

Wales Early Intervention In Psychosis

Service Development and Improvement

Series One: Workforce Learning and Development



Early Intervention in Psychosis
National Steering Group



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Improvement Cymru is the improvement service for NHS Wales. Our aim is to support the creation of the best quality health and care system for Wales so that everyone has access to safe, effective and efficient care in the right place and at the right time.

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Early Intervention in Psychosis

Introduction

The Early Intervention in Psychosis (EIP) network in Wales is committed to developing its workforce and improving services, setting out key commitments in the 2022 position paper 'Investing in the Next Generation: What needs to change for people with early psychosis living in Wales.' (1).

Development of EIP services and the workforce is supported by local analysis of population demographics (appendix 1), engagement in quality improvement programmes including Royal College of Psychiatrist peer reviews, participation in the National Clinical Audit of Psychosis (NCAP), creation of local and national standards, a regularly reviewed maturity matrix (appendix 3) and action plans.

Investment in the EIP workforce is an essential component in the continued improvement of EIP provision in Wales and is seen as a key action for all regions.

The EIP national steering group is facilitated by Improvement Cymru, with the programme promoting the development of national models of care and supporting best practice to emerge. There is a strong emphasis on the developing workforce, offering a supportive learning environment for clinicians to share experiences across regions.

This paper will discuss the current landscape of the EIP workforce in Wales, the challenges and the future direction. The term 'EIP clinician' will be used throughout to refer to all professionals when considering wider discussion points. Specific professional groups and partner agency staff will be referenced where necessary.

Early Intervention in Psychosis



The EIP workforce must be responsive to the clinical needs of individuals with psychosis and reflect the diversity of the Welsh population



Access to quick effective treatment leads to improved physical health outcomes and reduced demand on other services



Provision of NICE recommended psychological therapies is linked to reduced inpatient costs during the course of therapy, and improvements in quality of life post-therapy (5)

Key Messaging

Psychosis, often defined as a loss of contact with reality, can involve hearing or seeing things that are not there or holding unusual beliefs. It can be experienced as a one-off episode, but when left untreated can lead to long-term illness and disability.

When someone receives early intervention, their prospects of recovery are significantly improved vocationally and socially. A delay of longer than six months greatly reduces their chances (2).

The need to provide EIP services in Wales is described in the Together for Mental Health Strategy (2012) and all subsequent delivery plans (3). Whilst there has been significant developments over the last ten years with all services now at a minimum a fledgling service, they are not able to evidence compliance with standards described by NCAP which are accepted as the benchmark for delivering timely and effective practice.

EIP services are characterised by a strong ethos of hope and a whole-team commitment to enabling recovery. In Wales, services work with people between ages 14 to 35 years and support typically occurs for a maximum of 3 years.

The core aim of an EIP service is to reduce the duration of untreated psychosis (DUP) by offering timely assessment and to produce effective outcomes in terms of recovery and relapse rates.

A high quality EIP service involves a stand-alone model consisting of a multi-disciplinary approach and providing a full range of pharmacological, psychological, social, occupational, and educational interventions. Services ensure the emotional and wellbeing needs of families and carers are considered and addressed.

Estimated local incidence of psychosis have been determined in Wales and commissioning of services should be underpinned by this data to ensure they meet the needs of local populations (appendix 1).

The evidence tables for Matrics Cymru and Plant, national guidance for psychological interventions describes the specialist skills needed for first episode psychosis (8).

Key elements of effective communication, person-centred approaches and consistent pathways supported by a committed and skilled workforce contribute to maximising patient safety and the delivery of high-quality care.



What is an EIP Service?

EIP services are the best model for offering consistent intervention to young people with early psychosis. They offer a holistic approach that should include support from a wide range of health professionals, including psychiatrists, psychologists, community mental health nurses, support workers, occupational therapists and peer mentors (4).

