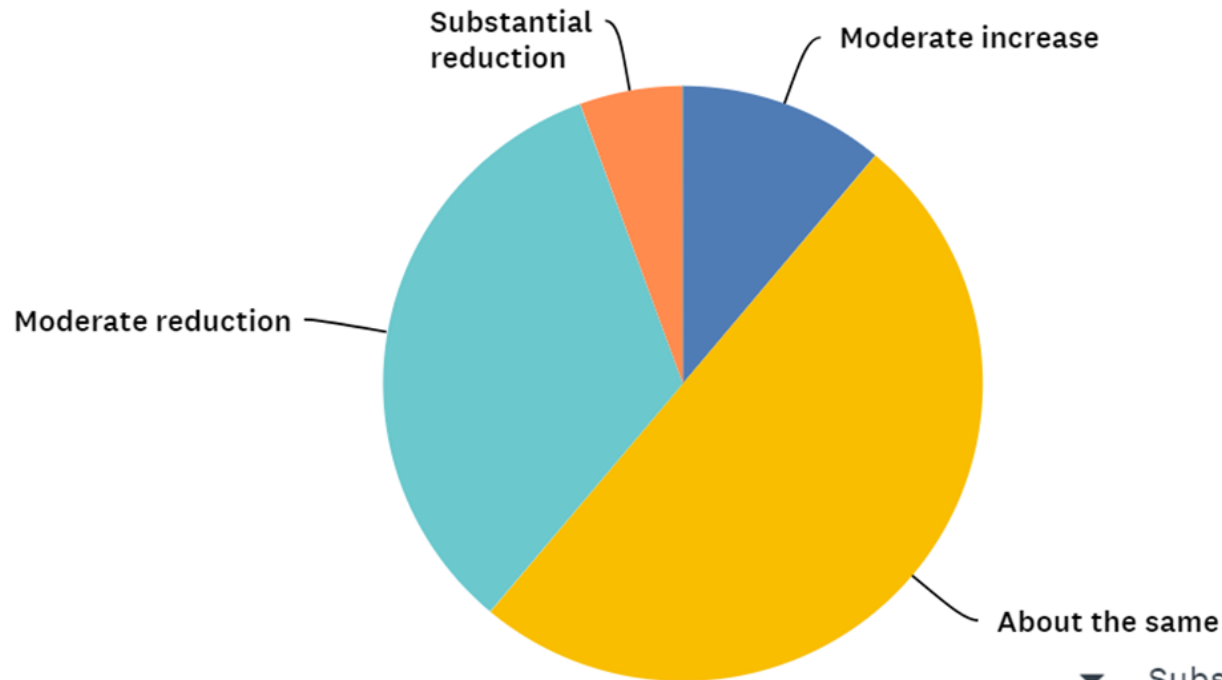
Q3 – Has your team been:



Q4 - From your perspective, what has been the local impact of COVID-19 (including contingency planning) on workload for the following areas?

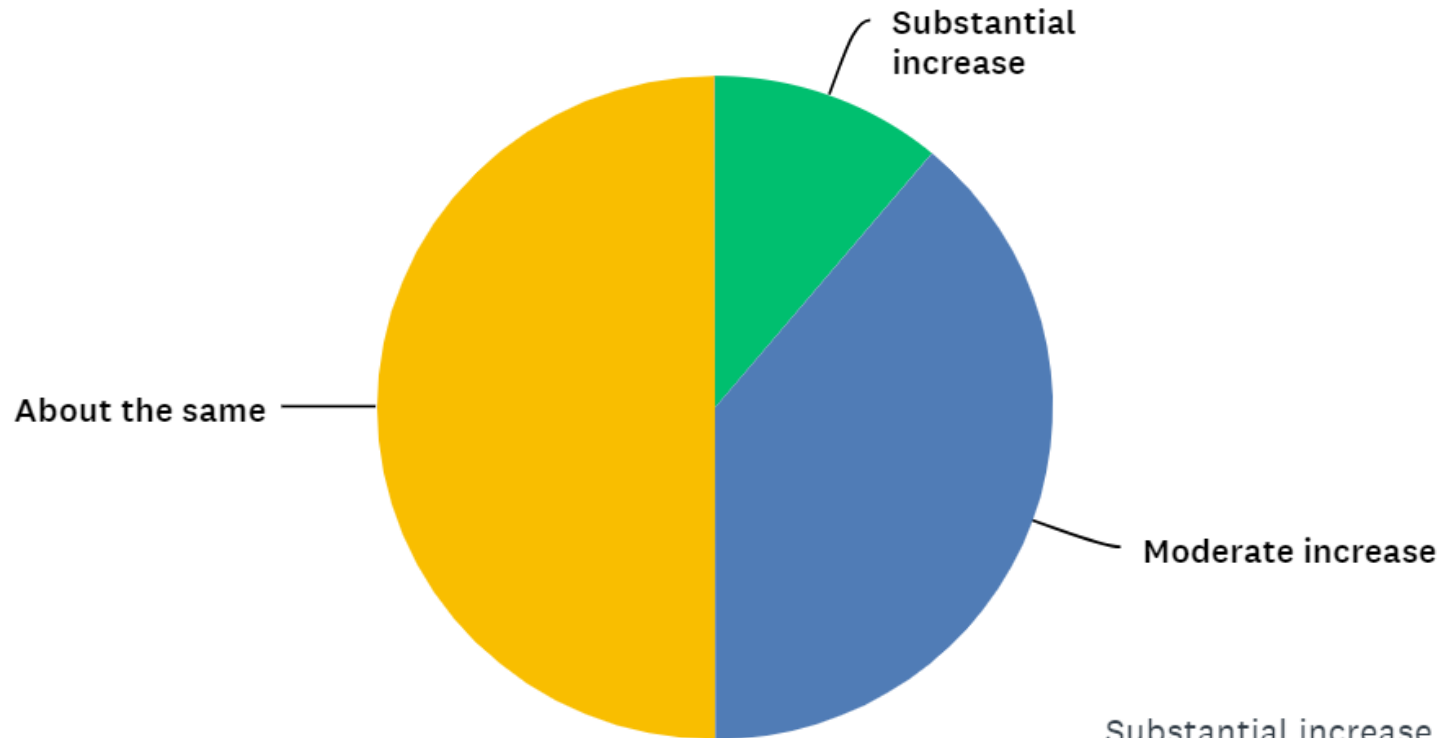


Q5 - What has happened to your referral rates?



