National Clinical Audit of Psychosis

Employment Spotlight Audit Report **2021**

Compiled by the National Clinical Audit of Psychosis project team

Prof. Mike Crawford, Clinical and Strategic Director (CCQI)

Ruth Essel, CCQI Project Officer

Prof. Paul French, NCAP Clinical Advisor

Veenu Gupta, Service User Advisor

Cressida Miller, NCAP Project Officer

Aimée Morris, NCAP Programme Manager

Patrycja Postrzech, NCAP Project Officer

Dr Alan Quirk, Head of Clinical Audit and Research (CCQI)

Prof. Jo Smith, NCAP Clinical Advisor

Jasmine Wells, NCAP Deputy Programme Manager

Key Findings

85% of people with psychosis had their employment status documented in their case-notes

8% of people with psychosis whose employment status was recorded were in paid work

63% of people with psychosis who were unemployed were recorded as not seeking work

17% of people with psychosis who did not want to pursue education, training or work had documented evidence of being offered support to get involved in other activities

Among those people with psychosis that were unemployed and seeking work:

43% were offered employment support, of which...

2% ...were specifically offered Individual Placement and Support (IPS)

Key findings of this audit should be considered in context of the COVID-19 pandemic.

Teams are to be commended for still managing to provide employment support to 43% of people with psychosis who were unemployed and seeking work in the context of the pandemic.

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1. Introduction

What is NCAP?

The National Clinical Audit of Psychosis (NCAP) aims to improve the quality of care that NHS mental health trusts in England and Health Boards in Wales provide to people with psychosis. Services are measured against criteria relating to the care and treatment they provide, so that the quality of care can be improved. The audit is a 5-year programme, commissioned by HQIP on behalf of NHS England and NHS Improvement.

Employment and psychosis

Unemployment can have a negative impact on adults with psychosis (NIHR, 2018). It is estimated that only 5-15% of people with psychosis are in employment and that they are 6-7 times more likely to be unemployed compared to the general population (NICE QS80, 2015). The NHS long term plan and the Together for Mental Health delivery plan for Wales include objectives to increase access to employment support, which will help people with severe mental illness to find and retain employment (NHS England, 2019; Welsh Government, 2020).

Employment audit 2021

This is the NCAP 2021 spotlight audit report on employment. National and organisation-level findings are presented on employment support offered to people with psychosis seen by adult community mental health services[1] across England and Wales.

COVID-19 pandemic

The findings of this audit report need to be interpreted in the context of the COVID-19 pandemic and a national 'lockdown', which severely impacted on the functioning of both health and employment sectors and the availability of employment opportunities due to business closure, redundancy, and furlough throughout the audit period.

COVID-19 has also been shown to have had a detrimental impact on anxiety, mood and functioning of individuals as well as confidence and willingness to pursue employment goals during an international pandemic (Pedrosa et al., 2020; Salari et al., 2020).

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[1] This excluded Children and Adolescent Mental Health Services or Early Intervention in Psychosis services

2. Methodology

All adult community mental health services[2] in England and Wales were eligible to participate. Data were collected via a case-note audit and services were asked to submit data on a random sample of up to 100 people with a current diagnosis of psychosis. A more detailed methodology can be found in Appendix B.

Table 1: Key dates for the NCAP Spotlight audit 2021

Audit timeline 2021	
March	Trusts/Health Boards identify all eligible people on their caseload
April – May	Trusts/Health Boards return data on their sample 4,935 returns from 53 sites
June - July	Data cleaning carried out by the NCAP Team
July - August	Data analysis and report writing begins
August	Service user and carer reference group – results discussed
September - November	Review and finalisation of report text and preparation for publication
December	National employment report published

Standards

The audit standards were developed by the NCAP team in collaboration with members of the steering group. They are based on NICE guidance in relation to management of psychosis and rehabilitation (NICE CG178, 2014; NICE NG181, 2020).

S1 Offer supported employment programmes to people with psychosis or schizophrenia who wish to find or return to work (NICE CG178, 2014; NICE NG181, 2020).

S2 For people who do not wish to pursue mainstream education, training, or work, facilitate alternative educational or vocational activities (NICE CG178, 2014).