The EIP national steering group has been working to determine a baseline against national standards. The majority of health boards in Wales have limited funding allocated to EIP and where national funding has been used, it currently does not meet the requirements to deliver a meaningful impact on the individuals' future wellbeing and recovery.

A 'gold standard' EIP service operates as a stand-alone model with clear pathways and

delivery of evidence-based interventions. The approach also promotes a team identity as an EIP service separate from other community mental health teams, reduces isolation of staff and ensures quick access to specialist treatments. A stand-alone service model has been found to be the most cost-effective service delivery approach for EIP (5).



Current Position in Wales

Several EIP services in Wales encounter barriers to routine day to day assessment and delivery of care. Access to safe and suitable spaces to meet with young people and their families and carers is, in some areas, limited due to a lack of designated clinical space for teams.

Investment in infrastructure must allow staff to work efficiently and effectively; this includes the basics of accessible buildings and includes digital innovation that supports clinical practice but also contributes to team communication and creation of a service identity.

EIP services remain relatively new in Wales in comparison to systems across the UK and internationally. The recruitment of clinicians experienced in psychological interventions is a challenge and more so the limited access to qualified clinicians who are in a position to supervise the less experienced staff. Limited access to training provides a further delay in establishing Welsh EIP services that can deliver evidence-based psychological interventions.



A shared service identity gives individuals a sense of belonging, creates a positive workplace culture, provides crucial peer support and improves clinical outcomes for patients



Aspirations of an EIP Service in Wales

Core Characteristics:

- Early detection
- Measurement and reduction in DUP
- Rapid access to specialist assessment, care and treatment
- Designated, trained staffing
- Working with diagnostic uncertainty
- Recovery focused
- Assertive outreach
- Low caseloads
- Care planned and delivered according to individual need
- Family focused
- Inclusivity (developmentally and culturally sensitive)
- Evidence based practice
- Optimism
- Co produced service design

Enabling Elements:

- National EIP work programme
- Strong identity as an EIP workforce
- Committed and passionate workforce
- Partnership working with 3rd sector organisations
- Youth friendly engagement and activity
- Interprofessional learning and development
- Bespoke service delivery shaped by local demographics and geography
- Engagement with local community
- Commitment to delivery of biopsychosocial interventions, family and carer support, physical health programmes, outcome measurement, support with education/training, adventure therapy programmes
- Commitment to measure for improvement

Values:

- Collaboration
- Connectedness
- Hope
- Empowerment
- Enablement
- Person centred
- Improving lives
- Independence
- Respect
- Recovery

Within Wales, each of the seven health boards has a designated EIP service, however there is variability between services in what they are able to offer in terms of capacity, skill mix, resource and age range. Although all provide care co-ordination and work in line with the Mental Health (Wales) Measure (6), some require medic and/or psychological input to be delivered via a Community Mental Health Team (CMHT) or generic Child and Adolescent Mental Health Service (CAMHS) rather than providing this 'in house' due to a lack of resource.

There is a need to move towards parity across the regions and provision of services as currently many EIP services struggle to meet the standards and deliver NICE recommended interventions that best meet the needs of this client group.

EIP services are specialist teams which support individuals across the age range, bridging CAMHS and Adult Mental Health Services (AMHS). It is essential EIP clinicians have access to appropriate resources and possess specialist expertise in working with children as well as adults. Robust local arrangements in place between CAMHS and EIP is necessary in areas served by EIP services currently not providing a care co-ordination role to under 18s.

As a network in Wales, services and clinicians are striving to improve and develop. There is a strong identity amongst the workforce and a commitment to engage with opportunities, to utilise resources creatively, to 'think outside the box,' support each other across health board boundaries and develop skills whilst adhering to fidelity of the EIP model and maintaining a focus on the experience and recovery of the young people they support.



