

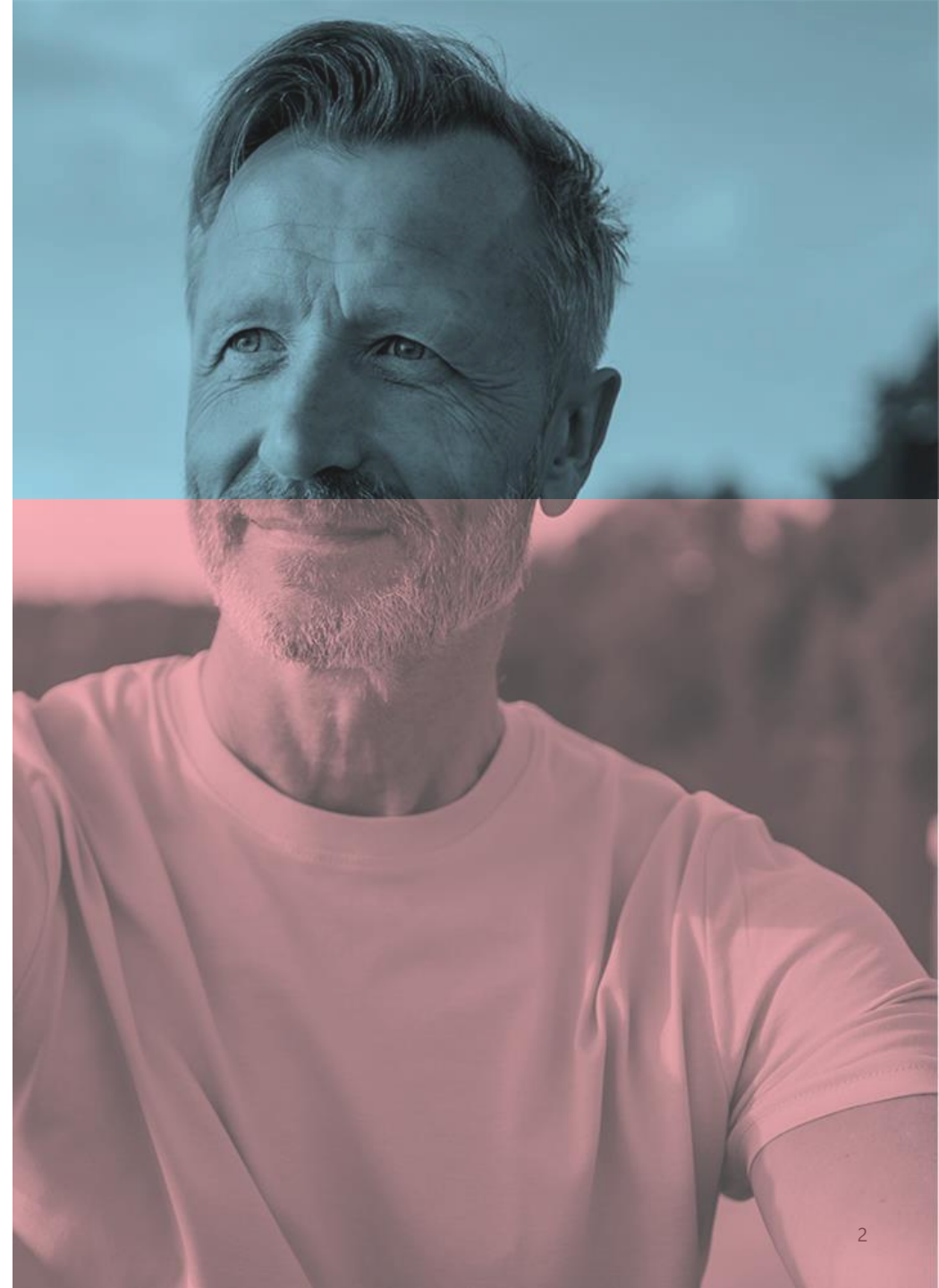


# First Episode Psychosis

Last Reviewed November 2024

# Agenda

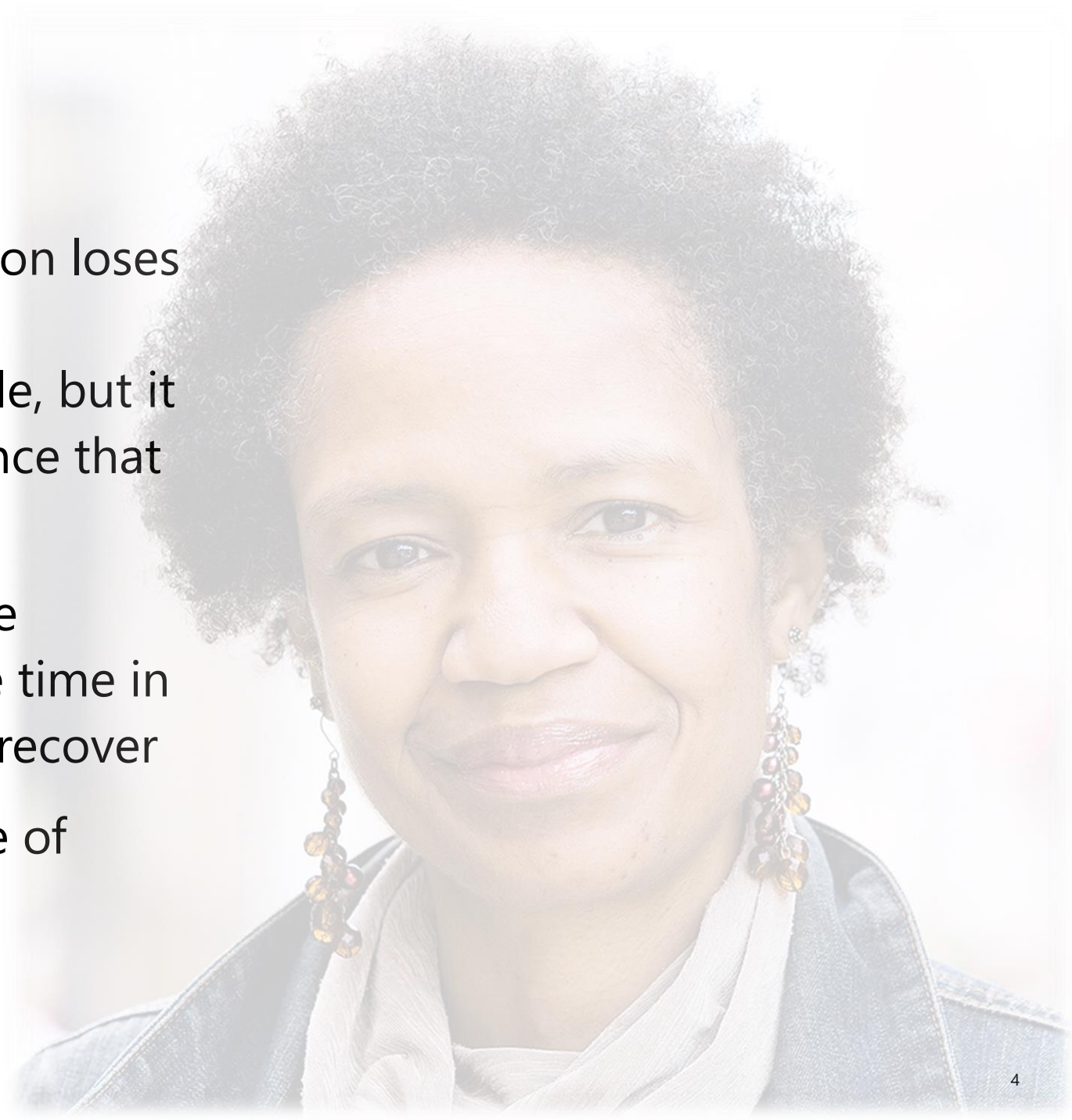
- Psychosis Basics
- Background & Context for Services
- Coordinated Specialty Care
- Tips for Working with Individuals with FEP
- References & Resources



