GUIDELINES			
U.S. Department of Veterans Affairs & U.S. Department of Defense. (2019). VA/DoD clinical practice guideline for the management of schizophrenia and other psychotic disorders. Retrieved from https://www.healthquality.va.gov/guidelines/MH/scz/VADoDCPGSchizophreniaCPG_Final_508.pdf	2023	The VA and DoD Evidence-Based Practice Work Group (EBPWG) was established and first chartered in 2004, with a mission to advise the VA/DoD Health Executive Committee "on the use of clinical and epidemiological evidence to improve the health of the population . . ." across the Veterans Health Administration (VHA) and Military Health System (MHS), by facilitating the development of clinical practice guidelines (CPG) for the VA and DoD populations.(1) Development and update of VA/DoD CPGs is funded by VA Evidence Based Practice, Office of Quality and Patient Safety. The system-wide goal of evidence-based CPGs is to improve patient health and wellbeing. The VA/DoD EBPWG initiated the creation of the VA/DoD First-Episode Psychosis and Schizophrenia CPG in 2021. This CPG provides an evidence-based framework for evaluating and managing care for patients with schizophrenia toward improving clinical outcomes. Successful implementation of this CPG will • Assess the patient's condition and collaborate with the patient, family, and caregivers to determine optimal management of patient care; • Emphasize the use of patient-centered care and shared decision making; • Minimize preventable complications and morbidity; and • Optimize individual health outcomes and quality of life (QoL).	**Recommendations for FEP**: Recommend treatment/management with early intervention services, recommend use of family interventions (including problem solving-based self-learning, education and mutual family support), suggest the use of Individual Placement and Support model of supported employment for individuals with FEP with a goal of employment and/or education, insufficient evidence to suggest any specific duration for participation in specialized early intervention services for individuals with FEP, there is insufficient evidence to recommend for or against a specific duration for treatment with antipsychotic medications;
National Institute for Health and Care Excellence (NICE). (2014). Psychosis and schizophrenia in adults: Prevention and management (NICE guideline CG178). Retrieved from https://www.nice.org.uk/guidance/cg178	2014, reviewed 2024	This guideline covers recognizing and managing psychosis and schizophrenia in adults. It aims to improve care through early recognition and treatment, and by focusing on long-term recovery. It also recommends checking for coexisting health problems and providing support for family members and carers.	Recommendations for preventing psychosis, first episode psychosis, Subsequent acute episodes of psychosis or schizophrenia and referral in crisis, and promoting recovery and possible future care

National Institute for Health and Care Excellence (NICE). (2013). Psychosis with substance misuse in over 14s: Assessment and management (NICE guideline CG155). Retrieved from https://www.nice.org.uk/guidance/cg155	2016 (reviewed 2024)	This guideline covers recognising and managing psychosis and schizophrenia in children and young people. It aims to improve early recognition of psychosis and schizophrenia so that children and young people can be offered the treatment and care they need to live with the condition.	Recommendations for working safely and effectively with children and young people; referring, assessing and treating possible psychosis; referring, assessing and treating first episode psychosis; treating acute exacerbations or recurrences of psychosis or schizophrenia; referring children and young people who are in crisis and managing challenging behavior; and promoting recovery in primary and secondary care
The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia, Third Edition	2022	evidence-based recommendations for the diagnosis, treatment, and management of schizophrenia. This comprehensive guideline addresses various aspects of care, including pharmacological treatments (antipsychotics), psychosocial interventions, and strategies for managing acute and chronic phases of the illness.	recommendations for assessment and determination of treatment plan, pharmacotherapy and psychosocial interventions: **APA recommends patients with schizophrenia experiencing first episode psychosis be treated in coordinated specialty care**

American Psychiatric Association. (2010). Practice guideline for the treatment of patients with major depressive disorder (3rd ed.). https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd-1410197717630.pdf	2010	This guideline summarizes the specific approaches to treatment of individuals with major depressive disorder. It presupposes that the psychiatrist has diagnosed major depressive disorder, according to the criteria defined in DSM-IV-TR, in an adult patient and has evaluated the patient to identify general medical conditions that may contribute to the disease process (e.g., hypothyroidism, pancreatic carcinoma) or complicate its treatment (e.g., cardiac disorders). The treatment recommendations that follow may also have some relevance for patients who have depressive symptoms on the basis of other syndromes, such as dysthymic disorder. Because many patients have co-occurring psychiatric disorders, including substance use disorders, the psychiatrist should also consider applicable treatment guidelines for these diagnoses. When patients experience depressive symptoms in the context of another disorder and do not meet the diagnostic criteria for major depressive disorder, the APA practice guideline pertaining to the primary diagnosis should be consulted. For patients found to have depressive symptoms within the context of bipolar disorder, the psychiatrist should refer to APA’s Practice Guideline for the Treatment of Patients With Bipolar Disorder (2). Recommendations on the treatment of depressive disorders in children and adolescents can be found in the American Academy of Child and Adolescent Psychiatry’s Practice Parameter for the Assessment and Treatment of Children and Adolescents With Depressive Disorders (3).	treatment of depression with psychotic features includes antidepressive and antipsychotic medications
Ongoing Studies			

Enhanced Coordinated Specialty Care for Early Psychosis	2024-2028	The goal of this clinical trial is to compare engagement in treatment in coordinated specialty care (CSC) to five extra care elements (CSC 2.0) in first-episode psychosis. The main question it aims to answer is: • Does the addition of certain elements of care increase the number of visits in treatment for first-episode psychosis? Participants will either: Receive care as usual (CSC) or Receive care as usual (CSC) plus five additional care elements (CSC 2.0): Individual peer support Digital outreach Care coordination Multi-family group therapy Cognitive remediation Researchers will compare the standard of care (CSC) to CSC 2.0 to see if participants receiving CSC 2.0 have more visits to their clinic in their first year.	ongoing, study is currently recruiting
Systematic Reviews			

Kishi, T., Matsunaga, S., Oya, K., & Iwata, N. (2019). Efficacy of long-acting injectable versus oral antipsychotic drugs in the early phase of schizophrenia: A systematic review and meta-analysis of randomized controlled trials. Early Intervention in Psychiatry, 13(3), 535–543. https://doi.org/10.1111/eip.13202	2021	Aim Long-acting injectable antipsychotic drugs (LAIs) are often used as an alternative to oral antipsychotics (OAPs) in individuals with psychosis who demonstrate poor medication adherence. Previous meta-analyses have found mixed results on the efficacy of LAIs, compared to OAPs, in patients with psychotic disorders. The objective of this meta-analysis was to compare the effectiveness of using LAIs versus OAPs in the early stages of psychosis. Methods Major electronic databases were used to search for any studies examining the comparative effectiveness (i.e., relapse, adherence, hospitalization, and all-cause discontinuation) of any LAIs versus OAPs in early stages of psychosis. Studies published up to 6 June, 2019 were included and no language restriction was applied. Inclusion criteria were a diagnosis of schizophrenia or related disorder, where patients were in their first episode or had a duration of illness <= 5 years. Data were analysed using a random-effects model. Results Fifteen studies (n = 10 584) were included, of which were 7 RCTs, 7 observational studies, and 1 post-hoc analysis. We found that LAIs provided advantages over OAPs in terms of relapse rates. No significant differences were found between LAI and OAP groups in terms of all-cause discontinuation, hospitalization, and adherence rates. However, considering only RCTs revealed advantages of LAIs over OAPs in terms of hospitalization rates. Conclusions LAIs may provide benefits over OAPs with respect to reducing relapse and hospitalization rates in early psychosis patients. There is a need for larger and better-designed studies comparing OAPs and LAIs specifically in early psychosis patients	Lack of consensus amongst previous meta-analysis on superiority of LAIs over OAPs in treating psychosis - RCTs often show no difference in efficacy between them, but observational studies show LAIs are superior to OAPs; LAIs may prove advantageous over OAPs in terms of relapse prevention, risk of hospitalization during early psychosis, but additional studies need larger sample sizes.

Correll, C. U., Solmi, M., Croatto, G., Schneider, L. K., Rohani-Montez, S. C., Fairley, L., Smith, N., Bitter, I., Gorwood, P., Taipale, H., & Tiihonen, J. (2022). Mortality in people with schizophrenia: A systematic review and meta-analysis of relative risk and aggravating or attenuating factors. World Psychiatry, 21(2), 248–271. https://doi.org/10.1002/wps.20994	2022	People with schizophrenia die 15-20 years prematurely. Understanding mortality risk and aggravating/attenuating factors is essential to reduce this gap. We conducted a systematic review and random-effects meta-analysis of prospective and retrospective, nationwide and targeted cohort studies assessing mortality risk in people with schizophrenia versus the general population or groups matched for physical comorbidities or groups with different psychiatric disorders, also assessing moderators. Primary outcome was all-cause mortality risk ratio (RR); key secondary outcomes were mortality due to suicide and natural causes. Other secondary outcomes included any other specific-cause mortality. Publication bias, subgroup and meta-regression analyses, and quality assessment (Newcastle-Ottawa Scale) were conducted. Across 135 studies spanning from 1957 to 2021 (schizophrenia: N=4,536,447; general population controls: N=1,115,600,059; other psychiatric illness controls: N=3,827,955), all-cause mortality was increased in people with schizophrenia versus any non-schizophrenia control group (RR=2.52, 95% CI: 2.38-2.68, n=79), with the largest risk in first-episode (RR=7.43, 95% CI: 4.02-13.75, n=2) and incident (i.e., earlier-phase) schizophrenia (RR=3.52, 95% CI: 3.09-4.00, n=7) versus the general population. Specific-cause mortality was highest for suicide or injury-poisoning or undetermined non-natural cause (RR=9.76-8.42), followed by pneumonia among natural causes (RR=7.00, 95% CI: 6.79-7.23), decreasing through infectious or endocrine or respiratory or urogenital or diabetes causes (RR=3 to 4), to alcohol or gastrointestinal or renal or nervous system or cardio-cerebrovascular or all natural causes (RR=2 to 3), and liver or cerebrovascular, or breast or colon or pancreas or any cancer causes (RR=1.33 to 1.96). All-cause mortality increased slightly but significantly with median study year (beta=0.0009, 95% CI: 0.001-0.02, p=0.02). Individuals with schizophrenia <40 years of age had increased all-cause and suicide-related mortality compared to those ≥40 years old, and a higher percentage of females increased suicide-related mortality risk in incident schizophrenia samples. All-cause mortality was higher in incident than prevalent schizophrenia (RR=3.52 vs. 2.86, p=0.009). Comorbid substance use disorder increased all-cause mortality (RR=1.62, 95% CI: 1.47-1.80, n=3). Antipsychotics were protective against all-cause mortality versus no antipsychotic use (RR=0.71, 95% CI: 0.59-0.84, n=11), with largest effects for second-generation long-acting injectable antipsychotics (SGA-LAIs) (RR=0.39, 95% CI: 0.27-0.56, n=3), clozapine (RR=0.43, 95% CI: 0.34-0.55, n=3), any LAI (RR=0.47, 95% CI: 0.39-0.58, n=2), and any SGA (RR=0.53, 95% CI: 0.44-0.63, n=4). Antipsychotics were also protective against natural cause-related mortality, yet first-generation antipsychotics (FGAs) were	highest risk of mortality for people with schizophrenia is first-episode and incident (earlier-phase) schizophrenia; co-morbid substance use increased all cause mortality, an antipsychotics were protective against all-cause mortality, largest effects for second-generation long-acting injectables; Targeting comorbid substance abuse, long-term maintenance antipsychotic treatment and appropriate/earlier use of SGA-LAIs and clozapine could reduce mortality gap

		associated with increased mortality due to suicide and natural cause in incident schizophrenia. Higher study quality and number of variables used to adjust the analyses moderated larger natural-cause mortality risk, and more recent study year moderated larger protective effects of antipsychotics. These results indicate that the excess mortality in schizophrenia is associated with several modifiable factors. Targeting comorbid substance abuse, long-term maintenance antipsychotic treatment and appropriate/earlier use of SGA-LAIs and clozapine could reduce this mortality gap.	

Citrome, L. (2019). Long-acting injectable second-generation antipsychotics: What do we know and what do we need to know? International Clinical Psychopharmacology, 34(2), 51–56. https://doi.org/10.1097/YIC.0000000000000249	2019	Long-acting injectable (LAI) antipsychotics could be a favorable option of treatment and have some advantages over oral medications. The aim of this study was to review the published data on the use of LAI formulation of second-generation antipsychotics (SGA) in first-episode psychosis (FEP). Using PubMed and Scopus databases, we performed a systematic literature search of articles published between 1 January 2000 and 30 April 2018, that reported clinical trials on the use of LAI SGAs in patients with FEP. Seventy-seven articles were considered eligible and full-text revised. Five studies fulfilled the inclusion criteria and evaluated the effect of LAI risperidone in FEP patients. Treatment with LAI SGAs was well accepted, and the majority of FEP patients agreed to change from an oral to an injectable formulation. At the 12-month follow-up, between 68 and 95% of FEP patients treated with LAI risperidone showed a good clinical response and 64% achieved remission of symptoms for at least 24 months of follow-up. Treatment with LAI SGAs can offer significant advantages over oral antipsychotics to FEP patients, especially to improve the adherence to medication and prevent the worsening of symptoms, the relapse, and rehospitalization associated with the discontinuation of treatment.	few clinical trials showing effectiveness of LAIs over oral antipsychotics find that their advantages include improved adherence, lower relapse rates, reduction in symptoms, and more likely to enter remission; some previous studies showing no difference in LAI versus orals included patients that had chronic schizophrenia or psychosis, not the same patient population. Very few trials have shown long-term effects of LAI antipsychotics in FEP patients, and follow up times are insufficient.