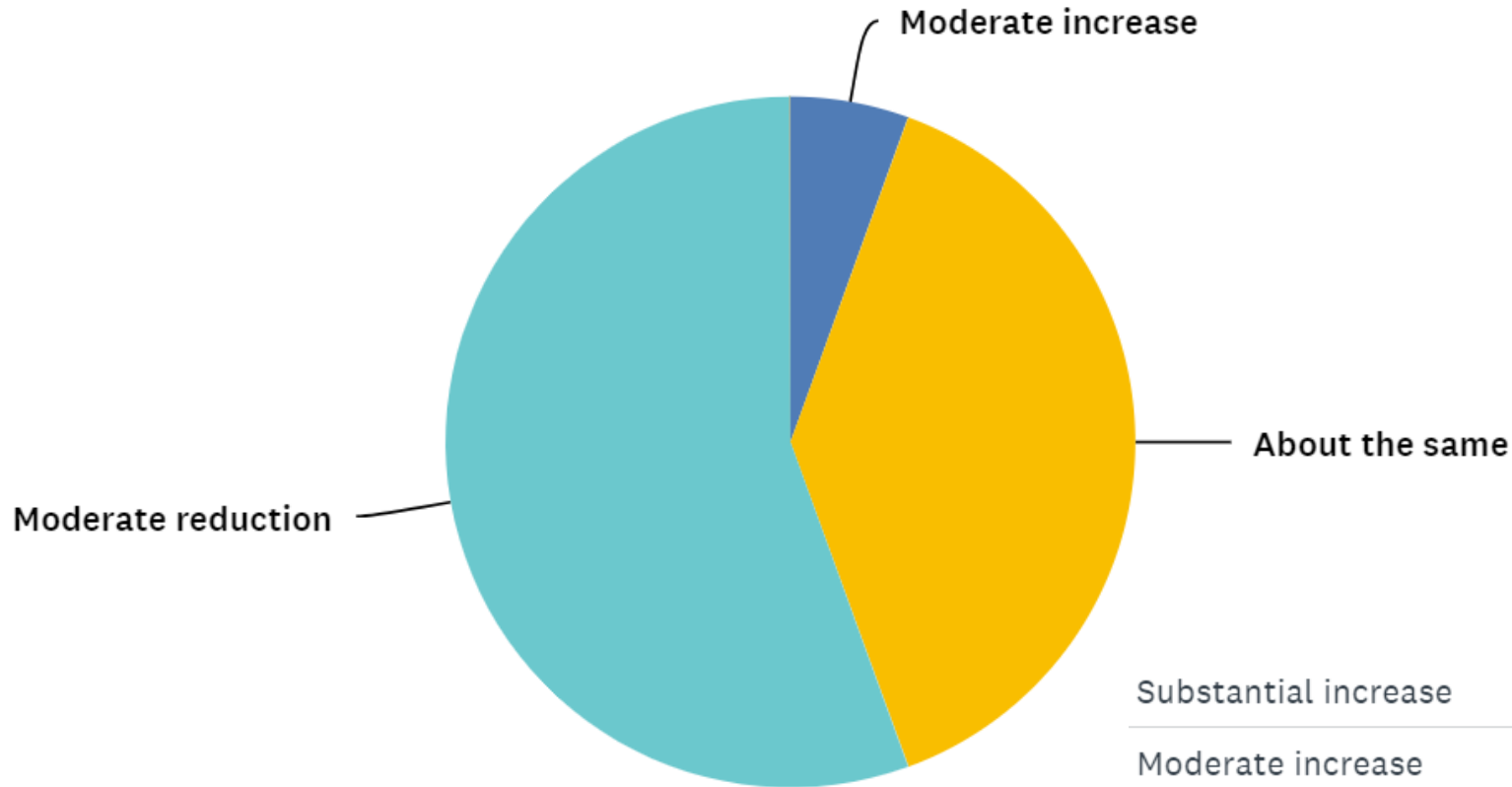
▼ Substantial increase	0.00%
▼ Moderate increase	11.11%
▼ About the same	50.00%
▼ Moderate reduction	33.33%
▼ Substantial reduction	5.56%

Q6 – How have relapse rates changed?



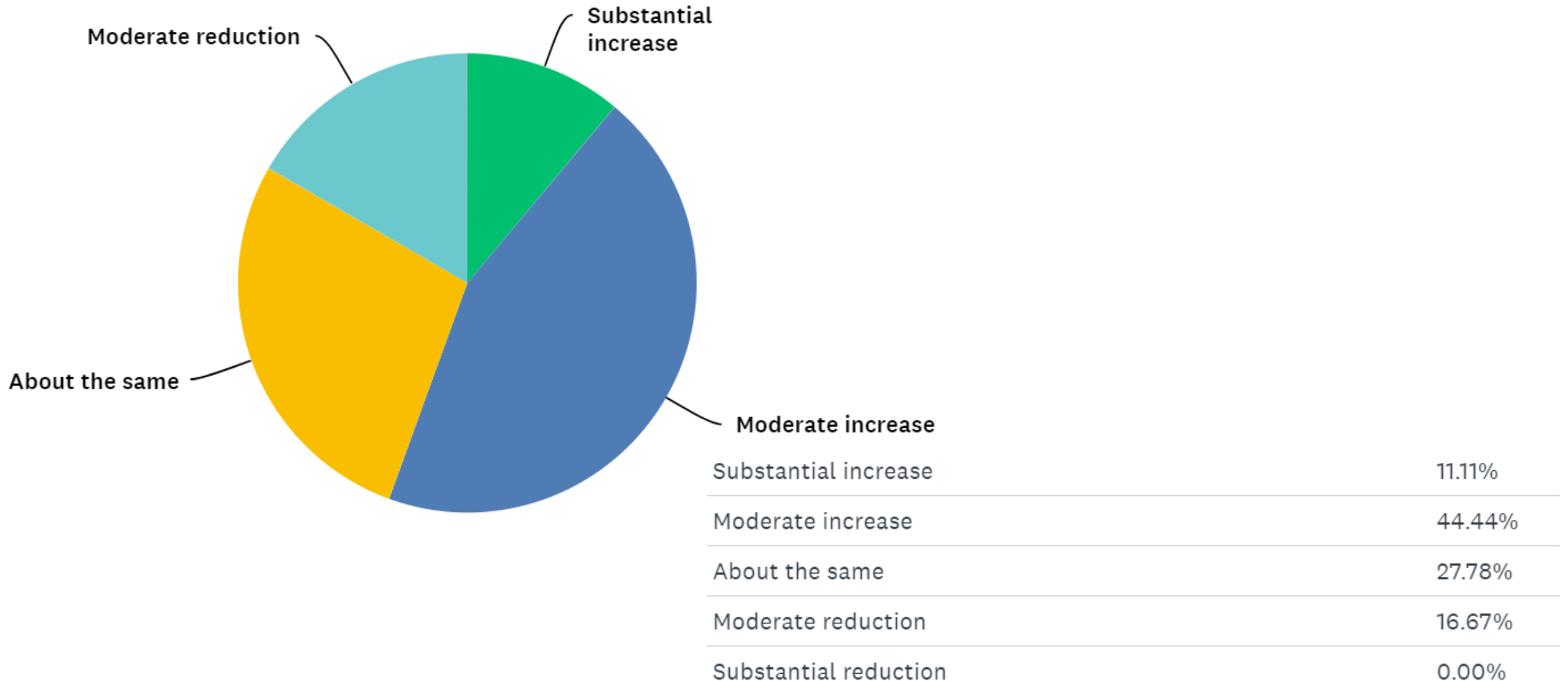
Substantial increase	11.11%
Moderate increase	38.89%
About the same	50.00%
Moderate reduction	0.00%
Substantial reduction	0.00%

Q7 – How have MH admission rates changed?

