



# Early Psychosis Care

## What is Psychosis?

Psychosis is a disruption in the brain that interferes with a person's thoughts and perceptions. Psychosis typically involves hallucinations and/or delusions, which show up as hearing, seeing, and believing things that do not exist. Some common experiences in the event of psychosis include:<sup>1, 2</sup>

- Social withdrawal
- Distorted thinking and concentration
- Increased sensory sensitivity
- Difficulty with daily activities and self-care
- Changes in sleep patterns and appetite
- Decreased stress tolerance
- Persistent anxiety and suspicion
- Strong, inappropriate emotions or apathy

100,000

**About 100,000 adolescents and young adults in the US experience a first episode psychosis each year.**

Research is evolving to explain the cause of psychosis. Several factors, however, are likely associated with genetic disposition, trauma, substance use, mental health conditions, physical illness, or injury.<sup>2</sup> Early symptoms can start in pre-adolescence, with the progression of psychotic symptoms recurring occasionally into adulthood.<sup>1</sup>

## Importance of Early Interventions

Studies have shown that attenuated psychotic symptoms appear as early as age 12.<sup>3</sup> It is common for a person to experience early or first-episode psychosis (FEP) for more than a year prior to receiving treatment. Minimizing the duration of untreated psychosis is essential for better recovery outcomes and improved quality of life.



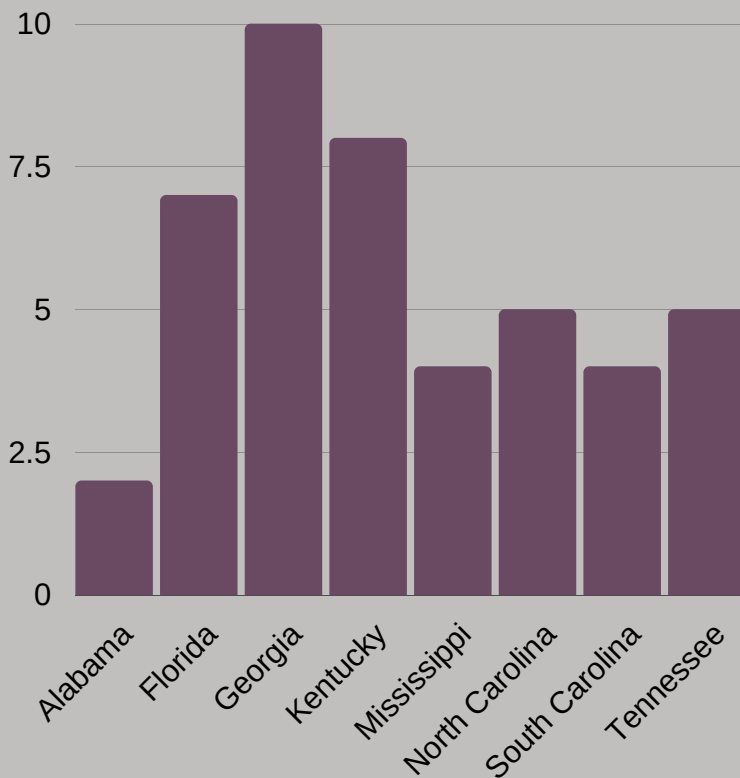


## Treatment Options for Psychosis

Individual and group **psychotherapy** are common for first-episode psychosis. Cognitive behavioral therapy (CBT) is generally used to manage and work through distorted thinking patterns and beliefs. **Pharmacotherapy**, another form of treatment, involves antipsychotic medication to help reduce psychosis symptoms. Risks, side effects, and benefits should be discussed in consultation with a clinician.<sup>4</sup>



