

First Episode Psychosis Guideline Checklist

Primary Care Settings Level 2



The current state of the issue

Psychosis involves a collection of symptoms that affect the mind, where there has been some loss of contact with reality. During an episode of psychosis, a person's thoughts and perceptions are disrupted and they may have difficulty recognizing what is real and what is not. [\[i\]](#) Psychosis affects approximately 3 in every 100 people at some point in their lives, with about 100,000 adults over the age of 21 experiencing it annually nationwide. [\[ii\]](#) However, only 10–15% of individuals experiencing their first episode of psychosis (FEP) receive care through an evidence-based, coordinated specialty care model. [\[iii\]](#) Early detection and intervention are critical for people living with the broad spectrum of psychotic disorders. The World Health Organization recommends intervention within 90 days of symptom onset. Coordinated Specialty Care (CSC) is the gold standard of early intervention for psychosis. [\[iv\]](#) Best practice is to begin treatment within the first three months, which has been shown to reduce the duration of psychosis, lower the probability of recurrence, decrease lifetime costs, and improve overall quality of life.

Early Detection & Rapid Access

- ☐ **Screen using validated tool** (e.g., Prodromal Questionnaire – Brief ([PQ-B](#)), [PRIME](#)) if there are concerns of potential psychosis. See allied professionals [toolkit](#).
- ☐ For anyone with a positive screen, recommend further assessment by a qualified mental health professional (e.g., refer to a CSC program, such as [New Journeys](#))
- ☐ **Refer to behavioral health organizations with CSC programs**
 - ☐ Provide access to regularly updated directory of CSC programs in your areas to clinicians. New Journeys locations can be found [here](#).
 - ☐ Refer through warm handoffs whenever possible. Encourage in-person/joint meetings with CSC intake staff.

Treatment

- ☐ For individuals experiencing active psychosis, do not delay use of antipsychotic medication.

- ☐ To select an appropriate medication, solicit input from the individual, review past records and history of side effects, and consider sustainability of medication
- ☐ Initiate on lowest possible dose, considering individual characteristics
- ☐ Consider benefit of long-acting injectable (LAI) antipsychotic medication as appropriate
- ☐ Communicate that treatment with medications may take weeks to months to see full benefits
- ☐ Troubleshoot common barriers to medication adherence (e.g., medication schedule, schedule recurring appointments)
- ☐ Monitor symptoms through early and frequent assessment (e.g., within first 2 weeks of starting new medication, monthly until stabilization)
- ☐ If considering changes to antipsychotic medications, consider individual report, collateral information, clinical observation, assessment and consultation with psychiatry.
- ☐ Provide physical activity and nutrition counseling to maintain metabolic health
- ☐ Include LAIs on formulary and incorporate into treatment workflows

Resources

- The Bree Report on First Episode Psychosis is meant to supplement these resources.
- Full Bree Report on First Episode Psychosis:
- [WA HCA New Journeys and First Episode Psychosis](#)
- [New Journeys Washington](#)
- [Center for Excellence in Early Psychosis](#)
- [Scaling Coordinated Specialty Care for First-Episode Psychosis: Insights From a National Impact Model](#)
- [NAMI Psychosis](#)
- [NAMI Coverage of Coordinated Specialty Care \(CSC\) for Early or First-Episode Psychosis](#)
- [University of Washington Psychiatry Line](#)
- [Washington Partnership Access Line](#)

Read the full Bree Report First Episode Psychosis online by scanning the QR code



Connect with the Bree Collaborative at bree@qualityhealth.org

References: [i] National Institute of Mental Health. (2023). Understanding psychosis (NIH Publication No. 23-MH-8110). U.S. Department of Health and Human Services. <https://www.nimh.nih.gov/health/publications/understanding-psychosis>[ii] National Institute of Mental Health. (2023). Understanding psychosis (NIH Publication No. 23-MH-8110). U.S. Department of Health and Human Services. <https://www.nimh.nih.gov/health/publications/understanding-psychosis>[iii] National Institute of Mental Health. (2023). Understanding psychosis (NIH Publication No. 23-MH-8110). U.S. Department of Health and Human Services. <https://www.nimh.nih.gov/health/publications/understanding-psychosis/> [iv] NAMI, McKinsey Health Institute, NASMHPD, National Council on Mental Wellbeing. (2024)Scaling Coordinated Specialty Care for First-Episode Psychosis: Insights From a National Impact Model. <https://www.nami.org/wp-content/uploads/2024/11/Scaling-CSC-for-FEP-Insights-from-a-National-Impact-Model.pdf>