

First Episode Psychosis (FEP)

First Episode Psychosis (FEP) refers to the initial occurrence of psychotic symptoms—such as hallucinations, delusions, or markedly disorganized thinking—that signal the early phase of a psychotic disorder (e.g., schizophrenia-spectrum).

Onset of FEP most commonly occurs in late adolescence to early adulthood (approximately age 15–30).

Early recognition and intervention are critical, as untreated or delayed treatment of psychosis is associated with worse outcomes in symptoms, functioning, and social/occupational recovery. In addition, untreated psychotic disorders emerging at this developmental stage can derail academic progress, vocational entry, social development, and independence.

The primary aims of early intervention in FEP include:

- **Reduced Duration of Untreated Psychosis (DUP):** Evidence shows that shorter DUP is associated with better clinical and functional outcomes.
- **Reduction in symptoms** to result in improved rates of employment/education participation and improved quality of life.
- **Prevent Relapse and Reduce Hospitalization:** Early coordinated care reduces the risk of repeated acute episodes.
- **Support Families and Natural Supports:** Involving families in education, relapse prevention and care planning improves engagement and outcomes.

Coordinated Specialty Care (CSC) is an evidence-based multidisciplinary treatment model for FEP. According to the National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA), CSC includes several integrated components, including:

- **Rapid access to care:** Early entry into treatment after symptom onset.
- **Treatment team:** Psychiatrist, case manager, supported employment/education specialist, family psychoeducation specialist, and therapist.
- **Individualized medication management:** Starting antipsychotic medication under close monitoring, shared decision-making, minimizing side effects.
- **Psychosocial interventions:** Such as cognitive behavioral therapy for psychosis (CBTp), family psychoeducation, supported employment/education (SEE).
- **Family involvement & psychoeducation:** Informing families about psychosis, treatment options, relapse prevention, supporting engagement.

- Supported employment & education: Keeping the individual engaged in the community, school or work—promoting recovery.
- Care coordination: Integrating medical, behavioral health, social supports and crisis intervention.

Evidence shows that CSC programs lead to improvements in symptoms, role functioning, quality of life, and reduced hospitalization compared with usual community care.

Healthcare providers should maintain a high index of suspicion for first episode psychosis in adolescents and young adults when they present with:

- New onset hallucinations (auditory, visual, or other sensory) or fixed delusional beliefs
- Marked social withdrawal, drop in academic or work performance
- Disorganized speech or thought processes (e.g., tangentiality, loosening of associations)
- Severe anxiety, paranoia, suspiciousness without clear stressors
- Noticeable decline in functioning (e.g., inability to maintain school/work, self-care)
- Affective changes (flattened or inappropriate affect), or other signs of psychosis emerging in previously healthy individuals

Role and Responsibility of Crisis, Mental Health Inpatient & Other Behavioral Health Providers

- Obtain a brief psychiatric assessment (or refer) to determine if psychotic symptoms are present and onset date.
- If the above red flags appear, screen for psychosis and consider urgent referral to Behavioral Health/FEP/CSC services.
- Collaborate with behavioral health providers to initiate or expedite referral to CSC or specialty early-intervention programs.
- Coordinate care with primary care, psychiatrists, therapists, employment/education specialists, and other relevant providers.
- Engage family or natural supports early—education and support for Member families improve outcomes.
- Monitor treatment adherence, side-effects, co-morbid conditions (physical/behavioral), and social functioning.

PerformCare is dedicated to the following:

- Coverage/authorization support for all levels of necessary care.
- Assignment of a PerformCare Care Manager to support coordination, network navigation, and continuity of care.
- Providing information and resources for network providers regarding FEP treatment and implementation.

More information can be found regarding CSP for FEP in your area at the following link:
<https://heads-up-pa.org/find-a-center/>

References

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