Quality Standards for Early Intervention in Psychosis Services (Second Edition)

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Artwork displayed on the front cover of this report, courtesy of the Quality Network for Forensic Mental Health Services:

'Sophia'

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Introduction

The Early intervention in Psychosis Network (EIPN) was established in 2015 to support in the quality improvement of early intervention in psychosis teams in the UK and Ireland and is one of around 28 networks within the College Centre for Quality Improvement (CCQI) within the Royal College of Psychiatrists.

These standards have been developed from key documents and expert consensus and have been subject to consultation with professional groups involved in the provision of early intervention and with people who have used these services and their carers.

The standards have been developed for the purposes of review and accreditation as part of the Early Intervention in Psychosis Network, however, they can also be used as a guide for new or developing services.

Categorisation of standards

To support their use in the accreditation process, each standard has been categorised as follows:

- **Type 1:** failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment;
- **Type 2:** standards that an accredited team would be expected to meet;
- **Type 3:** standards that are aspirational, or standards that are not the direct responsibility of the team.

The full set of standards is aspirational, and it is unlikely that any team would meet them all. To achieve accreditation, a team must meet 100% of type 1 standards, 80% of type 2 standards and 60% of type 3 standards.

Terms used in this document

People who use early intervention in psychosis services are referred to as 'patients' and their friends, family and loved ones are referred to as 'carers'.

Quality Standards for Early Intervention in Psychosis Services

SECTION 1: ACCESS, REFERRAL AND ASSESSMENT			
Number	**Type**	**Standard**	**Reference**
Accessing the service			
1	1	The service provides information about how to make a referral and waiting times for assessment and treatment. *Guidance: This includes clear referral criteria and any exclusions.*	1
2	2	The team is able to triage direct referrals from people and/or their family/carer and other agencies for those with suspected first episode psychosis (FEP).	5
3	2	Where referrals are made through a single point of access, these are passed on to the EIP team within one working day unless it is an emergency referral, which should be passed across immediately.	1
4	1	A clinical member of staff is available to discuss emergency referrals during working hours.	1
5	1	The service does not exclude people with suspected psychosis based on their social background, duration of untreated psychosis, history of self-harm, substance use, offending history, learning disability, neurodevelopmental problems, or co-morbid mental health problems (including trauma-related disorders).	3, 5
The initial assessment			
6	1	Patients assessed as experiencing first episode psychosis (FEP) or an at-risk mental state (ARMS) are allocated to, and engaged with, an Early Intervention in Psychosis (EIP) care coordinator within two weeks of receipt of referral. *Guidance: For some patients, where symptoms are suggestive of possible psychosis, an extended assessment (usually for four to six months) may be beneficial to clarify whether they meet the criteria for FEP or ARMS, or neither of these.*	1, 2
7	1	For planned assessments, the team communicates information in advance to patients that include: • The name and designation of the professional they will see; • An explanation of the assessment process; • Information on who can accompany them; • How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there; • Wherever possible, patients are provided with choice for their assessment and appointments, as appropriate. *Guidance: This includes choice of time, day, and venue, gender of staff or access in another language.*	1

8	1	Patients have a comprehensive evidence-based assessment which includes their: • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development; • Risk, including risk of suicide. *Guidance: This includes consideration of co-morbid conditions, alcohol and substance use and prior trauma.*	1, 3
9	1	A physical health review takes place as part of the initial assessment, or as soon as possible.	1
10	1	Patients are assessed for prior trauma and its impact (e.g. PTSD) using validated assessment tools.	3, 4
11	2	The initial assessment includes an exploration of practical problems of daily living. *Guidance: This includes consideration of the patient's ability to self-care, motivation and engagement in leisure and vocational activities, situational, physical and environmental inhibitors, communication needs, and a comparison of their current lifestyle to the past and the future.*	3
12	1	Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment are performed in accordance with current legislation.	1
13	1	Patients have a documented risk assessment and management plan which is co-produced and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers: • Risk to self; • Risk to others; • Risk from others.	1
14	1	The team records which patients are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary.	1, 3
15	2	The service sends a letter detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment. *Guidance: Where a team does not work with the full age spectrum of 14-65, anyone eligible for EIP is supported to access an alternative service which meets their needs.*	1, 2
Following up patients who do not attend appointments			
16	1	If a patient does not attend for an assessment/appointment, the assessor contacts the referrer. *Guidance: If the patient is likely to be considered a risk to themselves or others, the team contacts the referrer immediately to discuss a risk action plan.*	1