# Psychosis Basics

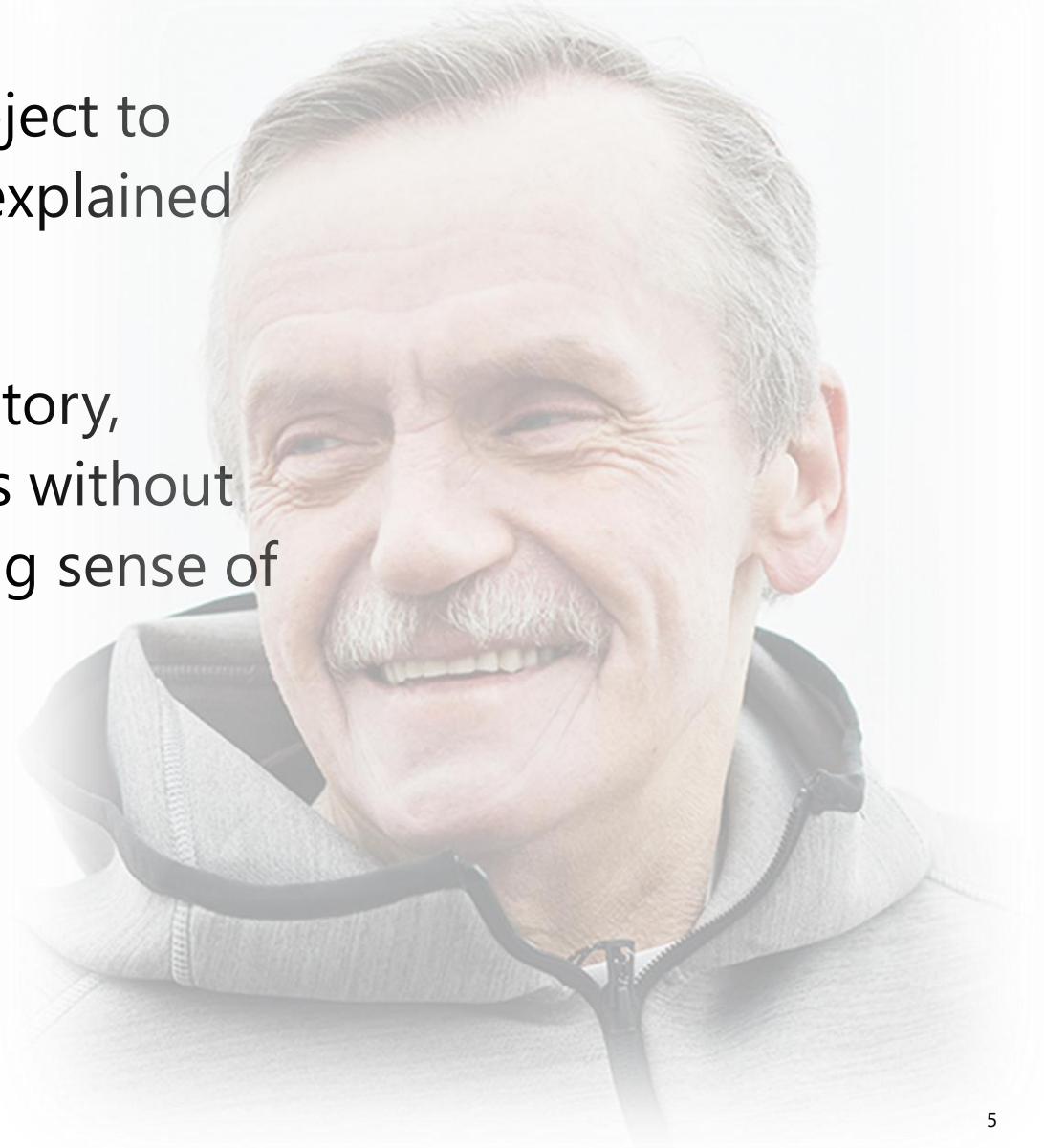
# What is psychosis?

- Psychosis occurs when a person loses contact with reality. The word 'psychosis' scares some people, but it actually describes an experience that many people have
- Three out of every 100 people experience psychosis at some time in their lives, and most of them recover
- FEP: refers to the first episode of psychosis



