

References: Tsiachristas A, Thomas T, Leal J et al, Economic impact of Early intervention in psychosis services: results from a Longitudinal retrospective controlled study in England. BMJ 2016.

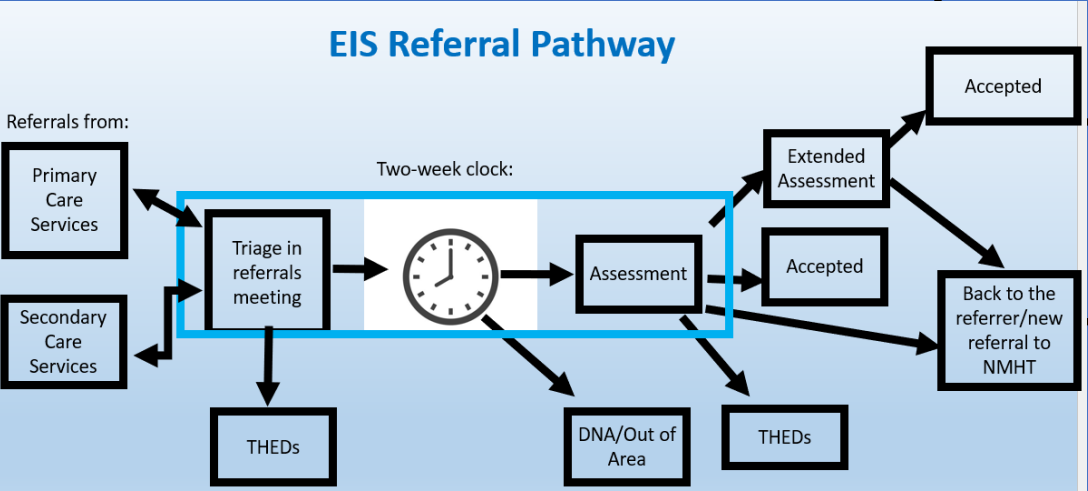
Posselt CM, Albert N, Nordentoft M et al, The Danish OPUS Early Intervention Services for First Episode of psychosis: A Phase 4 Prospective Cohort Study with Comparison of Randomized Trial and Real-World Data

Referral pathway of Early Intervention Service: Exploring outcomes of assessments and learning from missed opportunities

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1. Aim

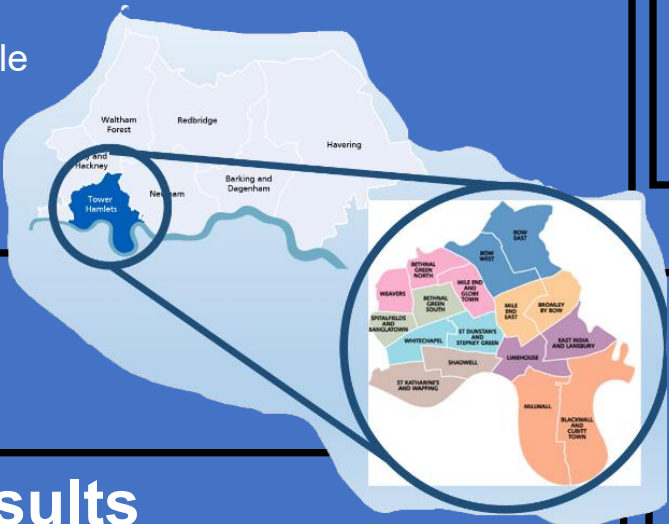
This project centred on patients who had been referred to the Early Intervention for Psychosis service (EIP), and exploring what reasons there were for not accepting patients onto the caseload. There is complexity diagnosing those with First Episode Psychosis (FEP) as there are multiple guidelines with differing advice, and that symptoms of psychosis can overlap with several other differentials rather than a primary psychotic disorder.



Tower Hamlets – A Snapshot

Tower Hamlets (TH) is a borough that is situated between Zones 1 and 2 of East London. It is considered as one of the fastest growing populated areas of the country and as a result, now one of the highest rates of psychosis. A few important demographics in why TH has a diagnostic rate:

- Population: 325,789
- The median age of the population is ~30 years
- High migration rate - 47% was born outside the UK
- 41% are considered to live in poverty
- Highest rates of substance misuse in the country (particularly heroin and crack cocaine)
- Highest rates in London for unstable housing and unemployment



4. Importance

EIP services were primarily set up in England as it was recognized from pioneers of EI (e.g. United States and Australia), that early targeted support for those presenting with FEP improved long term quality of life. This includes reduced frequent admissions into hospital, reduced burden on overall services, better targeted prescribing and better integration of these patients in society. Inadequate quality of initial assessments of referrals could lead to inclusion of patients without a primary psychotic disorder (false positives) on the EI caseload and negatively impact the delivery of care.

3. Results

From Aug 23' to Aug 24' 278 patients were referred to TH EIS but only 117 accepted/151 not accepted.

- **86 patients** were not accepted after offering/completing
- **60 patients** not accepted after triaging referral
- **5 patients** not accepted after completing an extended assessment

Majority of referrals had stemmed from primary care. **N=80**

1 year follow up of the rejected referrals showed -
5/151 patients were later diagnosed with psychosis by another team.
6/151 patients were accepted after re-referral

The most common reason for non-acceptance was presentation consistent with a primary affective disorder **N = 38**.
Patients not engaging with first assessment was also significant at **N=19**.

5. Learning

- The assessment process of the EI service was robust leading to appropriate intake of patients with FEP and reducing the number of patients without a primary psychotic illness.
- Poor engagement can be a barrier to the assessment process.
- Common rejection reasons (primary mood disorder) suggest a need for better upstream triage and education of referrers.
- Service refinement (consistent triage, clear communication of criteria, post-discharge tracking) can enhance outcomes and reduce re-referrals

2. Methodology

Data was collected from August 2023 to August 2024 of all referrals to EI. Using patient electronic records, the sources of referral were reviewed, the outcomes of the initial assessments by the EI service, reasons for non-acceptance and the follow up by other services of these patients. The referral acceptance criteria as outlined by the London EI Network was followed to categorize reasons for non-acceptance.

Have a look in detail for why patients have not been accepted

