Institution: University of Glasgow (UofG)		
Unit of Assessment: UoA 4 (Psychology, Psychiatry & Neuroscience)		
Title of case study: Propagating the interpersonal approach to psychosis recovery and relapse prevention across Scotland		
Period when the underpinning research was undertaken: 2003–present		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	**Role(s) (e.g. job title):**	**Period(s) employed by submitting HEI:**
Professor Andrew Gumley	Senior Lecturer; Professor of Psychological Therapy	2001–2008; 2008–present
Period when the claimed impact occurred: 2014–2020		
Is this case study continued from a case study submitted in 2014? Yes		

1. Summary of the impact

Relapse is experienced by 80% of psychosis patients within five years of their first episode, and accounts for most of the lifetime disability and societal costs arising from psychosis. UofG research with an NHS Glasgow Early Intervention Service developed psychological approaches to prevent relapse and support emotional recovery, benefiting 800 users with estimated cost savings to the NHS of £4.4 million. Since 2014, these approaches have been rolled-out to over 400 mental health staff across Scotland through NHS Education for Scotland, bringing benefits to over 2,250 service users with psychosis. This research underpins the Scottish Mental Health Strategy 2017–2027 commitment to early intervention in psychosis, which in 2019 established and funded a new clinical network to support continued implementation.

2. Underpinning research

UofG research, led by Professor Gumley (2001–present), has developed and refined therapies to detect and prevent relapse and to promote emotional recovery for individuals at risk of relapse and poor outcomes following a first episode of psychosis, which have shaped clinical service models in Early Intervention Services and in Community Mental Health Teams.

Preventing psychosis relapse through emotional recovery

In 2003, Prof. Gumley conducted the first randomised controlled trial (RCT) of cognitive behavioural therapy (CBT) for psychosis relapse (CBTp). CBT is an evidence-based form of psychotherapy that aims to educate patients about their condition and to provide them with the skills to manage it. Gumley's research showed that it was possible to intervene during the early signs of relapse and that doing so led to a reduction in relapse (48% less for CBT compared to treatment as usual (TAU); n=72 per group) and hospital admissions (42% less for CBT versus TAU). Moreover, CBT led to improved day to day functioning [3.1]. Those who experienced a relapse during the study experienced greater feelings of depression, shame and humiliation, while those who received CBTp experienced improved emotional outcomes [3.2].

Relapse emerges from how patients ('service users') make sense of and cope with the early signs and symptoms of a forthcoming relapse. By using CBTp to improve their ability to recognise, tolerate and cope with distressing experiences, service users can develop greater control and choice in their recovery [3.1,3.2]. The connection between emotional recovery and relapse prevention, first identified at the UofG, has highlighted cognitive, behavioural and interpersonal factors as being key mechanisms in the evolution of relapse in psychosis. This, in turn, has led to CBTp adaptations, based on the recognition that people are fearful of relapse and its common antecedents and consequences, which include feelings of trauma, stigma and shame. To address the challenges individual's face in recognising when and how to seek help in relation to relapse, a CBTp adaptation called **cognitive-interpersonal therapy (CIT)** focuses on the development of skills to improve emotional regulation as a means of promoting relapse prevention and emotional recovery. This approach was published in 2006 in collaboration with Matthias Schwannauer (University of Edinburgh) [3.3].

CIT has been further extended to reflect the importance of addressing the feelings of shame, stigma and self-criticism experienced in psychosis in an approach called **compassion focussed therapy (CFT)**. This specifies how therapists and clinical services could cultivate an attitude of warmth, empathy, courage and kindness amongst people with psychosis in response to their

own distressing experiences. The feasibility and acceptability of CFT was demonstrated in the first ever RCT of CFT for people with psychosis, which showed that a significantly greater proportion of participants receiving CFT plus TAU (65%) had improved outcomes compared to TAU alone (5%) [3.4].

In 2006, a Chief Scientist Office-funded prospective study of psychiatric recovery in people with a first episode of psychosis (*Glasgow Edinburgh First Episode Study*) provided further evidence to support cognitive interpersonal mechanisms of recovery. Service users who felt more insecure in their relationships, and had greater problems managing their emotions, had more problems in forming relationships with mental health staff and had poorer outcomes over 12 months [3.5]. Based on this, an Integrated Care Pathway was developed for people with first-episode psychosis that placed the quality of service engagement (as experienced by mental health staff during the first 12-weeks of a service users' care pathway) at the centre of multidisciplinary care planning. Where staff reported experiencing problems in engagement, a compassion focussed formulation was used to help staff think about, reflect on, and plan interventions based on this model. These findings directly shaped the service model for early intervention services in the NHS Greater Glasgow & Clyde ESTEEM service, which since 2010 has placed attachment and emotional recovery at the heart of the service model. A service evaluation delivered as part of the Chief Scientist Office study (2006–09), presented to the Scottish Government Mental Health Division, showed a reduced duration of untreated psychosis compared with a community service (13 versus 23 weeks), and a reduced delay before service users could access help (1 versus 3 weeks). Service users also spent 50% less time as inpatients (33 versus 72 days) in the 12 months following a first psychosis episode [3.5]. Following this, early intervention for psychosis was established as a national priority for mental health in the Scottish Mental Health Strategy in 2012-2015.

