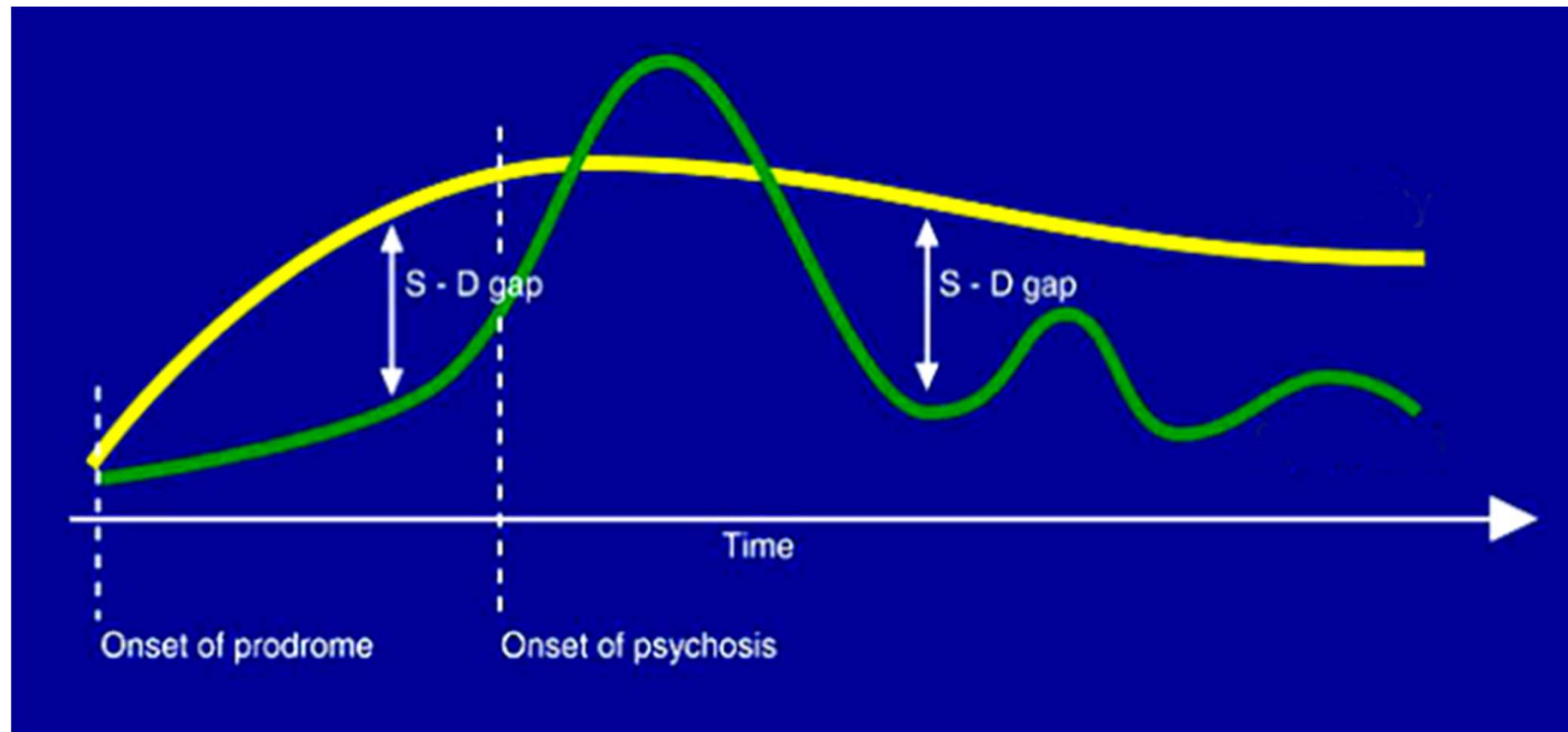




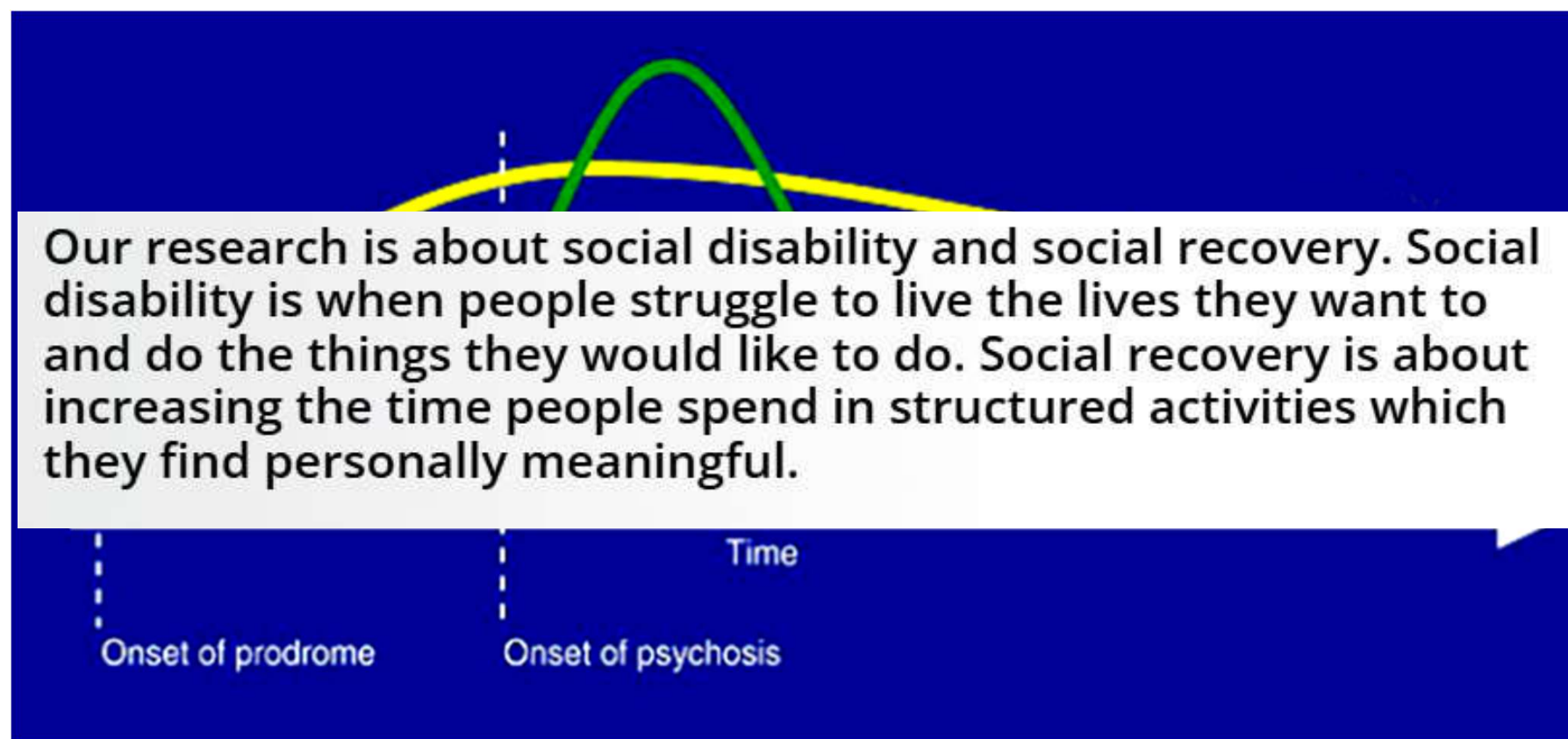
IMPROVING SOCIAL RECOVERY IN PSYCHOSIS (ISRIP): A RANDOMISED CONTROLLED TRIAL AND PROCESS EVALUATION