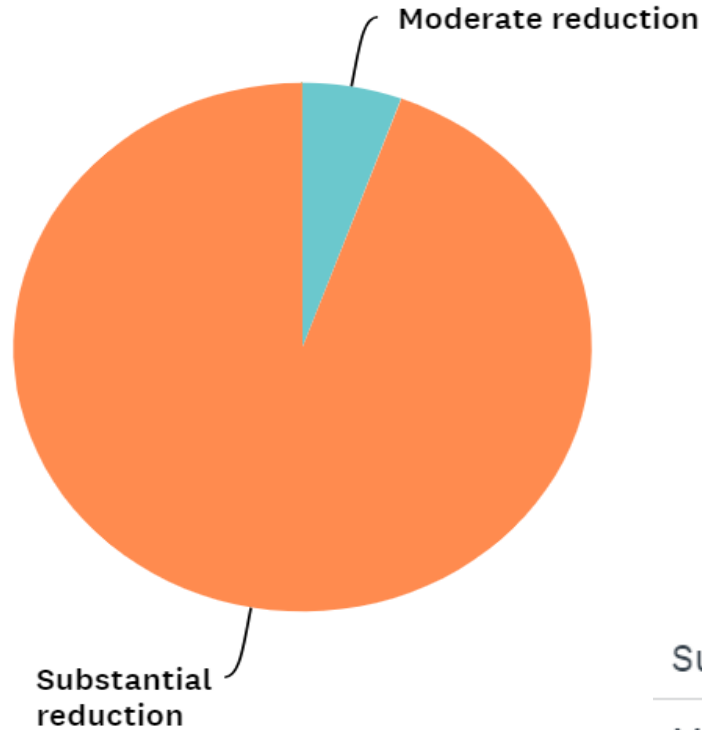


Substantial increase	0.00%
Moderate increase	5.56%
About the same	38.89%
Moderate reduction	55.56%
Substantial reduction	0.00%

Q8 - How has the number of contacts your team has provided to service users changed?

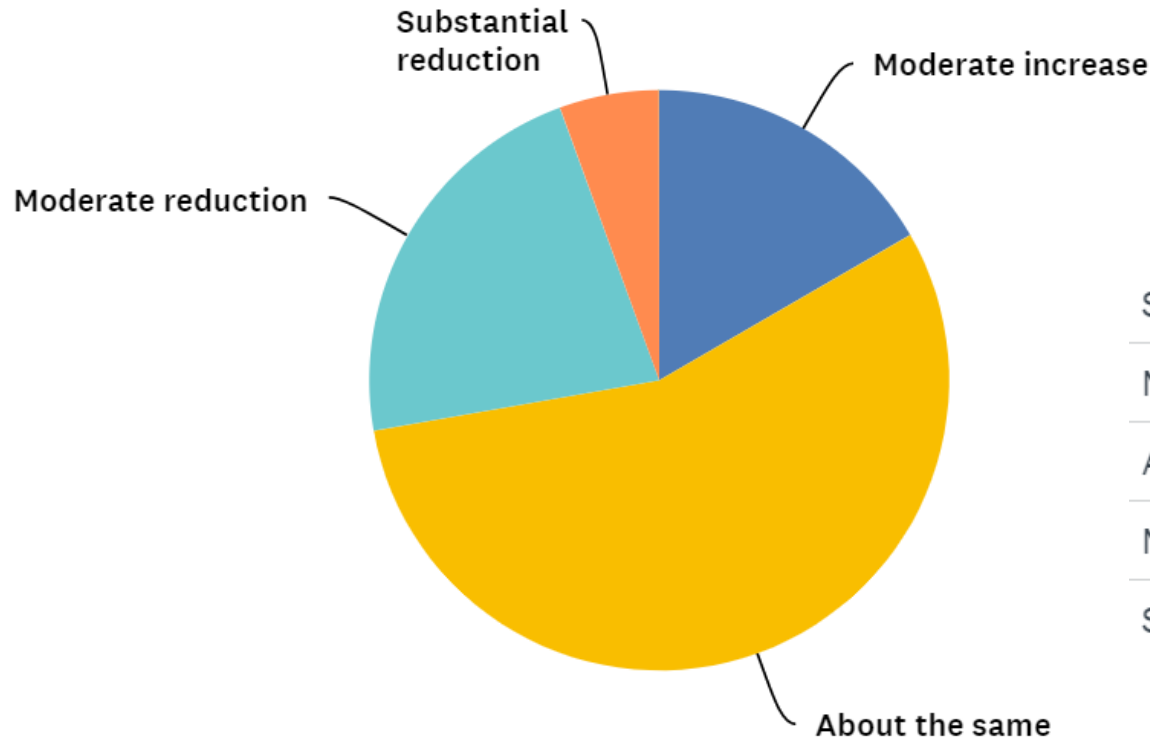


Q9 - How has the proportion of face to face contacts with service users changed?



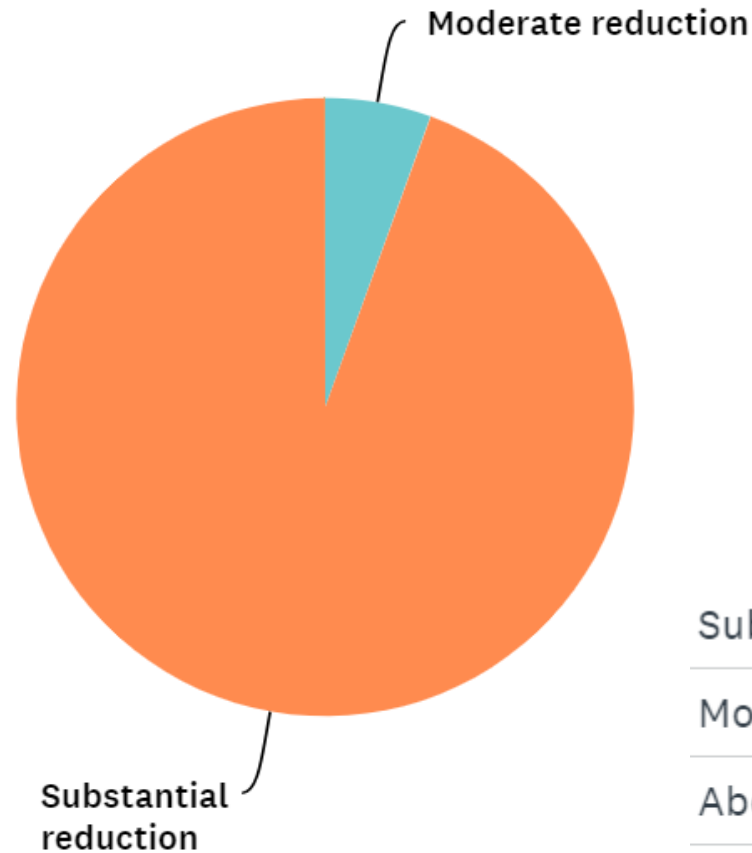
Substantial increase	0.00%
Moderate increase	0.00%
About the same	0.00%
Moderate reduction	5.56%
Substantial reduction	94.44%

Q10 - How has the number of contacts your team has provided to carers changed?



