A teaching trust of Brighton and Sussex Medical School

Sussex Partnership NHS Foundation Trust

The Early Youth Engagement (EYE) in Psychosis findings:

Engaging young people in our services

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Sussex Partnership NHS Foundation Trust

& UoS

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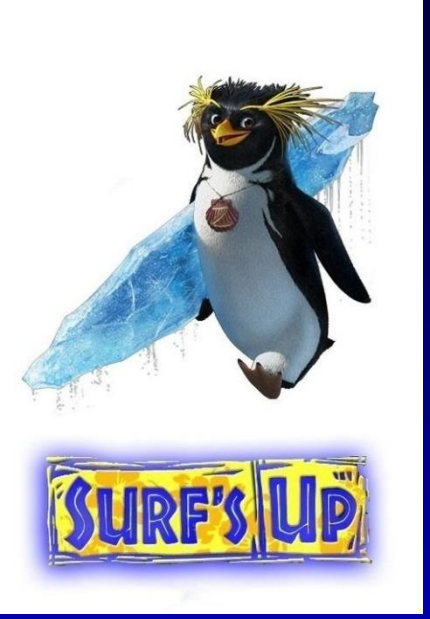
Acknowledgements
Co-applicants and Collaborators

Institute of Psychiatry

Sussex Partnership NHS Foundation Trust

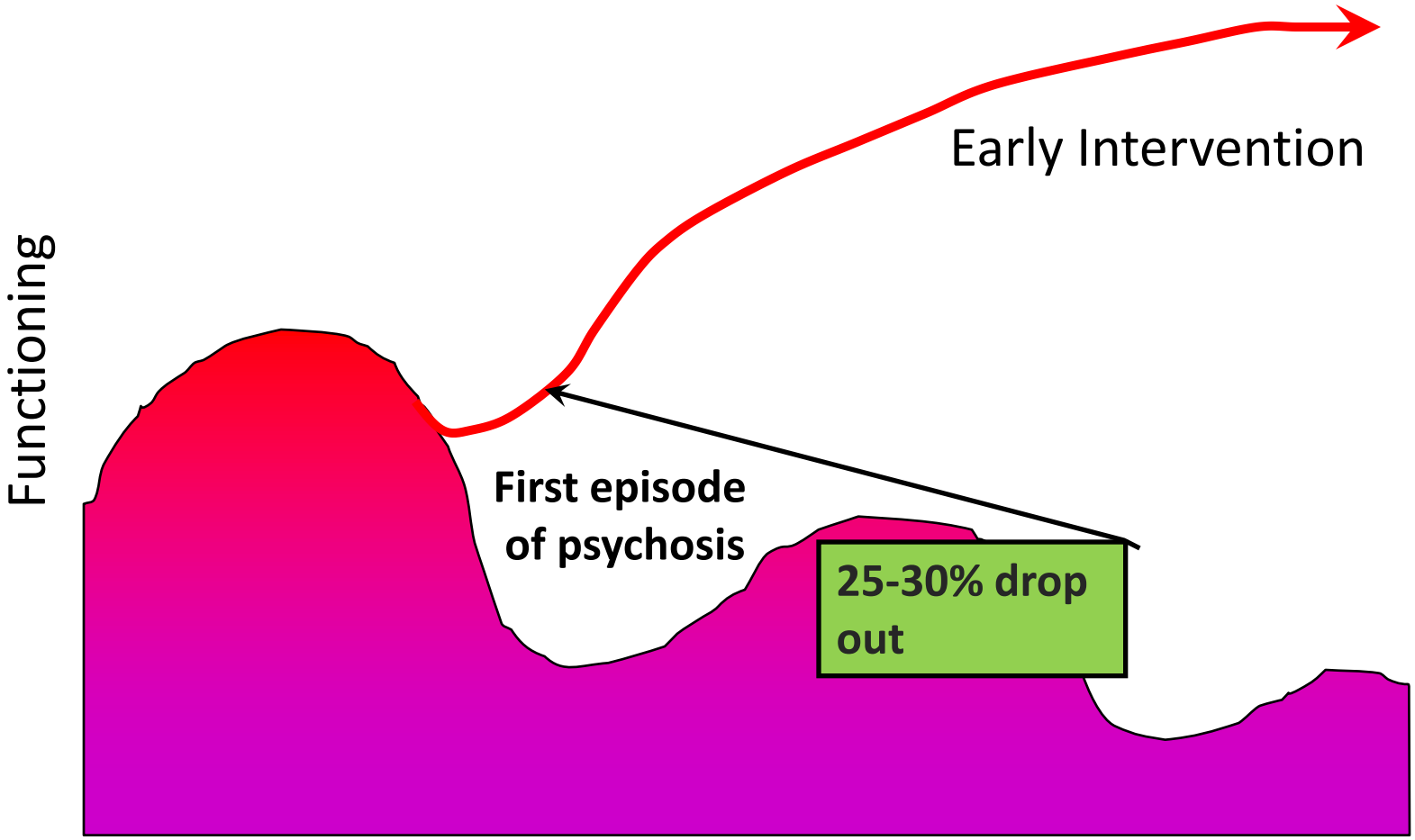
University of Sussex, Psychology



Service User Research Forum SURF-Brighton

- First episode psychosis service users
- Providing consultation on research project design and grant development
- Getting rid of jargon, using right language, sharing information

Early Intervention



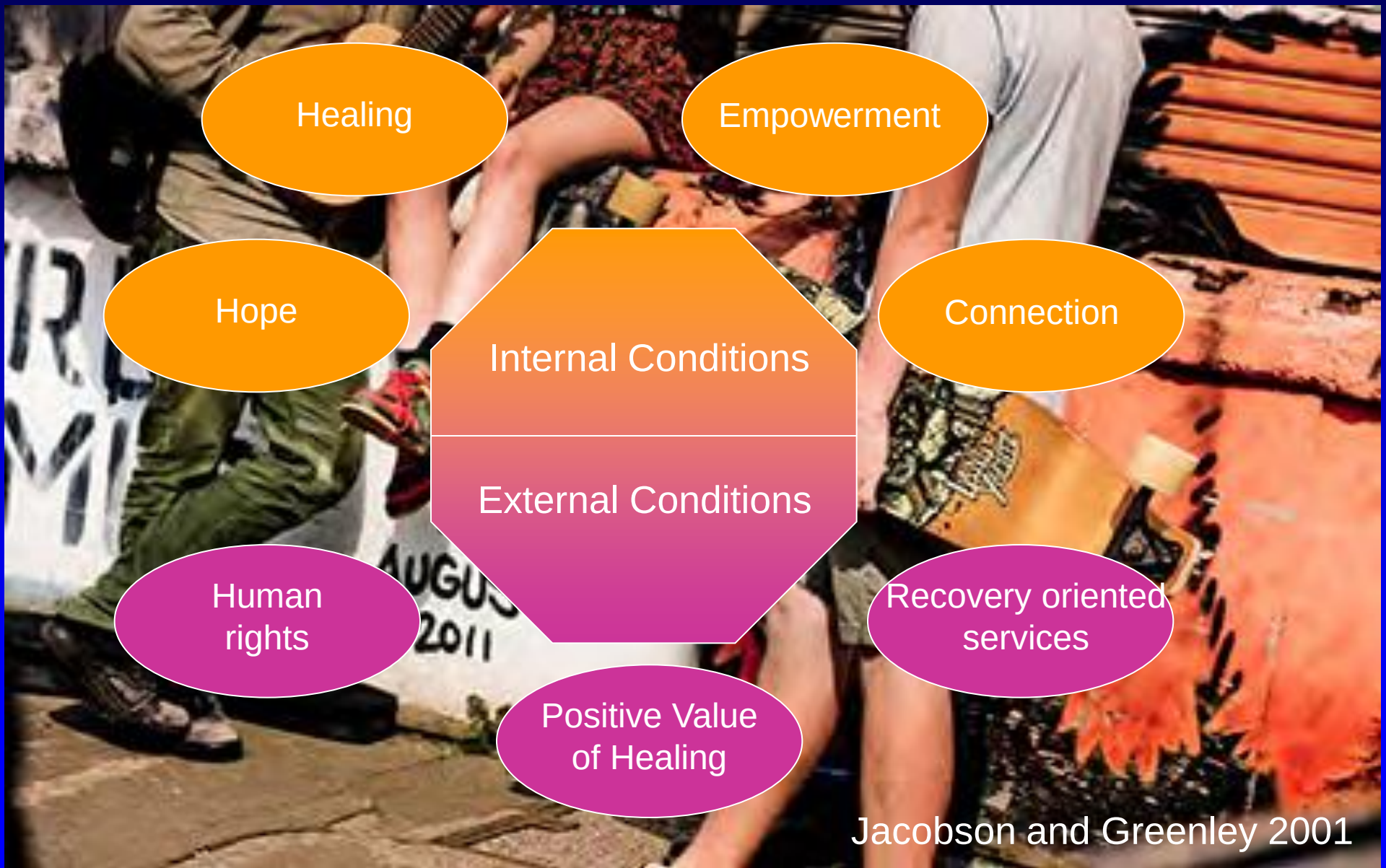
Aims of the study?