Cella, M., Preti, A., Edwards, C., Dow, T., Curtis, H., & Wykes, T. (2021). Cognitive remediation for negative symptoms of schizophrenia: A network meta-analysis. Psychological Medicine, 51(2), 189–197. https://doi.org/10.1017/S0033291720003335	2020	Abstract Background Cognitive deficits at the first episode of schizophrenia are predictive of functional outcome. Interventions that improve cognitive functioning early in schizophrenia are critical if we hope to prevent or limit long-term disability in this disorder. Methods We completed a 12-month randomized controlled trial of cognitive remediation and of long-acting injectable (LAI) risperidone with 60 patients with a recent first episode of schizophrenia. Cognitive remediation involved programs focused on basic cognitive processes as well as more complex, life-like situations. Healthy behavior training of equal treatment time was the comparison group for cognitive remediation, while oral risperidone was the comparator for LAI risperidone in a 2 × 2 design. All patients were provided supported employment/education to encourage return to work or school. Results Both antipsychotic medication adherence and cognitive remediation contributed to cognitive improvement. Cognitive remediation was superior to healthy behavior training in the LAI medication condition but not the oral medication condition. Cognitive remediation was also superior when medication adherence and protocol completion were covaried. Both LAI antipsychotic medication and cognitive remediation led to significantly greater improvement in work/school functioning. Effect sizes were larger than in most prior studies of first-episode patients. In addition, cognitive improvement was significantly correlated with work/school functional improvement. Conclusions These results indicate that consistent antipsychotic medication adherence and cognitive remediation can significantly improve core cognitive deficits in the initial period of schizophrenia. When combined with supported employment/education, cognitive remediation and LAI antipsychotic medication show separate significant impact on improving work/school functioning.	LAIs and cognitive remediation showed greater improvement in work/school functioning compared to healthy behavior training and oral antipsychotics

Lundin NB, Blouin AM, Cowan HR, Moe AM, Wastler HM, Breitborde NJK. Identification of Psychosis Risk and Diagnosis of First-Episode Psychosis: Advice for Clinicians. Psychol Res Behav Manag. 2024 Mar 21;17:1365-1383. doi: 10.2147/PRBM.S423865. PMID: 38529082; PMCID: PMC10962362.		Early detection of psychotic-spectrum disorders among adolescents and young adults is crucial, as the initial years after psychotic symptom onset encompass a critical period in which psychosocial and pharmacological interventions are most effective. Moreover, clinicians and researchers in recent decades have thoroughly characterized psychosis-risk syndromes, in which youth are experiencing early warning signs indicative of heightened risk for developing a psychotic disorder. These insights have created opportunities for intervention even earlier in the illness course, ideally culminating in the prevention or mitigation of psychosis onset. However, identification and diagnosis of early signs of psychosis can be complex, as clinical presentations are heterogeneous, and psychotic symptoms exist on a continuum. When a young person presents to a clinic, it may be unclear whether they are experiencing common, mild psychotic-like symptoms, early warning signs of psychosis, overt psychotic symptoms, or symptoms better accounted for by a non-psychotic disorder. Therefore, the purpose of this review is to provide a framework for clinicians, including those who treat non-psychotic disorders and those in primary care settings, for guiding identification and diagnosis of early psychosis within the presenting clinic or via referral to a specialty clinic. We first provide descriptions and examples of first-episode psychosis (FEP) and psychosis-risk syndromes, as well as assessment tools used to diagnose these conditions. Next, we provide guidance as to the differential diagnosis of conditions which have phenotypic overlap with psychotic disorders, while considering the possibility of co-occurring symptoms in which case transdiagnostic treatments are encouraged. Finally, we conclude with an overview of early detection screening and outreach campaigns, which should be further optimized to reduce the duration of untreated psychosis among youth.	advice for clinicians, including primary care, on how to identify and diagnosis early psychosis, provide examples of assessment tools, differential diagnosis.

Michaels TI, Simon-Pearson L, Kane JM, Cornblatt B. Racial Disparities Among Clinical High-Risk and First-Episode Psychosis Multisite Research Participants: A Systematic Review. Psychiatr Serv. 2024 May 1;75(5):451-460. doi: 10.1176/appi.ps.20230120. Epub 2024 Jan 11. PMID: 38204372.	2024	Objective: The NIH has mandated equal representation of Black, Indigenous, and people of color (BIPOC) individuals in clinical research, but it is unclear whether such inclusion has been achieved in multisite research studies of individuals at clinical high risk for psychosis or with first-episode psychosis (FEP). An assessment of inclusion rates is important for understanding the social determinants of psychosis and psychosis risk that specifically affect BIPOC individuals. Methods: The authors conducted a systematic review of the literature published between 1993 and 2022 of multisite research studies of clinical high risk for psychosis and FEP in North America to **determine ethnoracial inclusion rates**. Using an online systematic review tool, the authors checked 2,278 studies for eligibility. Twelve studies met all inclusion criteria. Data were extracted, and demographic characteristics, socioeconomic status, study design, and recruitment strategies used by each study were analyzed. Results: Most (62%) of the participants in studies of clinical high risk for psychosis were White. Compared with national data, the demographic characteristics of individuals with clinical high risk were representative across most ethnoracial groups. Black participants (43%) made up the largest ethnoracial group in FEP studies and were overrepresented compared with their representation in the U.S. population. FEP studies were more likely to recruit participants from community mental health centers than were the studies of clinical high risk. Conclusions: Although these results suggest high representation of BIPOC individuals in psychosis research, opportunities exist for an improved focus on ethnoracial representation. The authors offer recommendations for practices that may increase ethnoracial diversity in future psychosis study samples.	reviewing literature from 1993 - 2022, BIPOC individuals were not underrepresented in studies of clinical high risk populations, and most FEP study participants were BIPOC (specifically Black), likely including some oversampling; however, this does not incorporate unique trajectories including social circumstances that impact risk for FEP . -> ethnracial diversity in study samples should be encouraged in future work.

Stafford J, Howard R, Kirkbride JB (2018). The incidence of very lateonset psychotic disorders: a systematic review and meta-analysis, 1960–2016. Psychological Medicine 48, 1775–1786. https://doi.org/10.1017/S0033291717003452	2018	A substantial subset of people with psychotic disorders are first diagnosed in old age, yet little is known about the epidemiology of very late-onset schizophrenia-like psychosis. We investigated the incidence of affective and non-affective psychotic disorders in those aged 65 and above, and examined variation related to potential risk factors via systematic literature review. We searched PubMed, PsychInfo, Web of Science and bibliographies and directly contacted authors to obtain citations published between 1960 and 2016 containing (derivable) incidence data. Cases were those diagnosed with non-organic psychotic disorders after age 65. Findings were presented narratively, and random-effects meta-analyses were used to obtain pooled incidence rates. From 5687 citations, 41 met inclusion criteria. The pooled incidence of: affective psychoses was 30.9 per 100 000 person-years at risk (100 kpy) [95% confidence interval (CI) 11.5–83.4; I 2 = 0.99], and schizophrenia was 7.5 per 100 kpy (95% CI 6.2–9.1; I 2 = 0.99), with some evidence of higher schizophrenia rates in women [odds ratio (OR) = 1.6; 95% CI 1.0–2.5, p = 0.05]. We found narrative evidence of increasing incidence rates of non-affective psychoses with age, and higher rates amongst migrants than baseline populations, but no evidence that incidence varied by study quality or case ascertainment period (quality OR = 1.04; 95% CI 0.74–1.48; time period OR = 1.00; 95% CI 0.95–1.05). Substantial heterogeneity in the incidence of very late-onset schizophrenia-like psychoses was observed. No identified studies examined possible risk factors which may account for such variation, including socioeconomic status, sensory impairment, traumatic life events, or social isolation	substantial minority of people experience FEP in old age - little is known about the etiology for FEP in older adults; incidence of FEP was higher in older women than in older men for 5 studies, and three studies stated increased incidence with older age; where evidence was most consistent, higher rates of non-affective psychosis including schizophrenia in older women than men; rates of non-affective psychotic disorders were higher than schizophrenia along, suggesting that older adults might be diagnosed with other non-affective psychotic disorders - also possible they underestimated incidence as they were not looking for cases in the community but using hospital admissions. -> very-late onset psychosis heterogeneity was observed, but women are generally diagnosed at older ages than men.

Devanand, D. P., Jeste, D. V., Stroup, T. S., & Goldberg, T. E. (2023). Overview of late-onset psychoses. International Psychogeriatrics, 35(4), 345–357. https://doi.org/10.1017/S1041610223000157	2023	Background: Several etiologies can underlie the development of late-onset psychosis, defined by first psychotic episode after age 40 years. Late-onset psychosis is distressing to patients and caregivers, often difficult to diagnose and treat effectively, and associated with increased morbidity and mortality. Methods: The literature was reviewed with searches in Pubmed, MEDLINE, and the Cochrane library. Search terms included “psychosis,” “delusions,” hallucinations,” “late onset,” “secondary psychoses,” “schizophrenia,” bipolar disorder,” “psychotic depression,” “delirium,” “dementia,” “Alzheimer’s,” “Lewy body,” “Parkinson’s, “vascular dementia,” and “frontotemporal dementia.” This overview covers the epidemiology, clinical features, neurobiology, and therapeutics of late-onset psychoses. Results: Late-onset schizophrenia, delusional disorder, and psychotic depression have unique clinical characteristics. The presentation of late-onset psychosis requires investigation for underlying etiologies of “secondary” psychosis, which include neurodegenerative, metabolic, infectious, inflammatory, nutritional, endocrine, and medication toxicity. In delirium, psychosis is common but controlled evidence is lacking to support psychotropic medication use. Delusions and hallucinations are common in Alzheimer’s disease, and hallucinations are common in Parkinson’s disease and Lewy body dementia. Psychosis in dementia is associated with increased agitation and a poor prognosis. Although commonly used, no medications are currently approved for treating psychosis in dementia patients in the USA and nonpharmacological interventions need consideration. Conclusion: The plethora of possible causes of late-onset psychosis requires accurate diagnosis, estimation of prognosis, and cautious clinical management because older adults have greater susceptibility to the adverse effects of psychotropic medications, particularly antipsychotics. Research is warranted on developing and testing efficacious and safe treatments for late-onset psychotic disorders.	(n=66) late-onset here meant 40-59yrs old; structural brain imaging is important in late onset psychosis is improtant with CT or MRI to rule out CNS causes like tumor or stroke; necessary to rule out possible reversible causes including complications of medical illnesses and medication toxicity. -> lots of possible causes for late-onset psychosis requires accurate diagnosis, estimation of prognosis and careful clinical management.