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[2] Excluding Children and Adolescent Mental Health Services or Early Intervention in Psychosis services

3. Findings

Employment and education status of national sample

Table 2 provides information about the employment and education status for the total national sample (n = 4,935). Only 8% of people were employed and a further 9% were unemployed and seeking work. Almost half of the sample were identified from their case-notes as long-term sick or disabled and receiving benefits (45%, n = 2,240).

For 15% of the sample (n = 760), employment and/or education status was not documented in their case-notes. This suggests that potentially there may be more people who could be offered employment and/or education support than were identified in this audit.

Excluding people who were recorded as retired, in education, undertaking voluntary work or on long term sick leave, most people who were not working were recorded as not seeking work (747/1169, 63%).

Table 2: Employment and education status of the case-note sample (n = 4,935)

Q4. Employment/education status[3]	England and Wales % (n)
Long-term sick or disabled receiving benefits	45% (2,240)
Not stated	15% (760)
Not working or actively seeking work	15% (747)
Unemployed and actively seeking work	9% (422)
Employed	8% (413)
Unpaid voluntary work and not working or actively seeking work	3% (138)
Retired	3% (124)
Homemaker not working or actively seeking work	< 1% (37)
Student who is neither working, nor actively seeking work	< 1% (35)
Currently in full-time mainstream education	< 1% (10)
Student who is working part-time or full-time	< 1% (9)

[3] This was a single choice question. There may be instances where people who were classified as 'long-term sick or disabled receiving benefits' were also seeking employment which was not captured in this audit.

Perspectives from people with psychosis and their carers

The consensus in the service user and carer reference group facilitated by Rethink[4] was that the benefits system and associated risks of accepting a job are the biggest barriers to people seeking work.

> " *Sometimes it [universal credit] presents a challenge to people who are on benefits but who also want a job. It's frustrating as employment supports recovery, but the system doesn't allow for it [as there is a limit on the number of hours you are allowed to work to still receive it].*
> *(Service user)* "

> " *I went from a place where I was heavily supported by the state, to accepting a job and having absolutely nothing.*
> *(Service user)* "

> " *It's a risk to accept a job, knowing that if you aren't able to sustain it, you're potentially going to be without financial support for several months, going through the benefits process again.*
> *(Service user)* "

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[4]The NCAP team commissioned Rethink Mental Illness to set up and run a service user and carer reference group to gather reflections on the audit data from people with a lived experience of psychosis. The case-note audit findings relating to the standards were presented by the NCAP team, and the discussion was facilitated by Rethink. Quotes are presented throughout the report to offer insight into how the attending service users and carers felt about the results. For further detail, see Appendix B.

Standard 1: Supported employment programmes

Offer supported employment programmes to people with psychosis or schizophrenia who wish to find or return to work (NICE CG178, 2014; NICE NG181, 2020).

For Trusts/Health Boards to have met this standard, people with psychosis who wanted to find or return to work must have been offered supported employment programme(s) and this offer documented in their case-notes.

This analysis was carried out on responses from people who were identified from their case-notes as being unemployed and actively seeking work at the time of their initial assessment (n = 422). In the total national sample, 43% (n = 182) of people identified as unemployed and actively seeking work were offered supported employment programme(s).

As shown in Figure 1, the proportion of people offered supported employment programme(s) ranged from 0% to 100% across Trusts and Health Boards.

Figure 1: Proportion of people with psychosis who were unemployed and wanted to find or return to work that were offered supported employment and education programmes (n = 422)[5]