- What helps and what gets in the way of engagement?
- Can we translate themes into youth-focussed service adaptations?
- Can we implement these adaptations to improve engagement?

How to do the study?

- 1. Focus groups (n=68) : young people, EIP service users and carers
- 2. Consultation process (n=27): managers, commissioners and clinicians
- 3. Pilot study (n=315): effects on engagement and perceptions of the intervention

Recovery



Jacobson and Greenley 2001

collaboration
is everything

Collaboration

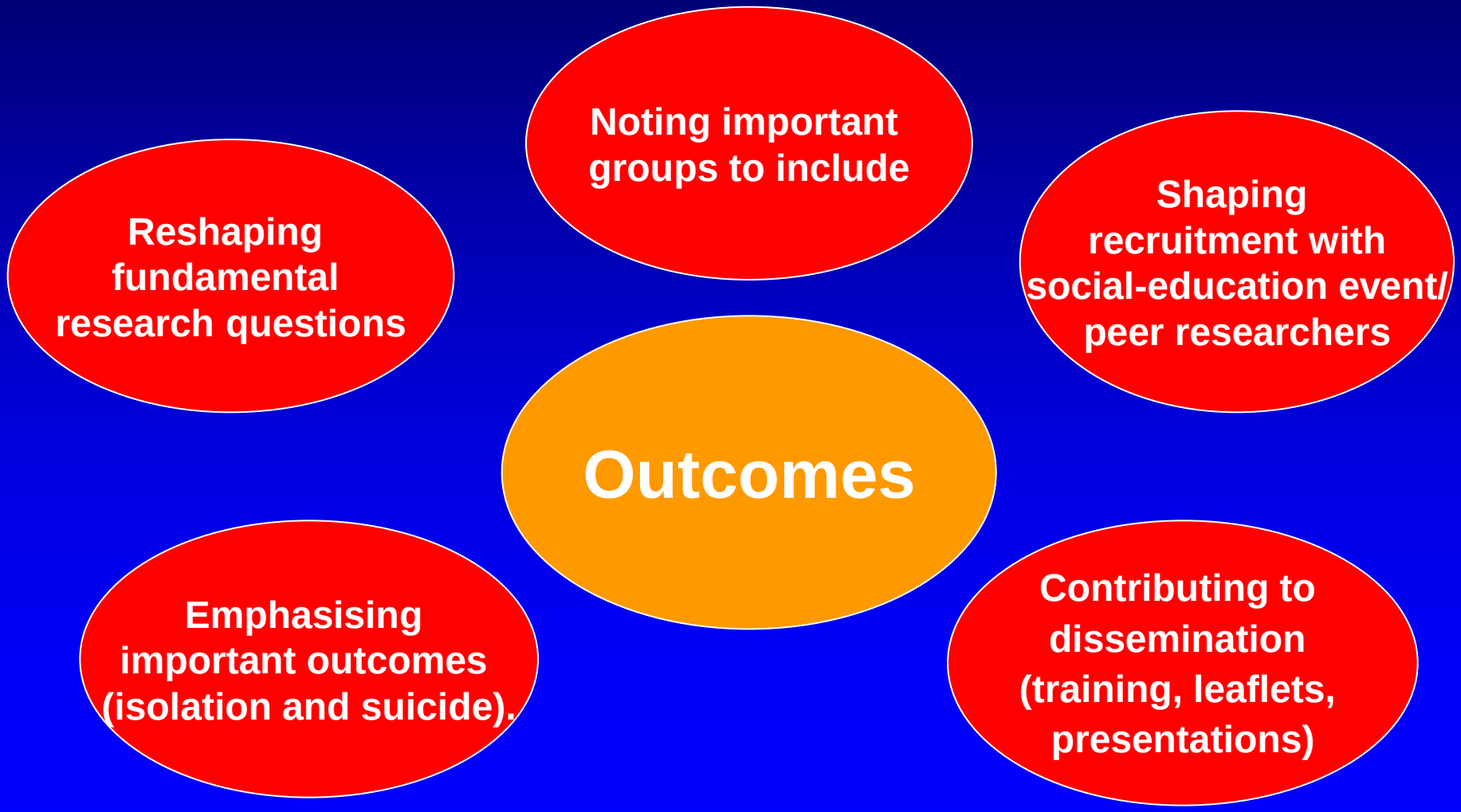
- Ruth - co-applicant with lived experience of psychosis provided input to application.
- STR service user involved in refining design, recruiting people with complex engagement histories to SURF meeting
- co-design and facilitation of SURF

Consultation

Consultation

- SURF group - first episode psychosis service users read and took part in focus group to provide consultation and feedback on design

Outcomes of consultation and collaboration on design

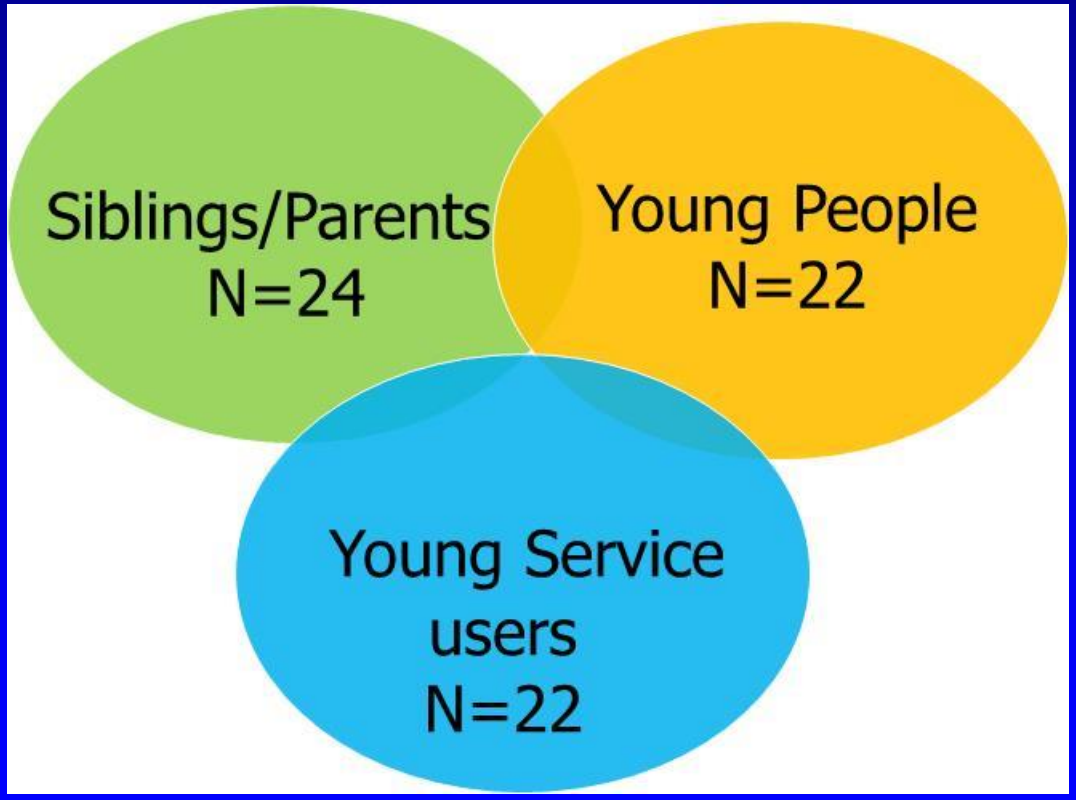


Processes of Collaboration on running the project

- Ruth involved in steering group
- Peer researcher collecting focus group data
- Ruth involved in analysis