17	1	The team follows up patients who have not attended an appointment/assessment. If patients are unable to be engaged, a decision is made by the assessor/team, based on patient need and risk, as to how long to continue to follow up the patient. *Guidance: Assertive outreach principles are applied when appropriate. This includes persistence and minimising discharge due to disengagement, taking a persistent and flexible approach to working with patients and their family, friends or carers, and focusing on building positive therapeutic relationships.*	1, 2
18	2	Where patients are reluctant to engage with assessment or treatment, the service offers information and guidance to the referrer and the patient's family, friends or carers, with consideration of confidentiality.	2

SECTION 2: CARE AND INTERVENTION			
Number	**Type**	**Standard**	**Reference**
Reviews and care planning			
19	1	Patients know who is co-ordinating their care and how to contact them if they have any questions.	1
20	1	The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews. *Guidance: Referrals that the team feels do not require discussion can be allocated before the meeting. There is capacity to hold additional, more frequent meetings to discuss any urgent referrals, incidents, and reviews of high-risk patients when needed.*	1
21	1	Every patient has a written care/recovery plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care/recovery plan and they are offered a copy. *Guidance: The care plan clearly outlines:* • *Agreed intervention strategies for physical and mental health;* • *Measurable goals and outcomes;* • *Strategies for self-management e.g. relapse prevention/staying well plan;* • *Any advance directives or statements that the patient has made;* • *Crisis and contingency plans;* • *Review dates and discharge framework.*	1
22	1	Patients have a documented diagnosis and a clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.	1, 3
23	1	The team uses the Care Programme Approach (CPA) framework (or equivalent) when necessary for the needs of the patient.	3
24	2	Staff members review patients' progress against patient-defined goals in collaboration with the patient during clinical review meetings and at discharge.	1
Therapies and interventions are appropriate for patients' needs			
25	1	Patients with first episode psychosis are offered a course of Cognitive Behavioural Therapy for Psychosis (CBTp).	2
26	1	Patients with an At-Risk Mental State for psychosis (ARMS) are offered individual Cognitive Behavioural Therapy.	2
27	2	If trauma and its impact (e.g. PTSD) have been identified, a course of appropriate evidence-based interventions is offered to address this. *Guidance: This might include trauma-focussed CBT, Narrative Exposure Therapy, or EMDR.*	4

28	1	Patients with first episode psychosis and their families are offered family interventions.	2
29	2	Patients with coexisting mental health problems are offered NICE-recommended interventions.	2
30	1	The team supports patients to undertake structured activities such as work, education and volunteering. *Guidance: For patients who wish to find or return to work, this could include supporting them to access pre-vocational training or employment programmes.*	1, 2
31	1	The team supports patients to undertake activities to support them to build their social and community networks.	1, 2
32	1	The service offers an optimum treatment package of three years, with consideration of individual patient need. *Guidance: If the service works with children and young people between the ages of 14-18 with first episode psychosis, they are able to support them for at least the duration of the full three years, avoiding premature transitioning to alternative services.*	2, 3
Medication			
33	1	Patients with first episode psychosis are offered antipsychotic medication. *Guidance: First time prescribing of antipsychotic medication should be by, or in consultation with, an EI specialist. Patients with an at-risk mental state (ARMS) should not be prescribed antipsychotic medication to delay or prevent onset of psychosis.*	2, 3
34	1	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded. *Guidance: For patient's prescribed depot medication this includes the attitude of the patient towards this method of administration and documentation of agreed procedures in place for administration.*	1, 3
35	1	Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. *Guidance: Side effect monitoring tools can be used to support reviews.*	1, 3
36	1	If the patient's illness does not respond to an adequate trial of two different antipsychotic medicines given sequentially, they are offered clozapine.	2

