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POSTER ABSTRACT

Progressing from documentation to intervention: Physical healthcare integration in Early Intervention in Psychosis Services in rural Ireland

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Background: Service users with severe mental health disorders, such as psychosis, have a significantly reduced life expectancy, largely due to an increased risk of chronic disease. The Sligo/Leitrim Early Intervention in Psychosis (EIP) team, based in rural Ireland, created a dedicated travelling monthly community Physical Healthcare Screening and Intervention clinic with the aim to better integrate physical and mental healthcare and empower individuals to improve their health outcomes. This project provides an analysis of the clinic including development and continuous audit from 2022 to 2025.

Approach: The clinic was co-created with psychiatry medical and nursing staff and transitioned to keyworkers from multi-disciplinary backgrounds. It has embraced innovative technology through the use of point of care devices for blood monitoring, wearable health devices such as Fitbits, apps such as 'Couch to 5k' and i-pads to provide health education. New partnerships have been forged with the voluntary and community sector to upskill keyworkers and create referral pathways. Interventions offered included supporting local Parkrun participation, local gym memberships, smoking cessation and addiction services, participation with the local sports partnership organisation, national Healthy Ireland leaflets regarding diet, blood pressure and physical activity and contacting primary care services for pharmacological intervention where appropriate. Service users provide their feedback through an anonymous online local feedback service which directs development of the clinic.

A retrospective audit was completed prior to clinic set-up in 2022 (n=40) and repeated post clinic establishment in 2022 (n=20), 2024 (n=18) and 2025 (n=18) to evaluate the EIP teams compliance with recommended physical health parameter monitoring in the NICE (National Institute for Health and Care Excellence) 2015 guidelines and with the National EIP Policy of providing interventions where required for abnormal results.

Results: Documentation and communication of all parameters increased following the establishment of the clinic with statistically significant improvements for smoking status, BMI, blood glucose, blood pressure and lipid levels ($p < 0.05$).
With regard to the provision of interventions for abnormal results, there were statistically significant improvements for four key intervention domains – alcohol, BMI, blood glucose and lipid

levels with smoking showing an improvement not reaching significance. There was no measurable change for intervention for blood pressure.
The creation of the clinic led to meaningful and sustained improvements in documentation, communication and intervention for relevant physical healthcare parameters in service users attending the Early Intervention in Psychosis Service, particularly for cardio-metabolic health parameters.

Implications: This project indicates the benefit of a specific physical healthcare clinic embedded within community psychiatry services. It provides a practicable, scalable solution, nationally and internationally, in particular for those in rural areas, or where there may be a disconnection between primary care and psychiatry services. The involvement of non-medical personnel in the clinic contributes to the sustainability of the clinic and ensures integrated healthcare is the role of all healthcare personnel across all specialities.