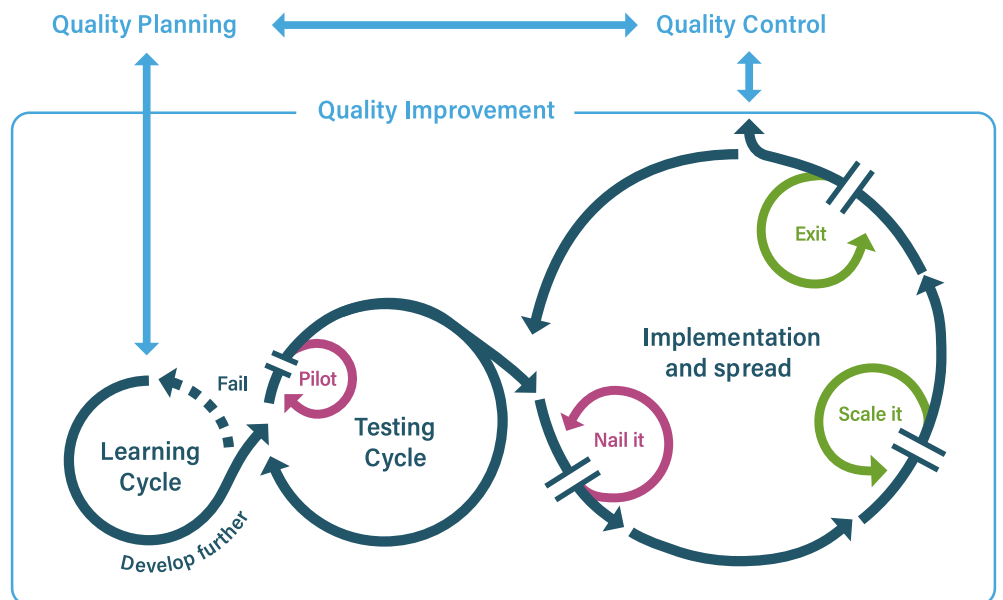
Staff member perspective:

It's a real asset having a group of EIP clinicians who we can access across health boards. We come together every few weeks and learn so much from each other and how we can improve our services and the care we offer. We have a very supportive group of EIP professionals in Wales



Developing a Progressive Workforce

A workstream approach within the national programme offers exploration of new ways of working and creation of co-produced national resources and initiatives that support development of a progressive workforce delivering high-quality care. EIP services in Wales pride themselves on being creative in their approach to service development as well as engagement of young people, for example utilising Wales' natural environment to deliver a national adventure therapy programme.



Improvement Cymru Delivery Framework

The Improvement Cymru Delivery Framework offers a systematic, repeatable process that adapts to the specific needs of each regional context and provides opportunities for learning, testing and sharing ideas. It seeks to support organisations and health and care professionals to navigate the stages of adoption in the critical

early stages by enabling the testing and co-producing of improvements. Regions can use the framework to enable a focus on planning, engagement, testing and spread and scale of improvements, looking to build more effective, system wide improvement capability that integrates with local and national priorities.

The EIP workforce have access to training and resources to equip teams with knowledge and support to utilise quality improvement methodologies in the development and evaluation of EIP services in Wales.

Alongside the traditional EIP model there is opportunity to be imaginative in how services move forward due to the early stage of development most services in Wales currently are. Conversations around integrating roles such as youth workers, drug and alcohol support staff and education specialists are all high on the agenda when discussing workforce plans. Partnering with individuals with lived experience and employing peer mentors has become a reality in a small number of Welsh services and has enhanced service provision.

EIP services in Wales are partnered with third sector organisations such as Adferiad, Barnardo's and MIND Cymru. By offering an integrated approach third sector services compliment clinical interventions offered by the health care team and maintain community links and access to additional funding streams that may not otherwise be open to EIP services. Young person feedback indicates the value of this partnership extends to their experience of care.