37	1	Patients are not prescribed more than one antipsychotic drug concurrently; if they are, a rationale is recorded for this. *Guidance: Exceptions include a short period of overlap while changing medication or because clozapine is co-prescribed with a second antipsychotic.*	3
38	1	For patients who are taking antipsychotic medication, the team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.	1, 2, 3
39	1	Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at six weeks, at three months and then annually (or every six months for young people) unless a physical health abnormality arises.	1, 2, 3
40	1	Dosages of antipsychotic drugs do not exceed British National Formulary (BNF) recommended doses. If they do, a rationale is recorded for this. *Guidance: For FEP, best practice guidance (e.g. Maudsley Prescribing Guidelines) for prescribing is used, noting that the doses of antipsychotics known to be effective in first episode are generally lower than those that are needed in patients who have had multiple episodes of psychosis.*	3
41	2	Patients, carers and prescribers can contact a specialised pharmacist to discuss medications.	1, 2
Physical healthcare			
42	1	Patients are offered personalised healthy lifestyle interventions, including and where indicated, pharmacological interventions in line with the Lester tool recommendations. Such interventions may include advice on healthy eating, physical activity, sexual and reproductive health, and access to smoking cessation services in collaboration with primary care. This is documented in the patient's care plan.	1
43	1	Staff members arrange for patients to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the patient's care plan.	2, 5
44	2	Copies of the physical healthcare monitoring results are recorded on the patient's record and sent to the GP.	2
45	1	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency.	5, 6

SECTION 3: JOINT WORKING AND TRANSFER OF CARE			
Number	**Type**	**Standard**	**Reference**
Interface with other services			
46	1	Patients can access help from mental health services 24 hours a day, seven days a week. *Guidance: Out of hours, this may involve crisis/home treatment teams, psychiatric liaison teams and telephone helplines.*	1
47	2	There are written care pathways which have been locally developed and agreed, that ensure continuity of care between the EIP service and other physical and mental health services. *Guidance: This includes interactions with primary care, substance use services, child and adolescent teams and other community mental health services.*	2, 5
48	2	There is regular communication between the early intervention in psychosis service, Child and Adolescent Mental Health Services (CAMHS) and the primary care team to: • Discuss patients with shared care arrangements; • Discuss patients where CAMHS or primary care have concerns about possible psychosis.	2
49	1	Patients with drug and alcohol problems have access to specialist help, e.g. drug and alcohol services, in accordance with NICE guidelines.	5, 6
50	2	Where patients have a primary psychotic disorder but are referred to other specialist services (e.g. substance use), the early intervention in psychosis service continues to have overall responsibility for the patient. *Guidance: An exception may exist for postpartum psychosis where a perinatal mental health service exists.*	2, 6
51	1	The service has a care pathway for the care of patients in the perinatal period (pregnancy and 12 months post-partum) that includes: • Assessment; • Care and treatment (particularly relating to prescribing psychotropic medication); • Referral to a specialist perinatal team/unit unless there is a specific reason not to do so.	1
52	1	The team supports patients to access: • Housing support; • Support with finances, benefits and debt management; • Social services.	1
53	2	Where patients are in education, the service liaises with the patient's school, education and support services/local authority, with the patient's consent, to support them to continue their education.	7

54	2	The service provides training to other professionals and agencies (e.g. teachers, youth workers, police and criminal justice services) that may come into contact with people with early stage presentations of psychosis about at-risk mental states (ARMS), signs and symptoms of illness and how to refer to the service.	2, 3, 7
Discharge and transfer of care			
55	1	A discharge letter is sent to the patient and all relevant parties within 10 working days of discharge. The letter includes the plan for: • On-going care in the community/aftercare arrangements; • Crisis and contingency arrangements including details of who to contact; Medication, including monitoring arrangements; • Details of when, where and who will follow up with the patient as appropriate.	1
56	1	The team makes sure that patients who are discharged from hospital are followed up within three days.	1
57	2	When a patient is admitted to hospital, early intervention (EI) staff continue to work actively with the patient in the inpatient setting. An EI service representative attends and contributes to care planning, ward rounds and discharge planning.	5
58	1	When patients are transferred between community services there is a handover which ensures that the new team have an up-to-date care plan and risk assessment.	1
59	3	When patients are transferred between community services there is a meeting in which members of the two teams meet with the patient and their family, friends or carers to discuss transfer of care.	5
60	2	The team provides support to patients when their care is being transferred to another community mental health team, or back to the care of their GP.	1
61	2	People who transition between child and adolescent, early intervention and adult community teams are provided with a transition pack which contains information on: • The roles of adult mental health staff (for example general adult psychiatrist, community psychiatric nurse); • Who to contact if there is a problem.	5
62	2	There are agreements with other agencies for patients to re-access the service if needed, without following the initial referral pathway. *Guidance: There may be exceptions where patients require a generic assessment and it may be appropriate to follow the initial referral pathway.*	5