■ Standard met ■ Standard not met

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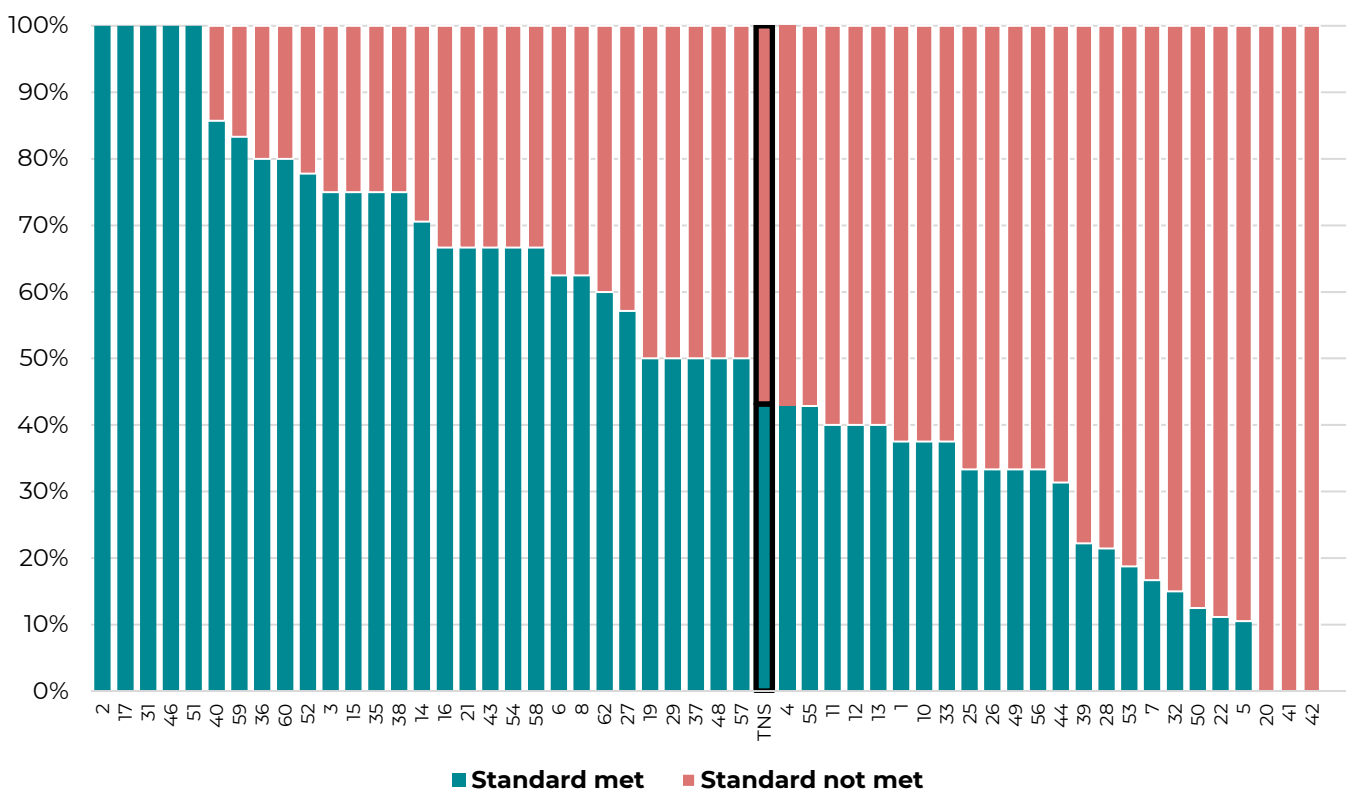
[5] The average number of casenotes included in this analysis for each Trust/Health Board was 8, with a minimum of 1 and a maximum of 67.

Employment and education support offered

Table 3 provides a breakdown of employment and education support programmes offered[6] to the subsample of people who were unemployed and seeking work (n = 422). 20% of people who were unemployed and seeking work had not been offered employment or educational support.

Other employment support programmes[7] were the most common form of support offered (14%), followed by vocational support programmes[8] (13%). For 37% of people (n= 157), it was not documented in their case-notes whether employment or education support had been offered.

Table 3: Employment and education support programmes offered to people who were unemployed and seeking work (n = 422)[9]

Q5. If seeking work, has the patient been offered any of the following?	England and Wales % (n)
Not documented	37% (157)
None	20% (83)
Other employment support programme[7]	14% (60)
Vocational support programme[8]	13% (56)
Other[10]	12% (50)
Apprenticeship programme	6% (24)
Education programme	3% (12)
Individual placement and support (IPS)[11]	2% (10)

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[6] This includes employment and education support programmes offered during the 12 months prior to 28 April 2021.

[7] This refers to any approach to vocational rehabilitation that attempts to place service users in competitive employment immediately. Supported employment can begin with a short period of preparation, but this must last less than one month and not involve work placement in a sheltered setting, training, or transitional employment.

[8] This refers to any programme focused on understanding the patients' skills and helping them to realise their abilities to enter any specific work they might be interested in. This would include unpaid i.e., volunteer work.

[9] Total percentage may exceed 100% as multiple responses could be selected.

[10] Teams were able to enter 'other' forms of employment and education support in a free text box. Example responses for 'other' forms of employment and education support include occupational therapist input, referral to enablement team and social prescribing.