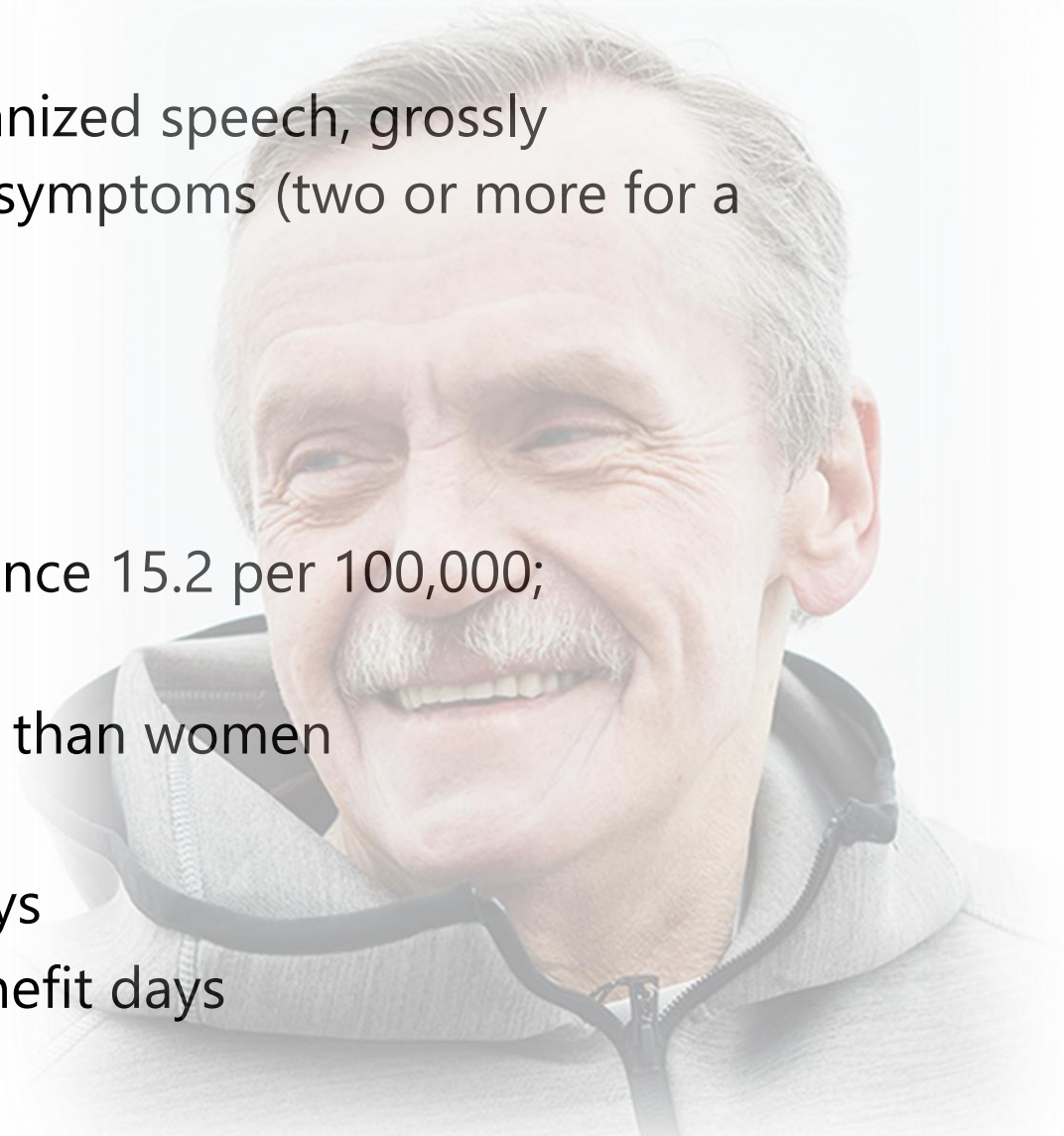
# The Basics: Psychotic Symptoms

- **Delusions:** false personal beliefs not subject to reason or corroboratory evidence and not explained by culture and religion
- **Hallucination:** perception of visual, auditory, tactile, olfactory, or gustatory experiences without an external stimulus and with a compelling sense of their reality
- Disordered speech and behavior



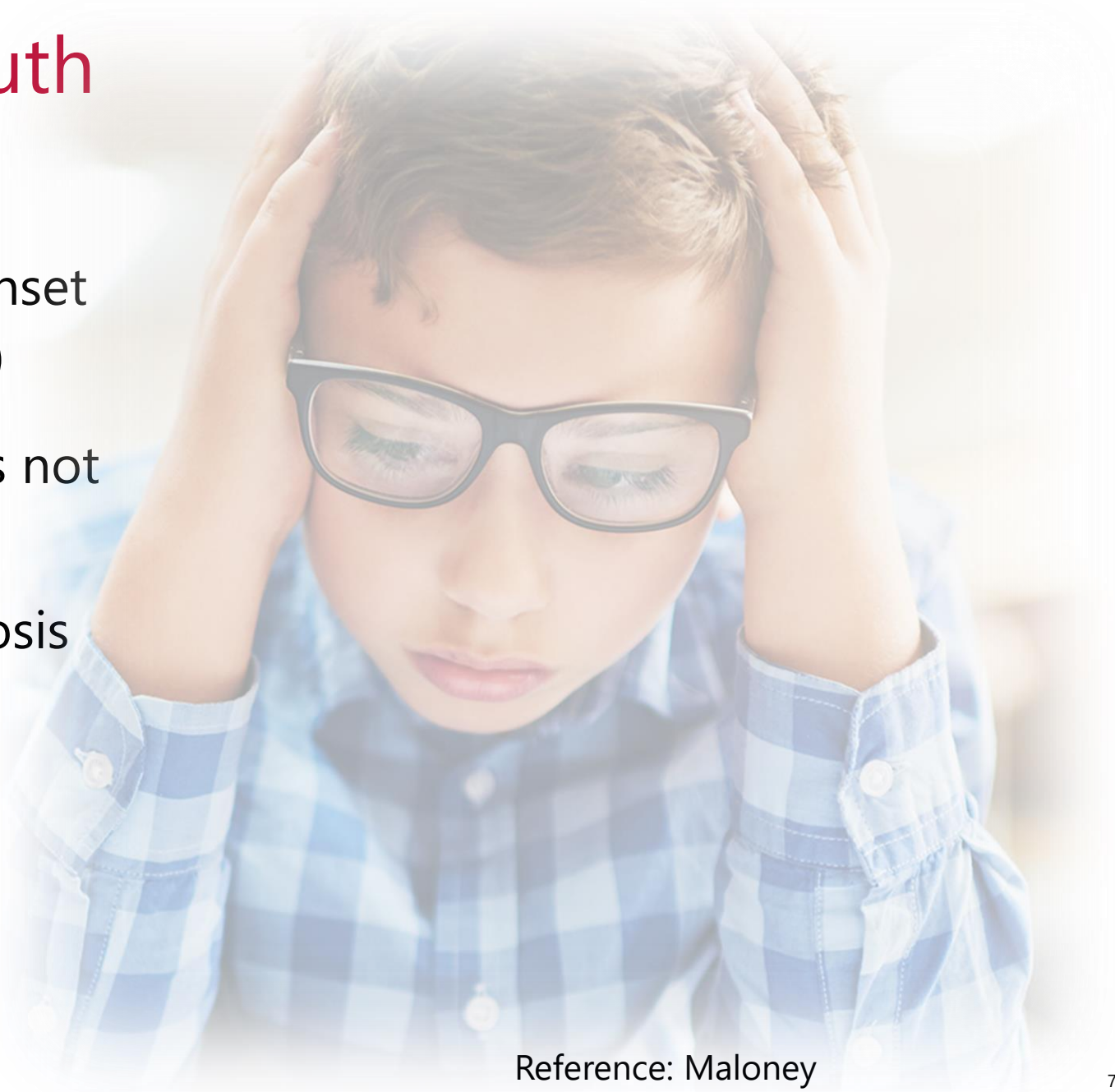
# Schizophrenia (DSM-5)

- Symptoms: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms (two or more for a month)
- Level of functioning declines
- Lasts at least six months
- Occurs worldwide (~0.5-1.5%): annual incidence 15.2 per 100,000; male/female: 1.4-1.6
  - Usually develops age 16-25; men younger than women
  - Accounts for 25% of all hospital bed days
  - Accounts for 40% of all long-term care days
  - Accounts for 20% of all Social Security benefit days
  - Costs the nation up to \$65 Billion per year

