

First Episode Psychosis Programs

What are First Episode Psychosis (FEP) programs?

FEP programs target youth and young adults experiencing early psychosis. These programs use well-researched interventions to help youth and young adults recover and stay on track in school, in finding employment and maintaining connections with family, friends and community. The earlier psychosis is identified and treated, the better the long-term outcomes.

What services and supports are included in FEP programs?

The coordinated array of recovery-oriented services and supports in FEP programs includes:

- **Outreach** - identifying early signs of psychosis and engaging youth and families.
- **Family support and education** - providing understanding of psychosis and how to achieve better outcomes.
- **Peer support** - connecting youth with all important peers.
- **Supported education and employment** - so youth stay engaged in important life activities.
- **Case management.**
- **Cognitive behavioral therapy** - addressing impairments in thinking and regulating mood and behavior.
- **Low dose of anti-psychotic medication.**

The coordinated care approach emphasizes shared decision making and working with people to reach their recovery goals.

What FEP research initiatives currently exist?

The US is following the lead of Australia and several other countries in FEP research. In 2009, NIMH launched the *Recovery After an Initial Schizophrenia Episode* (RAISE) to explore creating coordinated specialty care for FEP in the US. RAISE seeks to fundamentally change the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness. Its success will be measured, in part, by its uptake in state mental health care programs.

There are two RAISE research programs supported by NIMH:

- RAISE Early Treatment Program (ETP) - a multi-site program lead by Dr. John Kane, Feinstein Institute for Medical Research. There are multiple ETP sites around the country: <http://www.raiseetp.org/sites/index.cfm>; and
- RAISE Connection Program - lead by Dr. Lisa Dixon at community clinics in MD and NY.

Learn more about RAISE here:

<http://ftp.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml>

The Robert Wood Johnson Foundation also funded research on early psychosis in the *Early Detection, Intervention and Prevention of Psychosis Program* (EDIPP) multi-site study. The study was designed to test whether promising findings from the Portland Identification and Early Referral (PIER) model program in Portland, Maine, could be replicated elsewhere in the country. PIER has an aggressive outreach and engagement approach and also offers a comprehensive array of services and supports.

The EDIPP web-section also has helpful resources: <http://www.rwjf.org/en/research-publications/find-rwjf-research/2012/04/early-detection--intervention--and-prevention-of-psychosis-progr.html>

What is the Mental Health Block Grant (MHBG) 5% set-aside?

The FY 2014-15 federal budget requires states to direct 5% of their MHBG to be used to support “evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders.”

SAMHSA provided states with guidance on the set-aside and joined NIMH in holding national webinars to inform states about the evidence-based components of coordinated specialty care in RAISE. SAMHSA and NIMH are also providing states with TA and resources as they implement their plans for the set aside funds.

Here is a link to SAMHSA’s guidance for states: <http://www.samhsa.gov/sites/default/files/mhbg-5-percent-set-aside-guidance.pdf>

Why is this important?

The field is moving to a greater focus on early identification and intervention and recovery-oriented services and supports. Practice is beginning to catch up to the science but much work remains to see these programs broadly implemented and funded. These programs recognize the important role that families and peers with lived experience play in the delivery of services and supports. As these programs get implemented more broadly, there will also likely continue to be opportunities for NAMI to be involved in the work and to help shape the delivery of services and supports.

How can NAMI State Orgs and Affiliates get more involved in FEP programs?

Here are some ideas on how you can become more involved in FEP programs:

- If you have not done so already, find out how your state intends to spend the 5% set-aside for evidence-based practices.
- Consider seeking funding from state and local government to prepare materials for families and youth and young adults on FEP programs and services.
- Add information about FEP to your website. NAMI will continue to develop and send out information for you to share with youth and families.
- Reach out to FEP research sites to let them know that you are an important resource for youth, young adults and families.
- Ask research sites how you might contribute to family support and education delivered as part of the coordinated array of services and supports and what resources you might contribute to their work given NAMI’s experience working with youth, young adults and families.
- Talk with research sites about the important role that NAMI can play in advocating for funding and the broader availability of FEP services and supports.
- Let research and program sites know that NAMI has experience in community outreach and engagement working with schools and others engaged with youth and young adults.

NAMI is developing resources on FEP which will be shared with the field. Please contact us with your resource and TA needs by emailing Darcy Gruttadaro (darcy@nami.org). Thanks.