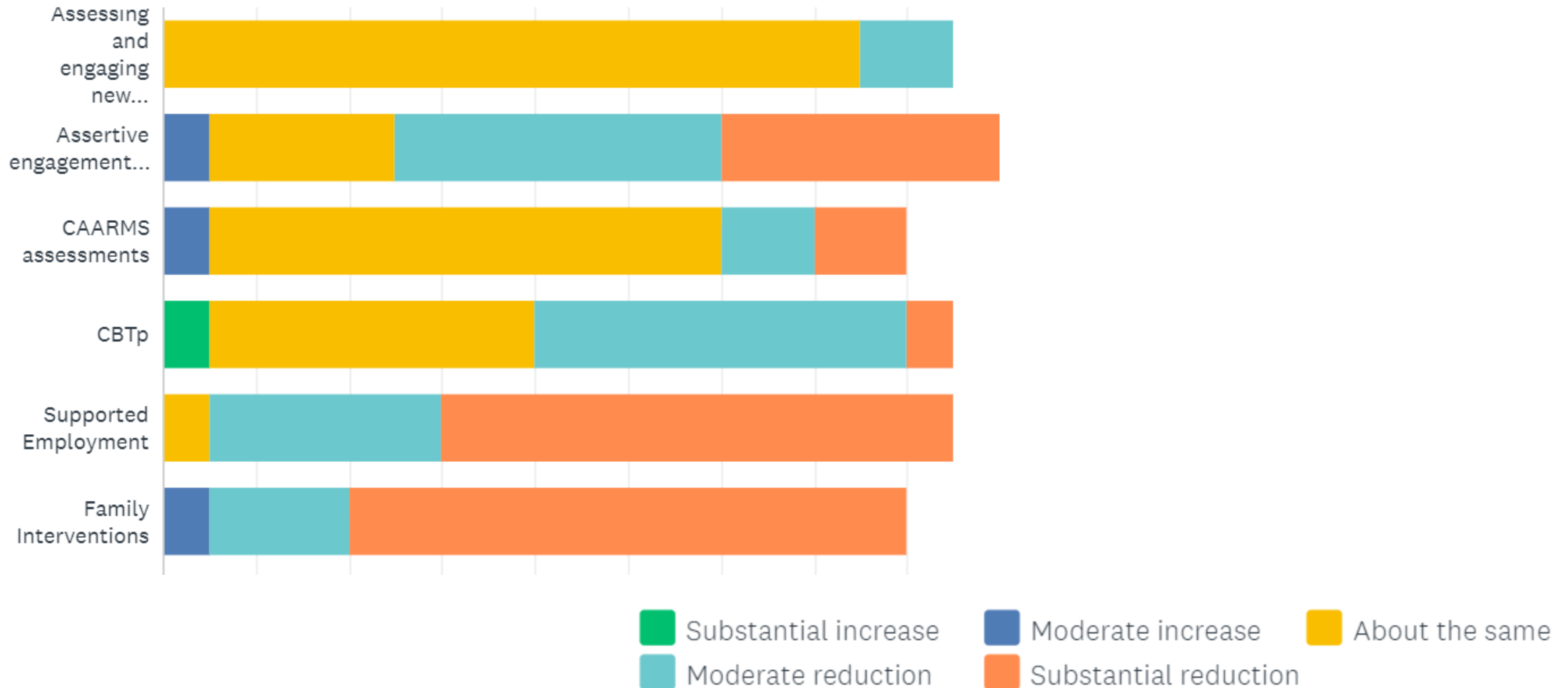
Substantial increase	0.00%
Moderate increase	16.67%
About the same	55.56%
Moderate reduction	22.22%
Substantial reduction	5.56%

Q11 - How has the proportion of face to face contacts with carers changed?

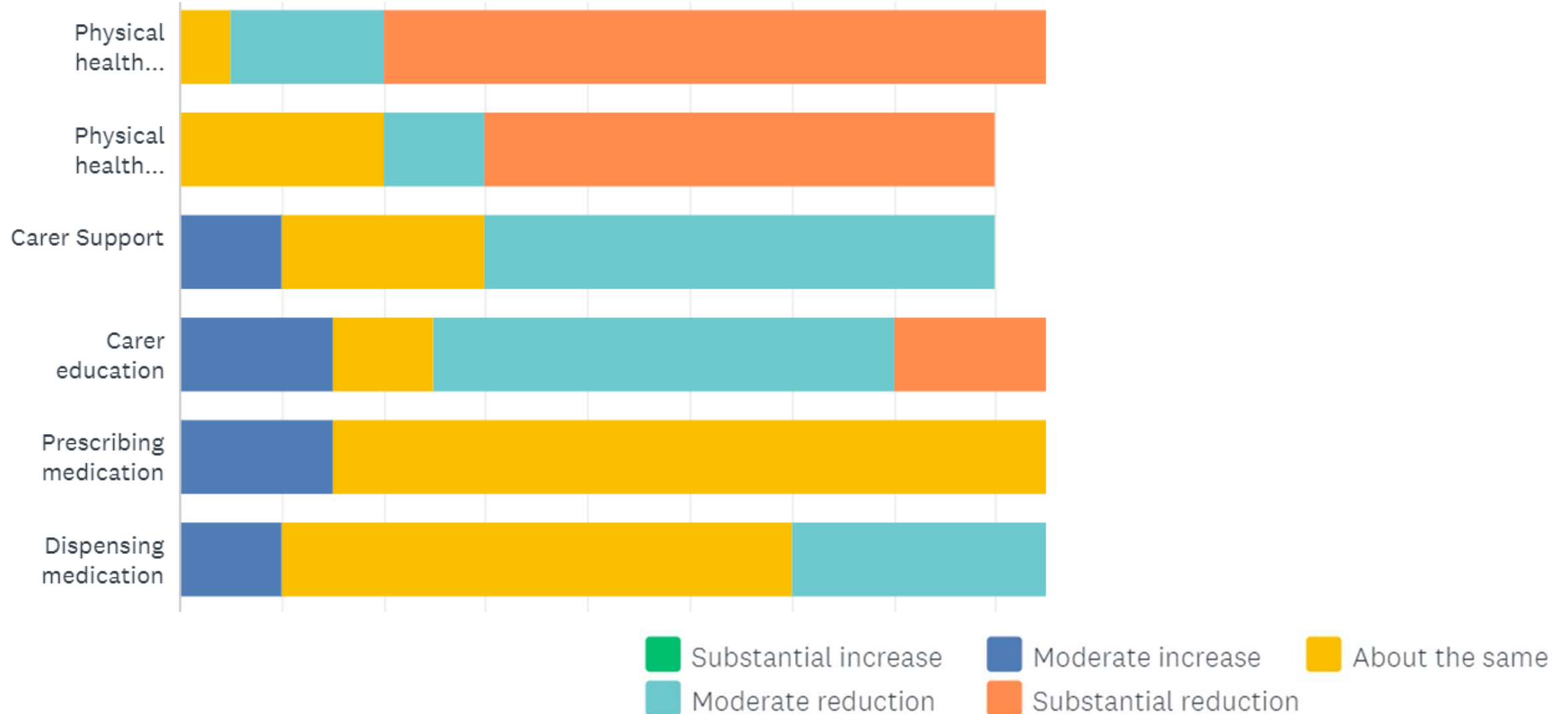


Substantial increase	0.00%
Moderate increase	0.00%
About the same	0.00%
Moderate reduction	5.56%
Substantial reduction	94.44%

