

Table 2. Problems/needs defined during the process and the final solution.

Problem/needs elicited during the process	Quotes from workshop/interviews were used to guide the process of problem solving	Solution
<p>No clearly defined strategy for how to meet people when someone suspected a developing psychosis.</p>	<p><i>“We tried to get help, but felt that no one was listening”</i> (relative)</p> <p><i>“No one takes responsibility - “it’s not my table” - and then they send you around”</i> (relative)</p>	<p>One direct phone line covering the hospital answered by a specialist in psychiatry or psychology</p> <p>This offered a more coherent service where information and advice could be exchanged without delay, and further assessment planned.</p>
<p>Referral note from a GP mandatory, thus potentially delaying access to care</p>	<p><i>“Sometimes we reject a referral because it lacks necessary information”</i> (clinician)</p> <p><i>“Mental health is more complex than breaking a leg, we need more extensive information in the referral note such as symptoms and symptom load”</i> (clinician)</p> <p><i>“What do you need referral notes for, when the patients don’t want treatment?”</i> (relative)</p>	<p>No referral note necessary. The GP could be informed after the first assessment.</p> <p>Direct communication makes it easy to collect the necessary information to make a preliminary assessment of the need for help and how this can be planned.</p>
<p>No clear information strategy to the public or other service partners about the EIP services</p>	<p><i>“I have heard very little about the early intervention services. I call the regular out-patient clinic and expect them to tell me what to do”</i> (GP)</p>	<p>New internal and external communication strategies about the low threshold access to care service.</p>
<p>Lack of cooperation between specialized areas in complex cases with comorbidity/dual diagnosis</p>	<p><i>“Why is it so hard to get help from other disciplines within Oslo University Hospital?”</i> (clinician)</p>	<p>A cross-specialist assessment team with the possibility to contact experts in other fields to get a second opinion.</p>
<p>When a person resisted assessment after being referred by the GP, their case was closed after three invitations for a meeting</p>	<p><i>“I needed help with my economy, that would have been a way to engage me”</i> (patient)</p> <p><i>“I appreciate that they tried voluntary treatment first”</i> (patient)</p> <p><i>“I wish there was someone that could reach out and see the whole person and work with engagement and trust.”</i> (relative)</p> <p><i>“The GP summoned NN four times, but NN never turned up”</i> (relative)</p>	<p>More outreach work was prioritized to avoid long DUP and reduce coercion.</p> <p>Extra emphasis was made on engagement and trust.</p>