Number of FEP Programs in the Southeast

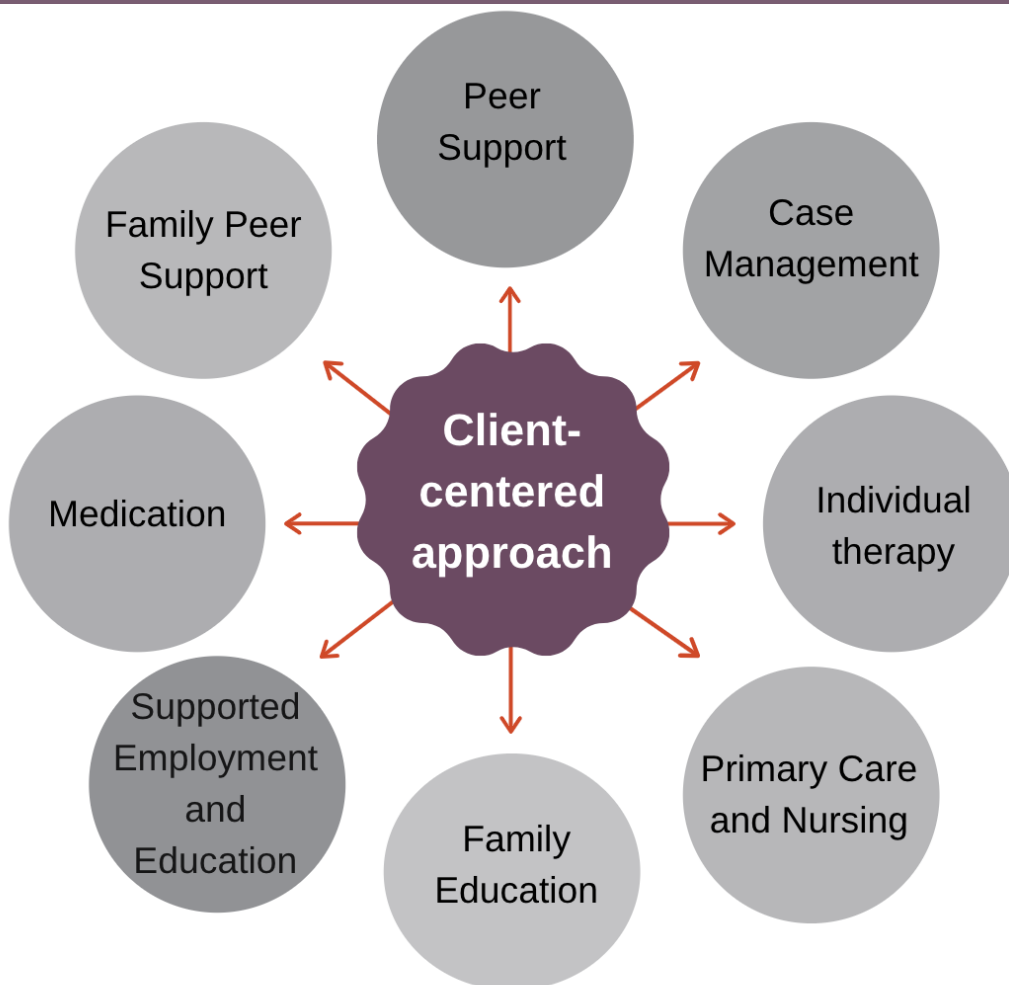


**FEP programs** aid in managing early signs and symptoms to enhance the likelihood of better outcomes and improved quality of life.<sup>2, 3</sup> FEP programs are available nationwide, and approximately 50 FEP treatment centers leading implementation efforts for early psychosis are located throughout the Southeast.<sup>3</sup> Learn more about Early Psychosis Intervention Programs in your state using the [PEPPNET Directory](#) or the [SAMHSA Treatment Locator](#).

While these treatment options help an individual with psychosis work towards recovery, a variety of treatment options are available. Supplemental treatment options often include **peer support, family peer support, case management, supported employment and education services**.<sup>3</sup> These treatment options encourage, build upon, and facilitate a supportive and informed community around the person in recovery.

## Coordinated Specialty Care (CSC)

**Coordinated Specialty Care (CSC)** is an evidence-based practice that uses multiple treatment resources in a collaborative manner to support an individual's recovery. With a focus on the individual at the center, the integration of health professionals, community services, and family involvement aid in the facilitation of his or her comprehensive recovery.<sup>3</sup>



The primary functions of integrated care include:<sup>2</sup>

- Access to health practitioners with specialized FEP training
- Active engagement with the individual
- Delivery of related services in community and healthcare settings
- Available support during or following a psychiatric crisis
- Transition of step-down care after 2-3 years of continuous care
- Maintenance of treatment fidelity through continuous quality improvement and assessment



## Engaging Individuals in Treatment

One of the main challenges of integrated CSC is engaging the individual in treatment. Those who are unemployed, experiencing lower social functions, and are younger in age are least likely to engage in treatment.<sup>3</sup>

### Common challenges in treatment engagement:

#### System-level

- Affordability of FEP treatment
- Referral failures from emergency services
- Lack of robust in-patient and outpatient follow-up
- Unsympathetic providers who fail to involve individual in decision making process
- Lack of awareness of local FEP programs

#### Individual-level

- Frequent missed appointments
- Feeling unheard or uninvolved in decision making process
- Dissatisfaction with available services
- Nonadherence with aftercare follow-up plans
- Concerns about hospital admissions or medication requirements

### Tips to improve treatment engagement:

- Be patient, creative, and have fun
- Share experiences of others to instill hope
- Express genuine interest in individual's experiences, feelings, and thoughts
- Collaborate with others who have established rapport with individual
- Engage family in treatment
- No one approach is right for everyone
- Treatment approaches are unique to the individual and should be tailored
- Approaches may change over time

#### Sources:

1. National Alliance on Mental Illness [NAMI]. n.d. Psychosis. <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis>
2. National Association of State Mental Health Program Directors. n.d. What Is Psychosis? <https://www.nasmhpd.org/content/what-psychosis>
3. Southeast Mental Health Technology Transfer Center. January 27, 2021. Updates in First Episode Psychosis Care. <https://mhttcnetwork.org/centers/southeast-mhttc/product/updates-first-episode-psychosis-care>
4. National Institute of Mental Health [NIMH]. 2015. First Episode Psychosis. <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/fact-sheet-first-episode-psychosis.shtml>