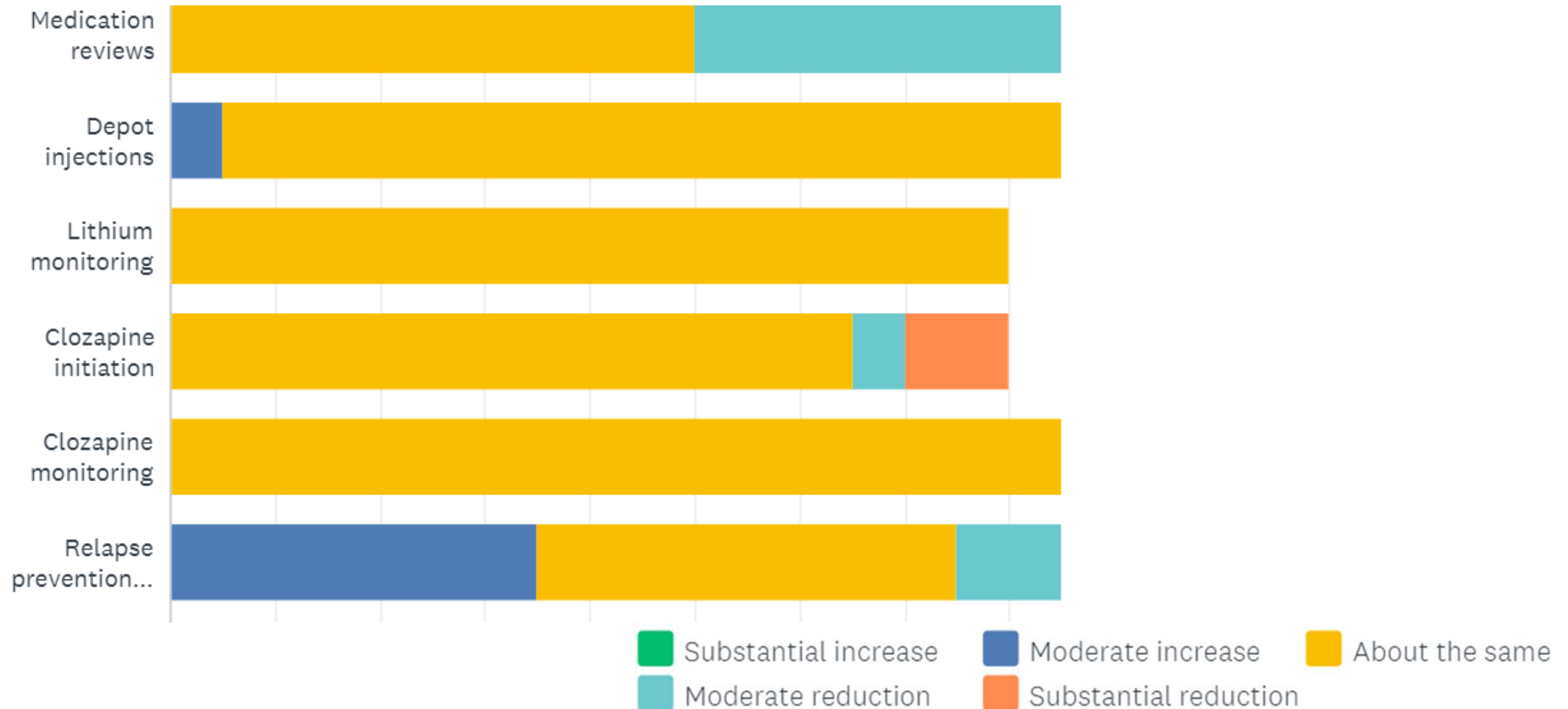
Q12 – How has the delivery of the following interventions changed?



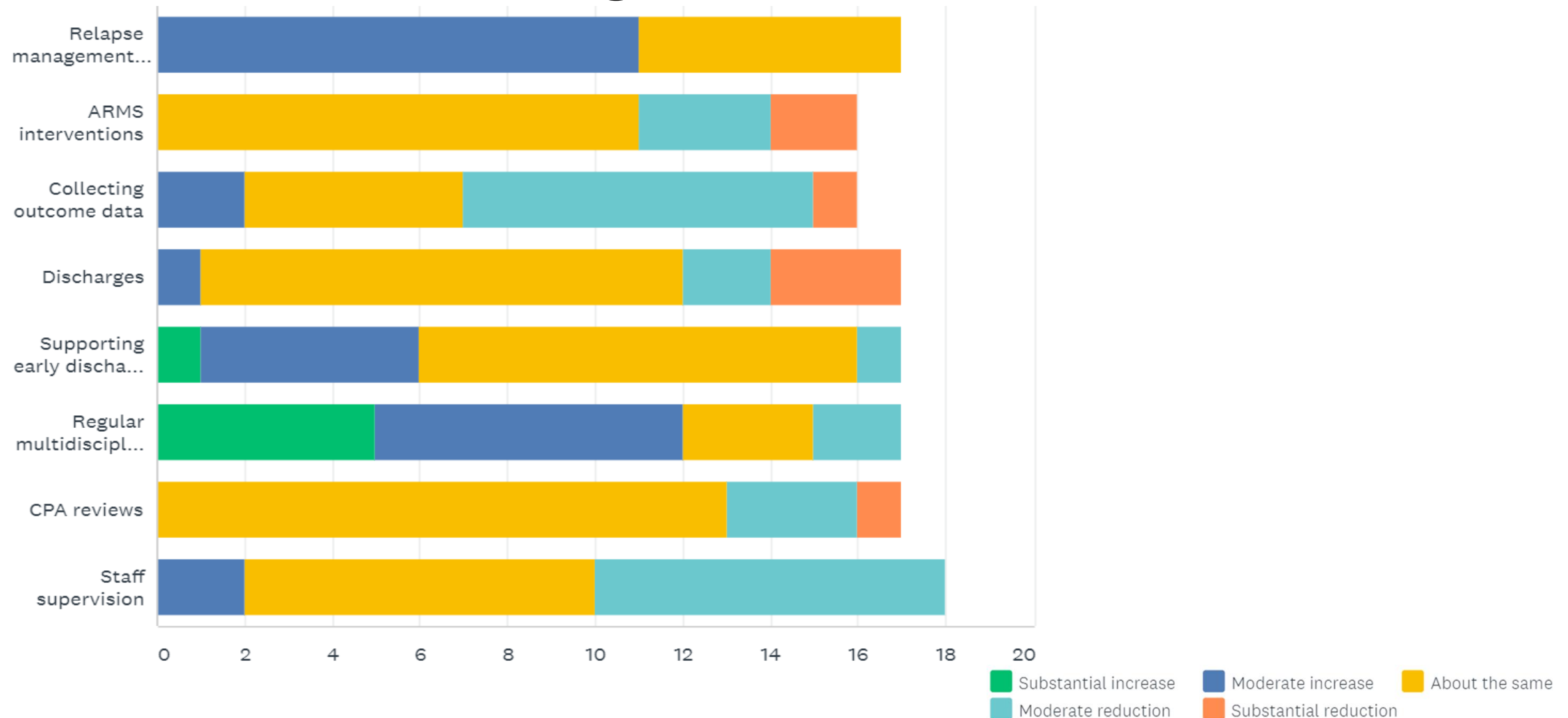
Q12 – How has the delivery of the following interventions changed? *Cont...*