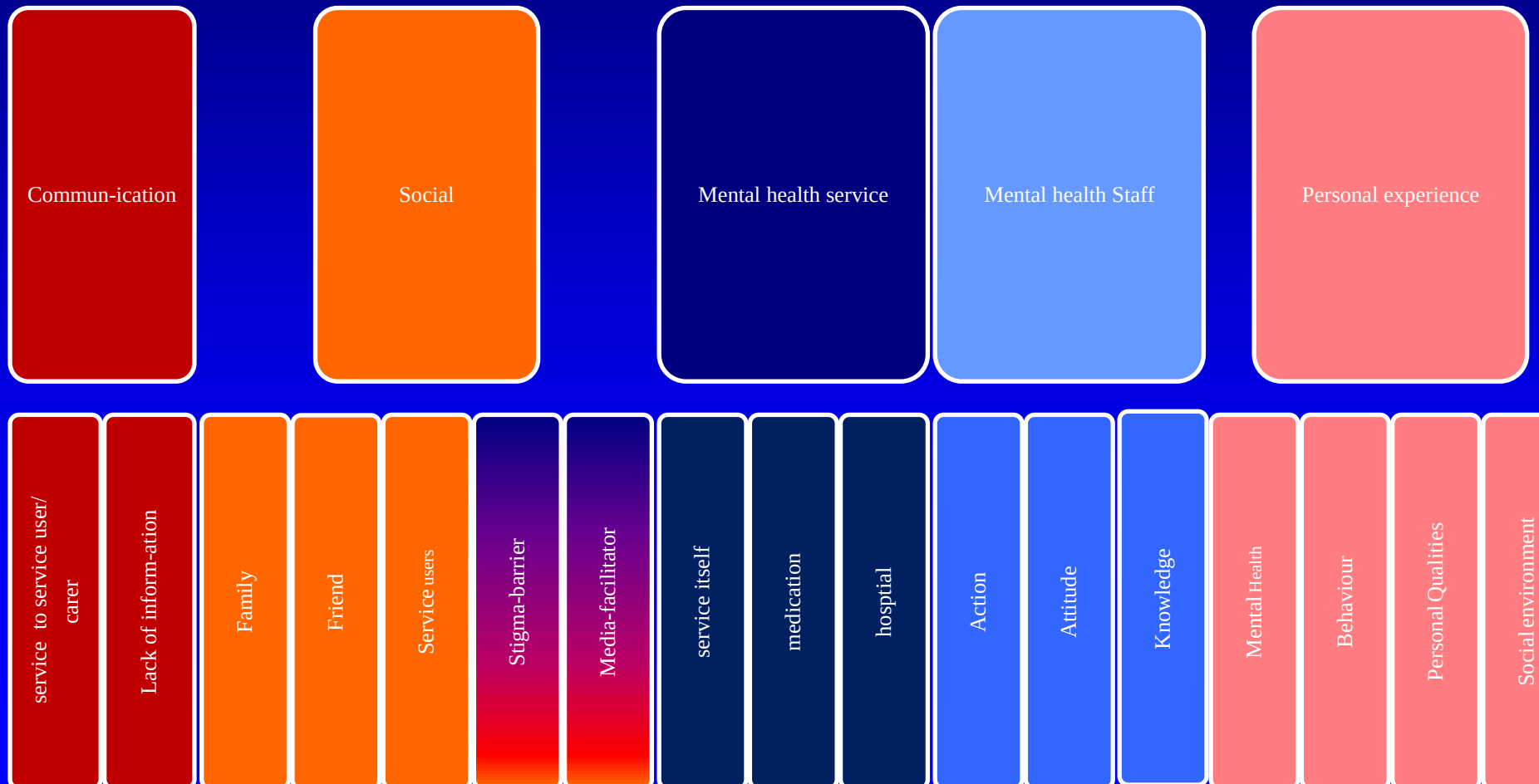
EYE –phase 1 interviews

68 people, 40 qualitative data sets, thematic analysis



The EYE intervention

Barrier and Facilitator themes



EYE – phase 2 – delphi consultation

National EIP leads,
Clinical directors, Service managers
Team leaders, Care co-ordinators
Psychiatrists, Psychologists, Pharmacists N=27

The EYE intervention

Communications
Transparent hopeful communication

Myth busting booklets
Website

Social
Socially inclusive practice
Social support group
Family and friends protocol
Peer workers
Family and FriendsBooklets

Mental Health Service
Open accesible service

EIP/Treatment Protocol
Training

Mental Health staff
Transparent, honest, flexible
Goal-focussed, hope inspiring engagement

Training

Personal qualities
Engagement oriented personal characteristics

Booklets, Website, forum

Processes of Collaboration on running the project

- SURF fed back to consultation process on intervention
- SURF contributed to design of website and booklets, photography sessions, and stories.
- SURF trained staff in Sussex/Kent & made training videos
- SURF developed and fill peer worker roles

Home

Is anyone else like me?

The EYE Project: Engaging Young people Early in mental health and wellbeing for psychosis

Home | Info | Family and Friends | Drugs and alcohol | Your stories | Meet the team | Self help | Get involved

Text size A- A A+ Search GO

Myth busting information about mental health, unusual distressing experiences and early intervention

Are you a young person who is worried that there's something wrong with you? Have you already been referred to or seen someone from a mental health service? Or an early intervention in psychosis service? Want some advice or answers? Then this website is for you. It has been produced with and for young people.

Why bother with this website?

Young people have mental health problems too! Did you know that 1 out of every 10 teenagers will have some sort of early mental health problem and as many as 2-3 people out of 100 will develop psychosis? Imagine thats as many as 3 or 4 people in a college class having one problem or another. This is normal!

This website doesn't make any assumptions about your experiences, where they've come from or what's caused them. Everyone's experiences are different. This website aims to tell you more about some common mental health problems and about mental health services, what they can offer, how they might help and how you might benefit.

Who is this site for and how can it help?

Your stories

Psychosis story one
In the summer after my first year studying film production at

Family and friends

- Advice for friends and family
- Looking after yourself

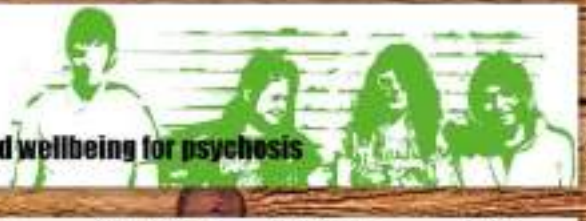
News

Welcome!
Well, it's been an exciting journey, but we've finally launched the EYE project website :-)

Psychosis Videos

Is anyone else like me?