Prof Jo Hodgekins

What is Social Recovery?



What is Social Recovery?





Why focus on social recovery?

- Most treatment for psychosis largely focuses on symptom reduction
- Social outcomes are rated highly as an area that people who experience psychosis can struggle with the most
- There is a lack of evidence-based interventions which can help people recover socially



Contents lists available at ScienceDirect

Schizophrenia Research

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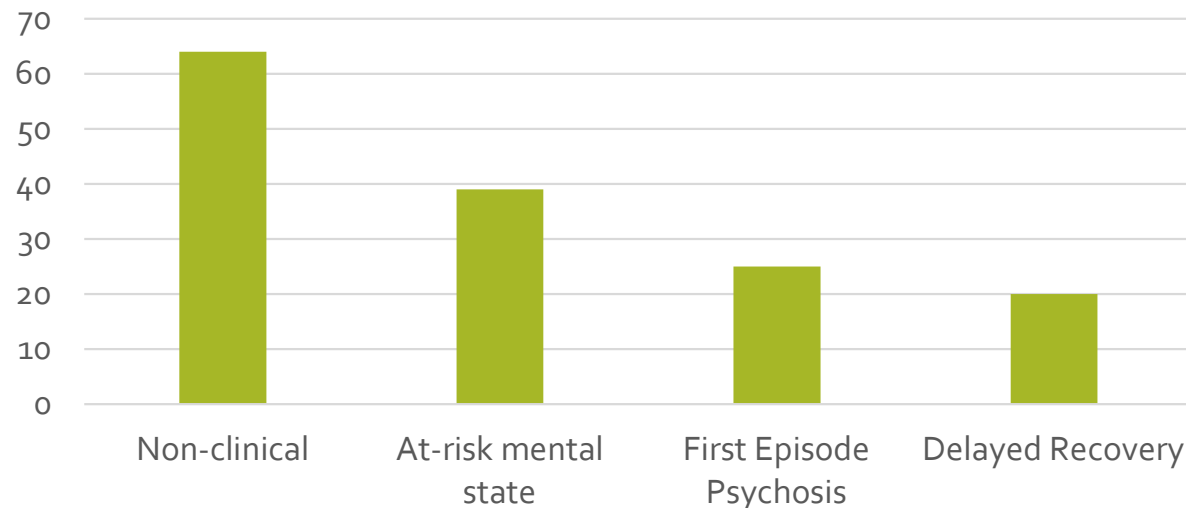


Comparing time use in individuals at different stages of psychosis and a non-clinical comparison group



Jo Hodgekins^a, Paul French^b, Max Birchwood^c, Miranda Mugford^a, Rose Christopher^a, Max Marshall^b, Linda Everard^d, Helen Lester^e, Peter Jones^f, Tim Amos^g, Swaran Singh^c, Vimal Sharma^h, Anthony P. Morrison^b, David Fowler^{i,*}

Hours per week in Structured Activity



Investigating trajectories of social recovery in individuals with first-episode psychosis: a latent class growth analysis

Jo Hodgekins, Max Birchwood, Rose Christopher, Max Marshall, Sian Coker, Linda Everard, Helen Lester,* Peter Jones, Tim Amos, Swaran Singh, Vimal Sharma, Nick Freemantle and David Fowler

Background

Social disability is a hallmark of severe mental illness yet individual differences and factors predicting outcome are largely unknown.

male gender, ethnic minority status, younger age at onset of psychosis, increased negative symptoms, and poor premorbid adjustment.

