

Data supplement

Online supplement 1

New approaches to care

'On the one hand we've been recruited because we are highly qualified, highly experienced people, but a lot of the job is running around. Sometimes it's being a taxi service really as well.'

(Approved social worker, team A)

'Engagement to me is about availability as much as anything. OK, if you're going out to the person's house, they don't let me in, but leave a note saying you've called, put your telephone number on, perhaps you can speak to them on the phone initially, things like that. Perhaps you can get someone they know to come along. OK they might reject you, but you keep going back, really, not pestering, just showing that you are available, that you are genuinely concerned. A person that you have a good rapport with and then the rapport wanes, you stick with it through thick and thin really, consistency. When they don't want help that's fine, just let them know that you're still there and then when they're ready to come back to you, they often do, really. Initially engagement to me is about posing as little threat as possible.'

(Community psychiatric nurse, team D)

'Coming from an in-patient forensic background as well where I've been used to drumming it into them about medication and the implications of what happens if you don't take your medication, that's something that I have to take a step back from now and allow them to make their own decisions about their medication. I've been seeing one [service user] since before Christmas and they're still not on medication. Now the consultant says he needs to go on meds. They tell him this and he backs off

and then it takes me even longer to engage him, because he thinks all I'm going to do is enforce what the docs are doing. But luckily I think I've got through to him now, that this is not what I'm about. I'm not going to talk about medication when I go and see him, it's purely about how he's feeling and I won't make decisions about whether he wants to try medication or not. At the minute it seems to be working.'

(Community psychiatric nurse, team A)

'It's important to keep your distance from the community health teams while maintaining good links. You should see yourself as offering an alternative to traditional psychiatry – see yourself as a young person's community-based "something else" and not just an off-shoot of the local psychiatric service.'

(Occupational therapist, team B)

'I think the worst thing for the client is the level of input they will have after they leave us. There is no way that community mental health teams can offer the same level of service as we do. Also, if there is a relapse they don't have the capacity to respond as quickly as us – like the same day or the one after.'

(Community psychiatric nurse, team C)

'Part of the ethos of early intervention is not just having the team and the early intervention service; it's about health promotion, breaking down stigma, developing networks. So some team members might have, as part of their role, work in schools, some might be liaising with primary care, might be a case of doing sessions in surgeries and that sort of stuff.'

(Community psychiatric nurse, team L)

Online supplement 2

The importance of context

'We've got six or seven people from Afghanistan with psychosis and our understanding of that culture is not good and so the service we provide is not as good because our experience is with people from Black and Asian communities.'

(Occupational therapist, team C)

'The geography causes me real problems because it can be 90 miles to get to somebody and I don't necessarily know if the resources that would help me are available in a little village.'

(Community psychiatric nurse, team A)

'There is one young man in the village who has developed a psychotic illness. He is so talked about, so stigmatised, he stands out so much that the demographic of the area causes huge problems for him and cuts him off from a lot of resources that might otherwise be available to him.'

(Community psychiatric nurse, team J)

Online supplement 3

Views of commissioners

'I think from a professional viewpoint it worries me that I don't have a mentor for this new role as it is a responsible position. I have plenty of experience in clinical things, as a provider, albeit none in mental health, but I'm actually doing this as a commissioner which is totally different.'

(Mental health commissioner, primary care trust 4)

'I think I can also say that the local planning group in this area haven't been particularly pro-active, particularly because of the large number of organisational

changes that have taken place recently. So it's [referring to mental health planning for children] been left in a void for a while.'

(Planning officer, child and adolescent mental health services executive 15)

'I have come across health service managers that still don't want to have to attend to, or prefer not to be involved with, mental health. They just don't want to know. I get a feeling I don't get the same things as some of my other colleagues, but I don't know if that's the truth. It's interesting; a remark somebody made when I started on the first day: "You're brave!"'

(Mental health commissioner, primary care trust 4)

Online supplement 4

Strategies for survival in uncertain times

'The funding was lost last year. It's restricted this year; it's half of what we expected. And half of what is in the development plan proposal I put in – two staff a year over a 3-year period to get a team of six.'