Savill M, D'Ambrosio J, Cannon TD, Loewy RL. Psychosis risk screening in different populations using the Prodromal Questionnaire: A systematic review. Early Interv Psychiatry. 2018 Feb;12(1):3-14. doi: 10.1111/eip.12446. Epub 2017 Aug 6. PMID: 28782283; PMCID: PMC5812357	2018	Aim: Diagnosing individuals at ultra high risk (UHR) for psychosis can improve early access to treatment, and a two-stage model utilizing self-report screening followed by a clinical interview can be accurate and efficient. However, it is currently unclear which screening cut-offs to adopt with different populations. Methods: A systematic review of diagnostic accuracy studies evaluating the Prodromal Questionnaire (PQ) as a preliminary screener for UHR and psychosis was conducted to examine screening effectiveness in different contexts. MedLine, PsycInfo, SCOPUS and ProQuest Dissertations and Abstracts databases were electronically searched, along with a review screen and citation search of key papers. Findings were summarized in a narrative synthesis. Results: In total, 14 diagnostic accuracy studies and 45 studies using the PQ as a screening tool for UHR and psychosis were included. In all settings, the 3 different versions of the PQ were all found to accurately identify UHR and full psychosis. Higher cut-off points were required in non-help-seeking samples, relative to general help-seeking populations, which in turn were higher than those needed in samples highly enriched with UHR participants. Conclusion: The findings support the use of the PQ as a preliminary screening tool for UHR in different settings; however, higher thresholds in lower UHR-prevalence populations are necessary to minimize false positives. Including the distress criteria, rather than just number of symptoms, may improve screening effectiveness. Different thresholds may be appropriate in different contexts depending on the importance of sensitivity vs specificity.	systematic review of 14 diagnostic accuracy studies and 45 studies using PQ as a screening tool for ultra-high risk and psychosis; tested in different populations/settings (general non help seeking populations e.g., students, general mental health seeking populations, and prison populations) -> in all settings, 3 different versions of the PQ were found to accurately identify ultra-high risk and full psychosis, but higher cut off points were needed in non-help seeking samples to minimize false positives

Salazar de Pablo G, Guinart D, Armendariz A, Aymerich C, Catalan A, Alameda L, Rogdaki M, Martinez Baringo E, Soler-Vidal J, Oliver D, Rubio JM, Arango C, Kane JM, Fusar-Poli P, Correll CU. Duration of Untreated Psychosis and Outcomes in First-Episode Psychosis: Systematic Review and Meta-analysis of Early Detection and Intervention Strategies. Schizophr Bull. 2024 Jul 27;50(4):771-783. doi: 10.1093/schbul/sbae017. PMID: 38491933; PMCID: PMC11283197.	2024	Background: The role of duration of untreated psychosis (DUP) as an early detection and intervention target to improve outcomes for individuals with first-episode psychosis is unknown. Study design: PRISMA/MOOSE-compliant systematic review to identify studies until February 1, 2023, with an intervention and a control group, reporting DUP in both groups. **Random effects meta-analysis to evaluate (1) differences in DUP in early detection/intervention services vs the control group, (2) the efficacy of early detection strategies regarding eight real-world outcomes at baseline (service entry), and (3) the efficacy of early intervention strategies on ten real-world outcomes at follow-up**. We conducted quality assessment, heterogeneity, publication bias, and meta-regression analyses (PROSPERO: CRD42020163640). Study results: From 6229 citations, 33 intervention studies were retrieved. The intervention group achieved a small DUP reduction (Hedges' g = 0.168, 95% CI = 0.055-0.283) vs the control group. The early detection group had better functioning levels (g = 0.281, 95% CI = 0.073-0.488) at baseline. Both groups did not differ regarding total psychopathology, admission rates, quality of life, positive/negative/depressive symptoms, and employment rates (P > .05). Early interventions improved quality of life (g = 0.600, 95% CI = 0.408-0.791), employment rates (g = 0.427, 95% CI = 0.135-0.718), negative symptoms (g = 0.417, 95% CI = 0.153-0.682), relapse rates (g = 0.364, 95% CI = 0.117-0.612), admissions rates (g = 0.335, 95% CI = 0.198-0.468), total psychopathology (g = 0.298, 95% CI = 0.014-0.582), depressive symptoms (g = 0.268, 95% CI = 0.008-0.528), and functioning (g = 0.180, 95% CI = 0.065-0.295) at follow-up but not positive symptoms or remission (P > .05). Conclusions: Comparing interventions targeting DUP and control groups, the impact of early detection strategies on DUP and other correlates is limited. However, the impact of early intervention was significant regarding relevant outcomes, underscoring the importance of supporting early intervention services worldwide.	the impact of early intervention on the outcomes evaluated, including quality of life, employment, and relapse rates, is significant. Clinical high risk for psychosis patients standalone services may be the most effective method for reducing duration of untreated psychosis, with interventions directed at prevention of psychosis

Bosnjak Kuharic D, Kekin I, Hew J, Rojnic Kuzman M, Puljak L. Interventions for prodromal stage of psychosis. Cochrane Database of Systematic Reviews 2019, Issue 11. Art. No.: CD012236. DOI: 10.1002/14651858.CD012236.pub2. Accessed 26 February 2025.	2019	Background Psychosis is a serious mental condition characterised by a loss of contact with reality. There may be a prodromal period or stage of psychosis, where early signs of symptoms indicating onset of first episode psychosis (FEP) occur. A number of services, incorporating multimodal treatment approaches (pharmacotherapy, psychotherapy and psychosocial interventions), developed worldwide, now focus on this prodromal period with the aim of preventing psychosis in people at risk of developing FEP. Objectives The primary objective is to assess the safety and efficacy of early interventions for people in the prodromal stage of psychosis. The secondary objective is, if possible, to compare the effectiveness of the various different interventions. Search methods We searched Cochrane Schizophrenia's study-based Register of studies (including trials registers) on 8 June 2016 and 4 August 2017. Selection criteria All randomised controlled trials (RCTs) evaluating interventions for participants older than 12 years, who had developed a prodromal stage of psychosis. Data collection and analysis Review authors independently inspected citations, selected studies, extracted data, and assessed study quality. Main results We included 20 studies with 2151 participants. The studies analysed 13 different comparisons. Group A comparisons explored the absolute effects of the experimental intervention. Group B were comparisons within which we could not be clear whether differential interactive effects were also ongoing. Group C comparisons explored differential effects between clearly distinct treatments. A key outcome for this review was ‘transition to psychosis’. For details of other main outcomes please see 'Summary of findings' tables.	systematic review to assess safety and efficacy of early interventions for people in the prodromal stage of psychosis, and secondarily to compare effectiveness of various different interventions if possible. Included 20 studies with 2151 participants, key outcome for this review was 'transition to psychosis' -> evidence available suggests Omega-3 fatty acids may prevent transition to psychosis but there is low quality evidence and more research needed to confirm finding

		In Group A (comparisons of absolute effects) we found no clear difference between amino acids and placebo (risk ratio (RR) 0.48 95% confidence interval (CI) 0.08 to 2.98; 2 RCTs, 52 participants; very low-quality evidence). When omega-3 fatty acids were compared to placebo, fewer participants given the omega-3 (10%) transitioned to psychosis compared to the placebo group (33%) during long-term follow-up of seven years (RR 0.24 95% CI 0.09 to 0.67; 1 RCT, 81 participants; low-quality evidence). In Group B (comparisons where complex interactions are probable) and in the subgroup focusing on antipsychotic drugs added to specific care packages, the amisulpiride + needs-focused intervention (NFI) compared to NFI comparison (no reporting of transition to psychosis; 1 RCT, 102 participants; very low-quality evidence) and the olanzapine + supportive intervention compared to supportive intervention alone comparison (RR 0.58 95% CI 0.28 to 1.18; 1 RCT, 60 participants; very low-quality evidence) showed no clear differences between groups. In the second Group B subgroup (cognitive behavioural therapies (CBT)), when CBT + supportive therapy was compared with supportive therapy alone around 8% of participants allocated to the combination of CBT and supportive therapy group transitioned to psychosis during follow-up by 18 months, compared with double that percentage in the supportive therapy alone group (RR 0.45 95% CI 0.23 to 0.89; 2 RCTs, 252 participants; very low-quality evidence). The CBT + risperidone versus CBT + placebo comparison identified no clear difference between treatments (RR 1.02 95% CI 0.39 to 2.67; 1 RCT, 87 participants; very low-quality evidence) and this also applies to the CBT + needs-based intervention (NBI) + risperidone versus NBI comparison (RR 0.75 95% CI 0.39 to 1.46; 1 RCT, 59 participants; very low-quality evidence). Group C (differential effects) also involved six comparisons. The first compared CBT with supportive therapy. No clear difference was found for the 'transition to psychosis' outcome (RR 0.74 95% CI 0.28 to 1.98; 1 RCT, 72 participants; very low-quality evidence). The second subgroup compared CBT + supportive intervention was compared with a NBI + supportive intervention, again, data were equivocal, few and of very low quality (RR 6.32 95% CI 0.34 to 117.09; 1 RCT, 57 participants). In the CBT + risperidone versus supportive therapy comparison, again there was no clear difference between groups (RR 0.76 95%	

		CI 0.28 to 2.03; 1 RCT, 71 participants; very low-quality evidence). The three other comparisons in Group C demonstrated no clear differences between treatment groups. When cognitive training was compared to active control (tablet games) (no reporting of transition to psychosis; 1 RCT, 62 participants; very low quality data), family treatment compared with enhanced care comparison (RR 0.54 95% CI 0.18 to 1.59; 2 RCTs, 229 participants; very low-quality evidence) and integrated treatment compared to standard treatment comparison (RR 0.57 95% CI 0.28 to 1.15; 1 RCT, 79 participants; very low-quality evidence) no effects of any of these approaches was evident. Authors' conclusions There has been considerable research effort in this area and several interventions have been trialled. The evidence available suggests that omega-3 fatty acids may prevent transition to psychosis but this evidence is low quality and more research is needed to confirm this finding. Other comparisons did not show any clear differences in effect for preventing transition to psychosis but again, the quality of this evidence is very low or low and not strong enough to make firm conclusions	

Lloyd-Evans B, Crosby M, Stockton S, Pilling S, Hobbs L, Hinton M, Johnson S. Initiatives to shorten duration of untreated psychosis: systematic review. Br J Psychiatry. 2011 Apr;198(4):256-63. doi: 10.1192/bjp.bp.109.075622. PMID: 21972275.	2011	Background: Long duration of untreated psychosis (DUP) is common and associated with poor outcomes. Strategies to enhance early detection of first-episode psychosis have been advocated. Aims: To evaluate initiatives for early detection of psychosis. Method: Systematic review of available evidence on the effectiveness of early detection initiatives to reduce the DUP. Results: The review included 11 studies which evaluated 8 early detection initiatives. Evidence suggests that general practitioner education campaigns and dedicated early intervention services do not by themselves reduce DUP or generate more treated cases. Evidence for multifocus initiatives is mixed: intensive campaigns targeting the general public as well as relevant professionals may be needed. No studies evaluated initiatives targeting young people or professionals from non-health organisations. Conclusions: How early detection can be achieved is not clear. Evidence is most promising for intensive public awareness campaigns: these require organisation and resourcing at a regional or national level. More good-quality studies are needed to address gaps in knowledge.	systematic review of 11 studies which evaluated 8 early detection initiatives for first episode psychosis; general practitioner education campaigns and dedicated early intervention services do not by themselves reduce DUP or generate more treated cases, and mixed evidence for multicomponent initiatives -> most promising evidence around intensive public awareness campaigns with regional and national resources

Mental health-related stigma and pathways to care for people at risk of psychotic disorders or experiencing first-episode psychosis: a systematic review	2017	Background: Stigma associated with mental illness can delay or prevent help-seeking and service contact. Stigma-related influences on pathways to care in the early stages of psychotic disorders have not been systematically examined. Method: This review systematically assessed findings from qualitative, quantitative and mixed-methods research studies on the relationship between stigma and pathways to care (i.e. processes associated with help-seeking and health service contact) among people experiencing first-episode psychosis or at clinically defined increased risk of developing psychotic disorder. Forty studies were identified through searches of electronic databases (CINAHL, EMBASE, Medline, PsycINFO, Sociological Abstracts) from 1996 to 2016, supplemented by reference searches and expert consultations. Data synthesis involved thematic analysis of qualitative findings, narrative synthesis of quantitative findings, and a meta-synthesis combining these results. Results: The meta-synthesis identified six themes in relation to stigma on pathways to care among the target population: 'sense of difference', 'characterizing difference negatively', 'negative reactions (anticipated and experienced)', 'strategies', 'lack of knowledge and understanding', and 'service-related factors'. This synthesis constitutes a comprehensive overview of the current evidence regarding stigma and pathways to care at early stages of psychotic disorders, and illustrates the complex manner in which stigma-related processes can influence help-seeking and service contact among first-episode psychosis and at-risk groups. Conclusions: Our findings can serve as a foundation for future research in the area, and inform early intervention efforts and approaches to mitigate stigma-related concerns that currently influence recognition of early difficulties and contribute to delayed help-seeking and access to care.	systematic review of 40 studies from 1996 to 2016 with goal of synthesizing findings from qualitative, quantitative and mixed methods research examining relationship between stigma and pathways to care; 6 themes and 23 subthemes describing stigma nad pathways to care among people experiencing FEP or at risk for psychosis were identified (sense of differences, characterizing differences negatively, negative reactions (anticipated and experienced), strategies, lack of knowledge and understanding, service related factors) -> stigma impacts several levels of help-seeking to increase duration of untreated psychosis

Minichino, A., Davies, C., Karpenko, O. et al. Preventing psychosis in people at clinical high risk: an updated meta-analysis by the World Psychiatric Association Preventive Psychiatry section. Mol Psychiatry (2025). https://doi.org/10.1038/s41380-025-02902-8	2025	Recently published large-scale randomised controlled trials (RCTs) have questioned the efficacy of preventive interventions in individuals at clinical high risk for psychosis (CHR-P). We conducted a systematic review and meta-analysis to include this new evidence and provide future directions for the field. We followed the PRISMA guidelines and a pre-registered protocol, with a literature search conducted from inception to November 2023. We included RCTs that collected data on psychosis transition (the primary outcome) in CHR-P. Secondary outcomes were symptoms severity and functioning. Investigated time points were 6,12,24,36, and +36 months. We used odd ratios (ORs) and standardised mean differences (SMD) as summary outcomes. Heterogeneity was estimated with the Higgins I2. Twenty-four RCTs, involving 3236 CHR-P individuals, were included. Active interventions were Cognitive Behavioural Therapy (CBT), family-focused therapy, Integrated Psychological Therapy, antipsychotics, omega-3 fatty acids, CBT plus risperidone, minocycline, and other non-pharmacological approaches (cognitive remediation, sleep-targeted therapy, brain stimulation). Results showed no evidence that any of the investigated active interventions had a sustained and robust effect on any of the investigated outcomes in CHR-P, when compared to control interventions, including CBT on transition to psychosis at 12 months (9 RCTs; OR: 0.64; 95% CI: 0.39–1.06; I2: 21%; P = 0.08). These results highlight the need for novel treatment approaches in CHR-P. Future studies should consider the heterogeneity of this clinical population and prioritise stratification strategies and bespoke treatments.	systematic review and meta-analysis to review effective preventive interventions in individuals with clinical high risk for psychosis. 24 RCTs included in synthesis, active interventions included CBT (10), family-focused (2) and a sleep intervention (1) systemic therapy (1) cognitive remediation (1) and integrated psychoterapy approach (1); control interventions incldued case management and supportive therapy. -> main finding was CBT not more effective than control interventions in preventing transition to FEP in 6-12 months, and at distal timepoints found no difference in psychosis transition. most promising results were from the only trial looking at integrated psychological approach, combining CBT, cognitive remediation and psychoeducation. standard of case management can be quite high now, and might represent a preventative measure in its own right.

