

Early Detection & Rapid Access	<ul style="list-style-type: none"> <li>• Screening and identification</li> <li>• Education on referral and diagnosis</li> <li>• Rapid access (reducing duration untreated psychosis)</li> <li>• Community engagement &amp; education</li> <li>• Regional adaption - overcoming workforce challenges (e.g., telehealth for rural areas)</li> </ul>
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### Stakeholder Specific Draft Guidelines

1. All professionals working with people experiencing psychosis or schizophrenia should ensure they are competent in: ([NICE guidelines UK](#))
  - a. Assessment skills and using explanatory models of illness for people from diverse ethnic and cultural backgrounds
  - b. Explaining the causes of psychosis or schizophrenia and treatment options
  - c. Addressing cultural and ethnic differences in treatment expectations and adherence
  - d. Addressing cultural and ethnic differences in beliefs regarding biological, social and family influences on causes of abnormal mental states
  - e. Negotiating skills for working with families of people with psychosis or schizophrenia
  - f. Conflict management and resolution
2. Health and social care professionals working with children and young people with psychosis or schizophrenia should be trained and competent to work with children and young people with mental health problems of all levels of learning ability, cognitive capacity, emotional maturity and development. ([NICE guidelines UK Children](#))
3. Health and social care providers should ensure that children and young people with psychosis or schizophrenia: ([NICE guidelines UK Children](#))
  - a. are not passed from one team to another unnecessarily
  - b. do not undergo multiple assessments unnecessarily.

### **Primary Care Clinicians**

1. Know the common signs of early indicators of psychosis. (functional decline, atypical perceptual experiences, cognitive difficulties, thought disturbance or unusual beliefs, speech or behavior that is disorganized) and consider familial risk ([Center for Early Detection, Assessment and Response to Risk](#))

2. Use non-stigmatizing language when discussing behavioral health symptoms or concerns with patients and families. For patients who do not speak English, involve a trained, bicultural interpreter to support assessment. (AAFP)
3. For patients aged 12-35 with a positive behavioral health screen and has new or worsening functional decline or cognitive difficulties, screen for psychosis ([Center for Early Detection, Assessment and Response to Risk](#))
4. Consider using a brief validated measuring tool to support screening for psychosis if suspected (e.g., Prodromal Questionnaire-Brief Version, PRIME screen, Youth Psychosis At-Risk Questionnaire, etc.) ([Center for Early Detection, Assessment and Response to Risk](#))
5. Utilize behavioral health/psychiatric consultation as able.
6. For patients presenting with first symptoms of psychosis, take a detailed patient and family history, perform physical exam and order laboratory tests to support differential diagnosis. (AAFP, [Center for Early Detection, Assessment and Response to Risk](#))
7. Consider evaluating and providing/referring to treatment for common co-occurring concerns, such as mood disorders, anxiety and substance use.
8. Refer patient to specialty behavioral health care (Coordinated Specialty Care) if suspected high risk for psychosis or experiencing first episode of psychosis
9. Do not initiate antipsychotic medication for a first presentation of sustained psychotic symptoms in primary care unless it is done in consultation with psychiatric professional ([NICE guidelines UK](#))
10. If person continues to have symptoms, impaired functioning or is distressed but with a clear diagnosis of psychosis cannot be made, monitor person regularly for changes in symptoms for up the 3 years using validated assessment tool: ([NICE guidelines UK](#))
  - a. Frequency and duration should be determined by severity/frequency of symptoms, level of impairment or distress, and degree of family/caregiver disruption/concern ([NICE guidelines UK](#))

## Outpatient Behavioral Health

1. Local mental health services should work with primary care, other secondary care and local third sector, including voluntary, organizations to ensure that: ([NICE guidelines UK Children](#))
  - a. all children and young people with psychosis or schizophrenia have equal access to services based on clinical need and irrespective of gender, sexual

orientation, socioeconomic status, age, background (including cultural, ethnic and religious background) and any disability

b. services are culturally appropriate.

- **Coordinated Specialty Care Programs**

1. A consultant psychiatrist or trained specialist with experience in high risk for psychosis should carry out the assessment ([NICE guidelines UK](#))
2. Assess without delay. If the service cannot provide urgent intervention for people in a crisis, refer person to...
3. For patients at risk for psychosis but not meeting diagnostic threshold for a first episode:
  - Offer individual CBT with or without family/caregiver intervention ([NICE guidelines UK](#))
  - Offer appropriate treatments for any co-occurring conditions (e.g., anxiety, depression, substance use, etc.) ([NICE guidelines UK](#))
4. In differential diagnosis, consider physical and behavioral health conditions that might cause similar symptoms (e.g., autism spectrum disorder, obsessive-compulsive disorder, post-traumatic stress disorder). ([Identification of Psychosis Risk and Diagnosis of FEP: Advice for Clinicians](#)) Consider age of onset of symptoms or functional impairment, distinguishing characteristics of symptoms or content of positive
5. where there is considerable uncertainty about the diagnosis for children and young people, or concern about underlying neurological illness, there is an assessment by a consultant psychiatrist with training in child and adolescent mental health. ([NICE guidelines UK Children](#))
- 6.

- **Agencies without Coordinated Specialty Care Programs**

1. Evaluate your ability to provide coordinated specialty care programs
- 2.

### **Inpatient Psychiatric Hospitals/Units**

1. Establish partnerships with community coordinated specialty care programs located in the community to streamline referral for patients discharging after a psychotic episode

### **Hospitals/Emergency Departments**

1. Provide contact information for coordinated specialty care programs in the community upon discharge for patients identified with first episode psychosis

## **988/Crisis Centers?**

## **Health Plans**

## **Washington State Agencies?**

### Potentially Important Measures/Metrics

1. Percentage of people with FEP who begin treatment within 2 weeks of symptom onset ([NICE guidelines](#))
2. Number and geographic spread of coordinated specialty care models in Washington state