



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Building Connections to Increase Awareness of Early Episode Psychosis Programs in Primary Care

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS



Building Connections

First Episode Psychosis a
Community effort.



Together
Everyone
Achieves
More



Empowering Hope

In the US early psychosis was nonexistent 20 years ago

- Long treatment delays
- Treatment goals focused primarily on stabilizing symptoms
- Inadequate attention to medical comorbidities
- Frequent relapses
- Social isolation
- Shorter lifespan of up to 25 yrs

Recovery After an Initial Schizophrenia Episode (RAISE)

In 2008 the National Institute of Mental Health (NIMH) began RAISE a large-scale research initiative.

The initiative tested coordinated specialty care approaches to determine best practices to help people recover from a psychotic episode and to reduce the likelihood of future episodes and long-term disability.

Coordinated Specialty Care (CSC)

- Recovery-focused, team approach to treat early psychosis
- Promoting easy access to care
- Shared decision-making among providers, the individual and their family members

Advances in Coordinated Specialty Care

- APA practice guidelines recommend Coordinated Specialty Care for first episode psychosis
- Federal agency endorse CSC as an evidence-based treatment for FEP (SAMHSA, CMS, VHA and DOL)
- Since 2008 the number of community-based CSC programs increased 3-fold

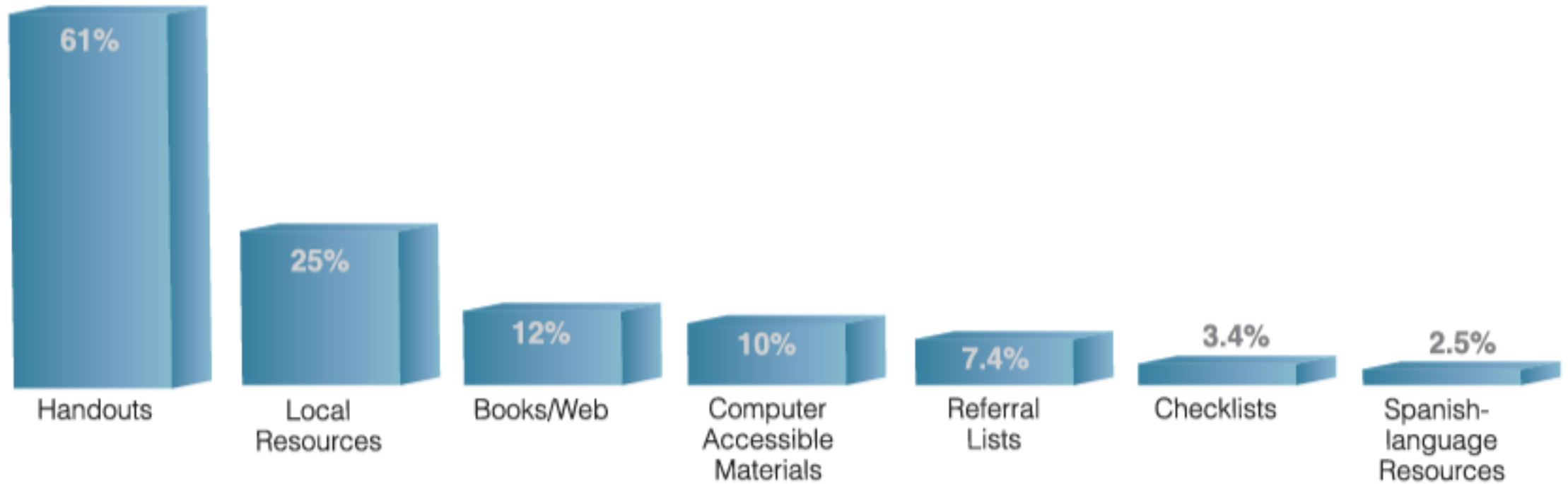
Early Detection is Key

Primary Care

- Easier access to care because of a critical shortage of mental health providers, especially in rural communities
- Care provided in a primary care setting may be covered by insurance policies that do not include mental health care coverage.
- Families may feel more comfortable in a primary care setting because of stigma associated with seeking care in a mental health care setting



Requested Resources in Primary care



Helping Families Feel Comfortable

Resources (visual) available in waiting and exam rooms:

- Provider is aware and receptive mental health issues
- Provides confidence in raising concerns with provider
- Helps generate questions about their child's mental health
- Helps normalize and remind families they are not alone

Private Area within the primary care setting:

- Options to discuss concerns without the child present
- Privacy to avoid the fear of others hearing (stigma)
- Provides comfort and a safe place to discuss mental health concerns