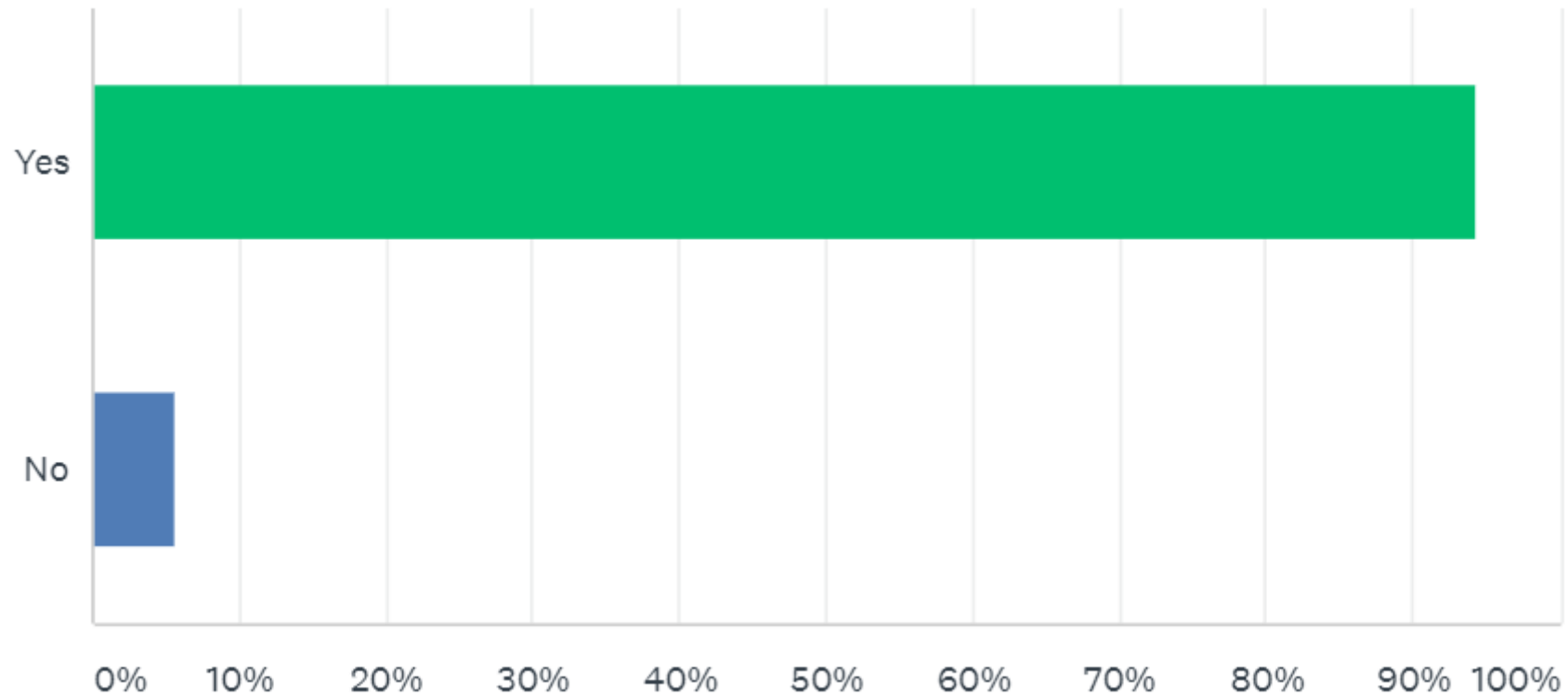
Q12 – How has the delivery of the following interventions changed? *Cont...*



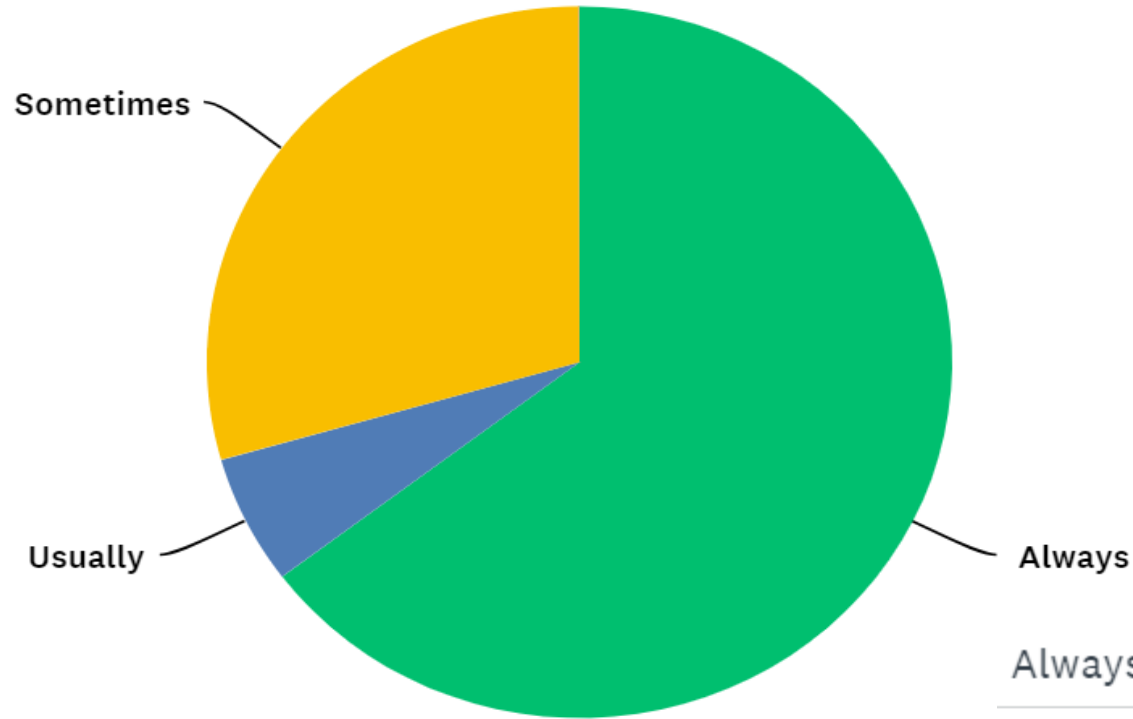
Q12 – How has the delivery of the following interventions changed? *Cont...*



Q13 – Do you have access to the PPE you require?