EIP clinicians require a range of expertise and knowledge relevant to their role within the team and profession. A key role of EIP services is health promotion and raising awareness of psychosis services and pathways in order to ensure appropriate and timely referral of cases. Failure to recognise emergence of a first episode of psychosis can extend DUP and have implications on experience and outcomes for individuals. Therefore, developing links with partner organisations and local communities is essential in contributing to the streamlining of pathways to ensure individuals reach specialist EIP services quickly. Services need to be **'connected to communities'** with the role of relationship building and service promotion falling to all members of an EIP service, not just the team lead.

Alongside clinicians, EIP services require sufficient administrative support and leadership, both of which are factored into workforce

calculations (appendix 2). The geography of Wales, with its urban regions in the South East and its more rural, sparsely populated areas to the Mid and West require local decisions around capacity and capability to be made.

The recommendation is for EIP clinicians to hold capped caseloads of 15 to allow for flexible, tailored and comprehensive care (7). However, services with few staff and no multi-disciplinary function but a large geographic area need to consider these factors when following guidance to ensure clinicians are able to manage their workload, are not isolated, and patient care is not negatively impacted upon.



Young person perspective:

I don't know where I would be without the team, having different staff with different roles really helps as I know who to contact and for what. Its good to have mix of people helping me get better and I like that I get to do stuff in the community not just going to clinic all the time.

Peer Mentor perspective:

As peer mentors we can form an instant connection and strong relationship with service-users by sharing some of their lived experience. This can break down barriers caused by the "professional-patient" power dynamic, and create a catalyst for growth, healing and recovery in the service-user.



Workforce Learning and Development

Engaging, assessing and providing intervention to young people who have experienced a first episode in psychosis and supporting families and carers requires a specific skill set. Ongoing clinical and professional development is therefore integral to EIP in Wales.

A range of skills and knowledge are recognised and enhanced through training and education provided to clinicians via an evolving EIP learning and development programme in Wales. These include but are not limited to

- Assessment eg CAARMS
- Outcome measurement eg DIALOG+
- Physical health assessment and intervention skills
- Behavioural Family Therapy
- Trauma Informed work
- Neurodevelopmental presentations
- Reflective practice
- Understanding data and use of measurement for improvement
- Quality improvement methodology
- Cultural competency
- Co production and collaboration in healthcare

Regular all Wales national steering group meetings provide space for 'bite size' learning sessions as well as opportunity to celebrate successful pieces of work and wider discussion around the challenges services face. Maintaining communication across services to enable shared learning is valued by clinicians and further opportunity to discuss current and future practice examples against standards is supported through a workstream programme which hosts smaller, focused working groups.

There is an emphasis on acknowledging and identifying the learning and development needs of clinicians at all levels and the shaping of future leaders. Team leads in Wales have protected time for peer support and there is mindful consideration of succession planning across the regions through identifying and developing individuals for future leadership roles. Forward thinking such as this will contribute to retention of staff as career progression prospects are visible as well as promoting continuity in service provision as current leaders depart.



Students

Student placements are encouraged throughout EIP services in Wales, the activity of offering placement opportunities across disciplines promotes links with Universities and allows for shaping of the future workforce in Wales. The value of hosting students on

placement contributes to the ongoing promotion of EIP services, opportunity to instil a focus on early detection and treatment and supports a move toward a future youth-focused mental health workforce.

Supervision

Within Wales, the importance of access to supervision and peer support is recognised through a series of peer group meetings and reflective sessions. These sessions provide opportunities to further develop skills as EIP clinicians and share learning. Clinicians are encouraged to facilitate these themselves, drawing on the skills and expertise available

within the network. Supervision for Behavioural Family Therapy and Psychological Case Studies are two opportunities available to support reflection and practice. Online padlets have also been created to ensure access to evidence-based research and easy sharing of resources between clinicians.