Knowledgeable and Supportive Staff

- Active listening
- Positive language and attitude
- Provide prompts to discuss mental health concerns

Screenings/Questionnaire/Checklists

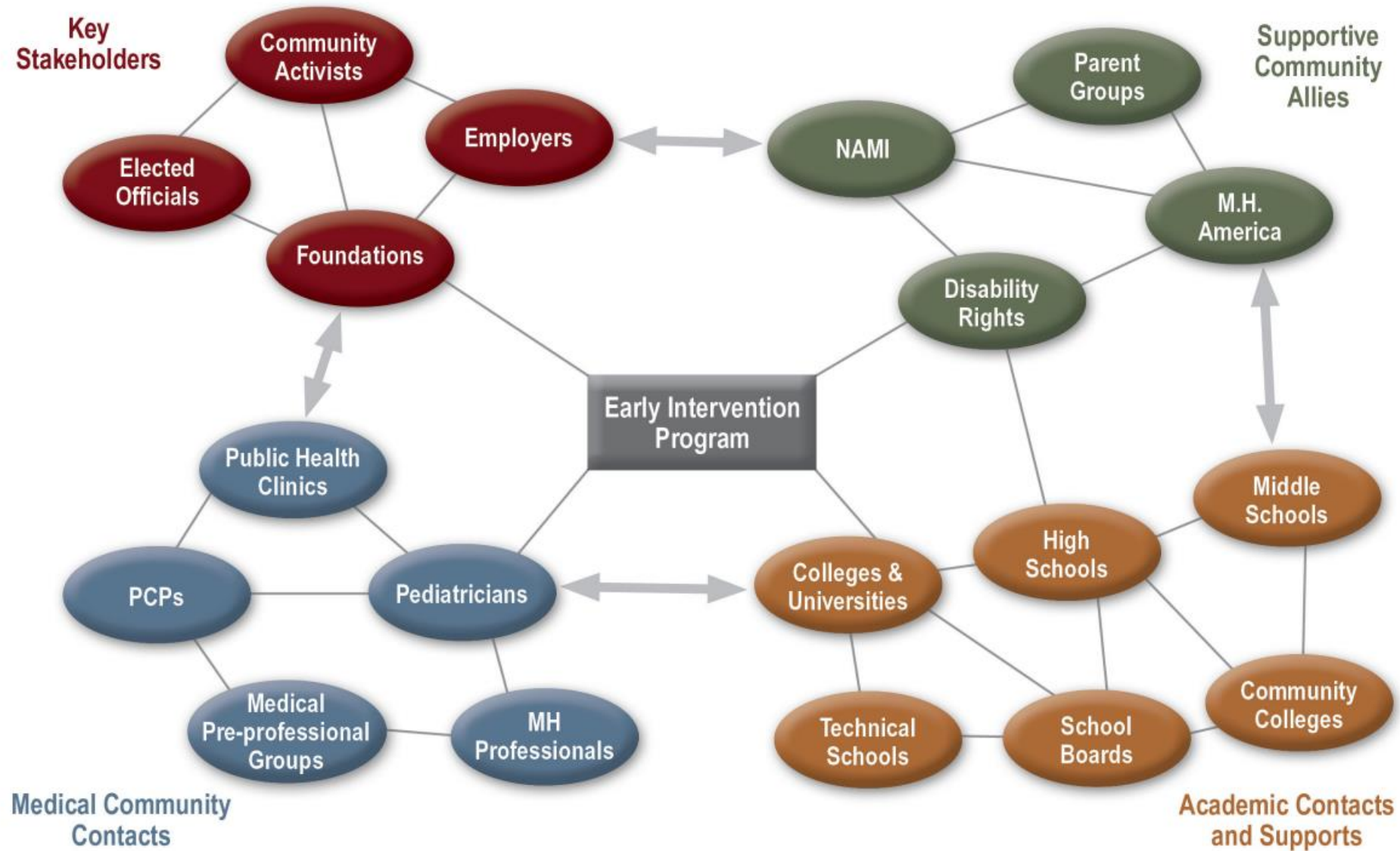
- Mental health screening tools as part of routine clinical practice to normalize mental health, developmental, behavioral and emotional issues



