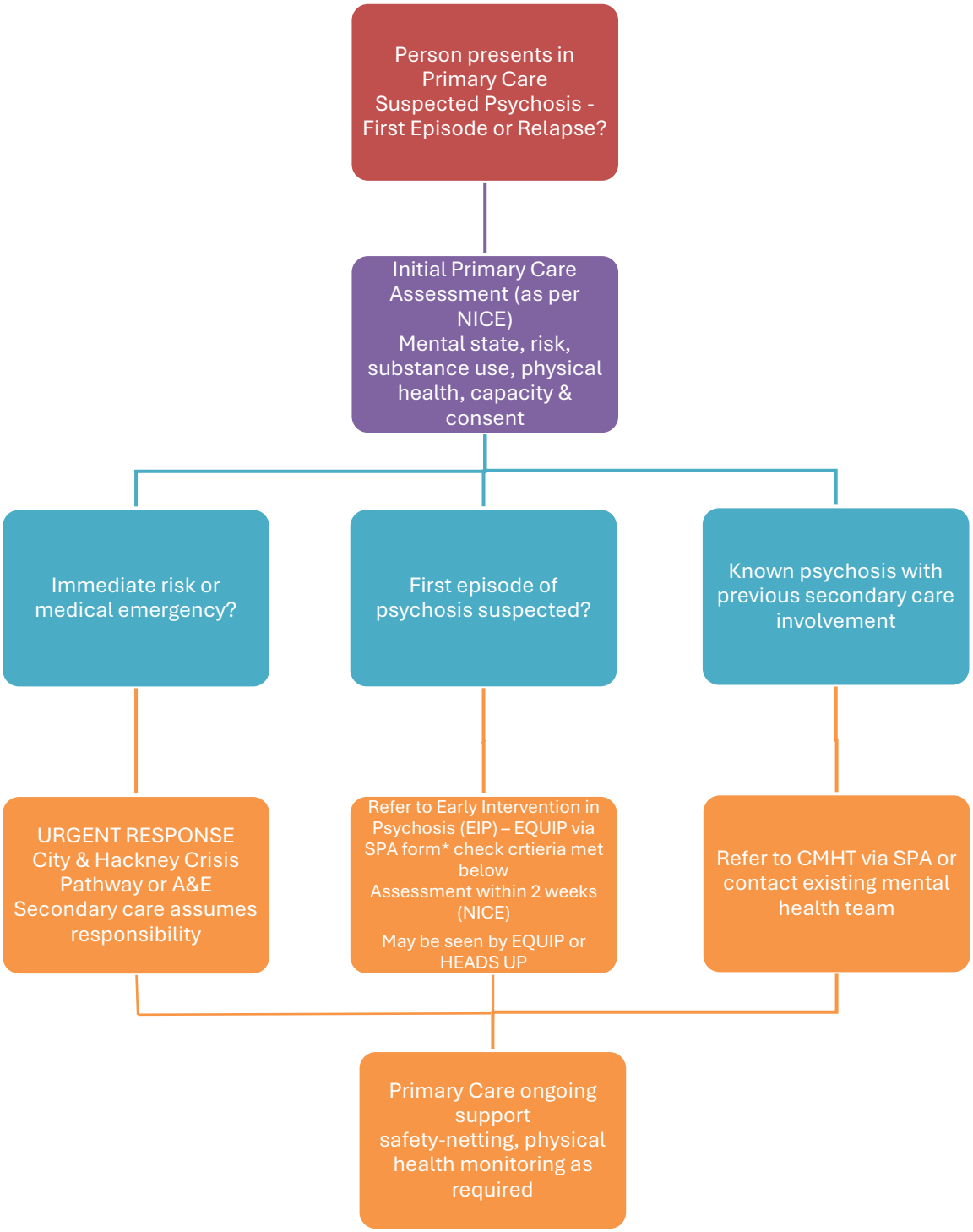
NHS
Homerton Healthcare
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Primary Care Psychosis Pathway – City & Hackney 2026



KEY CONTACTS

City & Hackney Crisis Pathway: 020 8432 8020 (professionals line) or 111 PRESS 2
EQUIP (ELFT): 020 3222 8000
Neighbourhood Duty Worker: 0207 275 1000, 07769533165, 07833234731
Neighbourhood Duty Email address: elft.ch-nrsduty@nhs.net
Neighbourhood Team Admin: 0203 222 8003 / elft.ch-neighbourhoodmhteams@nhs.net
*SPA MH Referral form on EMIS: *(RP) Single Point of Access Mental Health Referral Form CH CEG*

EQUIP website: EQUIP Team (Early Intervention City & Hackney) | East London NHS Foundation Trust

Referral Criteria for EQUIP:

Person referred:

- is aged between 18 and 65 (consideration will be given to where a person's needs are best met if they approaching age 65)
- is registered with a GP in the City of London or the London Borough of Hackney
- is a resident of the City London or the London Borough of Hackney
- is experiencing a first episode of **non-organic** psychosis
- has never been prescribed anti-psychotic medication for psychotic symptoms in the past, or only for a period of less than 6 weeks if recently commenced

  Some flexibility in relation to this time period for people will be considered in the following circumstances where the person would be otherwise have been eligible for EIP intervention:
  - where anti-psychotic medication was started > 6 weeks ago in inpatient services
  - where anti-psychotic medication was started > 6 weeks ago in prison

Exclusion Criteria for EQUIP

- Organic presentation
- Acute drug intoxication/drug-induced psychosis that resolves without medication and symptoms are not sustained
- If the presenting difficulties are better understood by a different diagnosis to a first-episode psychosis and/or are better managed by another intervention pathway. Examples of this might be:
  - Primary diagnosis of personality disorder (e.g. fleeting, changeable psychotic symptoms)
  - PTSD with transient psychotic symptoms in the absence of diagnosable first episode psychosis
- Has commenced EIP intervention 24 months or more ago, whether referral is a transfer from another EIP service or a re-referral to EQUIP
- Duration of untreated psychosis of more than 3 years if aged over 35 (no DUP for under 35s)

HEADS UP website: HEADS UP - Mental Health Early Detection Service (City & Hackney) | East London NHS Foundation Trust

Criteria for HEADS UP

18 – 35 years, City and Hackney resident at risk of developing psychosis (At Risk Mental State)

- e.g With a family history of psychosis who have mood disturbance/social withdrawal
- Those with attenuated (almost psychotic-like experiences) not to full intensity not better explained by another diagnosis or substances
- Those with short lived psychotic experiences (BLIPs) that last less than a week and spontaneously recover

Psychosis Assessment in Primary Care:

NICE Guidance:
Psychosis and schizophrenia | Health topics A to Z | CKS | NICE

1. Assess Symptoms/ Signs

'Psychosis' means a combination of Hallucinations, Delusions and Thought Disorder.

An episode of 'positive symptoms' such as hallucinations and/or delusions may be preceded by a long prodromal period of 'negative symptoms'. Each patient will have a unique combination of symptoms and experiences.

Negative Symptoms:

- Memory and concentration problems
- Social withdrawal
- Unusual and/or uncharacteristic behaviour
- Disturbed communication
- Bizarre ideas
- Poor personal hygiene
- Reduced interest and motivation to engage in day-to-day activities
- Disrupted social interactions, work, and studies

Positive Symptoms:

- Hallucinations (often auditory)
- Delusions:
  - *delusions of reference* (person believes that ordinary events, objects, or behaviour have an unusual meaning specifically for him/her)
  - *delusions of control (person believes that this/ her thoughts, feelings, or behaviour are being controlled)*
- Thought disorder
- Behavioural disturbances, e.g. agitatic

Substance Misuse is a risk factor for developing schizophrenia but can also cause symptoms of psychosis without any other underlying diagnosis.

A collateral history from close friends or family can be invaluable in assessing whether behaviour is uncharacteristic for the patient.

'First Rank symptoms' make schizophrenia likely;

- Hearing thoughts spoken aloud
- Hearing voices referring to the patient in the 3rd person
- Auditory Hallucinations in the form of a commentary
- Somatic Hallucinations
- Thought Broadcasting
- Thought withdrawal, insertion, and interruption
- Delusions of passivity (feeling as if external agents can control thoughts or actions)

2. Assess Risk:

- **Assess Risk of Suicide**
- **Assess Risk of Accidental Harm;** assess the person's risk of unintentional harm to themselves caused by disorganized behaviour or poor judgement of risk due to their

absorption with psychotic experiences and beliefs. This may leave them vulnerable to traumatic injuries, accidents, assault, or exploitation.

- **Assess Risk of Deliberate harm to others;**
  Ask about: a history of violence or threats of violence; emotions related to violence, such as anger, hostility, or suspiciousness; persecutory delusions or hallucinations commanding them to harm other people; access to people identified in their delusions.
- **Assess the risk of neglect of people dependant on them for care.**

Secondary Care Psychiatry Responsibilities

- Prompt assessment if acute risk or deterioration in existing psychosis
- Follow up and support of patient
- Clear documentation of assessment
  - Diagnosis and formulation
  - Drug/psychological/social treatment
  - Contingency plan for further crisis
  - Involvement and contact details for other involved agencies
  - Carer assessment
  - Risk assessment including risk to others/ staff
- MH specialist drug prescribing (e.g depot)

Primary Care Responsibilities

- Annual SMI review and physical health monitoring
- Mental health review if not under secondary care
- Alerting secondary care of any changes or deterioration
- Antipsychotic and mental health drug prescribing + shared care drug prescribing and monitoring