Leadership

Effective team working is essential in the delivery of safe, quality care. Within EIP it is important that leaders encourage team cohesion, support and enable individuals and create a service embedded in innovation and quality improvement (9). Compassionate leadership which advocates for clinicians and promotes a culture of professional development

is key to supporting workforce health and wellbeing. Compassionate leaders look after themselves and model self care to others. Services that value members as individuals contributes to a sense of fulfilment of work, reduces sickness rates and improves staff retention, and is ultimately crucial to high-quality patient care.

Future Direction in Wales

The provision of education and training delivered is not enough in itself. Within Wales there is a drive to create a 'learning and always improving culture' that seeks to utilise the skills and expertise from within the network to maintain an environment where clinicians can come together, learn and develop as individuals, but as a collective gives space to be innovative and creatively develop EIP services across Wales.

National transformation can be achieved through learning across regions by influencing national models and developing a workforce capable to deliver. There is a collective vision to improve the experience and care of young people with early psychosis in Wales.



Every team member is enabled, encouraged and supported to work with others to improve the service they work in



Wales is committed to a workforce that

- Works across boundaries, strengthening and maintaining links with health, social care and education colleagues in the interest of supporting young people with early psychosis
- Continues to strive for a multi-disciplinary workforce, working creatively with resources and thinking about how to develop new roles and re-design current roles
- Develop services that work toward achieving national standards alongside creatively engaging young people in activities outside of these parameters that support recovery
- Maintains an integrated approach by partnering with 3rd sector organisations
- Co-designs and delivers services alongside individuals with lived experience, families and carers, including peer mentor roles and participation in the recruitment of clinicians
- Shares innovative practice developments within the all Wales EIP network, facilitated by Improvement Cymru
- Continues to build on the all Wales EIP learning and development programme for current and future generations, promoting evidence based practice and reflection
- Places an emphasis on workforce development, support and supervision arrangements
- Develops future leaders from within the network to ensure succession planning

This will be supported by

- Formulating local action plans and timeframes for the expansion of services to encompass the age range of 14-35 in all areas,, with further commitment, planning and resource to achieve working with people aged 35-65 years that supports workforce engagement, analysis of local need and an emphasis on clinician skill development
- Developing EIP pathways nationally that map out points of engagement for clinicians and clarity around integrated roles within teams
- Ongoing support via Improvement Cymru to promote confidence and competence in the use of quality improvement methodology in service design and development
- Identification of gaps locally in infrastructure that impact on efficiency of service delivery, e.g. clinical space, IT equipment and raising these as risks to the quality and safety of patient care
- Prioritising the wellbeing of the EIP workforce in Wales, valuing clinicians by supporting individual learning needs and professional development
- Establishing a 'Workforce' subgroup as part of the all Wales EIP workstream programme to develop a learning package and skills framework for clinicians, focused on the values and skills required to deliver high quality EIP care

Future considerations for the EIP workforce

- How do we secure regular access to training and supervision for clinicians to train in and deliver evidence-based interventions in Wales?
- How do we ensure true collaboration and co-production of services in Wales?
- What is our role in supporting the broader workforce to maintain the necessary skills and awareness of how to access support, as they may be the first individual to come into contact with a young person experiencing symptoms (e.g. primary care, educational professionals, criminal justice services)?
- Do we have opportunities to contribute to research in Wales? How could this benefit our services and our workforce?
- How do we manage the development of services to encompass an At Risk Mental State pathway?
- How does Wales attract future employees to work in EIP, what makes services here unique?

Appendix 1

Early Intervention in Psychosis (EIP) service development depends on high quality epidemiological estimates of incidence of new cases of First Episode Psychosis (FEP), to provide a basis for designing adequately resourced services and to assess their performance in detecting the numbers of cases expected.

The following tables show the predicted numbers of cases by health board. Figures are given for the 16-35 population currently targeted and served by most EIP services and for the 16-65 population, as providing EIP for this wider age group is a developmental aim for services in Wales (and standard practice in England).