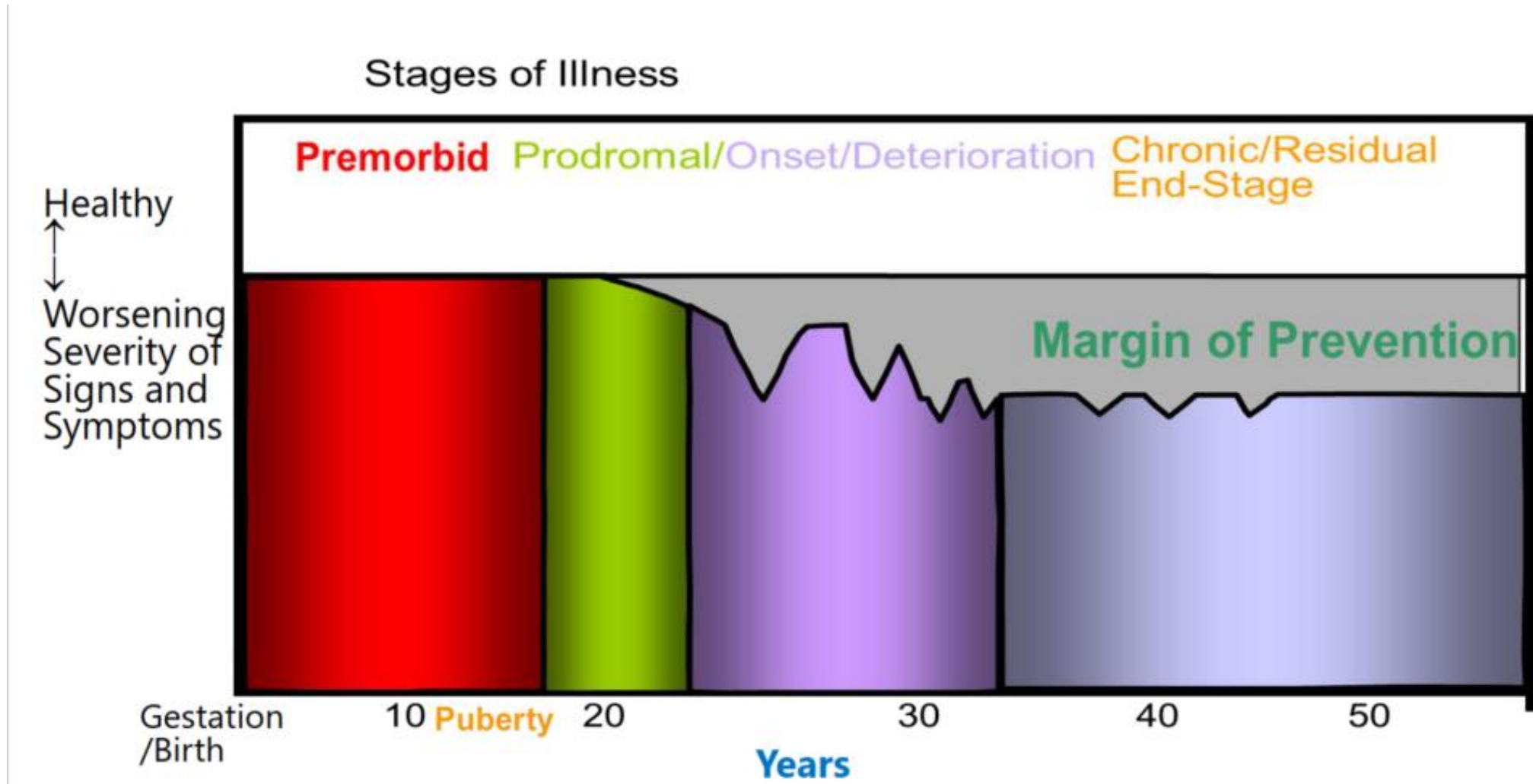


# Schizophrenia in Youth

- Compared to adult-onset schizophrenia, childhood onset is rare (1 in 10,000 children)
- Incidence in adolescence is not well established
- 20% of adults with a diagnosis report onset before age 18



# Natural History of Schizophrenia Rationale for Early Detection and Intervention





# How to Explain Psychosis to Youth and Families

# Educating Youth/Family: Describing Psychosis

- What is Psychosis?
  - Psychosis involves difficulty telling the difference between what is real and what is not.
  - Psychosis can affect the way a person thinks, feels, and acts.
  - Symptoms of psychosis are difficult from person to person and may even be different over time.
  - The first episode of psychosis typically occurs in a person's late teens or early twenties. Symptoms may start suddenly or develop gradually over time.
- You are not alone.
  - Experienced by approximately 3 out of every 100 people at some point in their lives.
  - Both men and women of every race, ethnicity, culture, and socioeconomic group have these experiences.
- Now what?
  - Psychosis is treatable and most people recover. Discuss the young person's experience in greater depth here.

# Educating Youth/Family: Explaining Hallucinations

- Hallucinations cause people to hear, see, taste, or feel things that are not there.
- Hallucinations can seem very real. For that reason, people who experience hallucinations often have difficulty believing that they are not real.
- Examples of hallucinations include:
  - Hearing noises or voices that others don't hear
  - Seeing things that others don't see
  - Having unusual sensations in one's body

# Educating Youth/Family: Explaining Delusions

- Delusions are beliefs that a person holds despite evidence that those beliefs are not true or accurate.
- Examples of hallucinations include:
  - Believing that one is being watched or followed
  - Believing that someone else is controlling your thoughts
  - Believing that others want to harm you
  - Believing that things in the environment have a special meaning just for you

# Educating Youth/Family: Explaining Confused Thinking

- Confused thinking: one's thoughts and the expression of those thoughts, don't connect together in a way that makes sense
- Examples of hallucinations include:
  - Thoughts can seem unclear
  - Thoughts are jumbled together
  - Thoughts are racing too fast or are coming too slow



# Educating Youth/Family: Explaining Changes in Behavior

- Spending more time alone
- Having less interest in socializing with friends and family, going to work or school, or otherwise engaging in activities one used to enjoy
- Not taking care of oneself as well as one used to (e.g. not bathing or dressing, may appear disheveled)
- Behaving in a way that doesn't seem to fit with the situation, such as laughing with talking about something sad or upsetting, or for no apparent reason

# Causes of Psychosis

Psychosis could have a number of different causes, and many researchers are working to understand why psychosis occurs. Some popular ideas are:

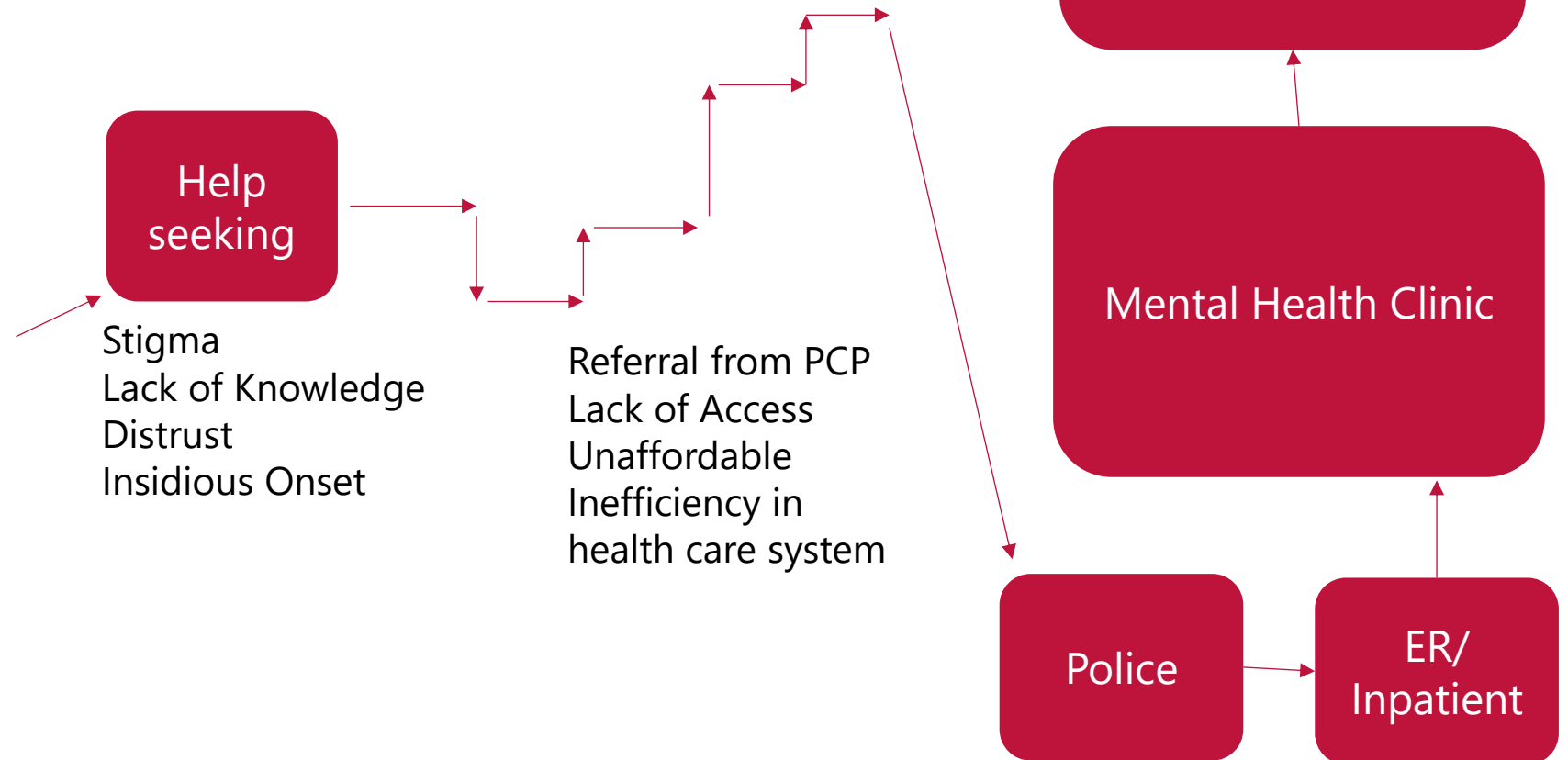
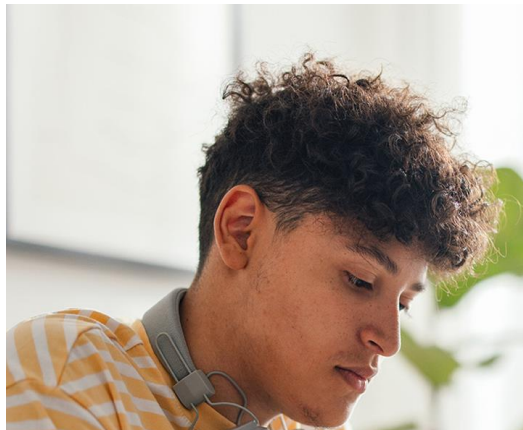
- **Biological:** some people are more likely to develop psychosis because of their biology or their heredity. Many cases of psychosis have been linked to problems with neurotransmitters or the chemical messengers that transmit impulses throughout a person's brain and central nervous system. In addition, the relatives of people who experience psychosis are more likely to experience psychosis themselves
- **Other factors:** a person's first episode of psychosis can be triggered by stressful events or by drug use (especially use of marijuana, speed, or LSD)