Aim

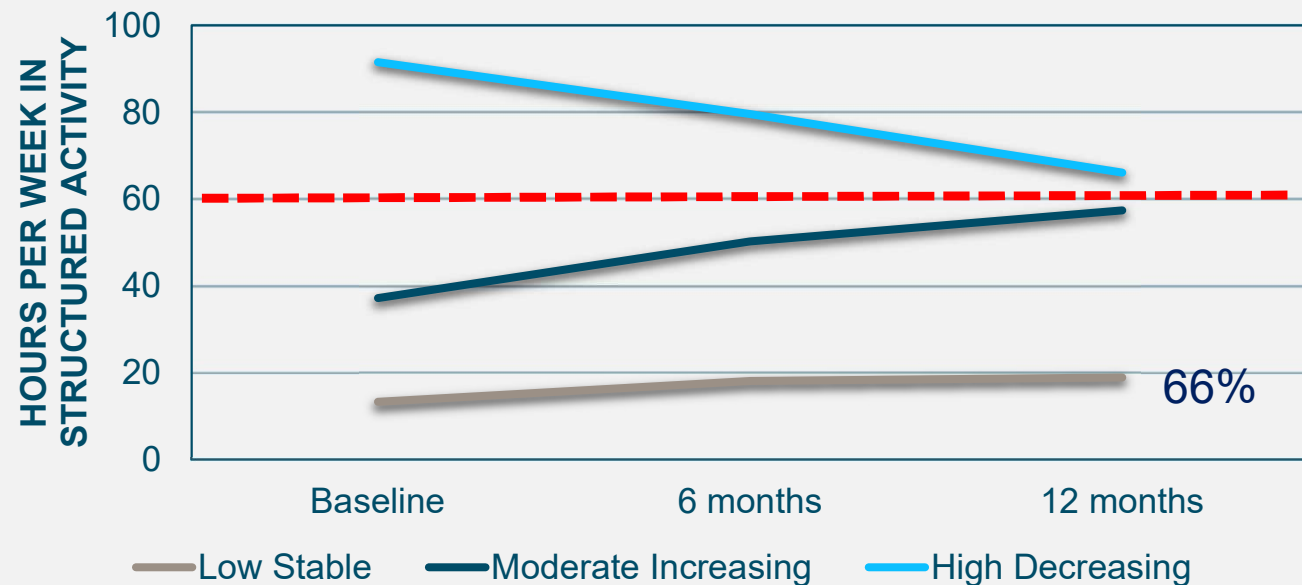
To explore trajectories of social recovery following a first episode

Method

A sample of 764 individuals entering into early intervention followed up over 12 months was examined using latent class

Results

Three types of social recovery were identified: Low Stable (66%), Moderate Increasing (27%), and High Decreasing (7%).





Social recovery therapy: a treatment manual

David Fowler^a, Joanne Hodgekins^{b,c}, Clio Berry^{ a,d}, Timothy Clarke^c, Jasper Palmier-Claus^{ e,f,g},
Catarina Sacadura^d, Adam Graham^c, Christine Lowen^c, Ann Steele^{d,e}, Katherine Pugh^d,
Samantha Fraser^d, Mike Fitzsimmons^h and Paul French^{e,i}

^aSchool of Psychology, University of Sussex, Brighton, UK; ^bNorwich Medical School, University of East Anglia, Norwich, UK; ^cResearch and Development, Norfolk and Suffolk NHS Foundation Trust, Norwich, UK; ^dResearch & Development, Sussex Partnership NHS Foundation Trust, Hove, UK; ^ePsychosis Research Unit, Greater Manchester Mental Health NHS Foundation Trust, Manchester, UK; ^fDivision of Psychology and Mental Health, The University of Manchester, Manchester, UK; ^gSpectrum Centre for Mental Health Research, Lancaster University, Lancaster, UK; ^hSchool of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK; ⁱSchool of Psychological Sciences, The University of Liverpool, Liverpool, UK

ABSTRACT

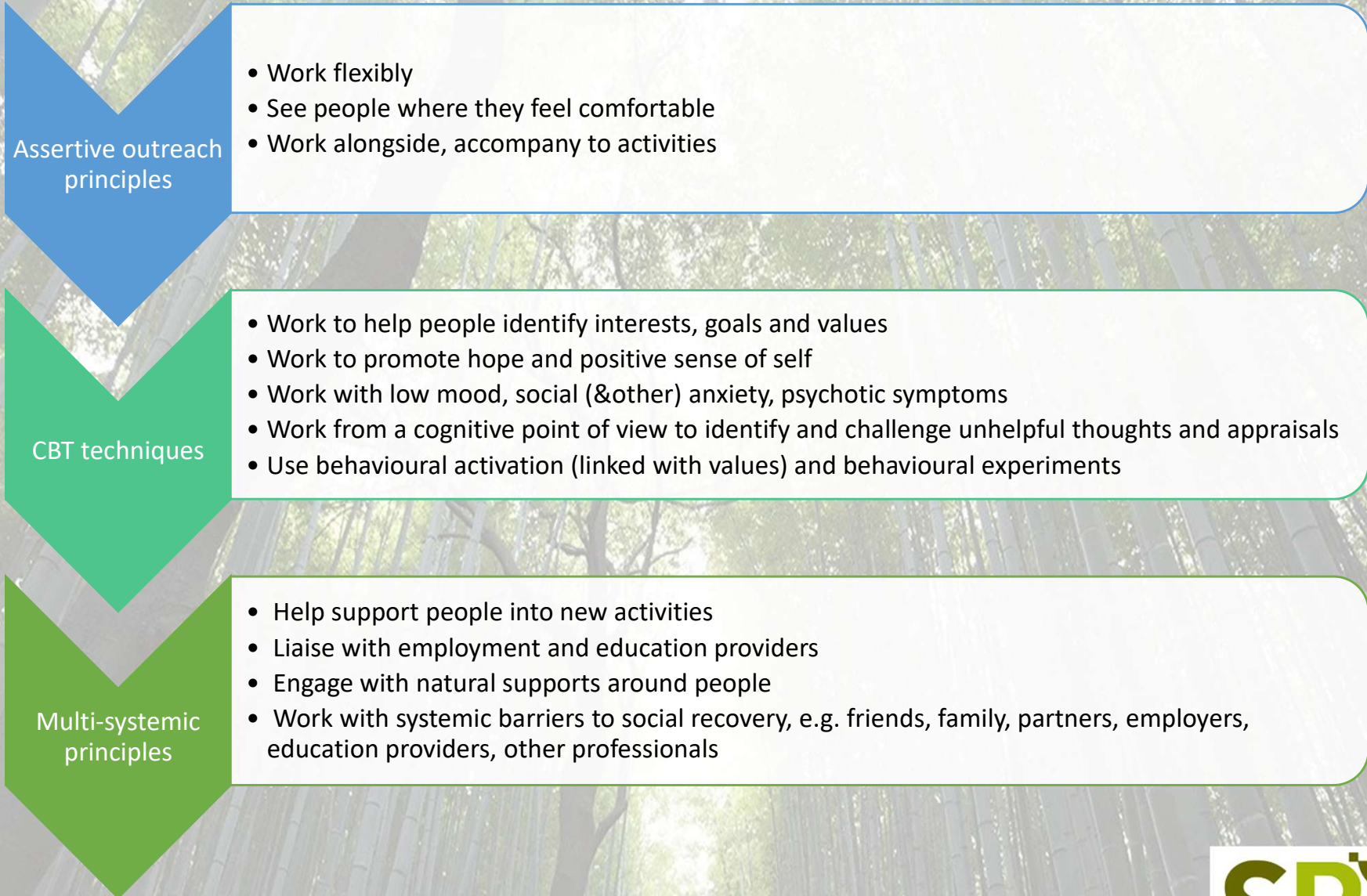
Social Recovery Therapy is an individual psychosocial therapy developed for people with psychosis. The therapy aims to improve social recovery through increasing the amount of time individuals spend in meaningful structured activity. Social Recovery Therapy draws on our model of social