The EYE Project: Engaging Young people Early in mental health and wellbeing for psychosis



Home | Info | Family and Friends | Drugs and alcohol | Your stories | Meet the team | Self help | Get involved

Text size A- A A+ Search... GO

Info

- Who is this site for and how can it help?
- What is a mental illness anyway?
- Talking to someone
- What is Psychosis?
  - Where does psychosis come from?
- Seeking help for psychosis
- What EIP is and what it offers
  - Things to expect, things to ask
  - Treatment options
- Recovery
- Booklets and Posters
- Psychosis Videos
- Radio programmes
- Information pack for schools
- Staff Training Videos

Psychosis is Nothing Like a Badger

Psychosis and Early Intervention

Is anyone else like me?

The EYE Project: Engaging Young people Early in mental health and wellbeing for psychosis

Drugs and alcohol

Telling the difference between drugs and mental illness

Using drugs and alcohol for coping

Are you at risk? - Drugs and Alcohol Questionnaire

Where to go if you think you have a problem with drugs and alcohol

Self Help for Cannabis

Click here to find out about the impact cannabis use can have on your life and mental health. Follow the techniques and watch the video's to help minimise your cannabis use

Topics include:

- Cannabis and Mental Health
- The impact cannabis may have on your life
- Weighing up
- Personal Hazards

Keep your surfing to yourself

The EYE Project is a research project supported by:

Sussex Partnership NHS Foundation Trust, Swandean, Arundel Road, Worthing, West Sussex, BN13 3EP

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Is anyone else like me?

The EYE Project: Engaging Young people Early in mental health and wellbeing for psychosis

Your stories

Psychosis stories
- Psychosis story one
- Psychosis story two
- Psychosis story three
- Psychosis story four
- Psychosis story five

Recovery stories
- Recovery story one
- Recovery story two
- Recovery story three
- Recovery story four
- Recovery story five

Your Forum
- Forum writing tips and disclaimer
- Ask questions, share stories and advice

I started showing signs of psychosis a few years ago, but to me I was only showing signs of being a young person who felt tired, dazed, confused, anxious, upset, depressed. I started to lose sight of who I was and became consumed by a cloud of odd thoughts about myself, others and the world around me. Days started becoming a blur. I felt I was justified to be suspicious of others around me, if I looked hard enough I could see what other people were thinking, planning, plotting. After a while it became easier to see the weird things, but harder to see normality.

I felt all my symptoms were weird pieces of a jigsaw puzzle that I couldn't understand, or work out how to slot into place. They represented how confused I felt. Just finding out that there was such a thing as 'Psychosis' helped my jigsaw puzzle, even more so when I was referred into a service especially for young people like ME who felt/thought/behaved the way I did.

▶ 00:00 00:00

Click here to read this person's recovery story.

Keep your surfing to yourself

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Is anyone else like me?

The EYE Project: Engaging Young people Early in mental health and wellbeing for psychosis

Home | Info | Family and Friends | Drugs and alcohol | Your stories | Meet the team | Self help | Get involved

Text size A- A A+ Search... GO

Meet the Team

- Mental Health Nurses
- Occupational Therapists
- Peer Workers
- Pharmacists
- Psychiatrists
- Psychologists
- Social Workers
- STR workers
- Vocational Specialist
- Contact your local Early Intervention in Psychosis team

Psychiatrists

Psychiatrists are doctors like your GP, who are specialists in mental health. They can prescribe medications and can discuss diagnosis with you. They can also advise on practical things like whether it's OK to drive when you're taking medicines.

Dr Rick Fraser

My role within the EIS is as Consultant Psychiatrist which means I provide medical input for the teams in West Sussex. This includes assessment, thinking about diagnosis, treatment options (including medication) and arranging any investigations like blood tests or scans. I work alongside all the other professionals in the EIS and believe a team approach is extremely important. I have been working in EIS and with young people for over 10 years and am involved in research as well as developing better services for young people with mental health problems.

Keep your surfing to yourself

Is anyone else like me?

The EYE Project: Engaging Young people Early in mental health and wellbeing for psychosis

Self help

Background and access to the Help-Seeking decision aid
Anxiety
Sleep
Stress
Websites and Apps
App Reviews
Books
Talk to someone

The apps described below have all been tested and reviewed by the Hailsham Early Intervention Service App group.

This app claims to offer a practical way to help you feel good and function well in the world. It allows individuals to reflect on there well being, set activities to help improve wellbeing and track your personal progress.

Review: 2/5

Positives

- Links you up with professionals
- Clear information
- Categories focus strongly on wellbeing
- Set quotes

Negatives

- Unappealing design
- Difficult to set a task/activity
- Intrusive
- Not interactive
- A reminder is not enough!

Wellhappy is a free health app for young people aged 12-25 in London. It allows you to search for over a thousand local support services including mental health, sexual health and substance misuse services.

Is anyone else like me?
Supporting young people's well-being and mental health
The EYE Project
Myth Busting Information Booklet
Early Intervention in Psychosis
For Friends and Family of
Supporting Young People's Wellbeing and Mental Health

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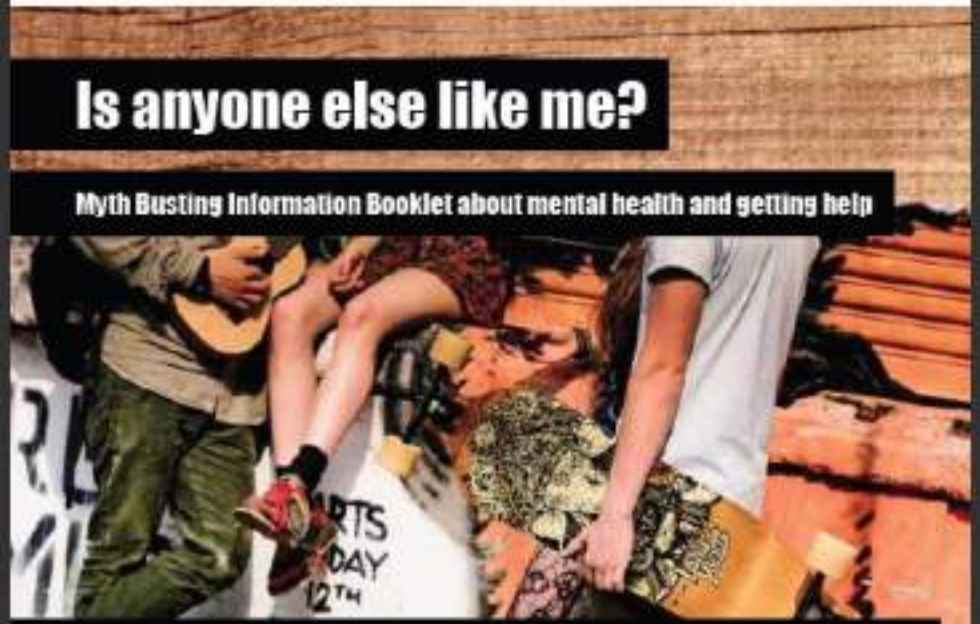
The EYE Project

Supporting Young Peoples Wellbeing and Mental Health



Young people have mental health problems too!

"I think knowing that other young people have it as well, really helps, because a lot of people think 'oh I'm really unusual' and kind of shy away from it. But I think when you do realise how many other people can have the same problem it helps."

Cassie aged 19

"I was hearing voices. I thought there was someone trying to get me out of the house. I thought I heard my neighbours walking past and I thought they were talking about me. Then they went round the corner and I could still hear them. I looked out and I thought I saw some guy in like a van trying to contact me and I thought well that's my next door neighbour or whatever cos I've seen him going in the house once. I went outside, just to check, and like a leaf fell from the tree and I thought I heard the leaf like saying something."

Ben aged 20

Myth buster 1: Young People have mental health problems too! Did you know that 1 out of every 10 teenagers will have some sort of early mental health problem and as many as 2-3 people out of 100 will develop psychosis? Imagine, that's as many as 3-4 people in a college class having one problem or another. This is normal!