Q14 – For face to face contact do EIP staff use PPE?



Always	64.71%
Usually	5.88%
Sometimes	29.41%
Rarely	0.00%
Never	0.00%

Q15 - Please list any interventions that have been formally suspended

- Social inclusion activities
- Most physical health reviews. Employment support reduced as have STR interventions such as support with behavioural activation, socialisation.
- Visiting service users in their homes as routine periodic visits. We are being creative with our contact with SU and using technology
- Routine community physical health assessments. Some groups & activities
- Family interventions Exercise, allotment, carers, therapy groups and Support Time recovery Groups Physical health clinic

Q15 - Please list any interventions that have been formally suspended *cont...*

- Family Interventions. Non essential / Routine face to face visits. Group interventions Non Cardio metabolic interventions. We have problems accessing technology to undertake various interventions.
- Physical Health checks, Social Interventions, Employment, Education
- Recovery face to face group work
- Annual Physical Health Checks.
- Routine PHC BFT Groups/activities
- Groups EMDR
- None

Q16 – Please list any interventions that have been successfully delivered by telephone or digital video

- Medical OPA CPTp Carer support Crisis intervention
- CAARMS assessments, medication reviews, CCO interventions
- Consultations, care plan delivery, support,
- Groups - e.g. social quiz, hearing voices group, med reviews CBTp FI CPA Carer support
- Psychological Interventions CBTp Interventions Care co-ordination assessments Risk assessments Smoking cessation Mindfulness Employment Interventions Psychoeducation interventions Diet interventions QPR interventions MDT meetings Professionals meetings Team meetings
- Dr's are undertaking medical reviews over the phone Online Gaming Group. Unable to use digital technology.

Q16 - Interventions that have been successfully delivered by telephone or digital video *cont...*

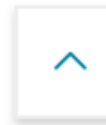
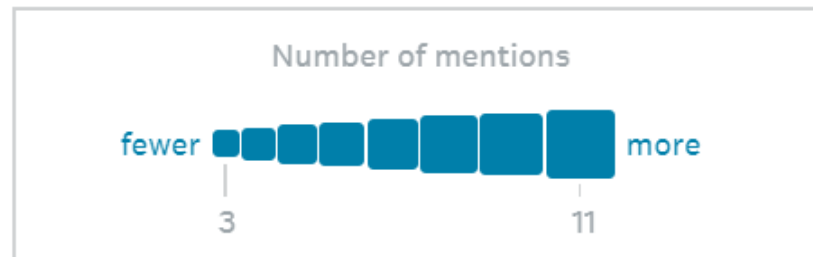
- CBTp Medical Reviews
- Family interventions CBT
- CBT, medical reviews, family interventions
- CBTp FI via skype Social Care assessments
- Relapse Preventions, Wellbeing checks, CBTp, caseload/clinical supervision,
- CBTp via What's app Microsoft Teams for Ward MDT's, CPA/s117 reviews Introducing Airmid video conferencing for 1:1 contact Exploring technology for groups/activities

Q16 - Interventions that have been successfully delivered by telephone or digital video cont...

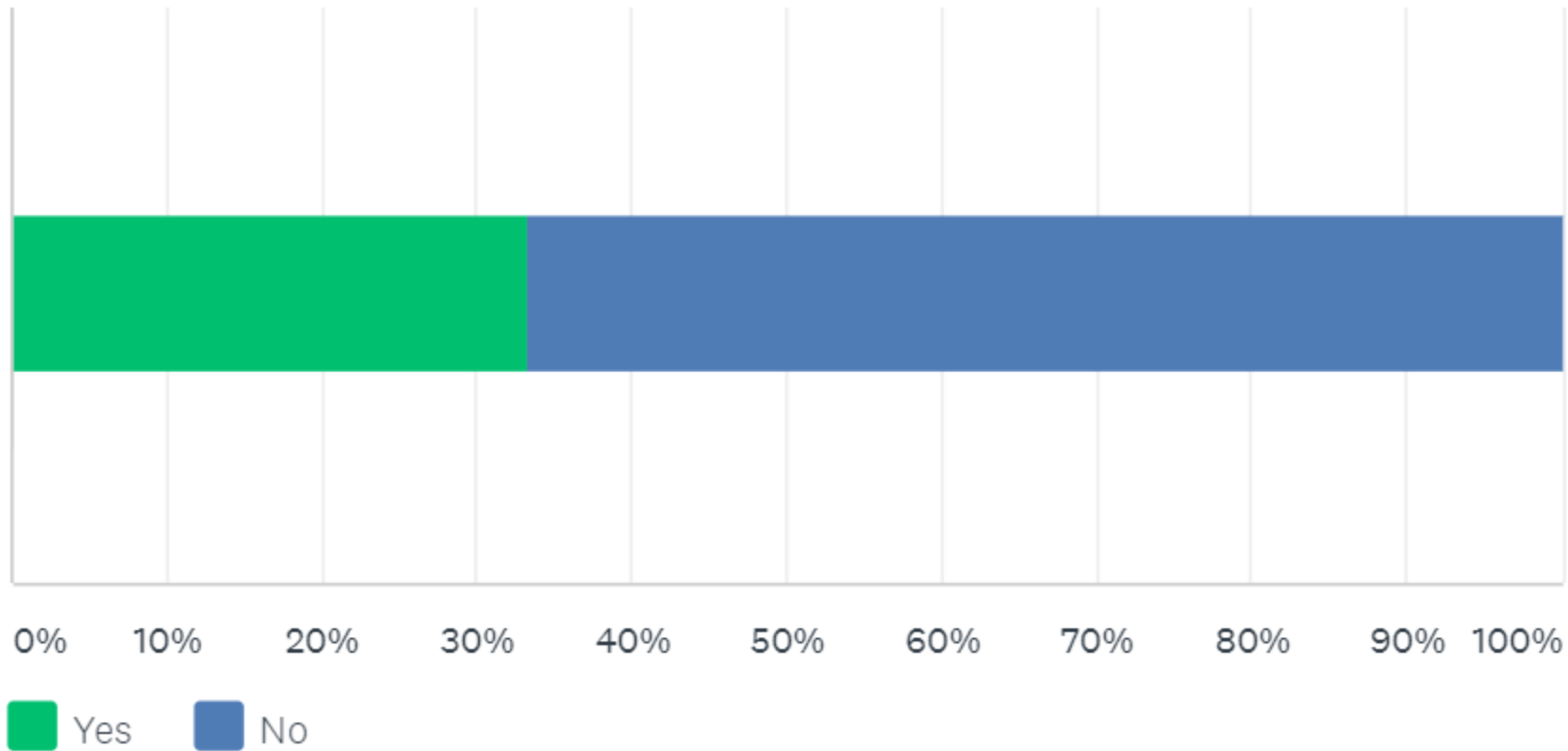
- CBT, new assessments, carer support, medical reviews
- Assessments, CBTp ongoing care coordination support carer support relapse prevention and risk management
- CAARMS, CBTp, Relapse Prevention, carers support, 1:1 routine contacts,
- CBT(p) subject to connectivity

Q17 - What digital platforms are you using?

