

Stakeholder Specific Guidelines

Primary Care Settings

Rapid Detection & Early Access

- Know the signs and symptoms of psychosis
 - o Physical symptoms: insomnia/hypersomnia, poor food intake, complaints without clear physical etiology, bizarre behavior with no clear purpose, inappropriate affect, catatonia, neurological abnormalities
 - o Psychological symptoms: hallucinations, delusions (including paranoia), disorganized thoughts/speech/behavior · Educate providers on coordinated specialty care and appropriate referral (Get Early Psychosis Care | Washington State Center of Excellence in Early Psychosis) · Build rapport and trust with patients and their support system. See this toolkit and other resources for further details.
 - o Understand patient's definition of their concerns and use their terms in conversation
 - o Encourage support system, community health worker, and other relevant individuals (e.g., school professionals) to participate in planning and goal setting conversations with consent
 - o Use trauma-informed, nonjudgmental and non-stigmatizing language. See Words Matter in our report.
 - o Prioritize patient-identified treatment goals
 - o Include a trained interpreter as part of the care team when appropriate. · Screen using validated tool (e.g., PCCL, PQ-B) if there are concerns of potential psychosis.
- For anyone with a positive screen, recommend further assessment by a qualified mental health professional (e.g., refer to a CSC program)
- Always assess risk for suicide, violence and ability to care for self adequately. Consider Bree Collaborative's Suicide Care Guidelines and other evidence-based guidelines for further guidance.
- o If safety is a concern, engage in safety planning and involve natural supports, as possible. Consider hospitalization if risk is elevated.
- o Consider calling mobile crisis unit to respond on site, to provide early intervention from a mental health professional. If no team is available, consider recommending a visit to a psychiatric emergency department.

- Seek psychiatric consultation (e.g., UW Psychiatric Consult Line) as needed (support with diagnosis, medication management, etc.)
- Refer to behavioral health organizations with first episode psychosis services
 - o Maintain a regularly updated directory of CSC programs in your area. Make it easily accessible to clinicians.
 - o Refer through warm handoffs whenever possible. Encourage in-person or joint meetings with intake staff at coordinated specialty care.

Treatment

- Concurrently with referral to CSC, rule out other causes of suspected psychosis,ii such as medical (neurological, endocrine, metabolic) or substance related (intoxication, withdrawal, medication side effects).
- For patients experiencing active psychosis, do not delay use of antipsychotic medication.
 - o To select an appropriate medication, solicit patient input, review past records and history of side effects, and consider sustainability of medication
 - o Initiate on lowest possible dose, considering individual characteristics
 - o Recommend long-acting injectable (LAI) antipsychotic medication
 - o Communicate that treatment with medications may take weeks to months to see full benefits
 - o Troubleshoot common barriers to medication adherence (e.g., medication schedule, schedule recurring appointments)
 - o Monitor symptoms through early and frequent assessment (e.g., within first 2 weeks of starting new medication, monthly until stabilization)
- Monitor for side effects of antipsychotic medications
 - o When starting new medication or adjusting dose, follow up within 1 week for acute side effects (e.g., extrapyramidal symptoms, sedation, etc.)
 - o Take baseline measurements and continue monitoring:
 - § Weight & BMI at every visit for 6 months, at least quarterly thereafter
 - § Hemoglobin A1c, fasting blood glucose (FBG) and lipid panel 4 months after initiating treatment, annually thereafter

§ Pregnancy testing for people of childbearing potential

§ Electrocardiogram (EKG) before treatment and with dose changes for appropriate medications.

- o Offer monitoring through telehealth/virtual contact if unable to meet in person
- o Teach patient's support system how to monitor for side effects, and instructions for how to support seeking help as needed.
- Provide physical activity and nutrition counseling to maintain metabolic health
- Ensure LAIs are on formulary and incorporated into treatment workflows as an available option

Transitions of Care

Continue to co-manage medical side effects of antipsychotic medication as needed once engaged in coordinated specialty care

Communicate with coordinated specialty care teams to provide increased support patients transitioning out of the program

If transitioning to receiving BH care within primary care, review guidelines below for BHP

If changing antipsychotic medication yourself – consult with psychiatry (e.g., consult line)

Do not unnecessarily discontinue antipsychotic medications

- Level 1 actions (introductory): activities that provide a starting place to improve care including advancing audience knowledge and self-efficacy in addressing the health topic. These activities may be able to be incorporated into existing workflows.
 - Note: These actions are to be encouraging for individuals to begin treating the chosen health topic.
- Level 2 actions (intermediate): activities that may require collaboration, new workflows, and resources to accomplish.
- Level 3 actions (advanced): activities that may require higher collaboration, resources, funding, and time to accomplish.
- The checklists are not prioritizing by what should be done first (most important) rather ease of implementation

Level 1

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Transitions of Care

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Level 2

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- Encourage support system, community health worker, and other relevant individuals (e.g., school professionals) to participate in planning and goal setting conversations with consent
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- Refer through warm handoffs whenever possible. Encourage in-person or joint meetings with intake staff at coordinated specialty care.

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- Transitions of Care

Transitions of Care

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Level 3

Rapid Detection & Early Access

- Maintain a regularly updated directory of CSC programs in your area. Make it easily accessible to clinicians.

Treatment

Transitions of Care

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