[11] This question response specifically asked about Individual placement and support.

Perspectives from people with psychosis and their carers

There was consensus that employment support can offer service users who are looking for work a way into employment but that it also must be the right support at the right time.

[Without support] the effect on the person is that life is impossible [because there's] no way into work or normal activity. (Service user)

[Services need to] recognise that the employment support offered will not always be useful. There are times when you want help, but the kind of help you are offered is potentially damaging to your employment - for example, my CMHT Caseworker turning up at work and speaking to my boss without my permission... There needs to be appropriate and suitable help offered. (Service user)

A recurrent theme in the reference group discussion was that Community Mental Health Teams (CMHT) have low expectations regarding service user employment, which was thought to be another major barrier to people seeking and staying in work.

Not surprised at the results in my personal experience... I was never once offered employment support... If I have difficulties in my employment, they just say you should quit or go part time. (Service user)

It feels like the moment you become a service user, the lower the expectations are of you by the practitioners you're working with. (Service user)

When I was under services, I thought the employment support was poor - absolutely diabolical for a person with a degree and experiencing psychosis. It was like they didn't expect you to do much. (Service user)

The types of roles that I've spoken about with health services are just not what I want to do. Because of the diagnosis you're automatically seen as not fit for work. You're not expected to be able to work full time or go for the type of jobs that they haven't offered. (Service user)

There was also a perception that employment support often had to be fought for.

I think the word 'offered' [in the standard] is important. I've been very fortunate to have jobs and be employed. The support only came from me really fighting and asking for it.

(Service user)

## **Standard 2:** Alternative vocational and educational activities

> For people who do <u>not</u> wish to pursue mainstream education, training, or work, facilitate alternative educational or vocational activities (NICE CG178, 2014).

For Trusts/Health Boards to have met this standard, people who did <u>not</u> wish to pursue mainstream education training or work must have had alternative educational or vocational activities facilitated and documented in their case-notes.

This analysis was carried out on responses from people who were identified from their case-notes as not in mainstream education, training, or work (n = 3,162)[12]. 17% (n = 542) of people identified as not wishing to pursue mainstream education, training or work had alternative educational or vocational activities facilitated.

As shown in Figure 2, the proportion of patients where alternative educational or vocational activities were facilitated ranged from 0% to 85% across Trusts and Health Boards.

Figure 2: Proportion of patients who do not wish to pursue mainstream education, training or work and alternative educational or vocational activities were facilitated (n = 3,162

Legend: ■ Standard met ■ Standard not met

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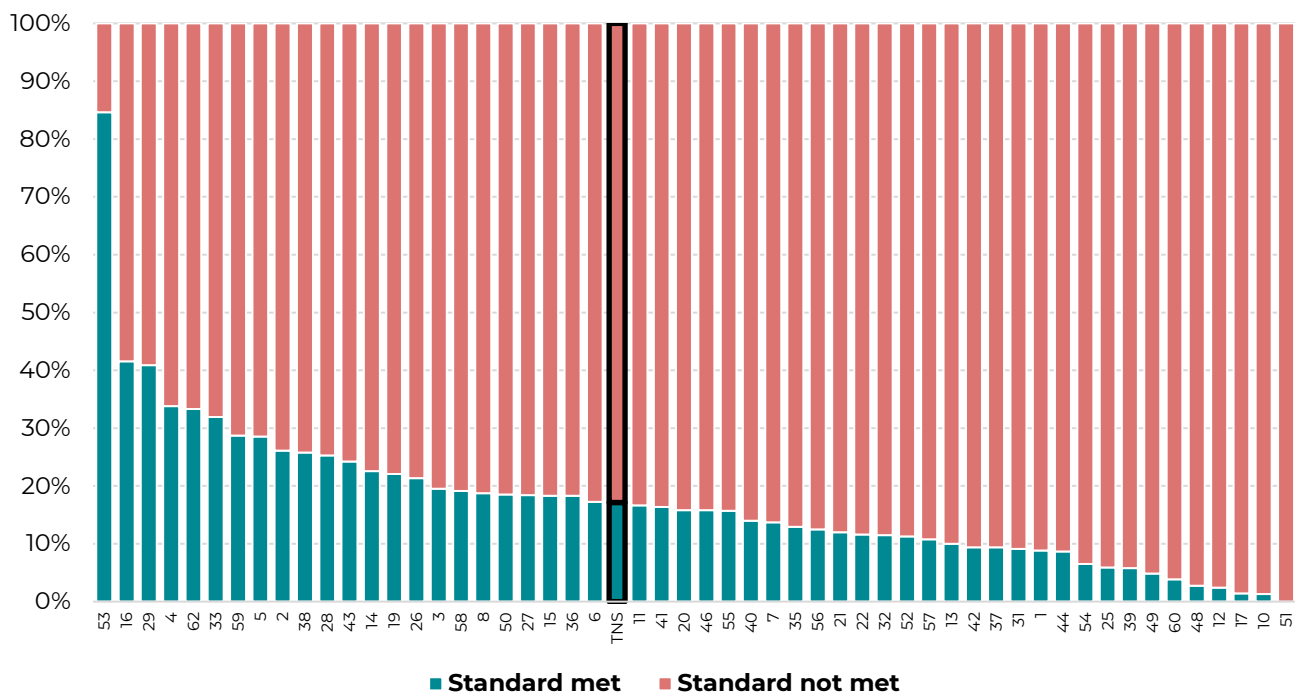
[12] This includes people who were identified from their case-notes as not working or actively seeking work, long-term sick/disabled receiving benefits, homemaker (not working or actively seeking work), unpaid voluntary work (not working or actively seeking work).