SECTION 4: PATIENT AND CARER EXPERIENCE			
Number	**Type**	**Standard**	**Reference**
Treating patients with compassion, dignity and respect			
63	1	Staff members treat patients and carers with compassion, dignity and respect. *Guidance: This includes respect of a person's age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.*	1
64	1	Patients feel listened to and understood by staff members.	1
65	1	Patients feel welcomed by staff members when attending appointments. *Guidance: Staff members introduce themselves to patients and address them using the name and pronouns they prefer.*	1
Patient involvement			
66	1	Patients are actively involved in shared decision-making about their mental and physical health care, treatment and discharge planning and supported in self-management.	1, 3, 7
67	2	Appropriately experienced patient or carer representatives are involved in the interview process for recruiting staff members.	1
68	2	Appropriately trained and experienced patient representatives are involved in devising and delivering training to staff.	1
69	1	The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service.	1
70	2	Services are developed in partnership with appropriately experienced patients and carers who have an active role in decision making.	1
Support and engagement for carers, family and friends			
71	1	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning.	1, 3, 7
72	2	Carers are offered individual time with staff members to discuss concerns and their own needs.	1, 3, 7
73	1	Carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency. *Guidance: This advice is offered at the time of the patient's initial assessment, or at the first opportunity.*	1, 3, 7

74	1	Carers of patients with first episode psychosis are offered a carer-focused education and support programme as soon as possible. *Guidance: This might include:* • *Recovery approaches;* • *Managing different symptoms/unusual experiences;* • *Managing changes in behaviour;* • *Recognising early warning signs;* • *Carer health and well-being.*	2, 3
75	3	The carer-focused education and support programme offer is reviewed regularly to ensure that it meets the needs of families and carers as the patient's needs change.	2, 3
76	3	The service actively encourages carers to attend carer support networks or groups. There is a designated staff member to support carers.	1, 3, 7
77	2	The service offers specific support to people with children, siblings or other dependants, for example meeting with these individuals, offering appropriate written information, support groups or supporting the patient to communicate with their children, siblings or dependants about their mental health.	5

SECTION 5: INFORMATION, CONSENT, AND CONFIDENTIALITY			
Number	**Type**	**Standard**	**Reference**
Providing information to patients and carers			
78	1	Patients and carers are provided with accessible information which can be provided in a range of formats dependent on their need.	5
79	1	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. This includes: • Their rights regarding consent to care and treatment; • Their rights under the Mental Health Act; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to view their records; • How to raise concerns, complaints and give compliments.	1
80	1	Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment. *Guidance: Verbal information could be provided in a one-to-one meeting with a staff member or in a psycho-education group. Written information could include leaflets or websites.*	1
81	2	The team provides each carer with accessible carers' information. *Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes:* • *The names and contact details of key staff members in the team and who to contact in an emergency;* • *Local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.*	1, 3
82	1	Patients are asked if they and their family, friends and carers wish to have copies of correspondence about their health and treatment.	1
83	1	The service works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.	1
Patient confidentiality			
84	1	Confidentiality and its limits are explained to the patient, family, friends and carers, both verbally and in writing. Patient preferences for sharing information with third parties are respected and reviewed regularly.	1
85	1	The team knows how to respond to carers when the patient does not consent to their involvement.	1

SECTION 6: STAFFING AND TRAINING			
Number	**Type**	**Standard**	**Reference**
Staffing levels			
	The multi-disciplinary team comprises staff from a number of different professional backgrounds that enables them to deliver a full range of treatments/therapies to the patient population. The team includes:		
86	1	Psychologist(s) who: • Provide assessment and formulation of patients' psychological needs; • Ensure the safe and effective provision of evidence based psychological interventions adapted to patients' needs through a defined pathway.	1, 2
87	2	Occupational therapist(s) who: • Provide an occupational assessment for those patients who require it; • Ensure the safe and effective provision of evidence-based occupational interventions adapted to patients' needs.	1, 2
88	1	A consultant psychiatrist who has direct patient contact and provides support to the multidisciplinary team (MDT). The consultant psychiatrist should be involved whenever there are doubts or conflicting opinions about diagnosis, safety or prescribing and are directly involved in the clinical assessment process.	2, 5
89	2	Education and employment specialists who are skilled in supporting patients into work and/or training/education.	2, 5, 7
90	2	Support workers.	2, 5
91	2	Peer support workers.	2, 5
92	1	Staff who are skilled and experienced in working with people with co-existing drug and alcohol use problems.	2, 5, 6
93	2	Clinicians with expertise in working with children who also have specialist neurodevelopmental assessment and management skills and an understanding of the role of trauma including that experienced by looked after children.	2, 5, 7
94	3	There is dedicated sessional input from creative therapists.	2, 5
95	2	Nurses and social workers.	2, 5
96	1	There is an identified senior clinician available at all times who can attend the team base within an hour. Video consultation may be used in exceptional circumstances. *Guidance: Some services may have an agreement with a local GP to provide this medical cover.*	1
97	2	The team's psychologist(s) supports a whole team approach to how the psychological needs of patients are managed.	1