Table 1. 16-35 Population, Estimated Incidence Rates and Estimated Case Numbers by Health Board:

	Population 16-35	Annual Incidence Rate (per 100,000)	Estimated Annual Cases
Aneurin Bevan	133268	39.91	53.2
Betsi Cadwaladr	149548	35.99	53.8
Cardiff and Vale	143935	34.59	49.8
Cwm Taf Morgannwg	103613	40.35	41.8
Hywel Dda	83679	36.47	30.5
Powys	24428	34.86	8.5
Swansea Bay	95827	37.8	36.2
WALES	73,4298	37.28	273.8

Table 2. 16-35 Population, Estimated Incidence Rates and Estimated Case Numbers by Health Board:

	Population 16-35	Annual Incidence Rate (per 100,000)	Estimated Annual Cases
Aneurin Bevan	365201	25.94	94.7
Betsi Cadwaladr	426259	23.09	98.4
Cardiff and Vale	317012	24.74	78.4
Cwm Taf Morgannwg	277125	26.67	73.9
Hywel Dda	235243	23.52	55.3
Powys	79837	21.15	16.9
Swansea Bay	243939	25.50	62.2
WALES	1,944,616	24.67	479.8

Reference:

Jackson, M & Saville, C. (2021) The incidence of First Episodes of Psychosis in Wales: epidemiological estimates, and workforce calculations of EIP resources required. North Wales Clinical Psychology Programme, Bangor University

Appendix 2

Workforce calculations are produced using an algorithmic tool which has been utilised across England in developing services to meet the 2016 Access and Waiting times target (NHS England, the National Collaborating Centre for Mental Health and the National Institute for Health and Care Excellence, (2016)), which increased the coverage of EIP provision from 16-35 to 16-65 (2).

The tool is intended to estimate the requirements for a high quality EIP Service which is well enough resourced to deliver on the EIPN standards. Starting

with the estimated incidence figures and the population, it calculates the number of hours input required per case for each EIP role (care-coordinator, administration etc), and from this it produces an estimate of the posts required to resource a service for this specific population.

It takes into account time for annual leave and training, guidelines for duration of assessments and interventions, and other pragmatic factors affecting the delivery of EIP.

Aneurin Bevan UHB

Workforce estimates	16-35	16-65
Manager	1.1	1.9
Admin	2.2	3.8
Medical Time	1.3	2.3
Care coordinators	10.8	19.2
CBTP Therapists	2.4	4.2
Family workers	0.5	0.9
Support/ peer workers	5.4	9.6

Betsi Cadwaladr UHB

Workforce estimates	16-35	16-65
Manager	1.2	2.0
Admin	2.4	4.0
Medical Time	1.4	2.4
Care coordinators	12.1	19.9
CBTP Therapists	2.7	4.4
Family workers	0.6	0.9
Support/ peer workers	6.0	10

Cardiff and Vale UHB

Workforce estimates	16-35	16-65
Manager	1	1.6
Admin	2	3.2
Medical Time	1.2	1.9
Care coordinators	10.1	15.9
CBTP Therapists	2.2	3.5
Family workers	0.5	0.7
Support/ peer workers	5.0	7.9

Cwm Taf Morgannwg UHB

Workforce estimates	16-35	16-65
Manager	0.8	1.5
Admin	1.6	3.0
Medical Time	1.0	1.8
Care coordinators	8.5	15.0
CBTP Therapists	1.9	3.3
Family workers	0.4	0.7
Support/ peer workers	4.2	7.5

Hywel Dda UHB

Workforce estimates	16-35	16-65
Manager	0.6	1.1
Admin	1.2	2.2
Medical Time	0.7	1.3
Care coordinators	6.2	11.2
CBTP Therapists	1.4	2.5
Family workers	0.3	0.5
Support/ peer workers	3.1	5.6

Powys THB

Workforce estimates	16-35	16-65
Manager	0.3	0.3
Admin	0.7	0.7
Medical Time	0.4	0.4
Care coordinators	3.3	3.3
CBTP Therapists	0.7	0.7
Family workers	0.1	0.1
Support/ peer workers	1.6	1.6

N.B. The Powys calculations were conducted with a double complexity rating, which effectively doubles the projected caseload size to allow for the extra time needed to cover the much greater geographical distribution of cases.