# Background and Context for Services



# Barriers in Current System

Access to appropriate care for FEP creates heightened risk for individuals clinically and his/her social determinants of health.

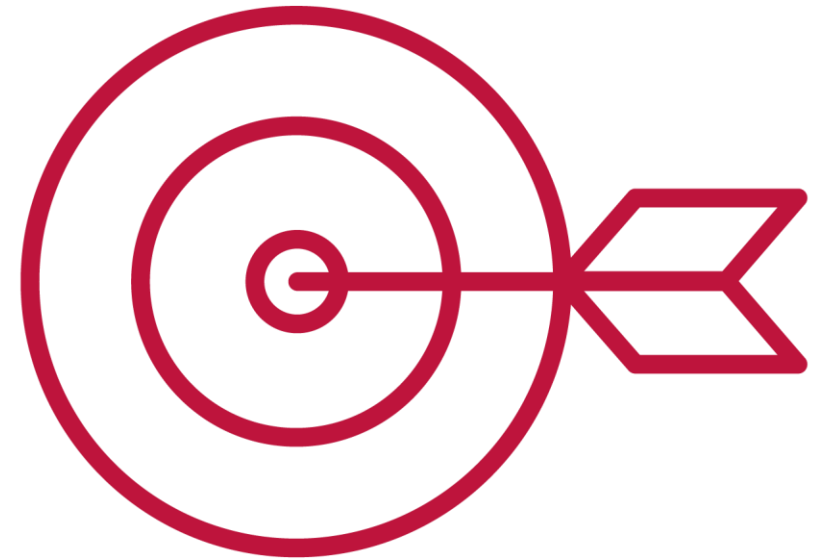


# Scientific Findings

- Longer **duration of untreated psychosis (DUP)** is associated with *poorer* short term and long-term outcome
  - DUP is the time between onset of psychosis and specified treatment (e.g. antipsychotics or CSC)
- Treatment with **coordinated specialty care (CSC)** is associated with better outcomes
- Shorter DUP associated with:
  - Reduced symptoms and relapses
  - Higher GAF scores
  - Improved social functioning indicated by employment and social contacts
- Results show efficacy of early therapeutic intervention

# Association Between Duration and Outcome

- Examined the relationship between DUP and outcomes at 6, 12, and 24 months
  - At baseline, there are no significant relationships between DUP and outcomes
  - By 6 months, longer DUP was significantly associated with positive symptoms, negative symptoms, depression, anxiety, quality of life, social functioning
  - By 12 months, longer DUP was significantly associated with all outcomes
  - People did worse the longer the illness went untreated



# The Benefits of Early Intervention Services

- Improvements in hospital re-admission rates, symptom severity and relapse rates
- Specific treatment components and approaches
  - Low-dose antipsychotic medications
  - Cognitive and behavioral psychotherapy
  - Family education and support
  - Educational and vocational rehabilitation
- Meta-analyses of 4 RCTs (N~80 FEP Ss) support the early treatment model (Bird, 2010)



# RA1SE

The screenshot shows the NIH website header with the logo and tagline: "National Institute of Mental Health | Transforming the understanding and treatment of mental illnesses." A search bar and a link for "Información en español" are also visible. Below the header is a navigation bar with categories: "MENTAL HEALTH INFORMATION", "GET INVOLVED", "RESEARCH" (highlighted), "FUNDING", "NEWS & EVENTS", and "ABOUT US". Under "RESEARCH", there are sub-links: "Research Funded by NIMH", "Research Conducted at NIMH (Intramural Research Program)", "Priority Research Areas", and "Research Resources". The main content area has a breadcrumb trail: "Home > Research > Research Funded by NIMH > Highlighted Research Initiatives > Recovery After an Initial Schizophrenia Episode (RAISE)". On the left, a sidebar contains links: "What was RAISE?", "Why was RAISE a priority for NIMH?", "What was the impact of RAISE?", and "Learn more about RAISE". The main content area features the title "Recovery After an Initial Schizophrenia Episode (RAISE)" and a sub-section "What was RAISE?". The text describes the initiative: "Launched in 2008, the Recovery After an Initial Schizophrenia Episode (RAISE) was a large-scale research initiative testing coordinated specialty care treatments. RAISE aimed to determine the best ways to help people recover from a psychotic episode and to reduce the likelihood of future episodes and long-term disability." Below this is a section titled "What is psychosis?" with a definition: "Psychosis refers to a collection of symptoms that affect the mind, where there has been some loss of contact with reality. During an episode of psychosis, a person's thoughts and perceptions are disrupted, and they may have difficulty recognizing what is real and what is not." On the right side of the main content area, there is a "Share Page" button with icons for Facebook, X, Email, and Print.

The **Recovery After an Initial Schizophrenia Episode (RA1SE)** initiative seeks to fundamentally alter the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness.