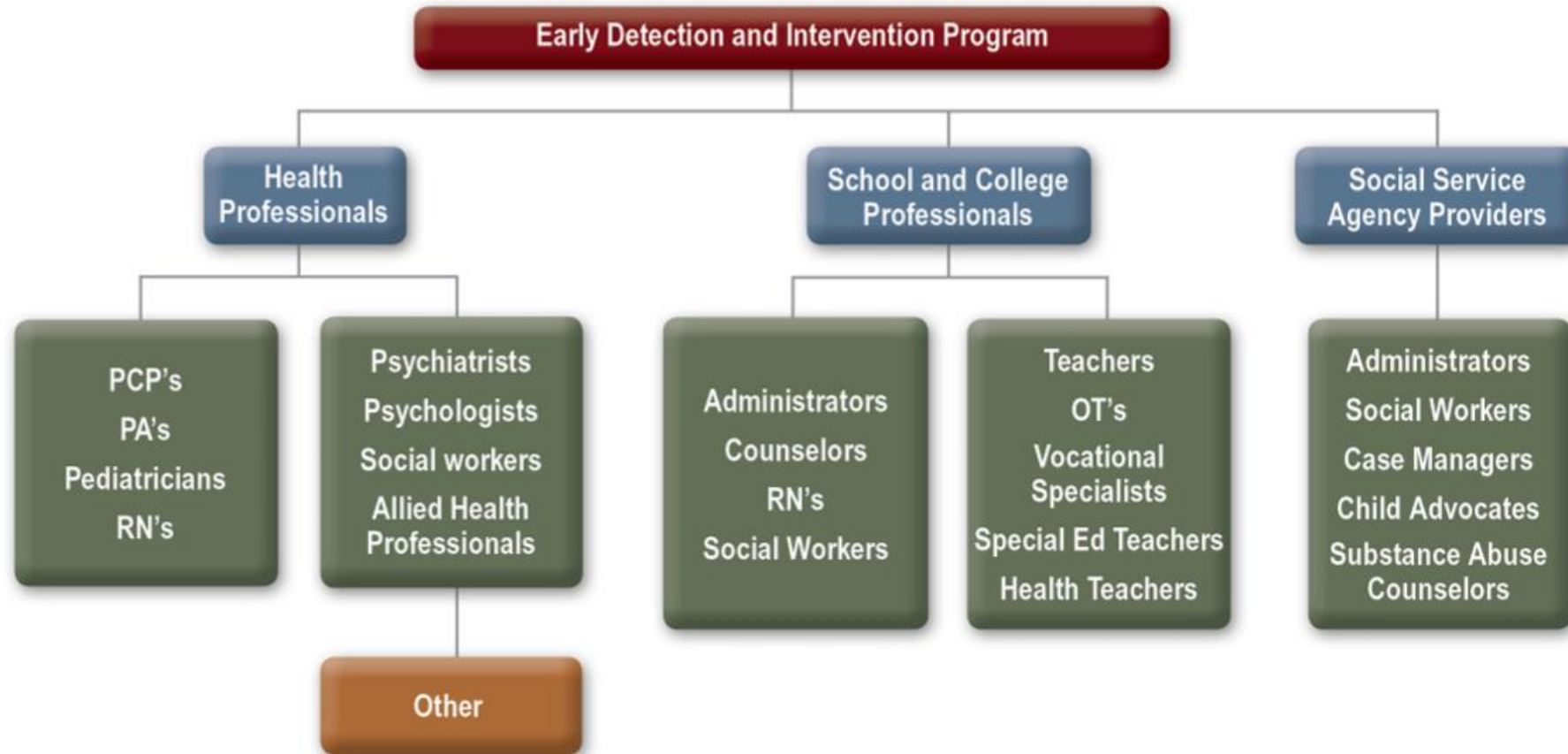
Goals of Community Outreach & Education

- Decrease barriers to early identification, especially stigma
- Provide information about modern concepts of psychotic disorders
- Increase understanding of early stages of mental illness and pre-psychotic symptoms
- Inform audiences about referral processes and rapid access to treatment
- Develop relationships with community stakeholders and referrers to build and maintain a network of early identifiers.