ARTICLE HISTORY

Received 2 November 2018
Accepted 11 April 2019

KEYWORDS

Psychosis; cognitive



Assertive outreach principles

- Work flexibly
- See people where they feel comfortable
- Work alongside, accompany to activities

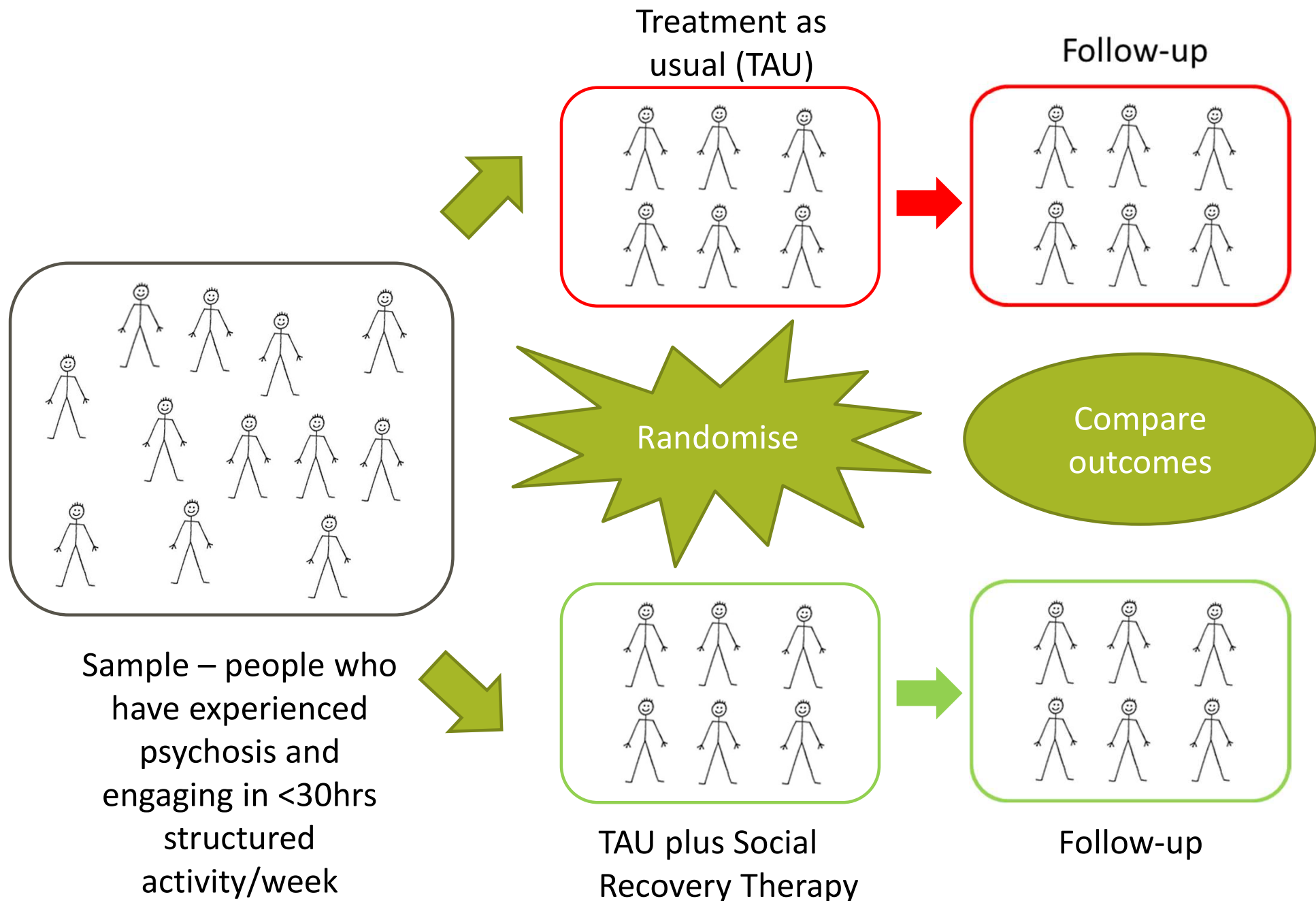
CBT techniques

- Work to help people identify interests, goals and values
- Work to promote hope and positive sense of self
- Work with low mood, social (&other) anxiety, psychotic symptoms
- Work from a cognitive point of view to identify and challenge unhelpful thoughts and appraisals
- Use behavioural activation (linked with values) and behavioural experiments