Tampi RR, Young J, Hoq R, Resnick K, Tampi DJ. Psychotic disorders in late life: a narrative review. Ther Adv Psychopharmacol. 2019 Oct 16;9:2045125319882798. doi: 10.1177/2045125319882798. PMID: 31662846; PMCID: PMC6796200. Tampi RR, Young J, Hoq R, Resnick K, Tampi DJ. Psychotic disorders in late life: a narrative review. Ther Adv Psychopharmacol. 2019 Oct 16;9:2045125319882798. doi: 10.1177/2045125319882798. PMID: 31662846; PMCID: PMC6796200.	2019	Psychotic disorders are not uncommon in late life. These disorders often have varied etiologies, different clinical presentations, and are associated with significant morbidity and mortality among the older adult population. Psychotic disorders in late life develop due to the complex interaction between various biological, psychological, social, and environmental factors. Given the significant morbidity and mortality associated with psychotic disorders in late life, a comprehensive work-up should be conducted when they are encountered. The assessment should not only identify the potential etiologies for the psychotic disorders, but also recognize factors that predicts possible outcomes for these disorders. Treatment approaches for psychotic disorders in late life should include a combination of nonpharmacological management strategies with the judicious use of psychotropic medications. When antipsychotic medications are necessary, they should be used cautiously with the goal of optimizing outcomes with regular monitoring of their efficacy and adverse effects.	systematic review intended to provide overall diagnostic and treatemnt guideline for clinicians in everyday practice. assessment, diagnosis and treatment approaches for people with psychosis later in life. most studies were low powered. -> People with psychosis later in life representa diverse set of patients with many different presentations . 60% of people wiht late onset psychosis it is due to a secondary cause that should be identified and treated.
RCTs			

Greenwood K, Jones C, Yaziji N, Healey A, May C, Bremner S, Hooper R, Rathod S, Phiri P, de Visser R, Mackay T, Bartl G, Abramowicz I, Gu J, Webb R, Nandha S, Lennox B, Johns L, French P, Hodgekins J, Law H, Plaistow J, Thompson R, Fowler D, Garety P, O'Donnell A, Painter M, Jarvis R, Clark S, Peters E. The Early Youth Engagement (EYE-2) intervention in first-episode psychosis services: pragmatic cluster randomised controlled trial and cost-effectiveness evaluation. Br J Psychiatry. 2024 Nov 25:1-9. doi: 10.1192/bjp.2024.154. Epub ahead of print. PMID: 39581220.	2024	Background: Early intervention in psychosis (EIP) services improve outcomes for young people, but approximately 30% disengage. Aims: To test whether a new motivational engagement intervention would prolong engagement and whether it was cost-effective. Method: We conducted a multicentre, single-blind, parallel-group, cluster randomised controlled trial involving 20 EIP teams at five UK National Health Service (NHS) sites. Teams were randomised using permuted blocks stratified by NHS trust. Participants were all young people (aged 14-35 years) presenting with a first episode of psychosis between May 2019 and July 2020 (N = 1027). We compared the novel Early Youth Engagement (EYE-2) intervention plus standardised EIP (sEIP) with sEIP alone. The primary outcome was time to disengagement over 12-26 months. Economic outcomes were mental health costs, societal costs and socio-occupational outcomes over 12 months. Assessors were masked to treatment allocation for primary disengagement and cost-effectiveness outcomes. Analysis followed intention-to-treat principles. The trial was registered at ISRCTN51629746. Results: Disengagement was low at 15.9% overall in standardised stand-alone services. The adjusted hazard ratio for EYE-2 + sEIP (n = 652) versus sEIP alone (n = 375) was 1.07 (95% CI 0.76-1.49; P = 0.713). The health economic evaluation indicated lower mental healthcare costs linked to reductions in unplanned mental healthcare with no compromise of clinical outcomes, as well as some evidence for lower societal costs and more days in education, training, employment and stable accommodation in the EYE-2 group. Conclusions: We found no evidence that EYE-2 increased time to disengagement, but there was some evidence for its cost-effectiveness. This is the largest study to date reporting positive engagement, health and cost outcomes in a total EIP population sample. Limitations included high loss to follow-up for secondary outcomes and low completion of societal and socio-occupational data. COVID-19 affected fidelity and implementation. Future engagement research should target engagement to those in greatest need, including in-patients and those with socio-occupational goals.	multicenter single-blind parallel group cluster RCT involving 20 EIP teams at 5 UK NHS sites comparing reception of EYE versus standard of care for EIP with intent to understand if prolonged engagement would occur and cost-effectiveness of the intervention. Disengagement in general ways low, (15.9%) but lower unplanned mental health care costs and some evidence of lower socieal costs (education, employment) were seen in the intervention group -> no evidence in increased time to disengagement but some evidence to suggest cost effectiveness of intervention to reduce healthcare and societal costs

Kane JM, Robinson DG, Schooler NR, Mueser KT, Penn DL, Rosenheck RA, Addington J, Brunette MF, Correll CU, Estroff SE, Marcy P, Robinson J, Meyer-Kalos PS, Gottlieb JD, Glynn SM, Lynde DW, Pipes R, Kurian BT, Miller AL, Azrin ST, Goldstein AB, Severe JB, Lin H, Sint KJ, John M, Heinssen RK. **Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program**. Am J Psychiatry. 2016 Apr 1;173(4):362-72. doi: 10.1176/appi.ajp.2015.15050632. Epub 2015 Oct 20. PMID: 26481174; PMCID: PMC4981493.	2015	Objective The primary aim was to compare the impact of NAVIGATE, a comprehensive, multidisciplinary, team-based treatment approach for first episode psychosis designed for implementation in the U.S. healthcare system, to Community Care on quality of life. Methods Thirty-four clinics in 21 states were randomly assigned to NAVIGATE or Community Care. Diagnosis, duration of untreated psychosis and clinical outcomes were assessed via live, two-way video by remote, centralized raters masked to study design and treatment. Participants (mean age 23) with schizophrenia and related disorders and ≤6 months antipsychotic treatment (N=404) were enrolled and followed for ≥2 years. The primary outcome was the Total Score of the Heinrichs-Carpenter Quality of Life Scale, a measure that includes sense of purpose, motivation, emotional and social interactions, role functioning and engagement in regular activities. Results 223 NAVIGATE recipients remained in treatment longer, experienced greater improvement in quality of life, psychopathology and involvement in work/school compared to 181 Community Care participants. The median duration of untreated psychosis=74 weeks. NAVIGATE participants with duration of untreated psychosis <74 weeks had greater improvement in quality of life and psychopathology compared with those with longer duration of untreated psychosis and those in Community Care. Rates of hospitalization were relatively low compared to other first episode psychosis clinical trials and did not differ between groups. Conclusions Comprehensive care for first episode psychosis can be implemented in U.S. community clinics. and improves functional and clinical outcomes. Effects are more pronounced for those with shorter duration of untreated psychosis.	RCT comparing NAVIGATE model to community care in effectiveness on improving qualtiy of life, clinical outcomes, duration of untreated psychosis. At 2 years, 223/404 NAVIGATE enrollees remained in treatment longer, experienced greater improvement in QoL and psychopathology compared with longer duration of untreated psychosis. -> NAVIGATE implemented in US community mental health clinics can support QoL for people with FEP.

Oluwoye O, Puzia M, Lissau A, Amram O, Weeks DL. **Multidimensional Approach to Exploring Neighborhood Determinants and Symptom Severity Among Individuals** With Psychosis. JAMA Netw Open. 2024;7(5):e2410269. doi:10.1001/jamanetworkopen.2024.10269	2024	Importance The impact of cumulative exposure to neighborhood factors on psychosis, depression, and anxiety symptom severity prior to specialized services for psychosis is unknown. Objective To identify latent neighborhood profiles based on unique combinations of social, economic, and environmental factors, and validate profiles by examining differences in symptom severity among individuals with first episode psychosis (FEP). Design, Setting, and Participants This cohort study used neighborhood demographic data and health outcome data for US individuals with FEP receiving services between January 2017 and August 2022. Eligible participants were between ages 14 and 40 years and enrolled in a state-level coordinated specialty care network. A 2-step approach was used to characterize neighborhood profiles using census-tract data and link profiles to mental health outcomes. Data were analyzed March 2023 through October 2023. Exposures Economic and social determinants of health; housing conditions; land use; urbanization; walkability; access to transportation, outdoor space, groceries, and health care; health outcomes; and environmental exposure. Main Outcomes and Measures Outcomes were Community Assessment of Psychic Experiences 15-item, Patient Health Questionnaire 9-item, and Generalized Anxiety Disorder 7-item scale. Results The total sample included 225 individuals aged 14 to 36 years (mean [SD] age, 20.7 [4.0] years; 152 men [69.1%]; 9 American Indian or Alaska Native [4.2%], 13 Asian or Pacific Islander [6.0%], 19 Black [8.9%], 118 White [55.1%]; 55 Hispanic ethnicity [26.2%]). Of the 3 distinct profiles identified, nearly half of participants (112 residents [49.8%]) lived in urban high-risk neighborhoods, 56 (24.9%) in urban low-risk neighborhoods, and 57 (25.3%) in rural neighborhoods. After controlling for individual characteristics, compared with individuals residing in rural neighborhoods, individuals residing in urban high-risk (mean estimate [SE], 0.17 [0.07]; P = .01) and urban low-risk neighborhoods (mean estimate [SE], 0.25 [0.12]; P = .04) presented with more severe psychotic symptoms. Individuals in urban high-risk neighborhoods reported more severe depression (mean estimate [SE], 1.97 [0.79]; P = .01) and anxiety (mean estimate [SE], 1.12 [0.53]; P = .04) than those in rural neighborhoods.	individuals with FEP residing in urban neighborhoods that are characterized as socially and economically disadvantaged and exposed to high levels of environmental pollutants present with more severe symptoms than those residing in rural and less disadvantaged urban areas -> need further resilience to neighborhood effects integrated into CSC models

		Conclusions and Relevance This study found that in a cohort of individuals with FEP, baseline psychosis, depression, and anxiety symptom severity differed by distinct multidimensional neighborhood profiles that were associated with where individuals reside. Exploring the cumulative effect of neighborhood factors improves our understanding of social, economic, and environmental impacts on symptoms and psychosis risk which could potentially impact treatment outcomes.	