You can share your experiences and hear other people's stories on the EYE 'your stories' page and forum: www.isanyoneelselikeme.org.uk

" They judge everyone and give them a diagnosis "

Myth buster 4 - More people don't have psychosis than do. An assessment doesn't mean a diagnosis!

More people who are seen by EIP don't have psychosis than do. But if you're told you have psychosis, don't panic!

You may have heard about people with psychosis on TV, in newspapers or in books. Some of what you read is true but a lot of it isn't! TV's and newspapers like to tell a good story, but in reality everybody's experience is different.

People can experience psychosis symptoms for lots of different reasons, like when you don't get sleep for a long time, take drugs, have epilepsy, or have a lot of stress or trauma.

Psychosis is a word that describes your experiences. It's not a diagnosis. It doesn't mean that you are dangerous or a psychopath.

" Now I have the language to describe it in a way that, not many people necessarily get, but at least it sounds sane you know. At least it doesn't make me sound like a mad man."

Ali aged 20

Sometimes a diagnosis is helpful, as it can help you and others understand more about what's going on. It can also help to get benefits and support so that you can do what you want to do in life, in your own time.

Specific diagnoses like Schizophrenia, Schizo-affective disorder, Bipolar disorder, Delusional Disorder, or Drug-Induced Psychosis, all include unusual distressing (psychosis) experiences. They just describe slightly different experiences, like how much your experiences affect your emotions (happiness and sadness), the types of unusual experiences you have, how long they last and how much they affect your life overall.

Sometimes a diagnosis is not helpful. Often this is linked to stigma again! You can discuss with your EIP team whether a diagnosis will be helpful for you or not.

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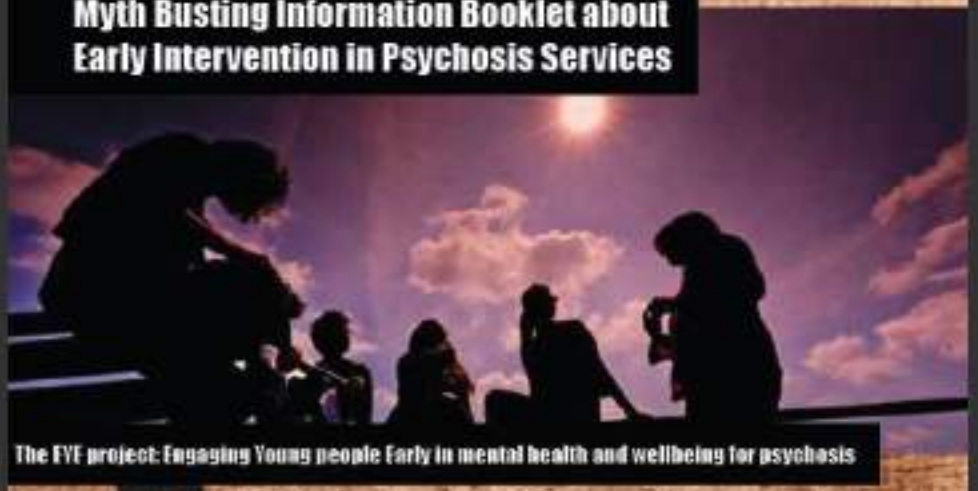
Supporting Young Peoples Wellbeing and Mental Health

Is anyone else like me?

Myth Busting Information Booklet about Early Intervention in Psychosis Services



The EYE project: Engaging Young people Early in mental health and wellbeing for psychosis

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What are EIP services? - 'It's what you do next that counts'

EIP stands for Early Intervention in Psychosis.

You might think the word psychosis is a bit unsettling and maybe it's putting you off reading anymore? Unfortunately, this may well be because of stigma! We can blame some of that on the media but we can feed into it too. What do you imagine when you think of psychosis? Would you be surprised to know that half of the people pictured in this booklet have psychosis?

Psychosis is not a diagnosis, it's just a description of a set of experiences. They include things like being paranoid, thinking someone's following you or out to get you, having other strange or upsetting thoughts or indeed real experience of hearing, seeing, feeling, smelling, and tasting things that other people don't. It can be scary at the time, but you can get over it, have a life, a good job, a relationship and a family. Even psychosis is quite common. Some people think that psychosis is just an extension of anxieties that we all have.

Different people respond to it differently though and some people struggle more and have a harder time and more long term problems. It's what you do next that counts!

If you think you have psychosis, or someone has suggested this to you, choosing to work with early intervention services is a first step to doing the best you can for yourself. EIP services try to meet and support young people with psychosis as quickly as possible so that they have the best and fastest recovery that they can. Your decisions are important here and they matter.

Is anyone else like me?

Supporting young people's well-being and mental health

The EYE Project

Myth Busting Information Booklet
For Friends and Family of young people with psychosis

The EYE project: Engaging Young people Early in mental health and wellbeing for psychosis

What is psychosis?

There are two main phases of psychosis. In the acute phase, your friend or relative might experience paranoia, hearing and seeing things and jumbled thoughts, but then they begin to recover. In the recovery phase, your friend or relative might have similar beliefs and experiences but they may be less upsetting and affect them less.

Psychosis includes things like:

- Paranoia, thinking someone's laughing at you, talking about you, following you or out to get you, thinking that things on the TV, radio or in newspapers relate to you, believing you or others are famous people or imposters, having other strange upsetting thoughts
- Having what seem like real experiences of hearing, seeing, feeling, smelling, and tasting things that other people don't
- Having confused thinking and sometimes jumbled speech too, so that what you say goes off topic, includes odd words and is hard for other people to understand.

It can be scary at the time, but your friend or relative can get over it, have a life, a good job, a relationship and a family.

In the recovery phase, they may also:

- Lose motivation, energy and interest in things. They may spend a lot of time sleeping or not really doing anything. They may lose interest in their appearance, stop washing, cooking or looking after themselves. They may struggle or not want to do things that they used to do like working, going to college, seeing friends or family and may seem withdrawn or quiet.
- Feel flat, depressed, empty or just not like they used to be. They may be worried about things getting worse again and feel trapped, embarrassed or a failure because of psychosis.
- They may have ongoing problems with thinking, planning, organising and remembering things.

This stage can be difficult because you want to see your friend or relative like they used to be, doing the things they used to do, but recovery takes time. It may take weeks, months or even longer. Some people will take a different path in life following psychosis, and never go back to things they were doing previously at all.

What you do as a friend or relative is really important here.

See the section on what you can do to help for more advice and guidance. You can also get advice from other friends and relatives, read their stories or provide your own on our website: www.isanyoneelselikeme.org.uk