98	1	The service has a mechanism for responding to low staffing levels, including: • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services.	1
99	1	When a staff member is on annual leave or off sick, the team puts a plan in place to provide adequate cover for the patients who are allocated to that staff member.	1
Staff recruitment, induction and supervision			
100	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. *Guidance: This includes arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.*	1
101	2	All new staff receive a local induction specific to the service which includes the principles of early intervention in psychosis services.	5
102	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. *Guidance: Supervision is profession-specific as per professional guidelines and is provided by someone with appropriate clinical experience and qualifications.*	1
103	2	All staff members receive line management supervision at least monthly.	1
104	3	Staff members are able to access reflective practice groups at least every six weeks where teams can meet together to think about team dynamics and develop their clinical practice.	1
105	1	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistle-blowing.	1
Staff well-being			
106	1	The service actively supports staff health and well-being. *Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.*	1

107	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *Guidance: They have the right to one uninterrupted 20-minute rest break during their working day, if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks.*	1
108	1	Staff members, patients and their family, friends or carers who are affected by a serious incident are offered post incident support.	1
109	1	There are systems in place to monitor individual caseloads of staff members. *Guidance: These systems should ensure that full-time care coordinators have a caseload of no more than 15 (reduced pro-rata for part-time staff).*	2, 5
110	1	Staff members follow a lone working policy and feel safe when conducting home visits.	1
Staff training			
	Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:		
111	1	Statutory and mandatory training. *Guidance: Includes equality and diversity, information governance, safeguarding vulnerable adults and children, and basic life support.*	1
112	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	1
113	1	Physical health assessment. *Guidance: This could include training in understanding physical health problems, understanding physical health observations and when to refer the patient for specialist input.*	1
114	1	Risk assessment and risk management. *Guidance: This includes assessing and managing suicide risk and self-harm and the prevention and management of aggression and violence.*	1
115	1	Recognising and communicating with patients with cognitive impairment, learning disabilities, and/or neurodevelopmental diversity.	1, 5
116	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	1
117	2	Training on the Individual Placement Support (IPS) approach.	2, 5
118	1	The inequalities in mental health access, experiences and outcomes for patients with protected characteristics.	1

119	2	Engagement and developing high quality therapeutic relationships with patients and their families, friends and carers. *Guidance: This includes the principles of kindness and compassion, consideration of different ethnic and cultural backgrounds, and working with young people and their families.*	2, 3, 7
120	2	Substance and alcohol use awareness and assessment.	2, 3, 6
121	2	The individual needs of patients with bipolar affective disorder.	3, 5
122	1	Trauma-informed care. *Guidance: This includes being skilled in assessing trauma and identifying possible intervention options.*	2, 3, 5
123	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	1, 2
124	1	All practitioners who administer medications have been assessed as competent to do so. This is repeated at least once every three years using a competency-based tool.	5
125	2	Staff working with children and young people have received training in working with children and young people with all levels of emotional maturity, cognitive capacity and learning ability.	7

SECTION 7: ENVIRONMENT AND FACILITIES			
Number	**Type**	**Standard**	**Reference**
Service environment			
126	2	The environment is clean, comfortable and welcoming.	1
127	1	All patient information is kept in accordance with current legislation. *Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.*	1
128	1	Clinical rooms are private, and conversations cannot be easily over-heard.	1
129	1	The environment complies with current legislation on disabled access. *Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.*	1
130	2	There are sufficient IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements.	5
131	1	There is a system by which staff are able to raise an alarm if needed.	1
132	2	The team is able to conduct appointments in a variety of settings, appropriate to the needs and wishes of the patient. *Guidance: This might include remote or virtual appointments.*	1, 5
133	1	An audit of environmental risk is conducted annually, and a risk management strategy is agreed.	5
134	3	Everyone is able to access the service through home visits, using public transport or transport provided by the service.	1