Perspectives from people with psychosis and their carers

Participants in the reference group agreed that alternative educational and vocational activities tailored to the service user can make a big difference to people's lives.

> *The two activities that have sustained the person I care for and given us a break from caring is a fantastic eco project and ...an art group with like-minded people.... We are very fortunate that our city is well provided for. (Carer)*

> *I was offered pottery, strawberry picking, volunteering in churches...Variety is important so people can pick what's important to them. (Service user)*

However, it was pointed out that the audit results should be interpreted with caution, because 'facilitation' of such activities, as recorded in patient case-notes, can be highly variable. The quotes below indicate that employment and education support can vary from people being "thrown a leaflet" to being provided with valuable emotional and practical support.

> *What is 'facilitating'? If it is just handing out a phone number, I don't see that as facilitating. (Carer)*

> *It's about people building relationships, asking 'are you interested [in this activity]?' I'll be there the first few times to make sure it's suitable. (Carer)*

> *I might have been thrown a leaflet but with no context... It's a big thing to just attend a walking group with 60 people on your own with no context. (Service user)*

The reference group was asked why only a small proportion of people who did not want to pursue education, training or work had documented evidence of being offered support to get involved in alternative activities. Reasons offered included that CMHT staff may be unaware of what is available locally or consider it to be another agency's responsibility.

> *A lot of services are out there but NHS staff don't always know about them. (Service user)*

> *In my Trust, there are what would be classed as alternative activities in the people participation scheme, but a lot of lead practitioners are unaware that scheme exists. (Service user)*

> *I am now in supported accommodation which has activities ...but there is now an attitude from the NHS that 'you are getting that [activities] through your accommodation, what is the point of us providing that as well'. (Service user)*

4. Discussion

Unemployment is the main psychosocial disability of people with psychosis. The societal costs of unemployment due to mental health problems are substantial and even in 2007, were estimated at close to £20 billion per annum (McCrone et al., 2008). However, more importantly, at an individual level, unemployment is a key factor contributing to social and economic marginalisation, symptom exacerbation, risk of homelessness, and persists long after symptom resolution (Rinaldi et al., 2010).

It is important to record information about employment to assess individual needs and offer appropriate support. The audit findings show that employment/education status and the offer of support were not consistently recorded in patient case-notes included in the audit (15% and 37% not recorded respectively).

The finding of only 8% in employment is disappointingly low and of concern as employment typically predicts both symptom and functional outcomes (Alvarez-Jimenez et al., 2012). Evidence suggests people with psychosis who are Not in Education, Employment or Training (NEET) are most at risk of poorer long term outcomes including service disengagement, relapse, substance misuse and suicide (Iyer et al., 2018). The employment rate in this spotlight audit is however, 2% higher than the 6% employment rate for individuals with psychosis reported in the previous NCAP core audit (RCPsych, 2018).