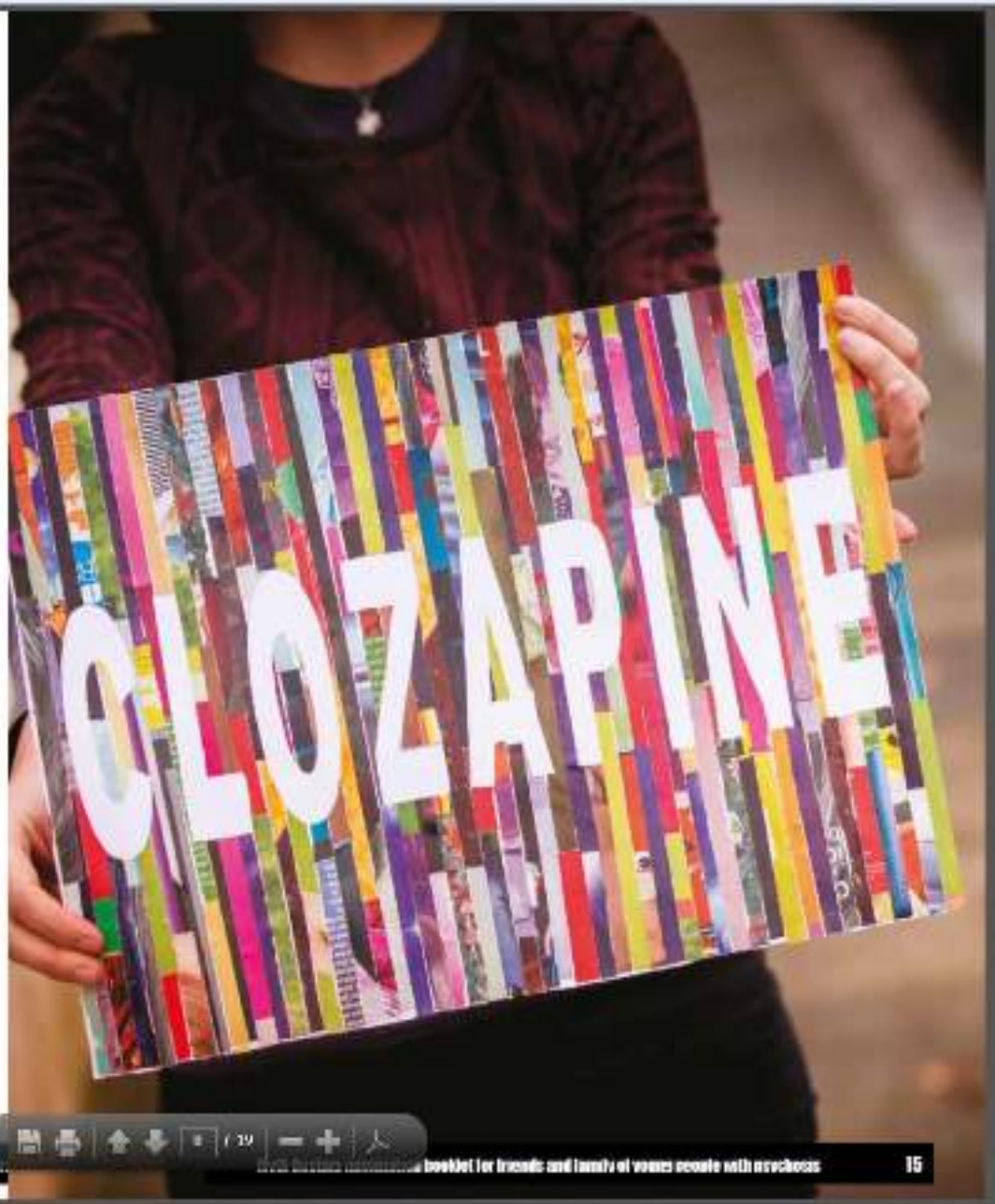
Challenges you may face

Medication - My friend or relative doesn't want to take medication or I'm not sure if it's a good idea.

This is quite a common problem. Medications do help with psychosis symptoms but they have side effects too. On top of that, your friend or relative may not want to take medication because the experiences they have are real to them and they won't necessarily view them all as part of psychosis.

It is worth encouraging your friend or relative to try medication. You might want to encourage them to try it for at least a few months (as it can take this long to work) and possibly to try a second medication if the first doesn't work (as it may take a little while to get the right medication) or try taking it at a different time of day, e.g. at night rather than in the morning, if it makes them feel tired.

Once they have given medication a good try, they can think, with you, and their clinical team, about which medications and treatments are right for them. Generally, the final decision about medications or treatments is for your friend or relative and their mental health team.



Do:

Support your friend or relative to choose and use the interventions that are on offer.

You could talk to them about their options, linking this to what's important to them and what they want to achieve. You could even come with them to a session where they discuss treatments and goals. There are a number of recommended interventions for psychosis. These include:

- **Medications** that help with unusual and distressing experiences, moods like depression and anxiety, and with keeping your mood stable
- Talking therapies such as **Cognitive Behaviour Therapy (CBT)** which can help young people to understand their experiences, thoughts and behaviours so that they can improve things for themselves
- **Family interventions (FI)** which help the whole family to understand what's been happening, to solve problems, deal with difficult emotions and reduce stress and tension which will also reduce the risk of relapse for the young person
- **Vocational or Occupational support** which can help young people to get back to work or education
- **Cognitive remediation therapy** which is a new therapy that helps people to deal with problems with memory and thinking skills that affect daily life
- Lots of other therapies and approaches that may also be helpful with stress, general well-being and physical health, like exercise, yoga, art, drama, music and relaxation.

You can find out more about treatments in our information booklet on 'treatment choices' and on our website: www.isanyoneelselikeme.org.uk

Have a crisis plan in place

When your friend or relative is well, you can discuss with them, the sorts of things that may be helpful for them if they become less well again. This can include things that they, you and mental health services can do to support them in a way that works best for them.

Ask if you can input to and have information about your friend or relative's care plan.

You may have useful information which will help other people to understand your friend or relative's difficulties, how they cope and early signs that they are struggling. Your friend or relative may not be very good at recognising their problems themselves. Also, if you have more information, you will be better able to support your friend or relative.

Is anyone else like me?

Supporting Young People's Wellbeing and Mental Health

The EYE Project

Myth Busting Information Booklet
about Treatment Choices for unusual distressing experiences and psychosis

The EYE project: Engaging Young people Early in mental health and wellbeing for psychosis

Sussex Partnership NHS
NHS Foundation Trust

Early intervention Services

A good Early Intervention service focuses on all aspects of your health and mental health.

Remember more thumbs up signs just means that more people have done research that shows that this approach works.

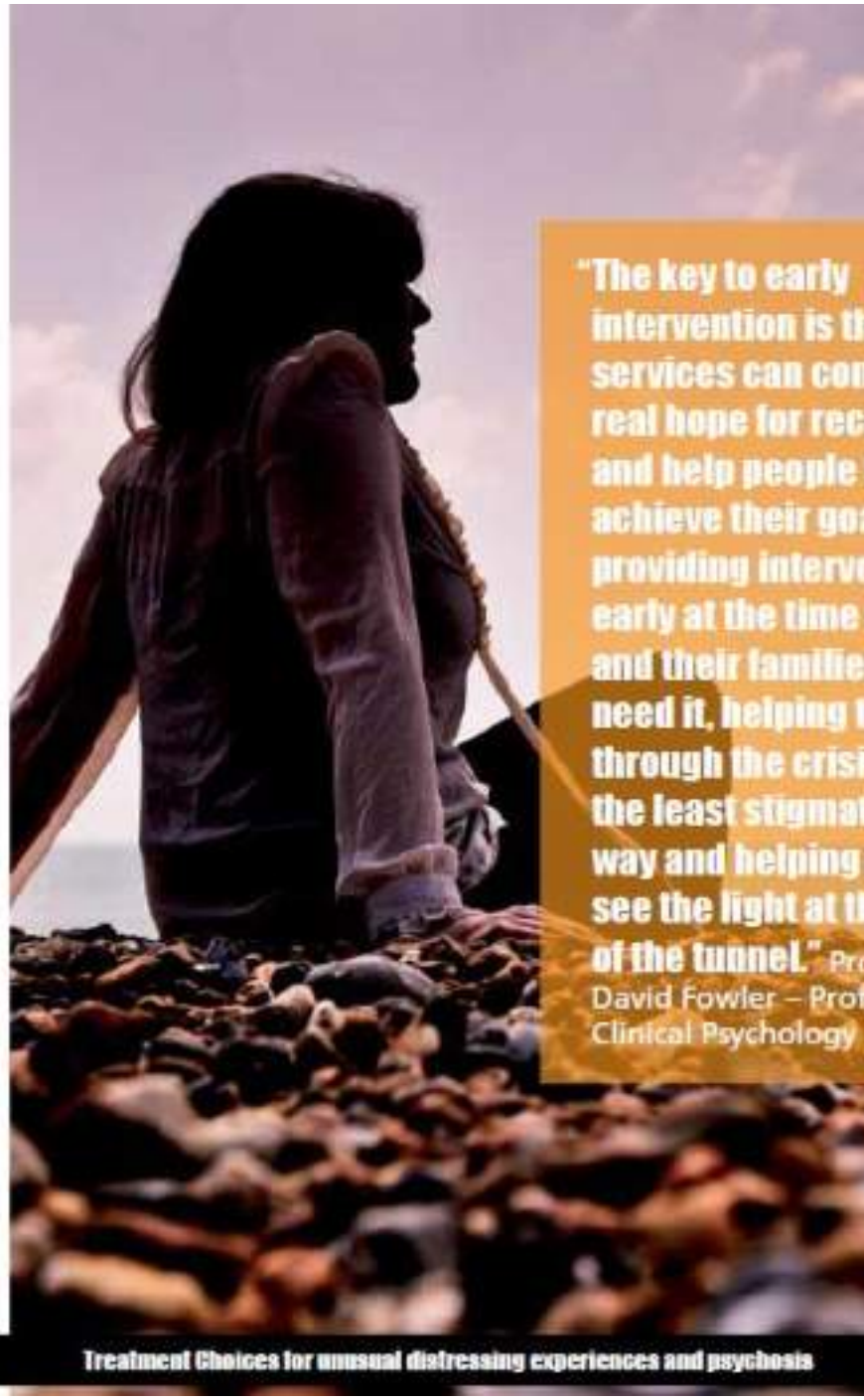
What is it?