# NIMH RA1SE Projects

RCT to compare the effectiveness of phase-specific intervention vs. usual community care for FEP

- Symptomatic recovery and relapse
- Social, academic and vocational functioning
- Cost effectiveness of treatment

Implementation study to identify and surmount barriers to rapid adoption of early psychosis interventions

- Referral and case finding strategies
- Training and supervision of existing clinical staff
- Financing models to support FEP treatment programs

# RA1SE Results

## RA1SE ETP Study

- Participants stayed in specialized treatment longer
- Fewer psychotic symptoms
- Experienced significantly greater improvement in quality of life (QOL) – only participants with shorter DUP demonstrated a significant improvement in QOL when receiving specialized services
- More likely to be in work or school

## RA1SE CONNECTION

- High engagement and retention rates
- Significant reduction of psychotic symptoms
- Significant improvement of social and occupational functioning
- Rates of engagement in competitive work or school doubled

# The Big Picture: Rationale

*The goal is to reduce Duration of Untreated Psychosis and provide early intervention services to promote the long-term recovery and reduce disability.*



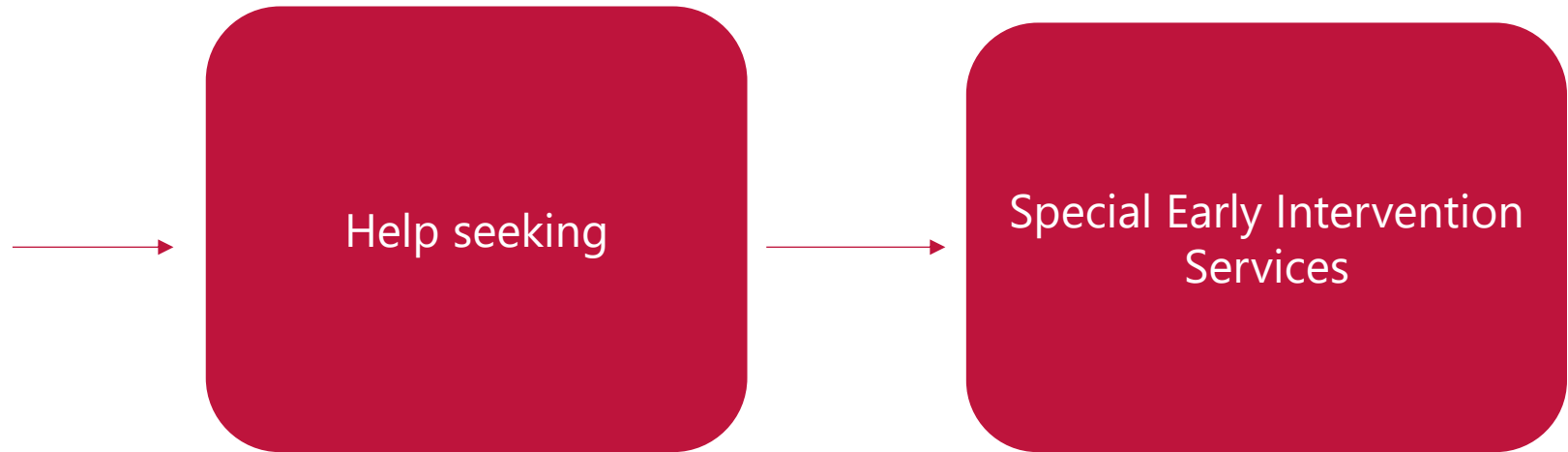
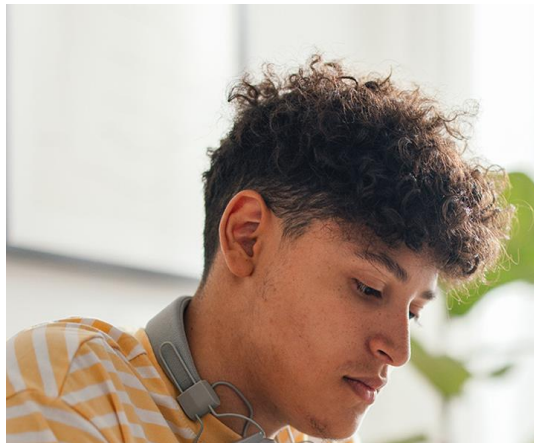


# Roadmap for Access to Care



# Vision for Treatment: Rapid Connection

The goal is to simplify the system interactions to identify First Episode Psychosis and reduce stigma to enable individuals seeking help to find early intervention services for the best outcomes.



# Coordinated Specialty Care

- **Clinical Services:** Case management, supported employment/education, psychotherapy, family education and support, pharmacotherapy and primary care coordinate
- **Core Functions/Processes:** Team based approach, specialized training, community outreach, client and family engagement, mobile outreach and crisis intervention services, shared decision making

[Health Topics - National Institute of Mental Health \(NIMH\) \(nih.gov\)](https://www.nimh.nih.gov/health/topics)

# Programs in NY for FEP



# OnTrackNY



*My health. My choices. My future.*

OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don't. This program helps people achieve their goals for school, work, and relationships.

# OnTrackNY Approach

- The goal of OnTrackNY is to provide hope and effective treatment so that young adults with psychosis can achieve their goals in life
- Rather than working with just one mental health professional, we offer a collaborative team approach that relies on everyone's strengths and energy
- The young adult with psychosis is a member of the team, along with the family and other mental health professionals
- A team leader helps to keep everyone on the team working together toward the young adult's recovery
- We use a 'shared decision making' approach. That means that the young adult and the team work together to decide on the best treatment options



# OnTrackNY Treatment Offerings

- A comprehensive assessment of the young adult's personal recovery goals to inform and guide treatment
- Treatment and support from team members including a doctor, mental health professionals, and the vocational specialist who have worked with people recovering from psychosis
- Counseling for family members focused on providing information about psychosis and teaching family members how to assist young people in their recovery
- Coaching from a vocational specialist with expertise in helping young people identify and reach their school and work goals
- Assistance with strategies for building healthy relationships and coping with problems in positive ways
- Treatment and support for drug or alcohol problems





# OnTrackNY Team Intervention



Outreach and  
Engagement



Evidence-based pharmacological  
treatment and health  
Supported employment/education  
Recovery skills (SUD, social skills, CBT)  
Psychotherapy and support  
Family Support/education  
Suicide prevention



Peer Support

Recovery

4.0 FTE

# Eligibility Criteria

- Age: 16-30
- Diagnosis: primary psychotic disorder
- Diagnoses include: Schizophrenia, Schizoaffective disorder, Schizophreniform disorder, Other specified schizophrenia spectrum and other psychotic disorder, Unspecified schizophrenia spectrum and other psychotic disorder, or Delusional disorder
- Duration of illness: onset of psychosis must be greater than or equal to 1 week or less than or equal to two years
- New York State Resident