However, these results may reflect the impact of COVID-19 over the audit period. This will have impeded delivery of effective personalised employment support, restricted the scope and nature of available employment opportunities and adversely affected the likelihood of successful employment outcomes for people with psychosis who were unemployed and seeking work. COVID-19 has had a detrimental impact on anxiety, mood and functioning of individuals as well as confidence and willingness to pursue employment goals during a pandemic (Pedrosa et al., 2020; Salari et al., 2020). People with mental health problems are also more likely to work in the larger service industry sectors, such as hospitality and retail, that had to close due to COVID-19 restrictions (Wilson & Finch, 2021). They are also more likely to be unemployed during periods of economic recession/unemployment (Warner, 2005; Frasquilho et al., 2016), which we have experienced in the UK because of the COVID-19 pandemic. All of these factors could have adversely affected the likelihood of successful employment outcomes for individuals with psychosis during the audit period.

There is marked variation between Trusts and Health Boards in the proportion of people with psychosis who were unemployed and seeking work and those who were offered employment support programmes. The audit has highlighted a missed opportunity to positively impact on the education/employment outcomes for the 20% of people who were unemployed and seeking work but were not offered employment or educational support.

People with psychosis are often at a disadvantage with regards to participating in education or employment, and a key factor is staff perceptions toward service users, notably, low expectations and concerns about the negative impact of work-related stress rather than the benefits of returning to work (Rinaldi et al., 2010; Craig et al., 2014). These issues were highlighted by the service user and carer reference group as a significant barrier to obtaining and maintaining employment. Therefore, we have included a recommendation that advocates for the need to look at capacity, training, and competencies of care coordinators and staff to promote the importance of and effectively deliver evidence-based education and employment support.

Only 2% of the audit sample were offered Individual Placement and Support (IPS). IPS is an evidence-based intervention and has been found to improve levels of employment among people with psychosis, 49% for young adults (Bond et al., 2014) and 59% for adults (Bond et al., 2012). The 2% figure is very low considering the NHSE transformation funding which has seen a significant investment and expansion of IPS service provision in England and the policy intention of doubling access for people with serious mental illnesses (NHS long-term plan). We do however, recognise that Welsh services are at an earlier stage of development than England and are still piloting IPS (Welsh Government, 2020). Additionally, we acknowledge that the audit may underestimate IPS provision as services could be named differently and people who received employment support could have been receiving IPS.

5. Recommendations

1) Recording employment status

Mental health services should record the employment status of all people with psychosis, as this is the starting point for assessing a person's occupational needs and preferences.

2) Employment support

Mental health services should

- Offer support to all people who are unemployed to help them find and sustain employment.

Commissioners and providers should

- Identify the factors contributing to the variation in employment support in relation to:
  - Commissioning of education and employment support provision and capacity.
  - Training and competencies of care co-ordinators and staff to address education and employment support needs of people with psychosis.

3) Individual Placement and Support (IPS)

Commissioners, providers, and mental health services should ensure that IPS is available for and offered to people with psychosis and that there is equity in access, experience, and outcome for those who are unemployed.

Commissioners and providers in England should work jointly to ensure achievement of the long term plan access target of 55,000 people accessing IPS annually by 2023/24.

4) Alternative educational/occupational activities

Mental health services should offer and facilitate support with alternative educational or occupational activities in accordance with their needs to all people who do not wish to attend mainstream education training or work.

6. Conclusion

Notwithstanding the likely adverse impact of the COVID-19 pandemic on these audit findings, the report highlights a number of important recommendations aimed at addressing key findings in the audit data. Some recommendations are simpler to implement locally than others, for example, recording education and employment status in case-notes. The offer, follow up and recording of supported education and employment interventions, where patients are unemployed or seeking help to retain existing employment, should be routine clinical practice.

The recommendations highlight the importance of strategic planning to ensure availability of supported education and employment provision and equity of access to evidence-based education and employment support. The expectations of those who use services is also important. All service users should be told what employment support services are available to them and be given information about how they can help people find work. Support with accessing alternative occupational activities should be available to all those who are unable to attend mainstream education, training, or work.

Appendix A: Acknowledgements

We would like to thank everyone who contributed to the 2021 NCAP spotlight audit. We would especially like to mention:

- Participating Trusts and Health Boards, who took part in the collection and submission of data for the NCAP employment spotlight audit. Their continued hard work and dedication to the audit is very much acknowledged and appreciated.

- Professor Paul French and Professor Jo Smith, NCAP clinical advisors, for their advice on the audit content and developing the recommendations.