A further RCT of relapse detection, led by Gumley, found that *fear of recurrence was the strongest predictor of time to relapse* and was as sensitive to relapse as traditional early warning signs [3.6]. This was the first ever RCT of two methods of relapse detection that demonstrated that fear of relapse is a plausible and tractable relapse mechanism in people with a diagnosis of schizophrenia, and highlighted the possibility that traditional approaches to early warning signs could increase fear of relapse and prevent effective help-seeking. These findings had significant implications for generic secondary mental health services (Community Mental Health Teams).

3. References to the research

1. **Gumley, A.I**., *et al*. (2003) Early intervention for relapse in Schizophrenia: Results of a 12-month randomised controlled trial of Cognitive Behavioural Therapy. *Psychol Med*. 33:419–431. doi:10.1017/S0033291703007323
2. **Gumley, A.I**., *et al*. (2006) Early intervention for relapse in schizophrenia: Impact of cognitive behavioural therapy on negative beliefs about psychosis and self-esteem. *Br J Clin Psychol*. 45, 247–260. doi:10.1348/014466505X49925 [Available on request]
3. **Gumley A.I**. & Schwannauer M. Staying Well After Psychosis: A Cognitive Interpersonal Approach to Recovery and relapse prevention. Chichester: John Wiley & Sons. (2006) ISBN: 0470021853 [Available on request]
4. Braehler, C, **Gumley A**, Harper, J, Wallace S, Norrie J, Gilbert P. (2013) Exploring change processes in Compassion Focused Therapy in Psychosis: results of a feasibility randomized controlled trial. *Br J Clin Psychol.* 52:199–214. doi: 10.1111/bjc.12009 [Available on request]
5. **Gumley, A.I**. *et al*. (2014) Insight, duration of untreated psychosis and attachment in first-episode psychosis: prospective study of psychiatric recovery over 12-month follow-up. *Br J Psychiatry*, 205:60–67. doi:10.1192/bjp.bp.113.126722
6. **Gumley, A.I**., *et al*. (2015) Fear of recurrence: results of a randomized trial of relapse detection in schizophrenia. *Br J Clin Psychol*. 54:49–62. doi:10.1111/bjc.12060 [Available on request]

Grants (PI name, funder name, amount, start and end date):

i. ICaRiS: Investigation of Cognition and Relapse in Schizophrenia. **Chief Scientist Office** (2001–2004) GBP188,500 (PI: Gumley)

ii. Glasgow Edinburgh First Episode Psychosis Study: How does engagement with services mediate symptomatic outcomes after a first episode of psychosis? **Chief Scientist Office** (2006–2009) GBP201,951 (PI: Gumley)
iii. Implementing improvement strategies based on an Integrated Care Pathway for Early Psychosis. **Scottish Executive Health Department** (2011–2014) GBP179,736 (PI: Gumley)

4. Details of the impact

In Scotland, ~1600 new psychosis presentations occur each year. UofG research has been at the forefront of supporting innovative clinical approaches and models to address this clinical need. *In a REF2014 case study, we described research on CBT in psychosis, and the co-development and implementation of the cognitive interpersonal therapy (CIT) approach to emotional recovery and relapse prevention within the Glasgow Early Intervention Centre (ESTEEM) [3.1–3.3, 3.5]. This work led to ESTEEM's expansion across NHS Greater Glasgow & Clyde and provided the key basis for a commitment in the Mental Health Strategy for Scotland 2012–2015 to promote the development of early intervention services for first episode psychosis.*

In the current REF2021 window, this UofG research has led to:

1. continued benefits to early intervention services and service users in Scotland—within the ESTEEM service in Glasgow and an early intervention service in Edinburgh; and provided the basis for a renewed and enhanced policy-level commitment and funding to propagate early intervention services for first episode psychosis across NHS Scotland;
2. new research on CFT [3.4] has led to this approach being taught to, and used by, mental health professionals across the world; and,
3. the CIT approach [3.3], together with new understandings of relapse detection [3.6], has contributed to strengthening capacity for Community Mental Health teams to implement psychosocial interventions for psychosis.