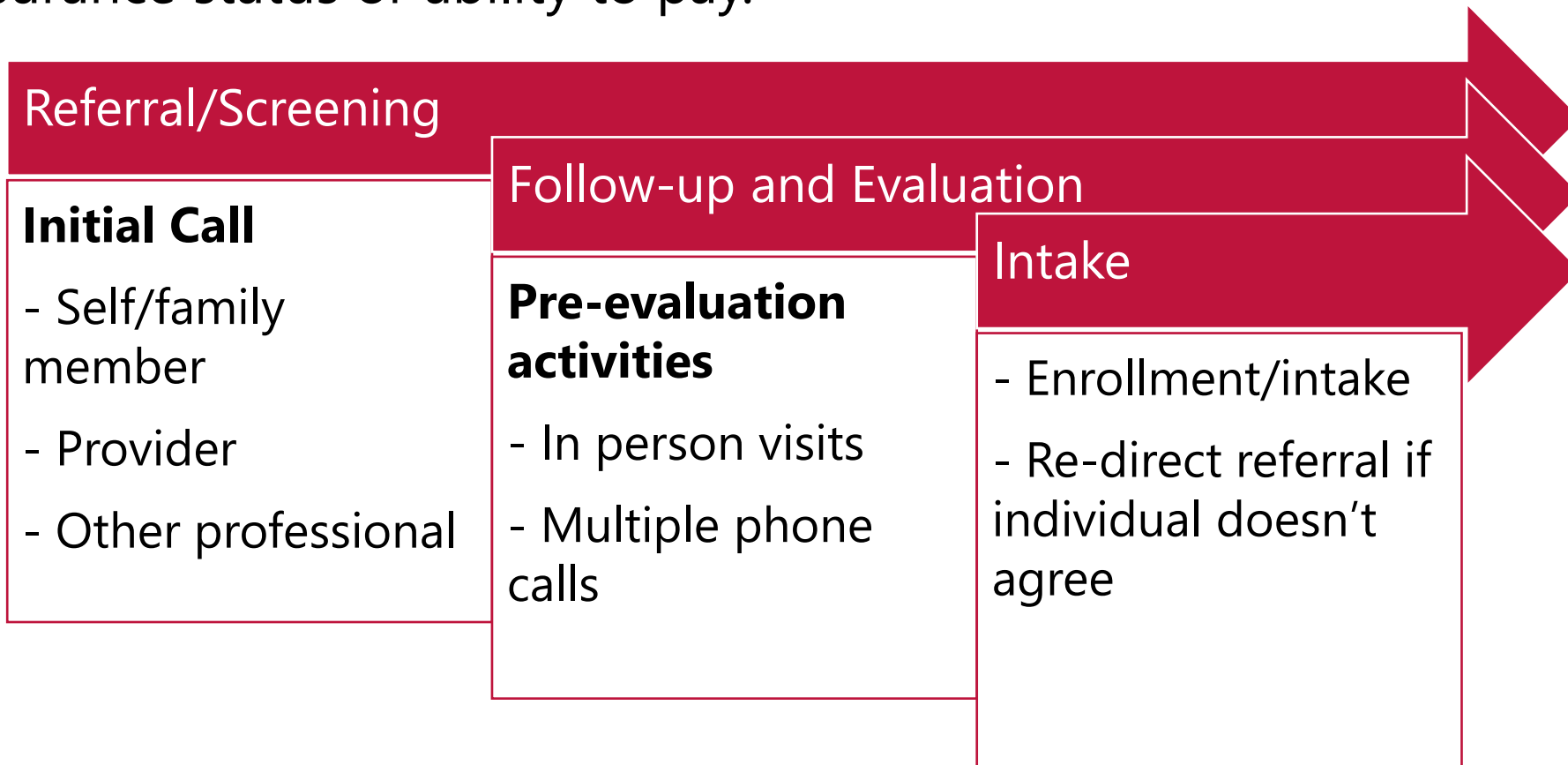
# Eligibility Criteria: Exclusionary Factors

- Intellectual Disability (IQ < 70) or Austim Spectrum Disorder
- Primary diagnosis of substance-induced psychosis, mood disorder with psychotic features, or psychosis secondary to a general medical condition
- Serious or chronic medical illness significantly impairing function independent of psychosis
- OnTrackNY teams provide services to all referred individuals meeting clinical admission criteria, without wait lists and regardless of their insurance status or ability to pay.

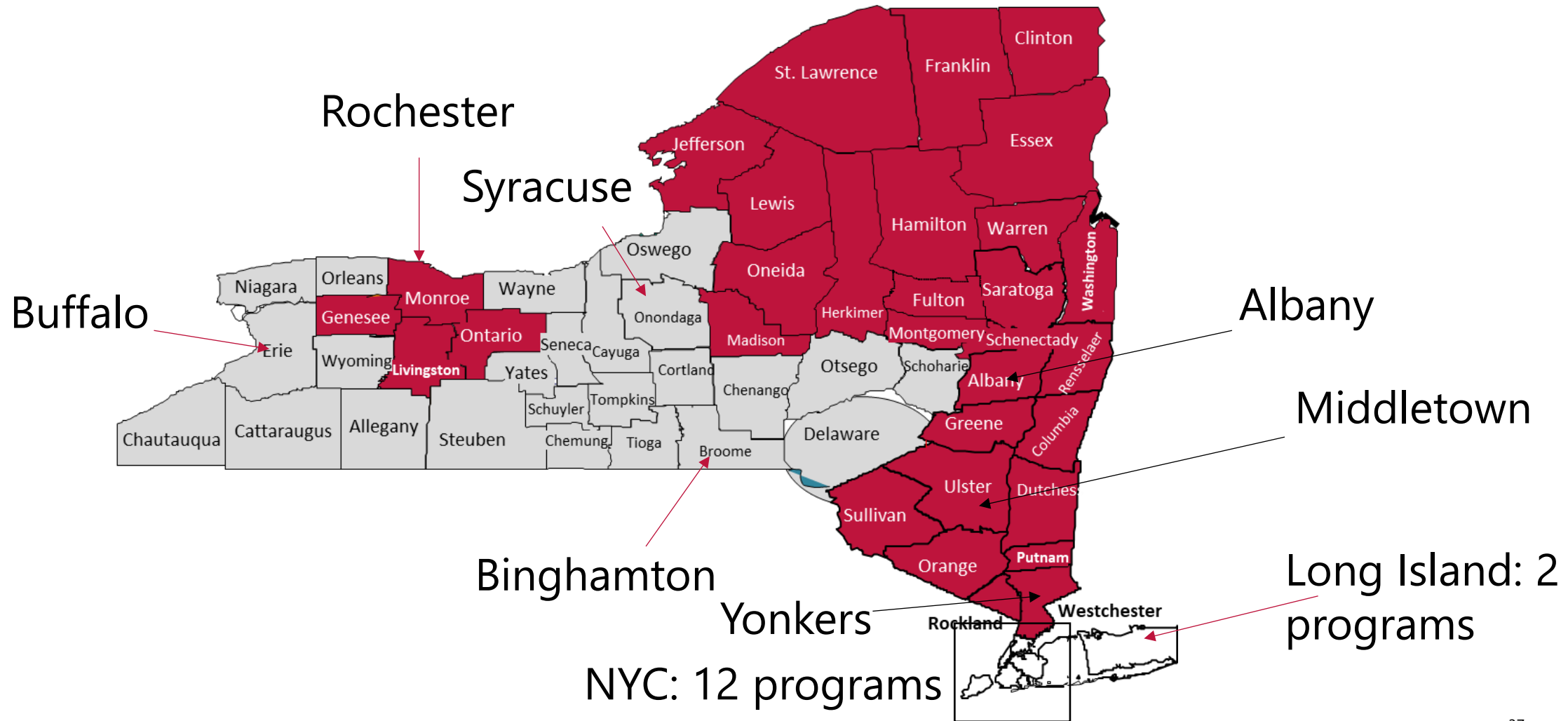


# Referral Process

OnTrackNY teams provide services to all referred individuals meeting clinical admission criteria, without wait lists and regardless of their insurance status or ability to pay.



# OnTrackNY Locations in MVP Government Programs Service Area



# NYC Start

# NYC START

## Supportive Transition and Recovery Team

- Goal: improve the connection to community-based care among New Yorkers experiencing a first episode of psychotic illness; works with all hospitals that provide in-patient psychiatric services in NYC
- Serves: young adults (ages 18-30) who have been hospitalized for the first time due to psychosis
- Offers: care coordination, psycho-education and support services to ensure linkage to care, services, and support their transition back to the community



# How It Works

- Hospital alerts DOHMH when an individual is admitted with first-episode psychosis
- A specialized DOHMH team makes contact and provides information
- If individual agrees, the DOHMH team engages him/her and family to link to treatment and follow-up to assure continuous care
- All identifiable information deleted from reporting system after 30 days





# General Tips for Working with Individuals with FEP

# Tips for Engagement



Understand what they are seeking by learning what is going on for them at this time



What programs/kinds of treatment have they already (recently) tried connecting with? What were the challenges?