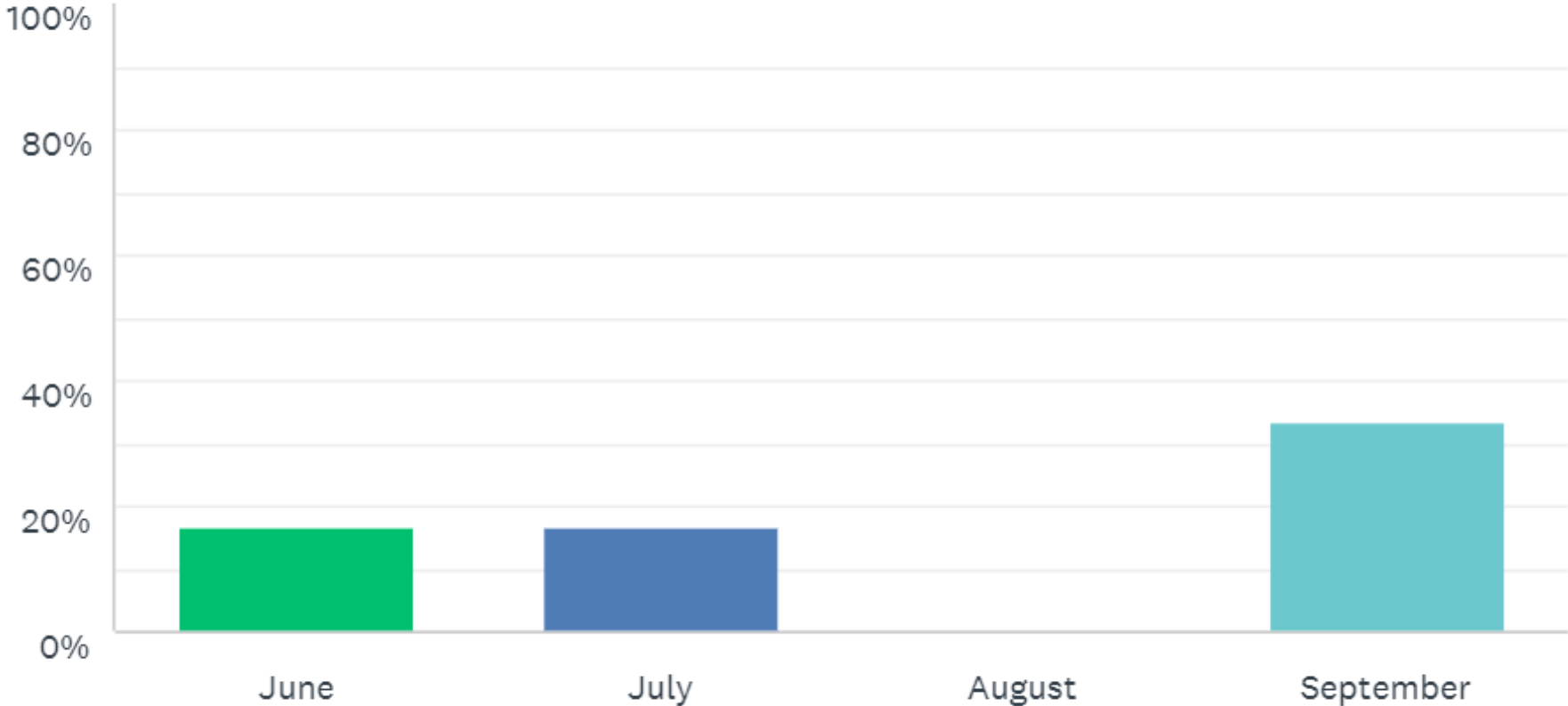
teams WhatsApp **Microsoft Teams** Airmid
Skype Microsoft Zoom



Q18 – Do you have a ‘returning to normal’ plan?



Q19 - When do you expect to be able to provide all interventions (including via new ways of working) by?



Q20 - How can the regional network help you during this time?

- Continuing to provide supportive guidance on making adjustments to the offer
- Not sure
- Info & resources on IRIS website is helpful
- Shared acknowledgement of the pressure services are under and that we are trying our best.
- Share:
 - Ideas about creative solutions/adaptations to the current situation
 - The resources that they give to other people
 - Useful information and good practice
 - New ways of working
- Help make a case for us to be able to access the equipment and technology that we could use. Could pull all the information together for what Platforms EIP could use.

How can the regional network help you during this time? Cont...

- Continued webinars to compare local service practice
- EIP specific info Networking with peers
- Clarity to be shared in regard to importance of maintaining full NCAP audit returns and EI standards. There is a danger that EI will be merged with 'acute' services therefore losing function as a team in order to front load in crisis areas. The importance of caseload, AWT etc are sometimes not recognised by those in senior management
- Supportive, continue with networking forum. Advice/sharing information on technology particularly multi user video or tele-conference for patient contact
- Keep on doing what you're doing, webinars, best practice sharing etc.

Summary

- Teams have managed to continue to provide EIP – no teams have been disbanded or pooled
- Reporting RTT data hasn't been affected (impact on performance?)
- Greatest impact on Acute sector and primary care
- Some increased demand for CRHT and IAPT
- Referral rates to EIP have stayed the same
- Half report an increase in relapses but admission rates haven't increased
- Contacts with service users maintained or improved but mainly non F2F
- Contacts with carers maintained by many but with substantial reduction in F2F

Interventions that have been maintained

- New Assessments
- CAARMS assessments
- CBTp
- Prescribing and dispensing medication inc. depots
- Li and Clozapine monitoring
- Relapse prevention
- ARMS interventions
- CPA reviews

Interventions that have increased

- Relapse management
- MDT meetings
- Supporting early discharges from hospital

Interventions that have decreased

- Assertive engagement
- CAARMS assessments
- Carer support
- Medication reviews
- Clozapine initiation
- Collecting outcomes data
- Hospital discharges
- Staff supervision

Interventions that have decreased substantially

- Family Interventions
- Physical health checks
- Physical health interventions (diet, exercise)
- Carer Education
- Vocational support

Interventions that have been suspended

- Social inclusion, exercise and support groups
- FI, vocational support, physical health reviews and carer's groups suspended in some places

Summary

- Good access to PPE but F2F care delivery significantly reduced
- 2/3 use PPE routinely; 1/3 'sometimes'
- Many reporting successful delivery of CBTp, medical reviews, FI, carer support, SU support, MDT meetings and new assessments via phone or video link
- MS Teams, Skype and Zoom are the main digital platforms, some using others such as WhatsApp
- Two thirds do not have a return to normal plan yet and most don't expect to return to normal until September at the earliest.

How can the regional network help?

- Disseminating information
- Peer support
- Sharing innovations and new ways of working
- Helping adjusting for prolonged social distancing and non-F2F delivery
- Supporting consistent access to best digital platforms
- Helping promote the specialism and protect teams from pooling/losing significant numbers of staff to other pathways



To everyone who responded to the survey