Aldrich, S., West, J. C., Wang, W., Wang, L., Wang, J., Wang, Y., ... & Brunette, M. F. (2023). **The role of proximity to coordinated specialty care for early psychosis and program engagement in Washington State: The interaction of travel time, race, and ethnicity.** Psychiatric Services, 74(8), 785-793. https://doi.org/10.1176/appi.ps.202200489	2024	Objective Proximity to mental health services is a predictor of timely access to services. The present study sought to investigate whether travel time was associated with engagement in coordinated specialty care (CSC) for early psychosis, with specific attention to whether the interaction of travel time by race and ethnicity had differential impact. Data Source/Study Setting Data collected between 2019 and 2022 as part of the New Journeys evaluation, the CSC model in Washington State. Study Design This cross-sectional study included a sample of 225 service users with first episode psychosis (FEP) who had received services from New Journeys. Data Collection Service users' addresses, and the physical location of CSC were geocoded. Spatial proximity was calculated as travel time in minutes. Scheduled appointments, attendance and program status were captured monthly by clinicians as part of the New Journeys measurement battery. Principal Findings Proximity was significantly associated with the number of appointments scheduled and attended, and program status (graduation/completion and disengagement). Among Hispanic service users with spatial proximity further away from CSC (longer commutes) was associated with a lower likelihood of graduating/completing CSC compared to non-Hispanic service users (p = .04). Non-white services users had a higher risk of disengagement from CSC compared to white service users (p = .03); additionally, the effects of spatial proximity on disengagement were amplified for non-White service users (p = .03). Conclusions Findings suggest that proximity is associated with program engagement and partially explains potential differences in program status among ethnoracial group.	travel time plays a disproportionate role in disengagement among non-white service users compared to white service users, and FEP programs are disproportionately implemented in more urban and affluent neighborhoods -> strategies to provide greater access to FEP in rural and less economically advantaged neighborhoods is critical

Lloyd-Evans B, Sweeney A, Hinton M, Morant N, Pilling S, Leibowitz J, Killaspy H, Tanskanen S, Totman J, Armstrong J, Johnson S. **Evaluation of a community awareness programme to reduce delays in referrals to early intervention services and enhance early detection of psychosis**. BMC Psychiatry. 2015 May 2;15:98. doi: 10.1186/s12888-015-0485-y. PMID: 25934413; PMCID: PMC4424506.	2015	Background: Reducing treatment delay and coercive pathways to care are accepted aims for Early Intervention Services (EIS) for people experiencing first episode psychosis but how to achieve this is unclear. A one-year community awareness programme was implemented in a London EIS team, targeting staff in non-health service community organisations. The programme comprised psycho-educational workshops and EIS link workers, and offering direct referral routes to EIS. Its feasibility and its impact on duration of untreated psychosis and pathways to EIS were evaluated. Methods: Evaluation comprised: pre and post questionnaires with workshop participants assessing knowledge and attitudes to psychosis and mental health services; and a comparison of new service users' "service DUP"(time from first psychotic symptom to first contact with EIS) and pathways to care in the intervention year and preceding year. Focus groups sought stakeholders' views regarding the benefits and limitations of the programme and what else might promote help-seeking. Results: 41 workshops at 36 community organisations were attended by 367 staff. 19 follow up workshops were conducted and 16 services were allocated an EIS link worker. Participants' knowledge and attitudes to psychosis and attitudes to mental health services improved significantly following workshops. In the year of the intervention, only 6 of 110 new service users reached EIS directly via community organisations. For all new referrals accepted by EIS, in the intervention year compared to the previous year, there was no difference in mean or median service DUP. A clear impact on pathways to care could not be discerned. Stakeholders suggested that barriers to referral remained. These included: uncertainty about the signs of early psychosis, disengagement by young people when becoming unwell, and worries about stigma or coercive treatment from mental health services. More general, youth focused, mental health services were proposed. Conclusions: The community awareness programme did not reduce treatment delays for people experiencing first episode psychosis. Further research is needed regarding effective means to reduce duration of untreated psychosis. Although EIS services are guided to promote access through community engagement, this may not be an effective use of their limited resources.	pre- and post-questionnaire study with participants of a one-year community awareness program through psychoeducation workshops and early intervention service link workers with direct referral routes to early intervention services; knowledge and attitudes towards psychosis and attitudes towards mentla health services improved significantly, but barriers to referral remained as duration of untreated psychosis between intervention year and previous year did not change. barriers included uncertainty about signs of early psychosis, disengagement of young people when becoming unwell, and worries about stigma or coercive treatment from mental health services. -> community organizational educational workshops did not decrease DUP for people with first episode psychosis, during the intervention year, a higher proportion of referrals were attributed to general practitioners that were not targets of the intervention. Still not sure exactly how to create community-organization initiative to reduce DUP.

Lal S, Dell'Elce J, Tucci N, Fuhrer R, Tamblyn R, Malla A. Preferences of **Young Adults With First-Episode Psychosis for Receiving Specialized Mental Health Services Using Technology: A Survey Study.** JMIR Ment Health. 2015 May 20;2(2):e18. doi: 10.2196/mental.4400. PMID: 26543922; PMCID: PMC4607389.	2015	Background: Despite the potential and interest of using technology for delivering specialized psychiatric services to young adults, surprisingly limited attention has been paid to systematically assess their perspectives in this regard. For example, limited knowledge exists on the extent to which young people receiving specialized services for a first-episode psychosis (FEP) are receptive to using new technologies as part of mental health care, and to which types of technology-enabled mental health interventions they are amenable to. Objective: The purpose of this study is to assess the interest of young adults with FEP in using technology to receive mental health information, services, and supports. Methods: This study uses a cross-sectional, descriptive survey design. A convenience sample of 67 participants between the ages of 18 and 35 were recruited from two specialized early intervention programs for psychosis. Interviewer-administered surveys were conducted between December 2013 and October 2014. Descriptive statistics are reported. Results: Among the 67 respondents who completed the survey, the majority (85%, 57/67) agreed or strongly agreed with YouTube as a platform for mental health-related services and supports. The top five technology-enabled services that participants were amenable to were (1) information on medication (96%, 64/67); (2) information on education, career, and employment (93%, 62/67); (3) decision-making tools pertaining to treatment and recovery (93%, 62/67); (4) reminders for appointments via text messaging (93%, 62/67); and (5) information about mental health, psychosis, and recovery in general (91%, 61/67). The top self-reported barriers to seeking mental health information online were lack of knowledge on how to perform an Internet search (31%, 21/67) and the way information is presented online (27%, 18/67). Two thirds (67%; 45/67) reported being comfortable in online settings, and almost half (48%; 32/67) reported a preference for mixed formats when viewing mental health information online (eg, text, video, visual graphics). Conclusions: Young people diagnosed with FEP express interest in using the Internet, social media, and mobile technologies for receiving mental health-related services. Increasing the awareness of young people in relation to various forms of technology-enabled mental health care warrants further attention. A consideration for future research is to obtain more in-depth knowledge on	cross-sectional descriptive survey of convenience sample of 67 participatns bewteen the ages of 18-35 from two specialized early intervention programs for psychosis to understand interest of young adults with FEP in ysing technology to receive mental health information, services and supports. interviewer administered surveys were conducted between Dec 2013-Oct 2014, Among 67 respondents who completed the survey, top five technology enabled services that participants were amenable to information on medication, education, career and employment, decision making tools pertaining to treatment and recovery, reminders for appointments via text messaging, and information about mental health psychosis and recovery in general; -> reaching young people through the internet with education/technical support with care is acceptable

		young people's perspectives, which can help improve the design, development, and implementation of integrated technological health innovations within the delivery of specialized mental health care.	

Chwastiak LA, Cheng SC, Brenner C, Michels C, Christiansen M, Monroe-DeVita M. **Development and Pilot Testing of a Nurse Care Manager Role in Coordinated Specialty Care for Early Psychosis**. Psychiatr Serv. 2023 Nov 1;74(11):1200-1203. doi: 10.1176/appi.ps.20220583. Epub 2023 Apr 5. PMID: 37016825.	2023	Coordinated specialty care (CSC) improves mental health and functional outcomes among individuals with first-episode psychosis but lacks a standardized approach to addressing chronic disease risk. The authors used community-based participatory intervention mapping with nine CSC teams to implement a nurse care manager role for the team in order to identify and address chronic disease risk factors. The role was piloted at one CSC site to explore its feasibility and acceptability. The nurse care manager role was highly acceptable to clients, team members, and leadership. More than one-quarter of the nurse's time was spent on nonbillable activities, and lack of a clear plan for financial sustainability was the primary barrier to implementation.	community based participatory intervention mapping with 9 CSC teams to understand and implement a role for nurse care managers to addresss chronic disease risk factors for people with first episode psychosis. Role of the nurse care manager was health education and coaching, support for medication management, care coordination, and population management; primary concern was lack of financial stability in the role - lots of activities were not billable to insurance, and care manager often took time outside their dedicated FTE to support patients. -> nurse care manager role was beneficial, but components might need to be split up to lower $ role and nurse can focus on billable activities.

Thomas EC, Suarez J, Lucksted A, Siminoff L, Hurford I, Dixon L, O'Connell M, Salzer M. **Treatment decision-making needs among emerging adults with early psychosis**. Early Interv Psychiatry. 2022 Jan;16(1):78-90. doi: 10.1111/eip.13134. Pub 2021 Feb 17. PMID: 33599089; PMCID: PMC9116145.	2022	Aim: Many emerging adults disengage from early intervention in psychosis (EIP) services prematurely. Service disengagement may be in part due to having unresolved treatment decision-making needs about use of mental health services. A basic understanding of the decision-making needs of this population is lacking. The purpose of this qualitative study was to identify the range of treatment decisions that emerging adults face during their initial engagement in an EIP program and elucidate barriers and facilitators to decision-making. Methods: Twenty emerging adults with early psychosis were administered semistructured interviews to capture treatment decision-making experiences during the first six months after enrolment in an EIP program. Interviews were audio-recorded and transcribed verbatim. Responses were independently coded by two authors using an integrated thematic analysis approach; differences in coding were discussed to consensus. Data analysis was facilitated using NVivo 12 Plus. Results: Emerging adults identified numerous decisions faced after EIP enrolment. Decisions pertaining to life and treatment goals and to starting and continuing psychiatric medication were commonly selected as the most difficult/complicated. Decision-making barriers included not having the right amount or type of information/knowledge, social factors (e.g., lacking social support, opposition/pressure), lacking internal resources (e.g., cognitive and communication skills, self-efficacy, motivation) and unappealing options. Obtaining information/knowledge, social supports (e.g., connection/trust, learning from others' experiences, encouragement), considering personal values, and time were decision-making facilitators. Conclusions: This study informs development and optimization of interventions to support decision-making among emerging adults with early psychosis, which may promote service engagement.	qualitative study with semistructured interviews to capture treatment decision-making experiences during firs t6 months of enrollment of early intervention program to identify barriers and facilitators that impact engagement in services. Decision points were around treatment/life goals such as going to work/school, whether to continue taking medication, changing medications, participating in program social activities such as groups, whether to continue in the EIP, whether to start medication, self-disclosure, using external mental health/medical services, involving family, level of improvement in EIP, whether to start therapy; Decision making barriers ranged from not having enough/right information, social factors (e.g., lacking social support, opposition or pressure from social network) lacking internal resources (e.g., cognitive and communication skills, self-efficacy, motivation) and unappealing treatment options -> recognizing diversity is important since decision-making interventions have focused on treatment planning and medication-related decisions, and people have a range of needs; time, consistency, transparency

			and information, and options are all important

Yarborough BJ, Yarborough MT, Cavese JC. **Factors that hindered care seeking among people with a first diagnosis of psychosis.** Early Interv Psychiatry. 2019 Oct;13(5):1220-1226. doi: 10.1111/eip.12758. Epub 2018 Nov 28. PMID: 30485673; PMCID: PMC6538479.	2019	Aim: Evidence-based treatment can improve psychosis outcomes, but service providers need to understand and address the reasons people experiencing first episode psychosis avoid or delay care seeking. The goal of this study was to identify reasons care seeking might be postponed, from the points of view of patients, caregivers and health care professionals in a large health care delivery system, in the United States, without an early psychosis intervention program. Methods: About 22 patients who had received an initial psychosis diagnosis and 10 of their caregivers were interviewed about their experiences and pathways to care. Additionally, 15 administrator or clinician key informants with responsibility for psychosis services were interviewed and asked to describe ways that they thought early psychosis identification and treatment engagement could be improved. All interviews were transcribed, coded and analysed together using thematic analysis. Results: Some patients did not perceive their early psychotic experiences as concerning because they were familiar. Among those concerned, the desire to make sense of their experiences and avoid detection or stigma caused some to conceal symptoms or isolate themselves. Caregivers who observed withdrawal often attributed it to typical adolescent behaviour, which led to treatment delays. Legal and privacy protections led to delays among young adults. Conclusions: To attract individuals to early psychosis services, outreach and engagement programs should help individuals and caregivers recognize their experiences as opportunities for care, and design and market services that promote sense-making, offer hope and reduce stigma and system-level privacy-related barriers to care engagement.	qualitative interviews of 22 patients received initial diagnosis of psychosis and 10 caregivers to elucidate their reasons care seeking might be postponed in a large healthcare system in Oregon/Washington US; Some emerging themes included perceived normality of psychiatric symptoms, hiding syptoms until people can make sense of them or to allow time to handle them on their own, as symptoms become harder to mask people isolated from others, and sometimes symptoms are attributed to regular teenage behavior, respecting autonomy and privacy makes it harder to recognize early symptoms -> to attract individuals to early intervention services, outreach and education programs need to help individuals and caregivers understand and recognize their experiences as opportunities for care and decision/market services that promote sense-making, offer hope, reduce stigma and address system-level privacy barriers to care