1. Early intervention services and Scottish Government Mental Health Strategy 2017–27

In July 2014, Gumley completed a prospective three-year evaluation of ESTEEM's Integrated Care Pathway during which time ESTEEM implemented the **CIT** and **CFT** approaches co-developed with UofG [5.A, 3.iii]. The results showed very high rates of psychiatric and emotional recovery, and low rates of psychiatric admission and detainment over 12-months among the 130 people who entered the service during the evaluation [5.A]. The positive findings led to the routine implementation of: (a) assessments of service user, carer and clinician engagement; (b) identification of individuals at high risk of arrested recovery, reflected in poor engagement ratings by mental health staff; (c) use of a compassion focussed approach to address cognitive-interpersonal mechanisms of recovery and relapse; and (d) development of a formulation based approach to multidisciplinary intervention.

Since 2014, ESTEEM has continued to implement Gumley's approach to assessing engagement and focus on multi-disciplinary team formulation to inform care planning and delivery. Between August 2014 and December 2020, an estimated **800 service users** have passed through this ICP [5.B] (benefitting from the **CIT** and **CFP** research) and spending half the number of days as inpatients than they might have had the service not been available [3.5]. Benefits of the CIT approach has also been reported in a two-year prospective study within the Edinburgh Early Psychosis Support Service. 79 teenage service users, treated with the **CIT** approach [as per ref 3.3] compared with treatment as usual, showed greater reductions in psychotic symptoms and depression; and improvements in quality of life across physical health, psychological, social relationships and environment domains [5.C].

A Centre for Mental Health report (p.19, para 6) calculated that the total health care costs of patients supported by an early intervention service are 20–50% lower than those receiving standard care. This reduces the cost of per patient mental health care by £5,493 in the first year of psychosis and by £15,742 over three years [5.D]. On this basis, for the **800 service users** who have used the ESTEEM ICP since 2014, **estimated cost savings may amount to ~GBP4.4 million** in the first year of psychosis.

Policy support for early intervention continues to strengthen. The Scottish Mental Health Strategy 2017-2027 builds on the Mental Health Strategy for Scotland 2012–2015, which first introduced a policy commitment to early intervention services based on Gumley's research with ESTEEM [3.5]. The updated policy *advances the commitment* to early intervention services with **'Action 26': to ensure the propagation of best practice for early interventions for first episode psychosis** [5.E, 5.F]. To support this new Action, in April 2019 **the Scottish Government established a new national clinical network**—the National Early Intervention in Psychosis Improvement Network [5.F, 5.G]. It provided **£400,000** to support Healthcare Improvement Scotland to lead a Needs Assessment for how early intervention for psychosis services can be delivered in different settings, to map implementation and promote practice development [5.G]. The Principal Medical Officer (Psychiatry) for Scotland said, ***"Prof Gumley's involvement in the above is both in creating an initial evidence base to inform policy and then using that to help shape strategic decisions and operational delivery plans in an ongoing way"*** [5.F]. Following the Covid-19 pandemic, the Scottish Government issued a Mental Health Services Transition and Recovery plan, which highlighted the increase in first episode psychosis during the pandemic, and further emphasising their commitment to early intervention in psychosis [5.G].

2. International propagation of Compassion Focussed approaches for psychosis recovery
Professor Gumley's **CFT** model of emotional recovery/relapse and the associated responses to these factors have been disseminated internationally via professional training centres and service providers:

- The Senior Clinical Psychologist and team leader of a leading early intervention centre based in Melbourne Australia described how **Prof. Gumley's work on attachment; CFT; and wellness planning have been core parts of their team's training provision and is influencing clinicians across Australia** [5.H]. The research is included in training workshops that they deliver to mental health clinicians from across Australia and overseas (Canada, Hong Kong, Japan, New Zealand). The centre has run 90 workshops since 2014 to over 2,000 attendees, with published evaluation of these training courses revealing the significant increase in knowledge that attendees gain from this training provision [5.H].
- A leading international trainer in CFT, and Director of Balanced Minds Ltd (Edinburgh & London) said, ***"With the help of Professor Gumley's ground-breaking academic (theoretical and research) contributions, the CFT approach to psychosis has received growing international attention, especially in the last five years"***. Drawing upon Prof. Gumley's CFT research, between 2016–2020 the trainer delivered 12 training events to clinicians in USA, Canada, Australia, Russia and Ireland [5.I]. "*There are clearly high levels of implementation among the teams who have specifically requested (and funded) ongoing consultation"*, which includes six mental health teams (five in USA and one in Ireland). Where ongoing consultancy isn't provided, feedback requested 4–5 weeks after training indicates comparable implementation, e.g. in feedback from 42 Canadian clinicians following a workshop, 90% stated that they had implemented changes in practice as a result [5.I].