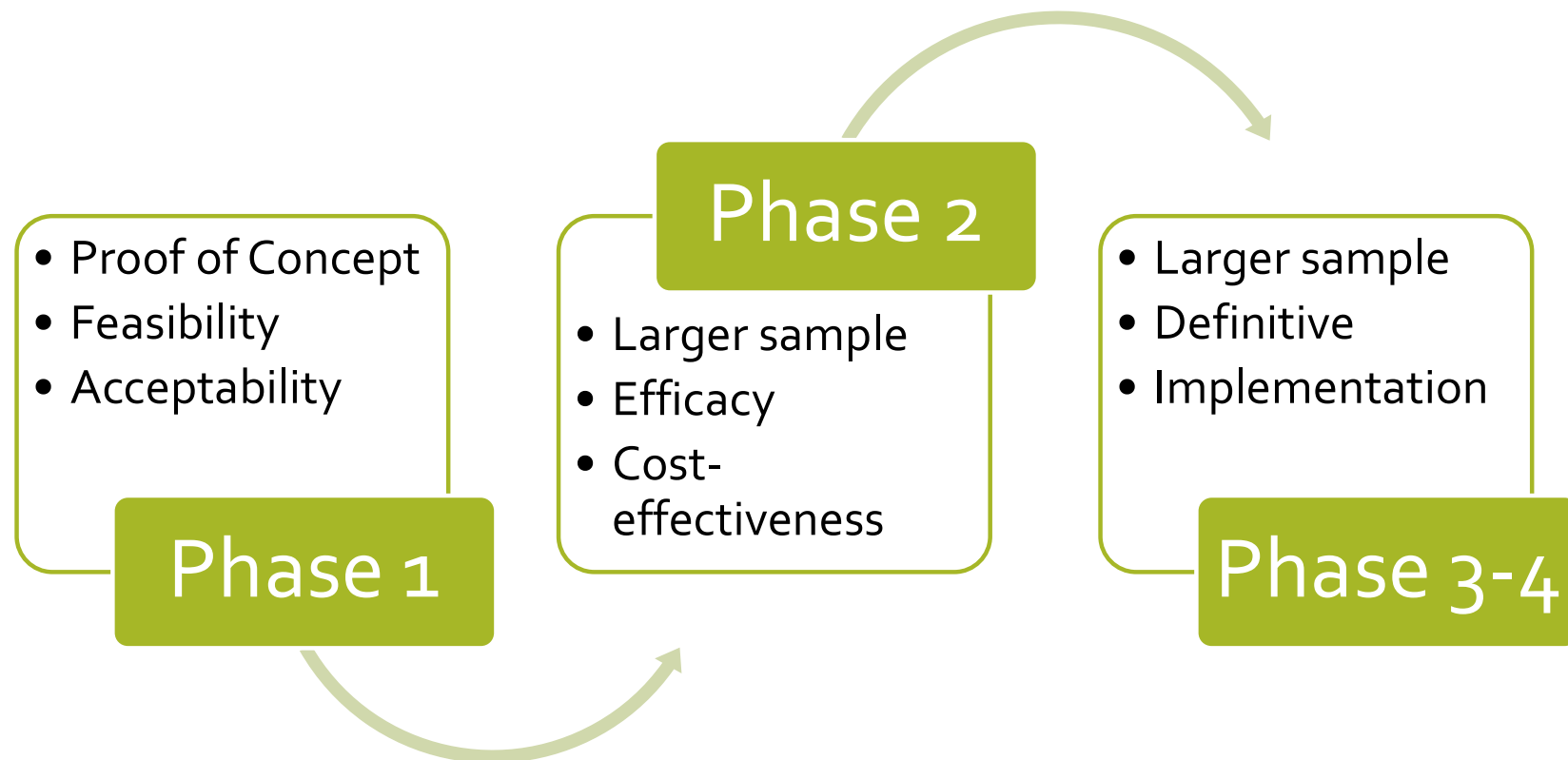
Multi-systemic principles

- Help support people into new activities
- Liaise with employment and education providers
- Engage with natural supports around people
- Work with systemic barriers to social recovery, e.g. friends, family, partners, employers, education providers, other professionals

Randomised Controlled Trial (RCT)



Intervention development



Cognitive behaviour therapy for improving social recovery in psychosis: a report from the ISREP MRC Trial Platform study (Improving Social Recovery in Early Psychosis)

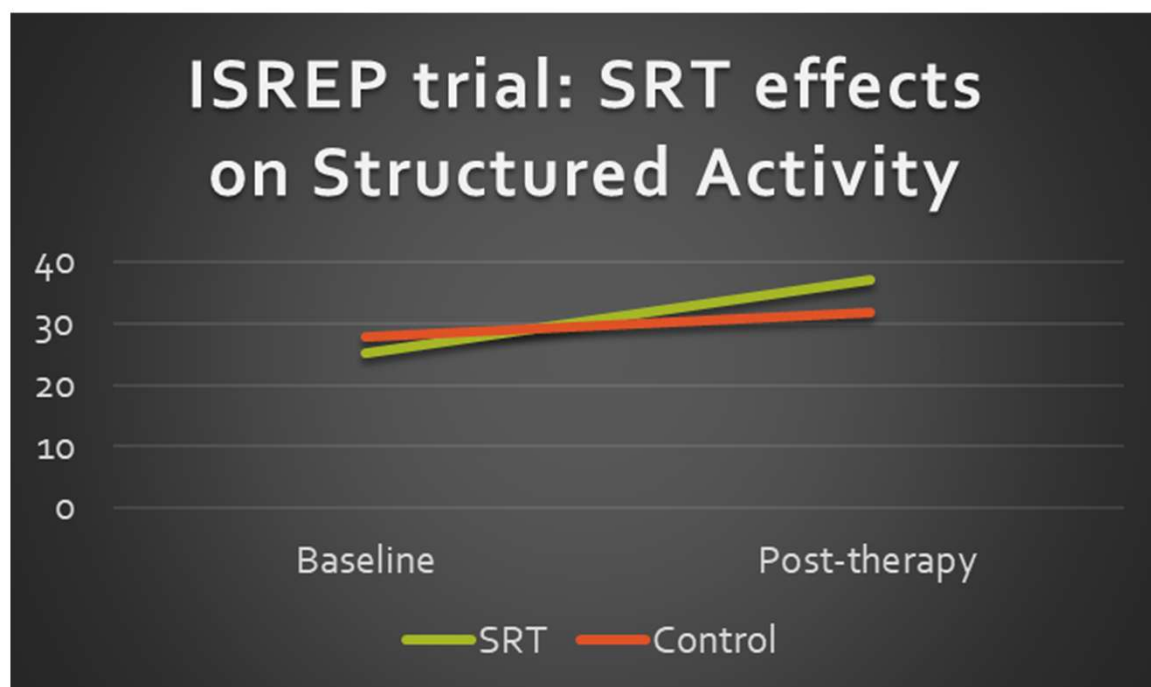
D. Fowler^{1*}, J. Hodgekins¹, M. Painter², T. Reilly³, C. Crane^{2,4}, I. Macmillan³, M. Mugford¹,
T. Croudace⁴ and P. B. Jones^{2,4}

