



### Executive summary

Unfortunately, the longer that individuals endure symptoms without treatment, the worse their outcomes become. As such, the provision of early intervention in psychosis (EIP) services for psychotic illness now holds a central position in mental health care in Ireland and indeed worldwide. We collated existing literature regarding challenges to early intervention services in Ireland. While Ireland seems ready for an expansion in national EIP services, challenges such as funding, staffing, appropriate frameworks and inclusivity of voices remain key challenges to effective early intervention services. We provide some recommendations for addressing these challenges in support of nationwide expansion of early intervention for psychosis in Ireland.

### What is the situation?

A recent systematic review estimated that the overall incidence of psychosis-related disorders in Ireland ranged between 22 and 25 per 100,000 person-years in working-age adults (up to 65 years)<sup>1</sup>. Unfortunately, the longer that individuals endure symptoms without treatment (duration of untreated psychosis; DUP), the worse their outcomes become.<sup>2,1</sup> As such, the provision of early intervention in psychosis (EIP) services for psychotic illness now holds a central position in mental health care in Ireland and indeed worldwide.<sup>3</sup> Originating with the DETECT service in 2005 and supported by a Model of Care launched in 2019, Ireland seems ready for an expansion in national EIP services.<sup>4</sup> The aim of these services is to provide anyone experiencing their first psychosis episode or who is identified as being at risk of developing psychosis with high quality care and treatment and achieve optimal clinical, functional outcomes.<sup>5</sup> EIP services in Ireland have been shown to have a modest benefit to the health sector and a large benefit to society.<sup>6</sup> Yet, only fractions of ideal EIP service provision still exist.<sup>4</sup> Challenges regarding access to or the implementation of a successful EIP service need to be comprehensively addressed.<sup>7</sup>

### Aim

Collate existing research and identify challenges regarding access to and the implementation of a successful, nationwide EIP service in Ireland.

### What did we do?

The inspiration of this reflection resulted from a workshop organised by the PSI-STAR programme, which is an all-Ireland cross-disciplinary psychosis research and training programme involving a network of people with a wide range of expertise and interest in psychosis (see website for details: <https://psistarstudy.eu/>).

Following this workshop, a comprehensive search of several databases (PubMed; Google Scholar), as well as grey literature was conducted. Relevant literature related to the EIP services in Ireland and specifically challenges regarding access or the implementation of EIP services in Ireland was collated. The search was conducted in January 2025.

**Table 1. Literature relating to early intervention services in Ireland**

Authors	Year	EIP Service	Method/Aim
Gavin et al.	2008	DETECT <sup>a</sup>	Qualitative interviews to describe GPs attitudes towards working within the catchment area of an early intervention service.
Renwick et al.	2008	DETECT <sup>a</sup>	Survey of GPs who were within DETECT’s catchment area for their views on the service being provided.
Omer et al.	2010	DELTA <sup>b</sup> & DETECT <sup>a</sup>	Perspective literature highlighting the Irish experience of early intervention in psychosis to date and future implementation of these services in Ireland.
O’Donoghue et al.	2011	DETECT <sup>a</sup>	Retrospective case note was undertaken to a) describe the diagnoses for individuals who were found not to have a FEP; b) examine the referral rates of cases and non-cases to an early intervention service.
Knire et al.	2015	Cavan–Monaghan Mental Health Service	Questionnaire to investigate GP’s knowledge of and attitudes towards psychosis and its management by Cavan–Monaghan Mental Health Service prior to their involvement in the introduction of an EIP service.
Lalevic et al.	2019	Cork’s North Lee Mental Health Services	A retrospective descriptive study design was adopted to describe and review the EIP programme, patient demographics and treatments offered in the service over a 5-year period.
Murray & O’Connor	2019	South Lee Mental Health Service	A retrospective case review to evaluate if having an EIP service which is embedded within a home-based treatment team (HBTT), is associated with (1) shorter DUP (2) lower rates of hospital admissions at first presentation, (3) a lesser number of hospital admissions within 6 months of presentation and (4) a reduced mean bed usage for the first 6 months.
Power	2019	All-Ireland	Editorial which highlights some of the important EIP research being undertaken in Ireland.
Behan et al.	2020	5 catchment areas	To evaluate the cost-effectiveness of EIP by estimating the incremental net benefit (INB) of an early-intervention programme, delivered in a real-world setting.
Darker et al.	2022	Cork South Lee, Sligo & Meath	A process evaluation of the National Clinical Programme for EIP
Darker et al.	2023	Cork South Lee, Sligo & Meath	Semi-structured interviews exploring barriers and facilitators to the implementation of EIP services
Darker et al.	2024	3 demonstration sites	A mixed-methods design to examine how increased keyworker engagement influenced the use of other psychosocial interventions within the EIP demonstration sites.
Connolly et al.	2024	Dublin South Central Mental Health Service	A cross-sectional study / service evaluation of users presenting to the with FEP from 2016 to 2022 following the introduction of the EIP programme.
Fayyaz et al.	2024	COPE <sup>c</sup>	Outline of prospective research findings during the first 5 years of operation of Cavan-Monaghan EIP service COPE.