3. Strengthening capacity to address psychosis in Community Mental Health Services
Professor Gumley's research [3.3, 3.4, 3.6] has also influenced the development of secondary mental health services (Community Mental Health Services) in Scotland. Between 2014–18, NHS Education for Scotland (NES) commissioned Prof Gumley (together with Prof Hamish McLeod, UofG) to provide three training events to representatives from each mental health service in Scotland. These were attended by **59 senior staff, psychologists, psychiatrists, nurses and occupational therapists working with people with psychosis**, who can disseminate CBTp in their local areas, and provide supervision and clinical governance of staff trained in a planned roll-out of a NES national training programme called Psychosocial Interventions for Psychosis (NES-PSIp) [5.J].

In 2015, Prof. Gumley's **CIT** approach shaped the model adopted to train Community Mental Health Staff across Scotland in the NES-PSIp. This programme was developed in collaboration with stakeholders across Scotland, including service user groups (Glasgow Mental Health Network and CAPS Advocacy Services, Edinburgh) and NHS Boards, and used a 'train-the-

trainer' approach. The training involving e-learning and workshops underpinned by UofG research [3.1–3.6] [5.J]. Following an initial pilot in the Lothian region in 2017, **this programme trained 51 trainers** from a range of mental health professional backgrounds in five Scottish Health Boards, completing in May 2018. **90% of participants found the training highly acceptable and were prepared to roll out training within their boards**. Between May 2018–May 2019, trainers within five NHS boards delivered 14 training events to **290 staff** (including mental health nurses, allied health professionals, psychiatrists and social workers) [5.J].

NES conducted a survey of 24 mental health staff who had completed NES-PSIp training to ascertain translation of training into practice. Mental health staff had an average of 17 service users with psychosis on their caseload and reported that they had used their NES-PSIp training with 41% of their caseload with psychosis. Thus, the 341 NES-trained staff (51 senior trainers and 290 mental health professionals) potentially reach 5,500–6,000 service users with psychosis and employ their training with **around 2,250 service users**. Respondents also reported that 66.7% of service users now had an Advanced Statement that expresses a user's preference for treatment in the event of a mental health crisis or losing capacity; these statements had previously been very difficult to implement. Furthermore, **71% of staff stated that the training had changed the conversations they had with their service users 'a lot' or 'a great deal' and 67% stated that it had improved collaboration 'a lot' or 'a great deal'**. One mental health nurse reflected how her service users had *"opened up about their symptoms, and recognized that they are not alone, not "mad", that this is a real illness and there is help…. It feels like we are on their journey together, they feel understood and validated. Our conversations are structured, the workbooks help to maintain focus for the session and open opportunities for questions"* [5.K].

The value of the NES-PSI programme is highlighted in smaller health boards such as NHS Highland. They have identified Action 26 of the Mental Health Strategy 2017–2027 as a priority, but are unable to support a specialist Early Intervention unit. Instead, they refer those presenting with first episode psychosis to Community Mental Health Teams or Child and Adolescent Mental Health Services. **This is only possible when staff in these services have been trained to provide care. As of June 2019, 36% had completed NES-PSIp training** [5.G].

5. Sources to corroborate the impact (PDFs uploaded for all listed items)

A. Report of CSO-funded 3-year evaluation of ICP in ESTEEM that completed in July 2014
B. Testimony and data from Head of ESTEEM Glasgow service
C. Schwannauer A, *et al*. (2020) Cognitive Interpersonal Therapy (CIT) for Young People with a First Episode of Psychosis: a pilot pragmatic randomised controlled trial. *J Adolesc.* (submitted)
D. Parsonage *et al*. (2016) Priorities for mental health – Economic report for the NHS England Mental Health Taskforce. Centre for Mental Health. (See Chapter 4: Early intervention services for first-episode psychosis, p.19, penultimate para).
E. 10-year Mental Health in Scotland (2017-2027) strategy (Action 26, p.27, draws from [3.4])
F. Testimony from Scottish Government (Principal Medical Officer Psychiatry within the Mental Health Directorate at the Scottish Government)
G. Scottish Government Action Plans: (1) Early intervention in psychosis: action plan. Scottish Government vision document on how they will improve early intervention in psychosis in Scotland, June 2019 (for NHS Highland vignette see Annex B: Early intervention in psychosis – case studies, case study 2, p.8); (2) Accompanying news release: Improvements to psychosis services, Scottish Government website; (3) Post-Covid Mental Health Services Transition and Recovery plan (Section 16.12)
H. Testimony from Director, Orygen (Melbourne, Australia); Workshop evaluation (2012–2017): Macneil *et al*. (2018) *Early Intev Psychiatry*. 13:1003–1010 (doi: 10.1111/eip.12785)
I. Testimony from Director, Balanced Minds Ltd (London & Edinburgh, UK)
J. Information from NES PSI Programme Lead: (1) Testimony and case study; (2) example training materials—slides from session 1: *Engaging and working collaboratively with people who experience psychosis*; and session 4: *Staying well after psychosis – fear of recurrence).*
K. Evaluation of the implementation of the NES PSIp programme.