Community Mapping Tool



First Stage: Outreach Target Audiences





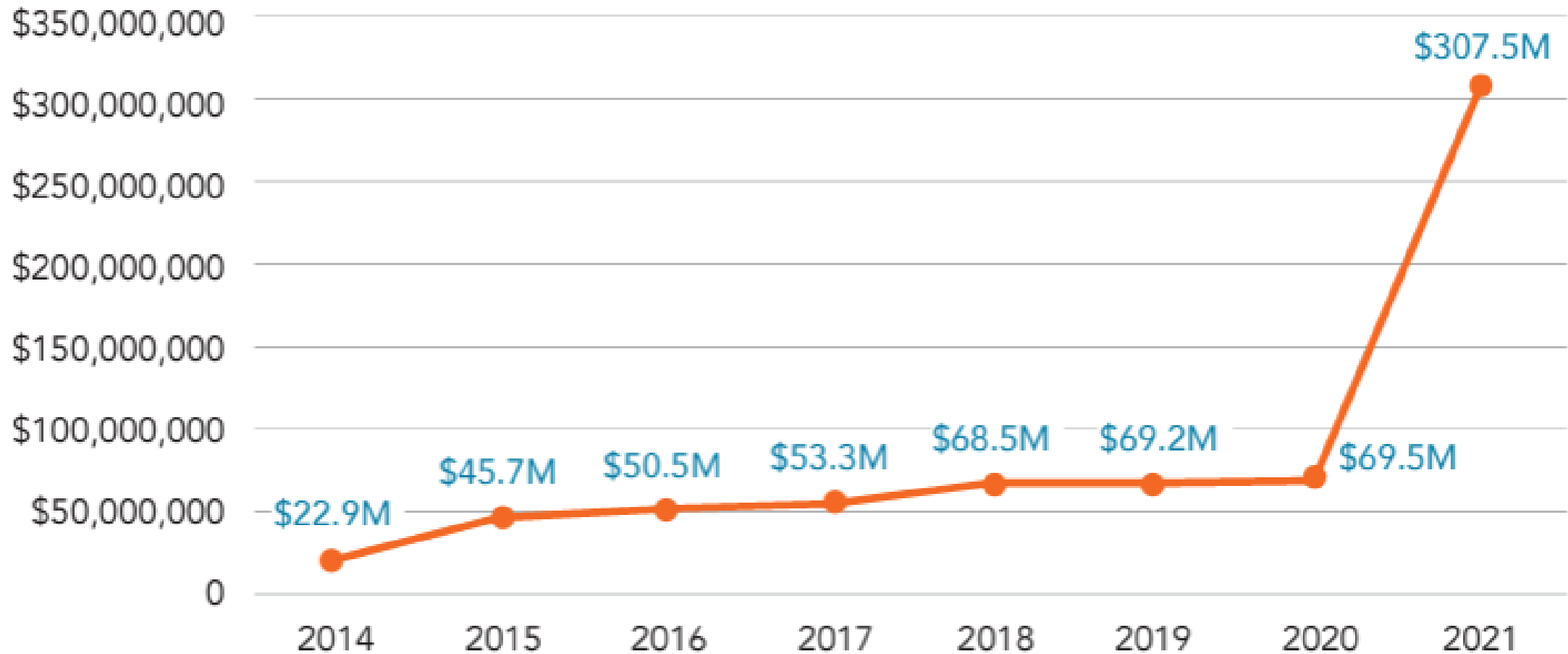
Elements of Outreach

- Build and maintain a network of key relationships at the state level
- Educate stakeholders about the existence and effectiveness of FEP
- Understand roles and responsibilities of other state entities (Voc and Education services)
- Educate/discuss how outreach and engagement are key components
- Support provider agencies; provide training, developing educational materials, monitor outreach performance metrics

Community Education = Appropriate Referrals

- Educational presentations were significantly associated with referrals
- Half of the referrals, as intended, were from outside the mental health system
- Half of those were deemed accurate
- Referrals from mental health and other, non-mental-health professionals were equally accurate
- 75% of the screened referrals were found to already have, or be at risk for, a major psychiatric disorder

Federal Investment in Early Psychosis



Resources

- Missouri Kids First <http://www.missourikidsfirst.org/our-work/policy>
- Kansas Action For Children <https://www.kac.org>
- [The Kennedy Forum | Revolutionizing and Standardizing Mental Healthcare](#)
- [CMS Approves Payment for Coordinated Specialty Care of First-Episode Psychosis](#)
- [Guidance Manual: Educating Communities to Identify and Engage Youth in the Early Phases of an Initial Psychosis](#)
- A powerful way to spread ideas and promote opportunities to help families across the country. Share Legislative/Advocacy News from your state [share news from your state](#).

NAMI Kansas www.namikansas.org

- NAMI Basics-NAMI Basics is an education program for parents, caregivers and other family who provide care for youth (ages 22 and younger) who are experiencing mental health symptoms. NAMI Basics is available both in person and online through [NAMI Basics OnDemand](#)
- NAMI Family-to-Family is an 8-session educational program for family, significant others, and friends of people with mental health conditions. It is a designated evidenced-based program that significantly improves the coping and problem-solving abilities of the people closest to a person with a mental health condition. Next session begins March 28th, 2024

Sources

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NAMI The Family Experience with Primary Care <https://www.nami.org/Support-Education/Publications-Reports/Survey-Reports/NAMI-The-Family-Experience-with-Primary-Care-Physi>



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