Unusual and distressing experiences (e.g. paranoia, fear that people are out to get you, hearing or seeing things that other people don't) tend to start when you're in your teens or early 20's, although for some people it can be later… in your 30's or older.

Evidence suggests that what you do and the support you receive in the critical first months and years with these experiences is especially important. The sooner you get support for unusual and distressing experiences the more likely you are to recover and get on with your life. Early intervention services are made up of health workers from a range of different backgrounds, who work with you when you first have unusual and distressing experiences, to try to reduce the impact of these experiences, and help you get back to the things that are important to you.

What does it aim to do?

An early intervention service aims to do two main things. Firstly, it aims to work closely with schools, colleges, young people's services, GPs and other services to help you to get help



Cognitive Behavioural Therapy

The main focus of this treatment is on psychological factors.

Remember more thumbs up signs just means that more people have done research that shows that this approach does work.

What is it?

Cognitive Behavioural Therapy (CBT) is one of the 'talking therapies'. Cognitive relates to what you think, and behaviour relates to what you do. By meeting on your own with a CBT Therapist to talk about things that are bothering you, you will learn about the links between your thoughts and your behaviours, how you came to think and do things the way you do, and how that affects how you feel.

The amount of therapy meetings you have will depend on what is helpful to you, but a guide would be around 16 weekly or fortnightly meetings of about an hour. Some newer CBT approaches are shorter and focus on specific issues like sleep, worry, self-confidence, thinking, drug and alcohol use, or trauma (see below). CBT doesn't involve lying down on a couch!!

Often you will meet at an NHS base but sometimes you can also meet somewhere that suits you, like your house, a café or even in a park or on the beach!

What does it aim to do?

CBT deals with thoughts, feelings and behaviour. CBT tries to support you to feel less upset, afraid or bothered by your thoughts and experiences and more able to get on and do the things you want to in life. It does this by helping you to understand how you came to have these thoughts, experiences or things that bother you and possibly to change how you think about and deal with things. Sometimes, you can think about things in ways that end up making you more upset, worried or frightened, so that you end up doing things (or avoid doing things!) that make the situation worse. CBT helps you to see that there are different ways of thinking about the same situation and that having a new perspective may be helpful! Thinking and doing things differently can make you feel better.

CBT tries to give you more helpful ways of thinking about things and reacting to them so that you're less bothered, upset, worried or frightened. The idea is that then you practice thinking or doing things differently in your day-to-day life. CBT involves working together with your therapist. You decide what main problems you want to work on and discuss them in meetings.

Does it work?

There has been a lot of good quality research about how helpful CBT is for unusual, distressing experiences. All of the research, apart from one study, looks at whether CBT is helpful for people who are already taking medicines. There is clear evidence from lots of different groups of studies (meta-analyses) that CBT helps with unusual distressing experiences. The effect of CBT overall is small-medium. This might be because in most studies people are already taking medicines, and also because lots of different types of CBT for lots of different problems are all being compared together.

Diet

The main focus of this treatment is on biological and physical factors.

Remember, a sideways thumb just means not enough people have done research yet to show whether this works. More thumbs up signs means that more people have done research that shows that this approach does work.

What is it?

There has been some interest in the role of diet and food supplements to help when people are having distressing and unusual experiences. Two food supplements that have been considered are fish oils (unsaturated fatty acids) and vitamin D.

What does it aim to do?

There is a little bit of evidence to suggest that unusual distressing experiences may be linked to changes in the way our nerve cells are built and how they work. The way these cells are built and work is linked to the 'building blocks' (essential fatty acids) that they're made from, and possibly to one particular 'building block' – the essential fatty acid in fish oils.

It is thought that by having a much higher level of these fish oils in the body, nerve cells might work and function better, leading to fewer unusual distressing experiences. It is unclear at the moment how vitamin D might have an impact on unusual and distressing experiences.

Does it work?

There are a few small studies suggesting that fish oils (i take the right amount!) may possibly help to reduce un distressing experiences and make it easier to do things l work and socialise, when taken alongside usual medicin It has been suggested that taking fish oil, alongside usu medicines may improve the effect of the medicine, so that lower doses are needed.

There is also one well-designed study that has shown dr in mild, unusual distressing experiences, in people at ris developing psychosis. The suggested dose of fish oil can from 700mg to 4 grams a day. People with unusual distr experiences appear to have lower levels of vitamin D th general population, but there is no evidence to date tha taking a vitamin D supplement is helpful.

But wait... remember a good diet helps you with weight, health and well-being.

There's not a lot of evidence currently for the impact of unusual and distressing experiences, BUT there's absolut of evidence that eating a balanced and healthy diet is r good for your weight, health and well-being in general

Also, if you're taking medicines that have weight-gain a side-effect (especially Olanzapine but some of the other you might put on weight very quickly, within a few wee Eating healthily, right from the start, may prevent you p on weight while you're taking these medicines. A good d that includes lots of vegetables and fruit, protein (e.g. fi beans and nuts), fibre and carbohydrates (e.g. rice, pasta bread, potatoes) and not too much fat, sugar or take-aw

Quetiapine

There is a lot of money available for research on medications, some of it from pharmaceutical companies and some from independent researchers who are not sponsored by pharmaceutical companies, so there is a lot of research into medications. Remember, more thumbs up signs just means that more people have done research that shows that this approach does work.

What is it?

Quetiapine is a medicine that's licensed for over 18's. It's available in tablets. The normal daily dose is between 300-450mg but the maximum dose is up to 750-800mg.

What does it aim to do?

Quetiapine can reduce symptoms such as unusual and distressing thoughts and experiences (hearing and seeing things or having strong upsetting beliefs). It may also treat depression symptoms.

What are the side effects of Quetiapine?

In adults, very common side effects are tiredness, dizziness and headaches, having a dry mouth, weight gain and changes in metabolism (cholesterol and fat). Although, it is less likely to cause weight problems than Olanzapine. High blood pressure is also common in younger people. Muscle weakness, constipation, indigestion, and having a fast heartbeat are also common.

Less common side effects (between 1 in 10 and 1 in 100 people) include low blood pressure and fainting, feeling sick, blurred vision, shortness of breath, swollen hands and feet, movement changes, strange dreams and nightmares, fever, speech difficulties, and very occasionally increased suicidal thoughts. Young people unusually, may get annoyed easily. Many side effects are related to the amount of Quetiapine you take, so they are very mild with low doses, and stop if Quetiapine is stopped.