<sup>a</sup> Dublin East Treatment and Early Care Team; <sup>b</sup> Detection, Education and Local Team assessment; <sup>c</sup> Carepath for Overcoming Psychosis Early

## Funding

There is a differentiation between Government rhetoric of supporting early intervention services and allocating appropriate funding to implement change. Efficient processes for funding are critically under-appreciated, yet vital in achieving successful EIP services in Ireland.<sup>8</sup> Sláintecare pledged to increase mental health funding to 10% of the total health Budget,<sup>9</sup> but with current funding representing only approximately 5.8%, further advocacy is required.

## Staffing

Furthermore, issues have been reported in relation to the recruitment of clinical staff within EIP services.<sup>8</sup> This was largely on account of a temporary freeze in governmental funding from 2019-2021, but led to a decrease in enthusiasm for working within EIP due to doubts as to whether posts would be funded.<sup>8</sup> Additionally, there were serious delays for incoming staff who could not take up their new roles within the EIP service until a replacement for their existing role was secured.

## 4 key challenges identified

## Lack of Appropriate

## Frameworks

There is often a stringent divide between child and adolescent and adult mental health services, with evidence of a lack of standardised practice nationwide regarding the service transition boundary, & minimal interactions between the services.<sup>10</sup> It is also during this intermittent timeframe that prodromal symptoms emerge.<sup>6</sup> There is a lack of models of care for EIP services that bridge this divide.<sup>6</sup> The current model of care offers services to those aged 14 to 64 years of age, with an age cut off of 35 years for adults with an at-risk mental state.<sup>11</sup>

## Key Champions: Perspectives of GPs & PPI

Primary care is vital in the implementation and success of an EIP service. A study by Knire et al. (2015) showed that approximately 60% of GPs in the Cavan-Monaghan region were unfamiliar with EIP services. Involvement and support for early intervention by GPs is crucial, as they're often a young person's first contact. This is challenging when GPs are unfamiliar with EIP services.

A key concern for PPI collaborators identified during the PSI-STAR workshop relates to the language that is used in the EIP space, by clinicians and in policy. In today's society and in line with research which values the input of researcher, clinician and PPI collaborator, maintaining drive for EIP services will be challenging unless all stakeholders are satisfied with the roles that are expected of themselves and of each other and the language that is used to reflect this.

## Conclusion

Early intervention in psychosis is crucial in providing people with a chance to achieve optimum physical, mental and functional recovery. While Ireland has progressed in terms of EIP services, only a fraction of ideal provisions exist.<sup>4</sup>

We summarised literature regarding challenges to nationwide EIP services in Ireland. Issues such as reliable funding, staffing, lack of appropriate frameworks and inclusion of key champions need to be addressed to ensure nationwide rollout of EIP services is successful.

## Recommendations

Clear accountability frameworks<sup>12,8</sup> including well-defined expectations for the cost of the service and mechanisms to ring-fence funding so EIP programmes can be funded to a standard comparable to other clinical programmes.

GPs appear to have a lack of awareness for EIP services, thus a targeted distribution of information about EIP services by service providers is warranted.<sup>13</sup>

Policy messaging could be enhanced if combined with clear messaging about the methodological gains of collaborating with people with lived experience.<sup>14</sup> Emerging evidence for example has illustrated the benefits of involving PPI at all stages of research.<sup>15</sup> There needs to be a concerted effort by all stakeholders including PPI collaborators to translate the national vision for EIP to local reality.

There is limited evidence in the literature to support a clinical cut-off based on age in relation to support services.<sup>16</sup> The NCP Model of Care promised to review the evidence for the age cut-off points in three years.<sup>11</sup> We suggest further research is crucial regarding the transition to an age inclusive EIP service.

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