- Veenu Gupta, NCAP Service User Advisor.

- Rethink, for organising and facilitating the service user and carer reference group and providing a report on the feedback received.

- Miles Rinaldi (Head of Strategic Development South West London and St George's Mental Health NHS Trust), Jan Hutchinson (Director of Programmes, Centre for Mental Health) and Sharon Stevelink (Senior lecturer in Epidemiology, Kings College London) were consulted in relation to the proposed focus and content of the spotlight audit questionnaire and guidance on draft reports.

- NCAP Steering Group members.

Appendix B: Methodology

Audit standards
The standards are based on NICE guidance in relation to the management of psychosis and rehabilitation (NICE CG178, 2014; NICE NG181, 2020).

Standard 1

Offer supported employment programmes to people with psychosis or schizophrenia who wish to find or return to work (NICE CG178, 2014; NICE NG181, 2020).

Standard 2
For people who do <u>not</u> wish to pursue mainstream education, training or work, facilitate alternative educational or vocational activities (NICE NG181, 2020).

Development of the audit tool
Miles Rinaldi (Head of Strategic Development South West London and St George's Mental health NHS Trust), Jan Hutchinson (Director of Programmes, Centre for Mental Health) and Sharon Stevelink (Senior lecturer in Epidemiology, Kings College London) were consulted in relation to the proposed focus and content of the spotlight audit and report drafts.

The audit included questions about:
- Demographic information about the patient
- Employment/education status
- Support offered to patients seeking work
- Support offered for alternative educational or vocational activities.

Participation
53 sites participated (47 Trusts in England and 6 Health Boards in Wales) and submitted a total of 4,935 case-notes (4,448 England; 487 Wales).

Sampling
Trusts/Health Boards submitted case-note data on a random sample of up to 100 patients. They were asked to send the NCAP team a list of all case-notes that met the eligibility criteria. If they had more than 100 eligible patients, the NCAP team produced a random sample of 100 patients. Where fewer than 100 eligible patients were identified, all patients were included.

Inclusion and exclusion criteria

All patients across the Trust/Health Board who met the below eligibility criteria on the Census date, 12th January 2021:
- Aged 16 years and older
- Being cared for by adult services in the community (this excluded Children and Adolescent Mental Health Services or Early Intervention in Psychosis services)
- Under the care of the Trust/Health Board for at least 12 months on the census date
- Current ICD-10 diagnosis made before the age of 60 years and made 12 months or longer before the census date of one of the following psychoses:

- o F10-19/xx.5 psychotic disorder secondary to alcohol or substance abuse
  - o F20 schizophrenia
  - o F22/F24 persistent delusional disorders/induced delusional disorder
  - o F25 schizoaffective disorder
  - o F28/29 other non-organic/unspecified psychotic disorders
- The following diagnoses were excluded from the audit
  - o Schizotypal disorder
  - o Acute transient psychoses
  - o All affective psychoses

Data handling and analysis

All data for the case-note audit were entered using Formic Fusion Survey software via secure webpages. Quantitative data were extracted and analysed in IBM SPSS Statistics 26.

Changes made to the data

During the process of quality assuring the data received, the following changes were made:

- In this report, all percentages and numbers have been rounded off to the nearest whole number (0.5 has been rounded up) therefore some percentages may not add up to 100%.
- Duplicates identified in case-notes were removed.
- Unexpected/extreme values were queried with participating Trusts/Health Boards.
- Free text responses for question 5 'other' were removed or queried with participating Trusts/Health Boards if the response indicated that the question was not applicable.
- If Trusts/Health Boards indicated that question 5 was not applicable, they were directed to select responses of either 'none' or 'not documented'.

Confidentiality

No patient identifiable data were collected for this audit.

Service user and carer reference group

The NCAP team ran a service user and carer reference group to gather reflections on the audit data from people with a lived experience of psychosis. The group was attended virtually by 6 people with lived experience (5 service users and 1 carer). The participants were a mix of different genders and ethnicities and exhibited a range of employment and education statuses from student to part-time and full-time employment to seeking work.

Participants were invited via email by Rethink Mental Illness, who facilitated the group and wrote a report summarising the feedback provided. The quotes embedded throughout the report offer insight into how the service user and carer reference group felt about the results. Quotes were selected for inclusion based on their capacity to shed light on the two standards and why these matter from a service user and carer perspective and what the results mean to service users and carers.