How can I get this treatment?

Quetiapine can only be prescribed by your GP or mental health team. You can't buy it over the counter.

"Quetiapine's not too bad. I was nervous at first and unsure of the effect it would have on my body but I've been on it a long time now. It helped me sleep at the beginning, but not so much now. I have found my mouth gets dry on it and it sometimes makes my legs feel funny but it does help keep my brain balanced."
Jan – Service User aged 21

"Quetiapine made me so sleepy I couldn't function."
John – Service User aged 27

"Quetiapine is a jack of all trades medication, effective for Anxiety, Mood Disorders and Psychosis. It can help you sleep and has a calming effect. It helps with a broad range of problems" Steve Hadder – Early Intervention Care Co-ordinator

"Amisulpride has been available for some time and recent comparisons of all studies available have indicated that it appears to work slightly better than many other available antipsychotics. It is sometimes used in combination with other medicines like clozapine to boost their effect. It is one of the group of medicines that is more likely to affect hormone levels."

Dr Richard Whale – Consultant Psychiatrist

Is Anyone Else Like Me?

Supporting young people's wellbeing and mental health

The EYE Project Engaging Young people Early in mental health and wellbeing for psychosis

Would you like to see a **Peer Worker??**

Get 1 to 1 advice and support from someone with Lived experience of psychosis

Flexible, friendly and confidential drop-in and bookable service for all those in their first year of using EI services

Speak to your care coordinator for more details or to book a meeting

Link to brief section of training video

Processes of Collaboration on dissemination and more…

- Snowball effect
- SURF youth open day
- SURF member makes EIP video
- SURF members lead on Apps group in service
- SURF present what they've done at conferences

EYE Open Day

- We planned and held a social educational event in the YPC in Dec 2011
- We mixed education about psychosis through speakers and stalls with raffles, food and art work
- Instead of a Xmas tree, a SURF member built this tree of knowledge for people to hang their thoughts on as gifts for for others.

A teaching trust of Brighton and Sussex Medical School

Sussex Partnership NHS
NHS Foundation Trust

It's Appening!

East Sussex Early Intervention Service Apps Group

Is anyone else like me?

The EVE Project: Engaging Young people Early in mental health and wellbeing for psychosis

Self help

- Background and access to the Help Seeking decision aid
- Anxiety
- Sleep
- Stress
- Websites and Apps
- App Reviews
- Books
- Talk to someone

This Apps described below have all been tested and reviewed by the Horsham Early Intervention Service App group.

This app claims to offer a practical way to help you feel good and function well in the world. It allows individuals to reflect on there well being, set activities to help improve wellbeing and track your personal progress.

Review: 2/5

Positives

- Links you up with professionals
- Clear information
- Categories focus strongly on wellbeing
- Set goals

Negatives

- Unappealing design
- Difficult to set a basic activity
- Intrusive
- Not interactive
- A reminder is not enough!

Wellhappy is a free health app for young people aged 12-25 in London. It allows you to search for over a thousand local support services including mental health, sexual health and substance misuse services.

Review: 2/5

Positives

- Android and iOS

Drop Out at 12 months

Cohort	Engaged	Not Engaged
Pre	143	45
Post	94	16

Drop Out at 12 months

Cohort	Engaged	Not Engaged
Pre	143	45
Post	94	16

Reduction in drop out from 24% to 14.5%

Number needed to treat to prevent 1 drop out

- Number needed to treat = 11

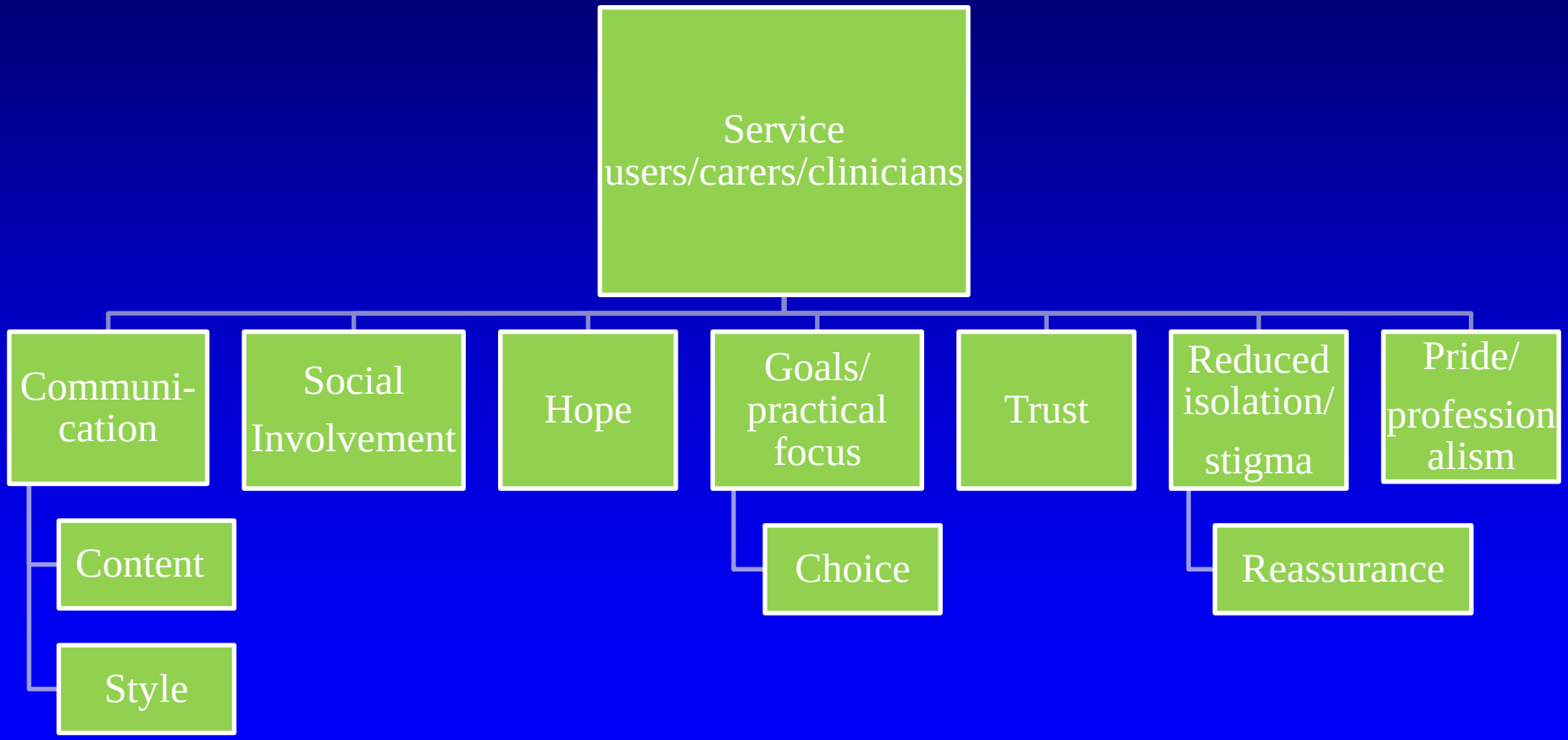
Number needed to treat to prevent 1 drop out

- Number needed to treat = 11

Relationship between engagement and access to materials

The more EYE communication approaches used (booklets and website) to engage participants (n = 75), the more likely they were to be engaged 12 months later (p = .014).

The qualitative part



Conclusions:

- Results encouraging for EYE intervention reducing drop out at 12 months, as well as affecting recovery

- Lots of involvement in research

  - **Pre-post cohort not RCT**
  - **Lots of service change**
  - **Aim of study = feasibility/pilot**

Thank you

SPRiG

Sussex Psychosis Research interest Group

www.sussex.ac.uk/spriglab