Swansea Bay UHB

Workforce estimates	16-35	16-65
Manager	0.7	1.3
Admin	1.5	2.5
Medical Time	0.9	1.5
Care coordinators	7.3	12.6
CBTP Therapists	1.6	2.8
Family workers	0.3	0.6
Support/ peer workers	3.7	6.3

Reference:

Jackson, M & Saville, C. (2021) The incidence of First Episodes of Psychosis in Wales: epidemiological estimates, and workforce calculations of EIP resources required. North Wales Clinical Psychology Programme, Bangor University

Appendix 3

Guidance for completing EIP Maturity Matrix

A **RED AMBER GREEN** (RAG) rating is used to denote the current status against key items. The maturity matrix provides the supporting detail against which EIP services can provide a rating, highlighting a rationale for compliance and non-compliance.

A maturity matrix tool identifies common themes along an improvement journey and concisely highlights the 'must do's,' providing reassurance that the focus is on the right priorities and brings to light areas that are in need of more attention.

A maturity matrix helps organisations identify key strengths and gaps in provision of services and provides an overview of progress. A maturity matrix is used for service planning and useful when communicating with stakeholders.



	Below Standard	Partially Meeting Standard	Fully Meeting Standard
Meeting the estimated EIP caseload population for the region			
Caseload numbers meet EIP requirement (15 cases)			
Workforce skill mix meets EIP service requirements			
Age range as defined by NCAP / WG – up to 65			
EIP provision is a full MDT stand-alone care coordinating service			
EIP is based in service user friendly accommodation with an identity			
Assessment within 2 weeks of referral			
DUP estimated and recorded for every person			
Information and education provided to service users and carers			
The service meets all physical health requirements for EIP			
The service meets all psychological interventions for EIP			
Outcome tools are used to support recovery – DIALOG / QPR / other			
A range of social recovery interventions are available: employment, education, activity			
Collaboration with experts by experience including service planning, delivery and recruitment			
Clinical supervision is available to enable effective practice			
Integrated EIP service across CAMHS and adult services			
EIP service assertively engages people for the recommended 3 years			
ARMS / CAARMS pathway available			

References

- 1 Improvement Cymru (2022) Investing in the Next Generation: What needs to change for people with early psychosis living in Wales. Cardiff: Public Health Wales.
- 2 Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance (2016) NHS England, the National Collaborating Centre for Mental Health and the National Institute for Health and Care Excellence
- 3 Welsh Government (2020) Together for Mental Health A strategy for mental health and wellbeing in Wales
- 4 The IRIS Network, 2012. The IRIS Network Guidelines, <http://www.iris-initiative.org.uk>
- 5 Fowler D, Hodgekins J, Howells L, Millward M, Ivins A, Taylor G, et al. Can targeted early intervention improve functional recovery in psychosis? A historical control evaluation of the effectiveness of different models of early intervention service provision in Norfolk 1998–2007. *Early Intervention in Psychiatry*. 2009;3:282–88.
- 6 Welsh Government (2010) Mental Health (Wales) Measure
- 7 The Royal College of Psychiatrists (2021) Quality Standards for Early Intervention in Psychosis Services (Second Edition) CCQI 373
- 8 Improvement Cymru (2021) Evidence Tables Matrics Cymru/Matrics Plant. Cardiff: Public Health Wales
- 9 Dixon-Woods M, Baker R, Charles K et al. (2014) Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study. *BMJ Qual Saf*, 23(2): 106-15.

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A special mention to the young people engaged with our services who continue to inspire us to want to achieve more for EIP in Wales

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