(Interview 1: psychologist team manager, team J)

'... we will go the extra mile, but we seem to be going the extra 10 miles at the moment and I know none of us complain about that, but in realistic terms we can only do that for so long before we burn out. And that's my biggest worry. Because we so want to help young people and do what we can when we can, and we will just burn out.'

(Interview 1: community psychiatric nurse team manager, team C)

'Apart from the morale and retention issues, I think clinically we will have to fold. I think we will have to disperse into separate community mental health teams because we can't continue to absorb acutely ill people and have 12–16 of them on the case-load.'

(Interview 2: community psychiatric nurse team manager, team D)

'I don't see demand shrinking and I don't see the service necessarily growing either. I think the way we deal with that is trying to be strict about our entrance criteria and also I think we're going to have to be quite strict about not hanging onto patients once their 3 years are up, because there is a temptation to think "oh because we've done so well it's a shame to discharge them now" particularly if you feel you may be discharging them to an inferior service.'

(Interview 3: community psychiatric nurse team manager, team J)

'We need to go out to schools, colleges and to youth clubs raising the profile of early intervention and the awareness of problems. We could even write an article in the local paper and things. All these will bring people forward at least for an assessment or screening in terms of early psychosis. We know that we need to do it at some point but it's about getting the balance right. I'm not sure that the primary care trust understands how much time developmental work takes.'

(Interview 3: occupational therapist, team B)

'We've got a project that's due to open next year, early next year by January, which will be a multi-agency youth service... that will be funded by a number of different funding streams, have strong youth focus, be easy to access so young people can walk in and just hopefully get help... I think that's where it will go.'

(Interview 4: community psychiatric nurse, team manager, team F)

Online supplement 5

Views of service users and carers

'I didn't know whom I was going to meet. I thought they were taking no notice of what I was saying and making decisions without me . . . Sometimes it made me really angry and I was thinking "I know what I am saying and doing and they don't listen to me."'

(Service user, team J)

'Well, I weren't too happy because what I found is that the doctors keep leaving and we keep getting new ones, so you have to start from the beginning. I actually did a letter of complaint and they wrote saying they were looking into it.'

(Service user, team C)

'They done everything they can and the medication gives me the best quality of life that I have had and almost normal quality of life. The other things that I have done have helped me to grow in confidence and to manage and cope with the voices and visions.'

(Service user, team A)

'I found it very helpful looking at my psychotic periods and just general mental health problems over the 18 months prior to being here. I came away with an understanding in the last month where I have wrote down my experiences again. I've used [keyworker] to talk over things in understanding and feeling less ashamed which is what I was feeling with having a mental health problem, that it's something very shameful and embarrassing, but now it's given me confidence in that area.'

(Service user, team G)

'[Service user] was a classic case and there were various percentages flashing around but we seized on one that was, I don't know, 30% that recovered and never relapsed,

that there was a good possibility that she would recover and not relapse again, so that gave us hope among all the doom and gloom.'

(Dad, team J)

'There was one day when everything was really difficult and I can't remember whether [name removed] rang them or I rang them, but they stayed behind at five o'clock and saw us and they said, "we will stay as long as you need us to stay." There was no sort of pressure.'

(Mum, team C)

'It's very refreshing because I felt like I was listened to, and there was honesty, and quite an unusual way of working when they actually seemed to care about me, not just [user]. My well-being was as important as [user]'s, which to me did make a difference because it was almost like I needed healing too, because I was so damaged by what the system had done to us, in a way.'

(Mum, team E)

'I can't praise them enough and the level of care you know . . . She doesn't have to get on any public transport. They personally come and fetch her in a car from the door. Take her bowling, to the cinema, to the gym. She gets to be with other clients, other workers in the service and then she gets dropped straight back off at the door. The care is there from the minute she leaves the house 'til when she comes back.'

(Mum, team D)

'We think that if it wasn't for the early intervention team, [user] wouldn't be here now. She was adamant that she was going to kill herself. She didn't want to be here. She said she was hurting too much. The team has made so much difference to us as a family simply because of the understanding they have about the problems we are experiencing.'

(Mum, team B)