Tempelaar W, Kozloff N, Crawford A, Voineskos A, Addington D, Alexander T, Baluyut C, Bromley S, Brooks S, de Freitas L, Jindani S, Kirvan A, Morizio A, Polillo A, Roby R, Sosnowski A, Villanueva V, Durbin J, Barwick M. **The quick pivot: Capturing real world modifications for the re-implementation of an early psychosis program transitioning to virtual delivery**. Front Health Serv. 2023 Feb 3;2:995392. doi: 10.3389/frhs.2022.995392. PMID: 36925835; PMCID: PMC10012808.	2023	Background: Team-based Early Psychosis Intervention (EPI) services is standard of care for youth with psychosis. The COVID-19 pandemic required most EPI services to mount an unplanned, rapid pivot to virtual delivery, with limited guidance on how to deliver virtual clinical services or whether quality of re-implementation and treatment outcomes would be impacted. We used a structured approach to identify essential modifications for the delivery of core components and explored facilitators and barriers for re-implementation and fidelity of a virtually delivered EPI intervention. Materials and methods: NAVIGATE is a structured approach to team-based EPI. It provides detailed modules to guide delivery of core components including medication management, psychoeducation and psychotherapies, supported employment/education, and family education. Having initially implemented NAVIGATE at the Centre for Addiction and Mental Health (CAMH) in 2017, the EPI service transitioned to virtual delivery amid the COVID pandemic. Using a practice profile developed to support implementation, we detailed how core components of NAVIGATE were rapidly modified for virtual delivery as reported in structured group meetings with clinicians. The Framework for Reporting Adaptations and Modifications for Evidence-Based Interventions (FRAME) was used to describe modifications. Fidelity to the EPI standards of care was assessed by the First Episode Psychosis Fidelity Scale (FEPS-FS). Re-implementation barriers and facilitators and subsequent mitigation strategies were explored using structured clinician interviews guided by the Consolidated Framework for Implementation Research (CFIR). Results: Identified modifications related to the intervention process, context, and training. We identified contextual factors affecting the re-implementation of virtually delivered NAVIGATE and then documented mitigating strategies that addressed these barriers. Findings can inform the implementation of virtual EPI services elsewhere, including guidance on processes, training and technology, and approaches to providing care virtually. Discussion: This study identified modifications, impacts and mitigations to barriers emerging from rapid, unplanned virtual delivery of EPI services. These findings can support delivery of high-quality virtual services to youth with psychosis when virtual care is indicated.	qualitative study with interviews with clinicians around implementation barriers and facilitators and subsequent mitigation strategies using CFIR framework around modifications necessary for delivering EIP virtually; most modifications were planned and reactive such as additional trainings on how to handle certain aspects virtually, no change in content and mostly fidelity consistent, most modifications were aimed at improving feasibility and increase/maintain client engagement -> comprehensive early intervention programs can be implemented virtually while maintaining high fidelity with appropriate supports/infrastructure/tools

We need to talk: a qualitative inquiry into pathways to care for young men at ultra-high risk for psychosis	2024	Introduction: It is known from the literature that men are slower to seek help and staying engaged in mental health care compared to women. Seeing that in psychosis, men more often than women have insidious onsets but also a more malign illness course, it is important to find ways to improve timely help-seeking. The aim of this study was to explore barriers and facilitators for help-seeking in young male persons struggling with early signs of psychosis. Methods: Qualitative interviews with nine young men who suffer from a first episode of psychosis or psychosis risk symptoms. Results: Male stereotypical ideals, significant others, and knowledge of symptoms and where to get help as well characteristics of symptom trajectories appeared to be important determinants of help-seeking behavior. Discussion: Interviews indicated that help-seeking in the participants was delayed first, because of reluctancy to disclose distress and second, because significant others were unable to accurately recognize symptoms. Information, awareness, and easy access to care remain important in early detection and intervention in psychosis and psychosis risk. However, more emphasis should be placed on de-stigmatizing mental health problems in men and aiming information specifically at them.	qualitative interviews of 9 young men aimed at exploring barriers and facilitators to help seeking in young male persons struggling with early signs of psychosis; three core themes emerged - willingness to disclose distress, including being able to recognize symptoms, perceiving stigma, modeling a man, and worsening symptoms combined with unhelpful coping strategies made it more likely to disclose; gatekeeping confidant (confidants function as a gatekeeper, whether they were referred to mental health services for assessment and treatment or not) and the boiler (following disclosure, two pathways were identified - either confidant would refer to appropriate healthcare or they would not recognize significance of problem and obstruct access) -> further efforts to destigmatize mental health access in men is necessary, for both people with FEP and their close family/friends

Exploring service provider perspectives on service user engagement across service components in coordinated specialty care programs for psychosis	2024	Engagement in services is a core element to successful outcomes for service users and programs. In coordinated specialty care (CSC) programs, designed for individuals experiencing first-episode psychosis, engagement has only been measured programmatically and not by service component. This qualitative study sought to explore provider perspectives on service user engagement in service components of CSC. Semistructured interviews were conducted with 20 service providers from five community-based early intervention programs for psychosis in the United States. Interviews were recorded and transcribed verbatim, and thematic analysis was used to analyze the data collected. Provider participants described barriers and facilitators that contribute to disengagement or engagement in four service components within early intervention programs: individual psychotherapy, family education and support, medication management, and vocational services. Barriers identified included substance use, stigma, trauma, and external pressures. Identified barriers to engagement in CSC were both unique to individual components and cut across them. By better understanding the complexity of barriers and their intersections within and across CSC components, there can be more effective policy and program development to reduce disengagement and hopefully increase positive outcomes for service users. (PsycInfo Database Record (c) 2024 APA, all rights reserved).	semistructured interviews with 20 service providers from 5 community based early intervention programs for psychosis in the US (study conducted by WSU) sought to understand provider perspectives on service user engagement in components of CSC; providers described barriers and facilitatros that contribute to early disengagement in four service components (individual psychotherapy, family education, medication management, and vocational components); themes included substance use as a contributing factor to disengagement mostly within IRT/vocational services/medication management, limitation of the CSC model in focusing solely on psychosis influenced the effectiveness of treatment and ultimately engagement; stigma and traumatic experiences was another main theme, delaying access to care and increasing difficulty of engagement with any component of service; external pressures to attend were another reason for disengagement or not being meaningfully engaged - some participants were attending services due to external reasons rather than internal motivation; -> key barriers for engagement in

			FEP services include substance use, trauma/stigma and external pressure

Griffiths SL, Murray GK, Logeswaran Y, Ainsworth J, Allan SM, Campbell N, Drake RJ, Katshu MZUH, Machin M, Pope MA, Sullivan SA, Waring J, Bogatsu T, Kane J, Weetman T, Johnson S, Kirkbride JB, Upthegrove R. **Implementing and Evaluating a National Integrated Digital Registry and Clinical Decision Support System in Early Intervention in Psychosis Services (Early Psychosis Informatics Into Care): Co-Designed Protocol.** JMIR Res Protoc. 2024 Mar 19;13:e50177. doi: 10.2196/50177. PMID: 38502175; PMCID: PMC10988369.	2024	Background: Early intervention in psychosis (EIP) services are nationally mandated in England to provide multidisciplinary care to people experiencing first-episode psychosis, which disproportionately affects deprived and ethnic minority youth. Quality of service provision varies by region, and people from historically underserved populations have unequal access. In other disease areas, including stroke and dementia, national digital registries coupled with clinical decision support systems (CDSSs) have revolutionized the delivery of equitable, evidence-based interventions to transform patient outcomes and reduce population-level disparities in care. Given psychosis is ranked the third most burdensome mental health condition by the World Health Organization, it is essential that we achieve the same parity of health improvements. Objective: This paper reports the protocol for the program development phase of this study, in which we aimed to co-design and produce an evidence-based, stakeholder-informed framework for the building, implementation, piloting, and evaluation of a national integrated digital registry and CDSS for psychosis, known as EPICare (Early Psychosis Informatics into Care). Methods: We conducted 3 concurrent work packages, with reciprocal knowledge exchange between each. In work package 1, using a participatory co-design framework, key stakeholders (clinicians, academics, policy makers, and patient and public contributors) engaged in 4 workshops to review, refine, and identify a core set of essential and desirable measures and features of the EPICare registry and CDSS. Using a modified Delphi approach, we then developed a consensus of data priorities. In work package 2, we collaborated with National Health Service (NHS) informatics teams to identify relevant data currently captured in electronic health records, understand data retrieval methods, and design the software architecture and data model to inform future implementation. In work package 3, observations of stakeholder workshops and individual interviews with representative stakeholders (n=10) were subject to interpretative qualitative analysis, guided by normalization process theory, to identify factors likely to influence the adoption and implementation of EPICare into routine practice. Results: Stage 1 of the EPICare study took place between December 2021 and September 2022. The next steps include stage 2 building, piloting, implementation, and evaluation of EPICare in 5 demonstrator NHS Trusts serving underserved and diverse populations with substantial need for EIP care	protocol for program development of evidnece-based stakeholder informed framework for building, implementation and piloting and evaluation of a national integrated digital registry and clinical decision support system for psychosis known as EPICare (Early Psychosis Informatics into Care); State 1 complete (participatory co-design framework, key stakeholders engaged in 4 workshops to review and identify core set of essential and desireable measures and features ofthe EPICare registry and clinical decision support system (CDSS); identified measures include: sociodemographic measures, treatment measures, patient-reported outcomes measures, and clinician-reported outcome measures -> national registry and CDSS aimed at improving access in UK

		in England. If successful, this will be followed by stage 3, in which we will seek NHS adoption of EPICare for rollout to all EIP services in England. Conclusions: By establishing a multistakeholder network and engaging them in an iterative co-design process, we have identified essential and desirable elements of the EPICare registry and CDSS; proactively identified and minimized potential challenges and barriers to uptake and implementation; and addressed key questions related to informatics architecture, infrastructure, governance, and integration in diverse NHS Trusts, enabling us to proceed with the building, piloting, implementation, and evaluation of EPICare.	

Supporting people in Early Intervention in Psychosis services: the role of primary care	2024	Background: Early Intervention in Psychosis (EIP) services offer treatment to people experiencing a first episode of psychosis. Service users may be referred from primary care and discharged directly back at the end of their time in an EIP service. Aim: To explore the role of primary care in supporting EIP service users (SUs) and to understand how to improve collaboration between primary and specialist care. Method: Qualitative study comprising semi-structured interviews with SUs, carers, healthcare professionals (HCPs), managers, and commissioners. Interviews were conducted either online or by telephone. Thematic analysis was carried out using principles of constant comparison. Patient and public involvement were key to all stages, including data analysis. Results: In total, 55 interviews were conducted with SUs (n = 13), carers (n = 10), and GPs, EIP HCPs, managers, and commissioners (n = 33). GPs reported difficulties in referring people into EIP services and little contact with SUs while in EIP services, even about physical health. GPs suggested they were not included in planning discharge from EIP to primary care. SUs and carers reported that transition from EIP can lead to uncertainty, distress, and exacerbation of symptoms. GPs reported only being made aware of patients on or after discharge, with no contact for 3 years. GPs described difficulty managing complex medication regimes, and barriers to re-referral to mental health services. Conclusion: GPs have a key role in supporting people within EIP services, specifically monitoring and managing physical health. Inclusion of GPs in planning discharge from EIP services is vital.	qualitative study to explore the role of primary care in supporting early intervention services for psychosis, and to understand how to improve collaboration between primary care and specialist care - 55 interviews with general practitioners, early intervention specialists, managers and commissioners- general practitioners experienced difficulty referring to early intervention services and catching up once a person is discharged. -> improved communication between primary care and early intervention programs would support transition of care and patient experience

Moving on from early intervention for psychosis services: Service user perspectives on the facilitators and barriers of transition	2019	Aim: Early intervention for psychosis services (EIS) has been established worldwide and is offered to individuals experiencing a first episode of psychosis. Engagement with EIS typically lasts for 3 years, after which point, service users are either transferred to primary care or community mental health teams, according to perceived needs. Although UK National Institute for Clinical Excellence (NICE) guidelines recommend transfer of care should be arranged in conjunction with the receiving service, there exists little, if any, practical guidance as to how this should actually be managed. This study aims to investigate the barriers and facilitators of transition from EIS to both primary and secondary care services in the United Kingdom from the perspectives of service users. Methods: Fifteen EIS service users who had either been discharged to primary or secondary services were interviewed about their experience of discharge. Data were analyzed using interpretive thematic analysis, adopting a critical realist stance. Results: Four themes were identified: feeling ready for discharge; relationships and trust; planning for discharge; life after EIS. Conclusions: This is the first in-depth exploration of a sample of largely male service users' views on transition from EIS to primary and/or secondary care services. We highlight several practical steps that EIS and receiving services can take to facilitate a more optimal discharge and transition experience for EIS service users. Taking into account service pressures, the discharge process should be one that is gradual, allowing time for the service user to both process the news and gradually sever ties with keyworkers.	qualitative study of 15 service users who were discharged to primary or secondary services after early intervention for psychosis to identify barriers and facilitators of transition from EIS to primary care from service users; four themes were identified - feeling ready for discharge, realtionships and trust, planning for discharge, and life after EIS. feeling ready for discharge was central to patient experience in transition, and positive trusting relationships with EIS providers supported transition to new relationships with post-discharge providers; many service users felt hte handover process was too short; -> practical steps to facilitate smooth transition and discharge - ideally process should be gradual, allowing time for service users to process and gradually sever ties with workers, provide clear information about the process itself and warm handoffs to providers taking over care, therapeutic relationships are essential to smooth transitions and disruptions due to staff turnover should be minimized

Moe AM, Rubinstein EB, Gallagher CJ, Weiss DM, Stewart A, Breitborde NJ. **Improving access to specialized care for first-episode psychosis: an ecological model.** Risk Manag Healthc Policy. 2018 Aug 30;11:127-138. doi: 10.2147/RMHP.S131833. PMID: 30214330; PMCID: PMC6121768.	2018	Psychotic spectrum disorders are serious illnesses with symptoms that significantly impact functioning and quality of life. An accumulating body of literature has demonstrated that specialized treatments that are offered early after symptom onset are disproportionately more effective in managing symptoms and improving outcomes than when these same treatments are provided later in the course of illness. Specialized, multicomponent treatment packages are of particular importance, which are comprised of services offered as soon as possible after the onset of psychosis with the goal of addressing multiple care needs within a single care setting. As specialized programs continue to develop worldwide, it is crucial to consider how to increase access to such specialized services. In the current review, we utilize an ecological model of understanding barriers to care, with emphasis on understanding how individuals with first-episode psychosis interact with and are influenced by a variety of systemic factors that impact help-seeking behaviors and engagement with treatment. Future work in this area will be important in understanding how to most effectively design and implement specialized care for individuals early in the course of a psychotic disorder.	narrative summary using ecological framework of factors influencing access to specialized care; individual level factors include: psychiatric symptoms, treatment being perceived as inconsistent with personal autonomy/goals, and poor mental health literacy; microsystem level factors included: disengagement from peer social networks, misdiagnosis of early sx, and misdirected social support; organizational level factors included: treatment environment being unappealing, low collaboration of groups within organizations, and inconsistent use of EBP; locality factors included: lack of CSC team/distance to CSC team, poor coordination between mental health stakeholders and other external stakeholders; finally, macrosystem factors included: stigma, mental health policy and funding, and disparities in care -> the health delivery system can improve engagement in FEP services through improving collaboration between and within organizations, tailoring the treatment environment, interventions to improve distribution and number of CSC teams and macrosystem level changes in stigma, funding

			availability and interventions to address disparities.