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Social recovery therapy in combination with early intervention services for enhancement of social recovery in patients with first-episode psychosis (SUPEREDEN3): a single-blind, randomised controlled trial



David Fowler, Jo Hodgekins, Paul French, Max Marshall, Nick Freemantle, Paul McCrone, Linda Everard, Anna Lavis, Peter B Jones, Tim Amos, Swaran Singh, Vimal Sharma, Max Birchwood

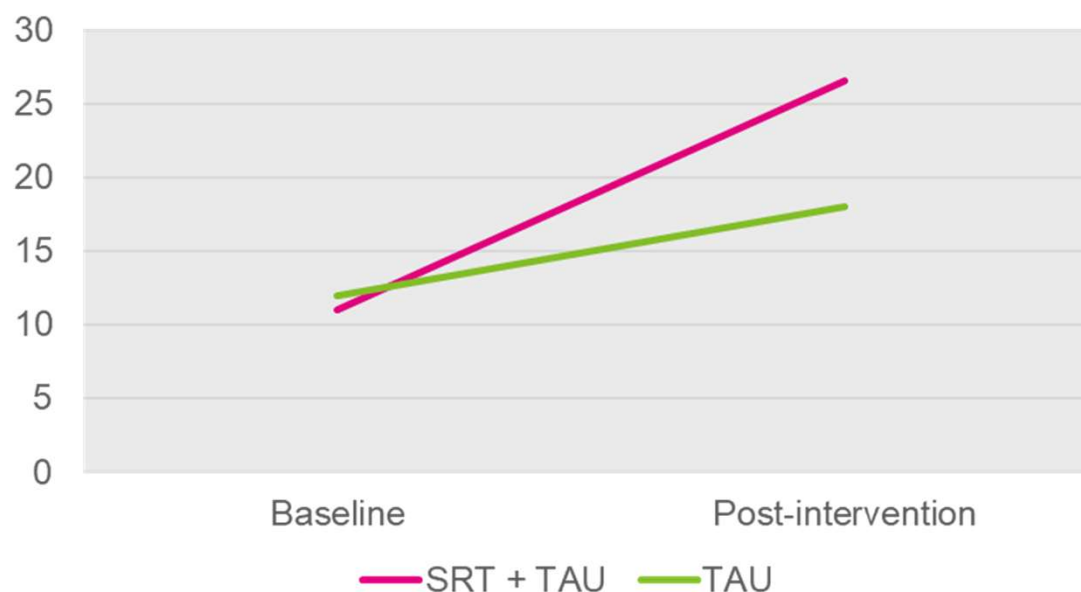


Summary

Background Provision of early intervention services has increased the rate of social recovery in patients with first-episode psychosis; however, many individuals have continuing severe and persistent problems with social functioning. We aimed to assess the efficacy of early intervention services augmented with social recovery therapy in patients with first-episode psychosis. The primary hypothesis was that social recovery therapy plus early intervention services would lead to improvements in social recovery.

Lancet Psychiatry 2018;
5: 41–50

Published Online
December 11, 2017
[http://dx.doi.org/10.1016/S2215-0366\(17\)30476-5](http://dx.doi.org/10.1016/S2215-0366(17)30476-5)



8 hours/
week!

SRT
SOCIAL RECOVERY THERAPY

NIHR SIGNAL



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NIHR Signal

Additional therapy helps social recovery from first episode psychosis

Published on 20 February 2018

doi: [10.3310/signal-000558](https://doi.org/10.3310/signal-000558)

Social recovery therapy increases structured activity, such as work, education or sport, by eight hours per week for people with severe social withdrawal following a first episode of psychosis. This cognitive behavioural type of treatment was added to other early interventions and might be particularly useful for those lacking motivation or living with other conditions that prevent them engaging with mental health services.

This NIHR-funded trial included 154 young adults with first episode of psychosis under the care of early intervention services in England. These are specialist multidisciplinary mental health services which aim to help people make a full mental, physical and social recovery. The participants had been under their care for at least a year and had extreme social withdrawal, which often limits their capacity to engage in therapy.

Social recovery therapy not only increases structured activity levels but also appears to keep people in contact with services in the critical first nine months. It could be incorporated into early intervention services for people with persistent social withdrawal.



Expert commentary

Some young people experience profound social impairments following a first episode of psychosis, even after a year or more of high-quality, intensive care. Augmenting this with cognitive behavioural therapy-informed, motivational, goal-focused social recovery therapy (delivered by highly trained therapists) increases the amount of time spent on meaningful activities.

Unfortunately, the effects are short-lived and (in this study) not accompanied by consistent evidence of symptomatic improvement.

There are important lessons here: first, schizophrenia and related illnesses continue to devastate young lives; and second, it is possible to overcome these social impairments, but it requires skill, commitment, therapeutic perseverance and, importantly, resources.