SECTION 8: RECORDING AND AUDIT			
Number	**Type**	**Standard**	**Reference**
Audit and service evaluation			
135	2	The service has a programme of clinical audit in line with national priorities. *Guidance: This includes ECG monitoring, prescribing practice, access to psychological interventions, integration of employment support and physical healthcare.*	5
136	2	Key information from service evaluations is readily available in an accessible format for all.	5
137	1	The service reviews data at least annually about the people who use it. Data are compared with local population statistics and actions taken to address any inequalities of access that are identified.	1
138	1	The team collects data on the safe prescription of high-risk medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination and benzodiazepines. The team uses this data to make improvements and continues to monitor the safe prescription of these medications on an ongoing basis.	5
139	2	An audit of the frequency of review of physical health indicators has been undertaken in the last year. *Guidance: This includes monitoring of weight, cardiovascular and metabolic indicators.*	5
140	3	An audit of the provision of carer education and support programmes has been undertaken in the last three years.	2, 3, 5
Clinical outcome measurement			
141	1	Clinical outcome measurement data, including progress against patient-defined goals, is collected at assessment, after six months, 12 months and then annually until discharge. Staff can access this data. *Guidance: DIALOG, HoNOS/HoNOSCA and QPR are recommended for all patients.*	1
142	2	The service's clinical outcome data are reviewed at least every six months. The data are shared with commissioners, the team, patients and carers, and used to make improvements to the service.	1
Learning from incidents, feedback and complaints			
143	1	Systems are in place to enable staff members to report incidents quickly and effectively and managers encourage staff members to do this.	1
144	1	When mistakes are made in care, this is discussed with the patient themselves and their carer, in line with the Duty of Candour agreement.	1
145	1	Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	1

146	2	The team uses quality improvement methods to implement service improvements.	1
147	2	The team actively encourages patients and carers to be involved in QI initiatives.	1

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Glossary

Advocate	A person independent from health services who can help patients understand their assessment and rights, and who can help the views of the patient be heard by the service.
ARMS	At-Risk Mental States. A term used to describe people who may be showing early, low level signs of psychosis.
Art/Creative Therapy	A form of psychotherapy that uses art media (e.g. paints) to help people express, understand and address emotional difficulties.
Assertive Outreach Model	A way of providing giving care to people with severe mental illness outside of hospital who may have complex needs, disabilities or who have not been able to work with traditional community mental health teams.
CAMHS	Child and Adolescent Mental Health Services. Services for children and young people, normally up to the age of 18, who need help with emotional or behavioural problems.
Capacity Assessment	An assessment of a person's ability to understand and use information to make a decision and then tell others their decision.
Care Coordinator	A named person who is given as the main point of contact and support for a person who has a need for ongoing care.
Care plan	A plan agreed between a person and their health professional to help them manage their day-to-day problems.
Care Programme Approach (CPA)	A way of coordinating care for people with mental health problems and/or a range of different needs.
Carer	A person who looks after someone with mental health problems. In this document, it usually refers to an informal carer (e.g. a family member or friend).
Carers Assessment	An assessment that looks at how caring affects a carer's life, including for example physical, mental and emotional needs, the support they may need and whether they are able or willing to carry on caring[1].
CBTp	Cognitive Behavioural Therapy for Psychosis. A type of psychotherapy which aims to help people make links between their thoughts and behaviour and help them manage their psychosis.

[1] Carers UK (2015). Assessments and the Care Act.