Expanding Early Psychosis Care across a Large and Diverse State: Implementation Lessons Learned from Administrative Data and Clinical Team Leads in Texas	2023	The U.S. is facing an unprecedented youth mental health crisis. Translating the findings from mental health intervention trials into large scale, accessible community-based services poses substantial challenges. Examination of state actions as a result of research-informed federal policy to improve youth access to quality mental healthcare is necessary. This mixed-methods study examines the implementation of evidence-informed multidisciplinary coordinated specialty care (CSC) for first-episode psychosis (FEP) services across Texas. The study explores CSC service model components, site location and participant characteristics, and implementation barriers. This cross-sectional study analyzes State of Texas public mental health administrative data from 2015 to 2020, including CSC site (n = 23) characteristics and CSC participant (n = 1682) demographics. Texas CSC site contracts were compared to OnTrackNY, a leading CSC model in the U.S. for CSC service element comparison. In-depth interviews with CSC Team Leads (n = 22) were analyzed to further understand CSC service elements and implementation barriers using qualitative content analysis. CSC was implemented across three waves in 2015, 2017, and 2019-serving 1682 participants and families. CSC sites were located in adult mental health programs; approximately one third of CSC participants were under 18 years. CSC implementation challenges reported by Team Leads included: staff role clarification, collaboration and turnover, community outreach and referrals, child and adult service billing issues, and adolescent and family engagement. Study findings have implications for large state-wide evidence-based practice implementation in transition-to-adulthood community mental health.	study aimed to describe locations, demographics and service delivery models in Texas based on admin data, identify team leads perceived implementation barriers in Texas's roll out of evidence-informed community based care - Texas managed to expand 29 of 39 public mental health providers using MHBG, state contracts paired with CSC peer-to-peer site training and consultation were effective at establishing sites. learning collaboratives can reinforce how evidence-based implementation across organizations, paired with staff training and fidelity monitoring; Texas sites utilized bachelors level skills trainer instead of masters trained individual resiliency trainer due to shortage of mental health providers; Texas has widely diverse households with different languages spoken, and different cultural needs - disparities in outcomes of FEP programs persist; -> state-level supports like learning collaboratives for outpatient BH systems, fidelity and training supports for programs and expansion of financial support for diverse BH roles could expand access for people needing FEP

Meyer MS, Rosenthal A, Bolden KA, Loewy RL, Savill M, Shim R, Rodriguez J, Flores V, Pavao E, Niendam TA. **Psychosis screening in schools: Considerations and implementation strategies**. Early Interv Psychiatry. 2020 Feb;14(1):130-136. doi: 10.1111/eip.12858. Epub 2019 Jul 9. PMID: 31287611.	2020	Abstract Aim: Duration of untreated psychosis, or the time between onset of psychosis symptoms and accurate diagnosis and treatment, is a significant predictor of both initial treatment response and long-term outcomes. As such, efforts to improve rapid identification are key. Because early signs of psychosis commonly emerge in adolescence, schools have the potential to play an important role in the identification of psychosis-spectrum disorders. Methods: To illustrate the potential role of schools in this effort, the current paper describes implementation of a psychosis screening tool as part of a larger study focused on reducing the duration of untreated psychosis in Sacramento, CA. Results: Clinical considerations related to screening for psychosis in schools, including ethical concerns, logistics, screening population and stigma are addressed. Implementation strategies to address these concerns are suggested. Conclusions: Early psychosis screening in the school system could improve early identification, reduce stigma and may represent an important further step towards an integrative system of mental health. Keywords: duration of untreated psychosis; early identification; early psychosis; mental health screening; school mental health.	narrative summary of potential implementation considerations of screening for psychosis in school settings. These considerations include ethical concerns, logistics of screening, school population and stigma. UC Davis team conducted a study aimed at reducing DUP in Sacramento county by implementing psychosis screening tool in the community - screening conducted at 4 middle schools and 4 high schools across the district. Both school districts used indicated screening techniques, the PMQ-B tool and linked to the Early Detectiona nd Preventative Treatment clinic for phone assessment if screened above threshold. -> implementation considerations include the following - time and resources to train staff to use screening tool, and staff that are trained to provide psychoeducation and linkage to care, screening in schools may miss students that experience worse psychosis so follow up with students not attending school is critical, establish a clear pathway to appropriate care in the event of a positive screen. Consider teaching school staff early signs of psychosis to ensure they can administer indicated screening, gain caregiver consent before

			administering screening, and ensuring linkage to care (whether that be CSC or provider that can give evidencebased treatment) through warm handoffs.

Erzın G, Gülöksüz S. **Early Interventions for Clinical High-Risk State for Psychosis**. Noro Psikiyatr Ars. 2021 Sep 20;58(Suppl 1):S7-S11. doi: 10.29399/npa.27404. PMID: 34658629; PMCID: PMC8498818.	2021	The aim of this review was to discuss early intervention options for clinical high-risk states of psychosis, the limitations of the high-risk concept, and the importance of population-based approaches in preventing psychosis. Interventions for individuals at high risk of psychosis can be classified into two main categories: pharmacological and non-pharmacological. When selecting any of these intervention options, it should be taken into account that only a small proportion of individuals in the high-risk group will have a transition to clinical psychosis. Therefore, it is necessary to avoid aggressive interventions. Pharmacotherapies, particularly antipsychotics, are generally not considered as a treatment of choice for individuals at high risk of psychosis due to their potential side-effect profiles, whereas cognitive behavioral therapies and family-oriented therapies are the leading alternatives with virtually no side effects. However, meta-analyses have shown that none of the interventions are specifically more effective than needs-based treatment (including placebo) in preventing transition to psychosis. These interventions might not be effective in preventing transition to psychosis; however, they may improve the outcomes of psychosis. Accumulating evidence suggests that the targeted prevention approaches focusing on the clinical high risk of psychosis concept have major limitations in terms of the impact on reducing psychosis incidence in the general population compared to the population-based approaches. Recently, psychosis-focused prevention approaches have been replaced by easily accessible youth mental health centers that provide services for transdiagnostic conditions. Future studies on the efficacy of these community-based youth mental health services may provide guidance on how to prevent psychosis.	narrative review of early intervention options for clinical high risk states of psychosis. Given lack of large trials and small proportion of patients that transition to true psychosis, less aggressive interventions (e.g., nonpharmacological) are preferred. CBT and family based therapies are the leading alternatives for clinical high risk for psychosis populations.

Fusar-Poli, P., Raballo, A., & Pontillo, M. (2024). **Clinical High-Risk for Psychosis (CHR-P) circa 2024: A state-of-the-art perspective.** European Psychiatry, 67(1), 1-10. https://doi.org/10.1016/j.eurpsy.2024.01.001	2024	The construct of Clinical-High Risk for Psychosis (CHR-P) identifies young help-seeking subjects in putative prodromal stages of psychosis and is a central component of the Early Intervention (EI) paradigm in Mental Health, aimed at facilitating rapid entry into appropriate care pathways to prevent the onset of psychosis or mitigate is biopsychosocial consequences. This approach, which promotes an innovative culture of care for early, at risk situations, is inspired by a clinical staging concept as a guide to optimal treatment. The objective of this article is to map the existing guidelines in the field of CHR-P treatment recommendations, examine overlaps and differences, and critically evaluate blind spots to be addressed in future guideline updated. The search identified 9 guidelines focused on CHR-P or schizophrenia and other psychotic conditions but containing a specific section on CHR-P or prodromal psychosis. All guidelines acknowledge that psychosis is preceded by more or less pronounced prodromal stages, and most detail CHR-P criteria. Among guidelines, 8 out of 9 indicate cognitive-behavioral therapy as the best psychotherapeutic option and 7 out of 9 suggest that antipsychotics can be prescribed as second option in case psychosocial and/or other pharmacological interventions prove insufficient or inadequate in reducing clinical severity and subjective suffering. Antidepressants, mood stabilizers, and benzodiazepines were considered for the treatment of comorbid disorders. Only the European Psychiatric Association Guidance paper distinguished treatment recommendations for adults and minors. Agreements in treatment guidelines were discussed in light of recent meta-analytical evidences on pharmacological and non-pharmacological treatments for CHR-P, suggesting the need to provide an updated, age-sensitive consensus on how to manage CHR-P individuals.	review of existing guidelines for clnical high risk for psychosis patients - > guidelines found that treatment recommended was usually CBT as primary psychotherapeutic option, antipsychotics suggested secondary if psychosocial and other pharmacological treatments are not sufficient, and treatments for comorbid conditions like antidepressants/mood stabilizers and benzodiazepines were considered options. There is a need for more unique treatment guidelines for age-sensitive groups
Rothschild AJ. **Treatment for Major Depression With Psychotic Features (Psychotic Depression).** Focus (Am Psychiatr Publ). 2016 Apr;14(2):207-209. doi: 10.1176/appi.focus.20150045. Epub 2016 Apr 7. PMID: 31975804; PMCID: PMC6519655.	2016	Psychotic depression, or major depressive disorder with psychotic features, is a serious illness during which a person experiences the combination of depressed mood and psychosis, with the psychosis commonly manifesting itself as nihilistic or somatic-type delusions. You have already accomplished an important first step for the successful treatment of your patient in recognizing and diagnosing psychotic depression. Data from the National Institute of Mental Health (NIMH) Study of the Pharmacotherapy of Psychotic Depression (STOP-PD) (1) indicate that psychiatrists frequently miss the diagnosis of psychotic depression, in large part because they do not recognize the psychotic features. In the STOP-PD study, the diagnosis of psychotic depression was missed 27% of the time, which was likely a conservative estimate because patients with comorbid conditions, such as substance abuse in the past three months, or unstable medical conditions were excluded.	narrative opinion article accompanying APA practice guideline for major depression. APA practice guideline recommends patients with psychotic depression be treated with antidepressant and antipsychotic since 2000. -> efficacy demonstrated for only a couple specific combinations, and none are FDA approved - all are off label.

Lynch, S., McFarlane, W. R., Joly, B., Adelsheim, S., Auther, A., Cornblatt, B. A., & Migliorati, M. (2016). Early Detection, Intervention and Prevention of Psychosis Program: Community Outreach and Early Identification at Six U.S. Sites. *Psychiatric Services*, 67(5), 510-516. https://doi.org/10.1176/appi.ps.201300236	2016	Objective: This study assessed the effects of a community outreach and education model implemented as part of the Early Detection, Intervention and Prevention of Psychosis Program (EDIPPP), a national multisite study in six U.S. regions. Methods: EDIPPP's model was designed to generate rapid referrals of youths at clinical high risk of psychosis by creating a network of professionals and community members trained to identify signs of early psychosis. Qualitative and quantitative data were gathered through an evaluation of outreach efforts at five sites over a two-year period and through interviews with staff at all six sites. All outreach activities to groups (educational, medical, and mental health professionals; community groups; media; youth and parent groups; and multicultural communities) were counted for the six sites to determine correlations with total referrals and enrollments. Results: During the study period (May 2007–May 2010), 848 formal presentations were made to 22,840 attendees and 145 informal presentations were made to 11,528 attendees at all six sites. These presentations led to 1,652 phone referrals. A total of 520 (31%) of these individuals were offered in-person orientation, and 392 (75%) of those were assessed for eligibility. A total of 337 individuals (86% of those assessed) met criteria for assignment to the EDIPPP study. Conclusions: EDIPPP's outreach and education model demonstrated the effectiveness of following a protocol-defined outreach strategy combined with flexibility to reach culturally diverse audiences or initially inaccessible systems. All EDIPPP sites yielded appropriate referrals of youths at risk of psychosis.	Review of 6 sites that employed a community outreach and education model implemented as part of early detection, intervention and prevention of psychosis program (EDIPPP); goal was to generate rapid referrals of youth at clinical high risk for psychosis to provide early intervention to prevent psychosis. Private practice professionals are more difficult to reach without specific group to which presentations could be made – CME credits are helpful. PCP access was also challenging – "lunch and learn" approach was most successful. Regional differences required tailoring of the program to meet specific needs of the community.-> large widespread community outreach initiatives work for identifying and referring people who are CHR for psychosis
COULTER, CHELSEY MD; BAKER, KRISTA K. LCPC; MARGOLIS, RUSSELL L. MD. Specialized Consultation for Suspected Recent-onset Schizophrenia: Diagnostic Clarity and the Distorting Impact of Anxiety and Reported	2019	Early detection of psychotic disorders is now recognized as vital in reducing dysfunction, morbidity, and mortality. However, making the diagnosis of a psychotic disorder, especially earlier in the course of disease, can be challenging, and an incorrect diagnosis of a psychotic disorder may also have significant consequences. We therefore, conducted a retroactive chart review of 78 patients referred to a specialty early psychosis consultation clinic to examine the role of specialty clinics in clarifying the diagnosis of early psychosis, especially potential schizophrenia. Of the 78 patients, 43 (55%) had a primary diagnosis at referral of a schizophrenia spectrum disorder. The primary diagnosis in the consultation clinic was different in 22 (51%) of these 43 cases, and 18 (42%) of	Retrospective chart review of 78 patients who were referred to specialty early psychosis consultation clinic to understand if specially trained experts in psychosis would improve diagnosis and treatment outcomes.