Scott Weich, Professor of Psychiatry, University of Sheffield

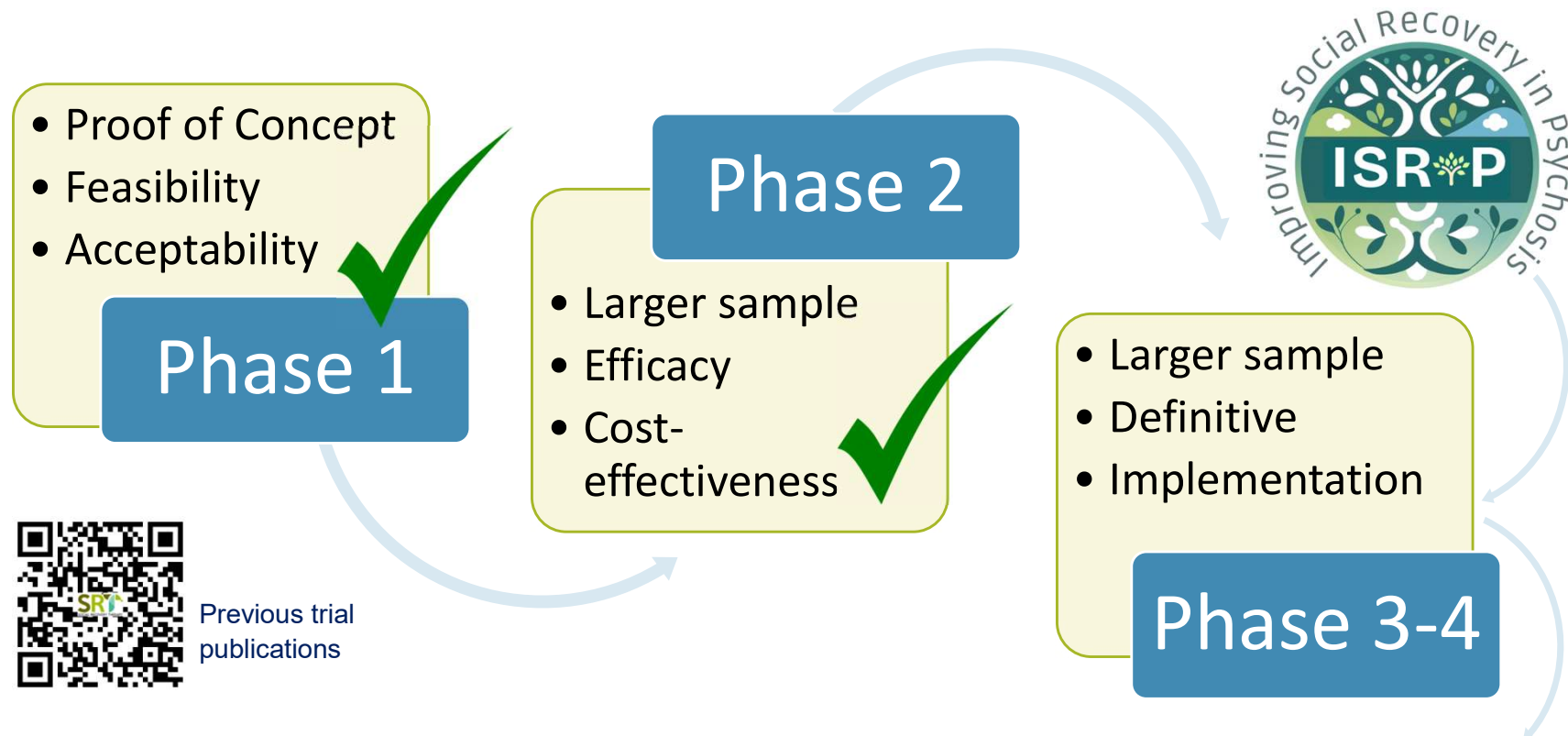
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Published 27 August 2019

Intervention Development



Definitive = A large trial designed to provide reliable evidence about whether the intervention works (**clinically effective**), is **cost-effective** and can be used in healthcare services

Implementation = Understanding how SRT can be successfully delivered in services, and how SRT is experienced for different groups of people - including what adaptations are needed for **underserved communities**

Improving Social Recovery in Psychosis

🏠 > [Research Groups and Centres](#) > [Improving Social Recovery in Psychosis](#)



Welcome to the Improving Social Recovery in Psychosis Study

This is a new clinical trial exploring whether **Social Recovery Therapy (SRT)** is effective in improving social recovery in people with psychosis.

- Beyond Early Intervention Teams
- Train a broader range of therapists

Funded by
NIHR | National Institute for
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Peterborough
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Study Objectives

Our primary aim is to test whether, in people with non-affective psychosis and persistent social disability, Social Recovery Therapy (SRT) as delivered by non-expert therapists is **clinically effective** and **cost-effective** compared to Treatment as Usual (TAU). We will undertake a definitive randomised controlled trial comparing the effect of SRT plus TAU to TAU alone on structured activity and symptoms.

Hypotheses:

- SRT+TAU will be superior to TAU in improving social recovery (as measured by weekly hours in structured activity assessed on the Time Use Survey), at 9 and 15 months.
- SRT+TAU will be superior to TAU in its effects on mental health symptoms (psychotic symptoms and emotional disturbance), service user defined recovery (Goal Based Outcome), quality of life, and hope at 9 and 15 months.
- SRT+TAU will be superior to TAU in cost-effectiveness at 9 and 15 months.

We will also explore the maintenance of intervention effects at 24-months using data from patient records on employment and education outcomes, engagement with services and relapse.

Study Objectives (contd.)



An embedded mixed methods process evaluation will address the following aims, in line with MRC guidance:

- (a) Assess the extent to which SRT was implemented as intended, by measuring treatment fidelity, dose and reach
- (b) Explore patterns of uptake and adherence to SRT, with particular focus on underserved groups
- (c) Test hypothesised mechanisms of change of SRT
- (d) Explore participant, family and therapist experiences of SRT, with a particular focus on the experiences of underserved groups and any adaptations made to increase cultural sensitivity
- (e) Identify contextual factors that maximise intervention delivery and interact with effectiveness, to inform implementation

How will we do this?