Appendix C: Demographic data

Table 4: Number of people with psychosis in the audit sample by age, gender and ethnicity (n = 4,935)

Demographics	England and Wales % (n)
Age	
Under 18	0% (0)
18-29	7% (334)
30-39	21% (1042)
40-49	28% (1399)
50-59	29% (1413)
60-69	13% (636)
70-79	2% (97)
80 and over	< 1% (14)
Mean age	47
Median age	48
Age range (min-max)	19-88
Gender	
Male	66% (3268)
Female	34% (1663)
Other	< 1% (4)
Not stated/refused	0% (0)
Ethnicity	
White	77% (3821)
Black or Black British	7% (346)
Asian or Asian British	7% (329)
Mixed	3% (160)
Not documented	2% (115)
Not stated/refused	2% (84)
Other ethnic groups	2% (80)

Glossary

A

Audit: Clinical audit is a quality improvement process. It seeks to improve patient care and outcomes through a systematic review of care against specific standards or criteria. The results should act as a stimulus to implement improvements in the delivery of treatment and care.

Audit standard: A standard is a specific criterion against which current practice in a service is measured. Standards are often developed from recognised, published guidelines for provision of treatment and care.

C

College Centre for Quality Improvement (CCQI): A centre which specialises in assessing and improving the quality of care of mental health services through quality and accreditation networks, national clinical audits, and research and evaluation.

Commissioner: A person or organisation that plans and monitors services.

E

Early Intervention in Psychosis (EIP) service: EIP services are specialised services providing prompt assessment and evidence-based treatments to people with first episode psychosis (FEP).

Ethnicity: The fact or state of belonging to a social group that has a common national or cultural tradition.

H

Health Board: NHS Wales delivers services through 7 local health boards. Local health boards are responsible for planning and delivering NHS services in their areas. The term 'Health Board' has been used throughout the report to refer to all health boards in Wales.

Healthcare Quality Improvement Partnership (HQIP): An organisation which commissions clinical audits and works to increase their impact to improve quality in healthcare in England and Wales.

I

Individual Placement and Support (IPS): is an employment support service integrated within community mental health teams for people who experience severe mental health conditions. It is an evidence-based programme that aims to help people find and retain employment.

N

National Clinical Audit and Patient Outcomes Programme (NCAPOP): A closely linked set of centrally funded national clinical audit projects that collect data on compliance with evidence-based standards. The audits provide local Trusts with benchmarked reports on the compliance and performance. The programme is funded by NHS England and NHS Improvement and the Welsh Government.

National Clinical Audit of Psychosis (NCAP): NCAP is a 3-year improvement programme to increase the quality of care that NHS

Mental Health Trusts in England and Health Boards in Wales provide to people with psychosis.

NHS England and NHS Improvement: The National Health Service (NHS) England is a publicly funded healthcare system. NHS England and NHS Improvement work together with Clinical commissioning groups (CCGs) who deliver health services locally, and local authorities (councils) to make shared plans for services. (http://www.england.nhs.uk/).

NICE (National Institute for Health and Clinical Excellence): An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NICE guideline: Guidelines on the treatment and care in the NHS of people with a specific disease or condition.

NICE quality standard: Quality standards set out the priority areas for quality improvement and cover areas which have a variation in care. Each standard includes a set of statements to help services improve quality and information on how to measure progress.

P
Psychosis: A term describing specific symptoms that may indicate a loss of touch with reality. Symptoms can include difficulty concentrating and confusion, conviction that something that is not true is so (false beliefs or delusions), sensing things that are not there (hallucinations), and changed feelings and behaviour. Psychosis is treatable, and it can affect people of any age and may sometimes be caused by known physical illnesses.

R
Royal College of Psychiatrists: The professional and educational body for psychiatrists in the UK.

S
Service user: Person who uses mental health services.

T
Total national sample (TNS): The combined data set of the national sample.

Trusts: NHS trusts are public service organisations that provide healthcare services. They include: primary care trusts; acute trusts, which manage hospitals; care trusts, which cover both health and social care; foundation trusts, which have a degree of financial and operational freedom; and mental health trusts, which provide health and social care services for people affected by mental health problems. The term 'Trust' has been used throughout the report to refer to all trusts and organisations providing NHS-funded EIP services in England

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