Auditory Hallucinations. Journal of Psychiatric Practice 25(2):p 76-81, March 2019. | DOI: 10.1097/PRA.0000000000000363		these patients were not diagnosed with any form of primary psychotic disorder. These patients were more likely to report anxiety and less likely to report thought disorder than patients with a consultation diagnosis of schizophrenia or schizoaffective disorder. Clinicians may therefore overdiagnose schizophrenia, demonstrating the value of second opinions from clinics specializing in the diagnosis of recent-onset psychosis.	For patients who at referral had primary diagnosis of schizophrenia spectrum disorder, about 50% received the same diagnosis at the end of the consultation. Anxiety presence and absence of thought disorder were associated with change from schizophrenia spectrum diagnosis. -> over or mis-diagnosis of schizophrenia spectrum disorders is common. Can be based on assumptions of clinician or presenting symptoms.
Adeponle, A. B., Thombs, B. D., Groleau, D., Jarvis, E., & Kirmayer, L. J. (2012). Using the cultural formulation to resolve uncertainty in diagnoses of psychosis among ethnoculturally diverse patients. Psychiatric Services, 63(2), 147-153. https://doi.org/10.1176/appi.ps.201100280	2012	Objective: The aim of the study was to assess the impact of systematic use of the DSM-IV-TR cultural formulation on diagnoses of psychotic disorders among patients of ethnic minority and immigrant backgrounds referred to a cultural consultation service (CCS) in Canada. Methods: The study entailed a review of medical records and case conference transcripts of 323 patients seen in a ten-year period at the CCS to determine factors associated with change in the diagnosis of psychotic disorders by the CCS. Logistic regression analysis was used to identify variables associated with changes in diagnosis. Results: A total of 34 (49%) of the 70 cases with an intake (referral) diagnosis of a psychotic disorder were rediagnosed as nonpsychotic disorders, whereas only 12 (5%) of the 253 cases with an intake diagnosis of a nonpsychotic disorder were rediagnosed as a psychotic disorder (p<.001). Major depression, posttraumatic stress disorder (PTSD), adjustment disorder, and bipolar affective disorder were the common disorders diagnosed with use of the cultural formulation. Rediagnosis of a psychotic disorder as a nonpsychotic disorder was significantly associated with being a recent arrival in Canada (odds ratio [OR]=6.05, 95% confidence interval [CI]=1.56–23.46, p=.009), being non black (OR=3.72, CI=1.03–13.41, p=.045), and being referred to the CCS by nonmedical routes (such as social work or occupational therapy) (OR=3.23, CI=1.03–10.13, p=.044). Conclusions: Misdiagnosis of psychotic disorders occurred with patients of all ethnocultural backgrounds. PTSD and adjustment disorder were misidentified as psychosis among	Retrospective medical record review of 323 patients within a 10 year period in Canada. Goal was to determine factors associated with change in diagnosis of psychotic disorders by the cultural consultation service. Almost half of patients with a referral diagnosis of psychotic disorder were re-diagnosed with nonpsychotic disorder (MDD, PTSD, adjustment DO or bipolar disorder commonly) Overdiagnosis of psychotic disorders was significantly more likely for people referred to CCS via nonmedical routes. ->Cultural consultation can identify probably misdiagnosis

		immigrants and refugees from South Asia. Studies are needed that compare clinical outcomes of use of cultural consultation with outcomes from use of other cultural competence models. (Psychiatric Services 63:147–153, 2012; doi: 10.1176/appi.ps.201100280)	and impact treatment and outcomes
Peltier, M. R., Cosgrove, S. J., Ohayagha, K., Crapanzano, K. A., & Jones, G. N. (2016). Do they see dead people? Cultural factors and sensitivity in screening for schizophrenia spectrum disorders. Ethnicity & Health, 22(2), 119–129. https://doi.org/10.1080/13557858.2016.1196650	2016	Objective. Schizophrenia spectrum disorders (SSDs), are diagnosed more frequently among African-Americans (AAs) than Caucasians. It has been suggested that cultural differences in symptom presentation and endorsement (including reporting spiritual/religious experiences) may influence this disparity. The current study investigated the relationship between endorsement of spiritual auditory and visual hallucinations and subsequent diagnosis of SSD among AA patients. Design. Participants (N = 471 AAs) completed the Mini International Neuropsychiatric Interview-Plus (MINI-Plus) Screening Interview as part of their intake to a HIV outpatient clinic. Endorsement of auditory or visual (A/V) hallucinations was explored with the MINI-Plus Psychotic Disorder Module and questions regarding the content of the unusual experience. Results. Logistic regression indicated that endorsement of A/V hallucinations significantly predicted a SSD (OR = 41.6, 95% CI 13.7-126.0, p < .001). However, when hallucinations were spiritual in nature, odds of an SSD fell dramatically (OR = 0.22, 95% CI 0.07-0.64, p < .001). Conclusions. The current study indicates that not all visual and auditory hallucinations are symptomatic of a psychotic disorder in AA patients. Many of these experiences may be related to spirituality. Clinicians assessing AA patients need to query content of, meaning attributed to, and distress associated with A/V unusual experiences.	Study investigating connection between endorsement of spiritual or religiously related auditory and visual hallucinations and subsequent diagnosis of schizophrenia spectrum disorders among African American patients. Participants completed a demosgraphic semistructured interview and the mini international neuropsychiatric interview-plus screening interview. 522 patients were screened, 90% were African American – 15.1% endorsed auditory/visual hallucinations and other those, 63.4% endorsed spiritual experiences including seeing ghosts. Those experiencing spiritual halluciations had lower odds of being diagnosed with an SSD. Clinicians should take into account spiritual and religious roots and context of A/V hallucinations, such as asking “ehat does this experience mean to you?” or asking if a ghost is a relative of the person that passed on. -> Symptoms of psychosis that are normal within a culture can be over pathologized by medical

			professionals – spiritual auditory and visual hallucinations can be misinterpreted by clinicians and lead to overdiagnosis
Baker SJ, Jackson M, Jongsma H, Saville CWN. The ethnic density effect in psychosis: a systematic review and multilevel meta-analysis. Br J Psychiatry. 2021 Dec;219(6):632-643. doi: 10.1192/bjp.2021.96. PMID: 35048877; PMCID: PMC8636614.	2021	Background: An 'ethnic' or 'group' density effect in psychosis has been observed, whereby the risk of psychosis in minority group individuals is inversely related to neighborhood-level proportions of others belonging to the same group. However, there is conflicting evidence over whether this effect differs between minority groups and limited investigation into other moderators. Aims: To conduct a comprehensive systematic review and meta-analysis of the group density effect in psychosis and examine moderators. Method: Four databases were systematically searched. A narrative review was conducted and a three-level meta-analysis was performed. The potential moderating effect of crudely and specifically defined minority groups was assessed. Country, time, area size and whether studies used clinical or non-clinical outcomes were also tested as moderators. Results: Thirty-two studies were included in the narrative review and ten in the meta-analysis. A 10 percentage-point decrease in own-group density was associated with a 20% increase in psychosis risk (OR = 1.20, 95% CI 1.09-1.32, P < 0.001). This was moderated by crudely defined minority groups ($F_{6,68}$ = 6.86, P < 0.001), with the strongest associations observed in Black populations, followed by a White Other sample. Greater heterogeneity was observed when specific minority groups were assessed ($F_{25,49}$ = 7.26, P < 0.001). Conclusions: This is the first review to provide meta-analytic evidence that the risk of psychosis posed by lower own-group density varies across minority groups, with the strongest associations observed in Black individuals. Heterogeneity in effect sizes may reflect distinctive social experiences of specific minority groups. Potential mechanisms are discussed, along with the implications of findings and suggestions for future research.	systematic review and meta-analysis of 32 studies that looked at risk of psychosis in minority group individuals and neighborhood level ethnic density. Overall, 10% point decrease in own-group density resulted in 20% increase in risk of psychosis, strongly moderated by minority group. (strongest associations in Black Antillean migrants in the Netherlands, Black/Black British/Black African groups in UK and Denmark) ->Ethnic group density influences diagnosis of psychosis – potential mechanisms for this include racism and discrimination, deprivation (low socioeconomic resource), social capital (bonding), migration and acculturation stress, and pathways to psychosis (contextualizing psychotic experiences in minority groups to what extent understandable responses to chronic experiences of discrimination and social exclusion). Implications for addressing underpinning systemic factors must be examined, but clinical intervention strategies could look like improving

			clinician's cultural competence and understanding of disempowerment may be amplified in low density areas.
Anglin, D. M., Ereshefsky, S., Klaunig, M. J., Bridgwater, M. A., Niendam, T. A., Ellman, L. M., DeVylder, J., Thayer, G., Bolden, K., Musket, C. W., Grattan, R. E., Lincoln, S. H., Schiffman, J., Lipner, E., Bachman, P., Corcoran, C. M., Mota, N. B., & van der Ven, E. (2021). From womb to neighborhood: A racial analysis of social determinants of psychosis in the United States. American Journal of Psychiatry, 178(6), 599-610. https://doi.org/10.1176/appi.ajp.2020.20071091	2021	The authors examine U.S.-based evidence that connects characteristics of the social environment with outcomes across the psychosis continuum, from psychotic experiences to schizophrenia. The notion that inequitable social and economic systems of society significantly influence psychosis risk through proxies, such as racial minority and immigrant statuses, has been studied more extensively in European countries. While there are existing international reviews of social determinants of psychosis, none to the authors' knowledge focus on factors in the U.S. context specifically—an omission that leaves domestic treatment development and prevention efforts incomplete and underinformed. In this review, the authors first describe how a legacy of structural racism in the United States has shaped the social gradient, highlighting consequential racial inequities in environmental conditions. The authors offer a hypothesized model linking structural racism with psychosis risk through interwoven intermediary factors based on existing theoretical models and a review of the literature. Neighborhood factors, cumulative trauma and stress, and prenatal and perinatal complications were three key areas selected for review because they reflect social and environmental conditions that may affect psychosis risk through a common pathway shaped by structural racism. The authors describe evidence showing that Black and Latino people in the United States suffer disproportionately from risk factors within these three key areas, in large part as a result of racial discrimination and social disadvantage. This broad focus on individual and community factors is intended to provide a consolidated space to review this growing body of research and to guide continued inquiries into social determinants of psychosis in U.S. contexts.	Narrative review of social environment characteristics and association with outcomes across psychosis continuum – psychotic experiences to schizophrenia. Three keys areas are examined: risk factors within US neighborhoods, trauma experienced in collective and individual levels, and complications experienced during perinatal periods. Neighborhood level: neighborgood inequities (drinking water, clean air, parks, health care, education) can contribute to cumulative stress which can be linked to higher risk for psychosis. Growing up with stressful racial dynamics can also lead to increased risk. Trauma: 86% of individuals with schizophrenia report at least one ACE, and almost all at clinical high risk for psychosis report at least 1 traumatic experience. Collective and historical trauma increases community exposure to stress – such as police and gun violence. Pre and Perinatal racial disparities: Black women in the

			US are at increased risk for a multitude of negative obstetrical outcomes – both decreased and increased maternal cortisol and other stress biomarkers has impact on birth outcomes and subsequent risk for psychotic disorders n adulthood. ->recommendations include: to truly adopt and antiracist framework, reliable psychosis incidence estimates across racial and ethnic groups that systematically account for misdiagnosis is needed – funding of interventions that target neighborhood level collective trauma, and use of community participatory research principles is necessary. Integration of training for racial trauma, (cultural formulation interview) interventions to address specifically for people who have experienced racial discrimination are lacking – intergenerational approaches should be considered and tested.