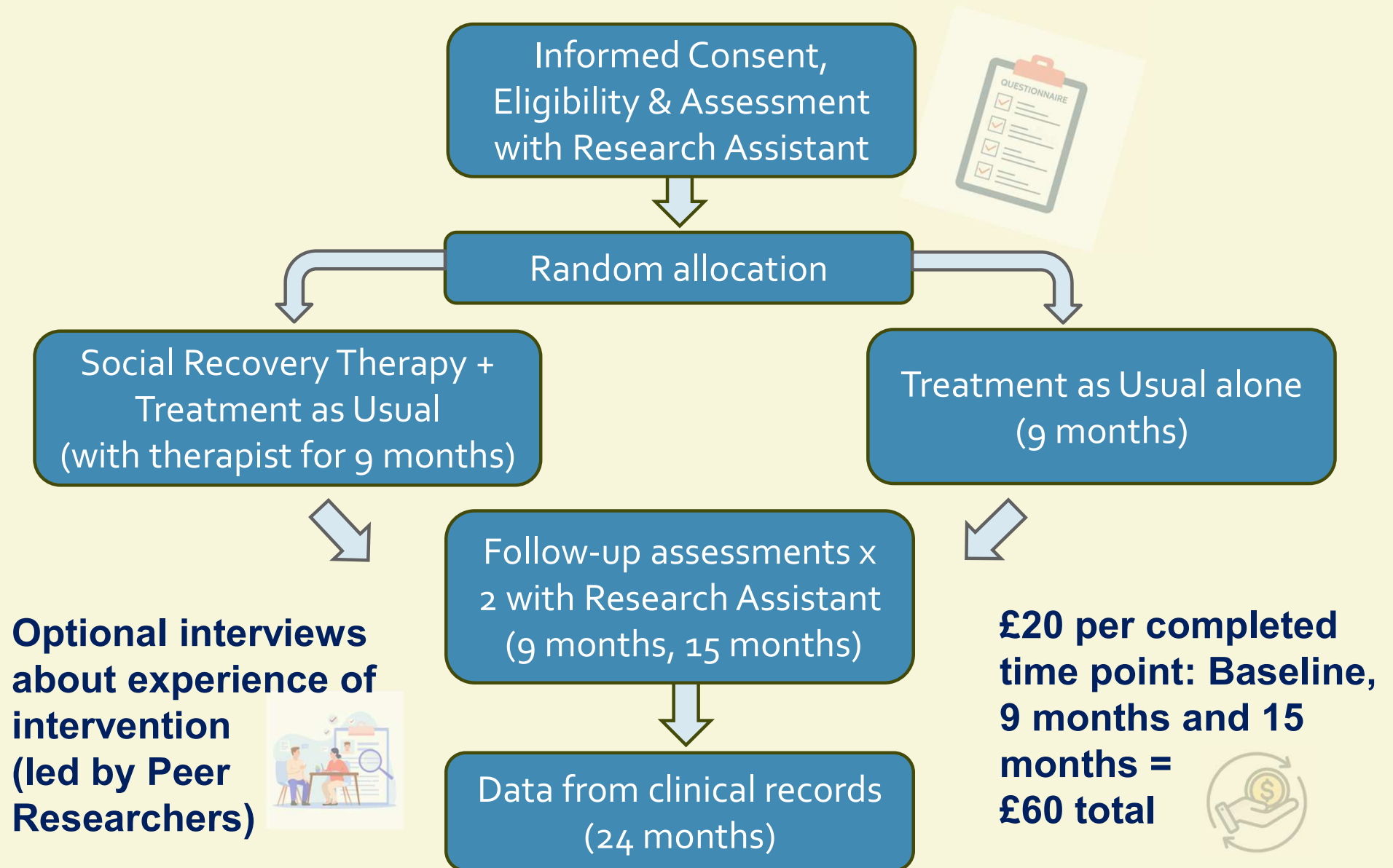
- Train non-expert therapists in Social Recovery Therapy
- Recruit and conduct baseline assessments with 350 people with non-affective psychosis and social disability over 4 sites (18-month recruitment window – July 2026-December 2027)
- Randomise participants to receive either TAU alone or SRT+TAU (9-month intervention window)
- Follow-up at 3 time points:
 - Post-intervention (9 months)
 - 15 months = primary end point
 - 24 months (via data linkage)
- Embedded process evaluation collecting data from:
 - Therapists
 - Service users (with particular focus on underserved groups)
 - Family members
 - Wider stakeholders

Participants



- 350 adults (18-65 years) with non-affective psychosis (F20-29)
- Under the care of an NHS mental health team (e.g. Early Intervention, Community Mental Health Team)
 - Norfolk and Suffolk
 - Cambridgeshire and Peterborough
 - Sussex
 - Pennine
 - Hampshire & Isle of Wight
- Experiencing difficulties with social functioning (engaging in less than 30 hours per week Structured Activity on the Time Use Survey)
- Able to provide informed consent

What is involved for participants?



Improving access to the trial

- **Lived Experience Advisory Panel (LEAP):**
 - Feedback on all participant facing documents
 - Involved in staff training
 - Video about study to support recruitment
- **Flexible processes:**
 - Travel to participants/complete aspects of the research and intervention where participants are comfortable (e.g., own home)
 - Complete research questionnaires independently or with support, across one or more meetings
 - Communication preferences e.g. send a text first before calling?
- **Cultural adaptation and inclusion workstream:**
 - Plan to translate participant information sheet into different languages
 - Enable access to an interpreter

SPFT involvement – Heather



Understanding Social Disability & Social Recovery

Our research is about social disability and social recovery. Social disability is when people struggle to live the lives they want to and do the things they would like to do. Social recovery is about increasing the time people spend in structured activities which they find personally meaningful.

[Click Here](#)

THANK YOU FOR LISTENING!

j.hodgekins@uea.ac.uk

<https://www.uea.ac.uk/groups-and-centres/improving-social-recovery-in-psychosis>