

What happens after early intervention? Mapping early intervention in psychosis care pathways in the twelve months after discharge

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Abstract

Aim: Early intervention services are the established and evidence-based treatment option for individuals with first-episode psychosis. They are time-limited, and care pathways following discharge from these services have had little investigation. We aimed to map care pathways at the end of early intervention treatment to determine common trajectories of care. **Methods:** We collected health record data for all individuals treated by early intervention teams in two NHS mental health trusts in England. We collected data on individuals' primary mental health care provider for 52 weeks after the end of their treatment and calculated common trajectories of care using sequence analysis. **Results:** We identified 2224 eligible individuals. For those discharged to primary care we identified four common trajectories: Stable Primary Care, Relapse and return to CMHT, Relapse and return to EIP, and Discontinuity of Care. We also identified four trajectories for those transferred to alternative secondary mental health care: Stable Secondary Care, Relapsing Secondary Care, Long-term Inpatient, and Discharged Early. The Long-term Inpatient trajectory (1% of sample) accounted for 29% of all inpatient days in the year follow-up, with Relapsing Secondary Care (2% of sample and 21% of inpatient days), and Relapse and return to CMHT (5% of sample, 15% of inpatient days) the second and third most frequent. **Conclusions:** Individuals have common care pathways at the end of early intervention in psychosis treatment. Understanding common individual and service features that lead to poor care pathways could improve care and reduce hospital use.

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