Clinical Supervision	A professional relationship between a staff member and their supervisor. A clinical supervisor's key duties are: • Monitoring employees' work with patients; • Maintaining ethical and professional standards in clinical practice.
Commissioners	People (or groups of people) who are responsible for buying services for their local population.
Co-production	Patients and providers of services work together as equal partners in decision making, designing, commissioning and developing services.
Crisis	An episode of mental illness which overwhelms a person's ability to cope and may be severe enough to need care in hospital or the help of a special crisis service.
Crisis and relapse prevention plan	A written document drawn up by a person when they are well, usually with their care coordinator. It includes signs they are becoming unwell, what they can do to help themselves if they think they are becoming unwell, who to contact and when, and what has been helpful or unhelpful in the past.
Crisis resolution/home treatment team	Some teams call themselves 'crisis resolution', others call themselves 'home treatment', and some are both. These teams treat people with a severe mental health problem outside of hospital (e.g. in their own homes or in a suitable residential facility).
Dedicated sessional time	An agreement that a member of staff works a certain number of hours per week for the team. This should be written into their job description. A session is half a working day.
Dependants	Children or adults who depend on a person (i.e. the patient) for everyday care.
Depot medication	A type of medicine, given by injection. The medicine is slowly released into the body over a number of weeks[2].
DIALOG	A questionnaire rated by the patient which asks about their quality of life, care needs and satisfaction with their treatment.
ECG	Electrocardiogram. A test which checks the electrical activity of a person's heart to look for abnormal heart rhythms and investigate chest pain.
Evidence based treatments	Any treatment (medicine, psychological or social) that high-quality research has shown to work for a particular problem and/or is recommended by NICE (see below).

[2] Royal College of Psychiatrists (2014). Depot Medication

Family Intervention	A therapy which includes carers and family members who are close to a person with psychosis which provides support and understanding to help them manage their loved ones illness.
Formulation	An explanation of a person's difficulties which is rooted in theory and informs the person's treatment plan.
HoNOS/HoNOSCA	Health of the Nation Outcome Scales. A measure of the health and social functioning of people with mental illness. HoNOSCA is a version of the scale which is designed specifically for use with children and adolescents
Individual Placement and Support (IPS)	A type of supported employment programme which helps people gain and keep a job.
Line management supervision	Supervision relating to the job description or the workplace. A line management supervisor's key duties are: • Prioritising workloads; • Monitoring work and work performance; • Sharing information relevant to work; • Clarifying task boundaries; • Identifying training and development needs.
Lone Worker Policy	A policy to ensure the health, safety and welfare, and reduce the risk to people who work alone, i.e. when making visits in the community.
Mental Capacity Act	The Act aims to empower and protect people who may not be able to make some decisions for themselves. It also enables people to plan ahead in case they are unable to make important decisions for themselves in the future[3].
Mental Health Act	A law under which people can be admitted to, or kept in hospital, or treated against their wishes, if this is in the best interests of, or for the safety of, themselves or others.
Multi-disciplinary Team (MDT)	A team made up of different kinds of health professionals who have specialised skills and expertise.
NICE	National Institute for Health and Care Excellence. Organisation which publishes guidance for health services in England and Wales.
Occupational Therapy	A way of supporting people who find everyday tasks and activities challenging with the aim of helping them recover or gain independence.
Operational Policy	A policy document which outlines the role and aims of the service.
Postpartum psychosis	A term to describe a group of mental illnesses that can occur soon after birth and have psychotic symptoms.

[3] Mental Health Foundation (2015). The Mental Capacity Act

Primary care	Usually, the first point of call for health problems. Includes general practitioners, dentists, community pharmacists etc.
Psychosis	If you have psychosis, you might see or hear things, or hold unusual beliefs that other people do not. Typical symptoms of psychosis include hallucinations and delusions[4].
QPR	Process of Recovery Questionnaire. A questionnaire which asks people recovering from psychosis about aspects of their recovery which are meaningful to them.
Recovery plan	A document, designed with a person who has mental health difficulties, stating everyday activities they can do to keep well, and triggers and warning signs that they are becoming unwell.
Reflective Practice	The ability for people to be able to reflect on their own actions and the actions of others to engage in continuous learning and development.
Risk Assessment	A systematic way of looking at the potential risks that may be associated with a particular activity or situation.
Safeguarding	Protecting people's health, well-being and human rights, and enabling them to live free from harm, abuse and neglect[5].
Duty of Candour	Legislation to ensure that services are open and transparent with people who use services about their care and treatment, including when it goes wrong.
Substance use	Can include the excessive or illegal use of alcohol or drugs.
Supported Employment Programmes	An approach that attempts to place people with mental health difficulties in competitive employment immediately. Individual Placement and Support is a type of supported employment[6].
Therapeutic relationship	The helping relationship between a profession and patient.
Triage	To screen information about a person referred to a service to see whether they are appropriate for that service.
Working age adult services	A mental health service (e.g. community mental health team) which works with adults aged 18-65.

[4] Rethink Mental Health (2015). Psychosis – what is psychosis?
[5] Care Quality Commission (CQC) (2015). Safeguarding People
[6] NICE (2014). Psychosis and Schizophrenia in adults: prevention and management

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