Provide information about services based on the above



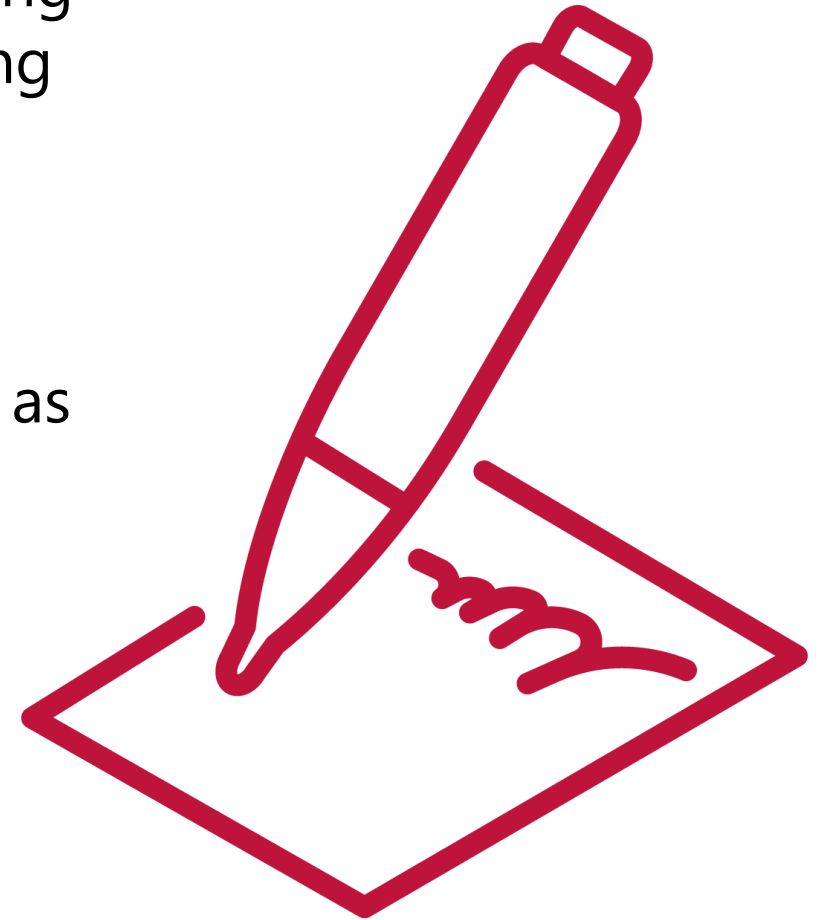
Connect such exploration with detailed examples about services might be able to help (e.g. getting a job, making friends, etc.)



**Common traps:** talking about the program too mechanically; asking too many detailed questions in order to begin determining eligibility

# Tips for Talking to Youth and Family

- During these early stages of engagement, it is especially important to be mindful of the young person's experience of what may be happening and to adopt his/her language in the conversation
- Important to do this with family also
- Understand cultural context and incorporate as much as possible



# How to respond to: 'I am not psychotic'

- Ask them what they think is the problem and what might be helpful
- Try to communicate how services can help given their understanding of the problem
- Do not try to convince a person that s/he is psychotic
- Look for common ground



# Factors that Contribute to Recovery

- Clinicians play a vital role in early detection of first episode psychosis, connecting people to the right care and conveying hope for recovery
- Specialized early intervention services improve clinical and functional outcomes by focusing on the individual's goals to guide treatment decisions
- Clinicians follow a shared decision-making framework to make decisions about treatment, encourage family involvement, and help the individual develop skills to manage symptoms and prevent relapse



# Importance of Family Collaboration

- First Episode Psychosis often affects young people who are living in the family home
- Families are often the first to notice the changes associated with symptoms of psychosis and can be key players in seeking help
- Family members may not understand why the changes they see in their loved ones are occurring or how to help. Recognizing that families can be a valuable resource in getting individuals to appropriate care and supporting treatment engagement is key.
- Coordinated Specialty Care programs provide families with the education and support they need



# Videos



# Sabastian – Finding Harmony Through Music



[Center for Practice Innovations > Resources > First Episode Psychosis Recovery Stories](#)



# Skittles – Laying the Foundation for Recovery



[Center for Practice Innovations > Resources > First Episode Psychosis Recovery Stories](#)

# D – Learning to Prioritize Your Mental Health



[Center for Practice Innovations > Resources > First Episode Psychosis Recovery Stories](#)

# Anna – Drawing the Path to Recovery



[Center for Practice Innovations > Resources > First Episode Psychosis Recovery Stories](#)

# Reference & Resources



# References

Iruma Bello, PhD Co-Associate Director and Clinical Training Director, OnTrackNY

Cloutier, M, Aigbogun, MS, Guerin, A, Nitulescu R, Ramanakumar, AV, et al. (2016). The economic burden of schizophrenia in the United States in 2013. *Journal of Clinical Psychiatry*, 77(6):764-771.

Maloney, AE, Yakutis, LJ, Frazier, JA. Empirical evidence for psychopharmacologic treatment in early onset psychosis and schizophrenia. *Child Adolesc Psychiatr Clin N Am*. 2012; 21(4): 885-909.

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Compton M, Broussard B: *Current Psych Reviews* 2011, 7, 1-11

Marshall et al. Association between duration of untreated psychosis and outcome in cohorts of first episode patients: a systematic review. *Arch Gen Psychiatry*. 2005; 62(9):975-983.

Andrzej Cechnicki, Lukasz Cichocki, Aneta Kalisz, Piotr Bladzinski, Przemyslaw Adamczyk, Joanna Franczyk-Glita. Duration of untreated psychosis (DUP) and the course of schizophrenia in a 20-year follow-up study. Department of Community Psychiatry, Chair of Psychiatry, Collegium Medicum, Jagiellonian University in Cracow, Pl. Sikorskiego 2/8, 31-115 Krakow, Poland.

# Resources

[Health Topics - National Institute of Mental Health \(NIMH\) \(nih.gov\)](#)

[OntrackNY.org](#)

[Center for Practice Innovations: First Episode Psychosis Recovery Stories](#)

[NY START](#)

[Northwell Health: Early Treatment Program](#)

[Mount Sinai: I Can Feel Better Program](#)

# Mental Health Resources

[Center for Practice Innovations](#)

[National Alliance on Mental Illness National](#)

[National Alliance on Mental Illness NYC Chapter](#)

[First Episode Psychosis Recovery Stories](#)

[Employment Resource Book](#)

[Voices of Recovery Videos](#)

[NASMHPD Information for Providers](#)

# OnTrackNY Team Manuals

[Team Manual](#)

[Medical Manual](#)

[Primary Clinician's Manual](#)

[Supported Employment and Supported Education Manual](#)

[Recovery Coaching Manual](#)

[Outreach and Recruitment Manual](#)

[Voices of Recovery Manual](#)

[Peer Specialist Manual](#)

[Family Manual](#)

[Delivering Culturally Competent Care in FEP](#)

[Treating Cognitive Health Manual](#)

[Family Council Guide](#)



# Provider and Organization Resources

[Voices of Recovery Videos](#)

[First Episode Psychosis Recovery Stories](#)

[Center for Practice Innovations](#)

[Learning Management System](#)

[New York State Psychiatric Institute](#)

[New York State Office of Mental Health](#)

[Data Collection Forms](#)

# Thank you for being part of MVP

Contact your Behavioral Health Professional Relations Representative with questions. Visit the MVP Website to identify your representative and contact information by county.

**Contact:** [Professional Relations Territory Listing Behavioral Health \(mvphealthcare.com\)](#)

