

First Episode Psychosis

First Episode Psychosis (FEP) programs serve people ages 15 to 40 with early signs of psychosis. Psychosis can be treated, and early treatment increases the chance of a successful recovery.

About psychosis

The word psychosis is used to describe conditions that affect the mind when there has been some loss of contact with reality. Psychosis can include hallucinations, paranoia or delusions, as well as disordered thoughts and speech, and can affect people from all walks of life.

Psychosis often begins when a person is in their late teens to mid-twenties. Psychosis can be a symptom of a mental illness such as schizophrenia or caused by medications or alcohol/drug misuse. Three out of 100 people will experience psychosis at some time in their lives, and about 100,000 adolescents and young adults in the US experience first episode psychosis each year.

Early treatment is critical

Reducing the time it takes for a person experiencing psychosis to get treatment is important because early treatment often means a successful recovery. Yet, studies have shown that it is common for a person to have psychotic symptoms for more than a year before receiving treatment.

Coordinated Specialty Care is a recovery-oriented treatment program for people with first episode psychosis. Coordinated Specialty Care promotes shared decision-making and uses a team of specialists who work with the individual and their family members to create a personal treatment plan. The specialists offer psychotherapy, medication management, family education and support, case management, and employment or education support depending on the individual's needs and preferences.

In Minnesota, currently three pilot sites exist:

- Hennepin Healthcare (aka Hennepin County Medical Center) for 35 people
- University of Minnesota / M Health for 70 people
- Human Development Center (HDC) for 16 people

Left untreated, psychosis can lead to disruptions in school and work, strained family relations, and separation from friends.

The longer the symptoms go untreated, the greater the risk of additional problems.

History

In 2008, the National Institute of Mental Health launched the Recovery After an Initial Schizophrenia Episode (RAISE) study. RAISE examined different aspects of treatment for people who were experiencing their first episode psychosis. The RAISE study showed that getting services and supports early can reduce the effects of the first episode of psychosis, positively affect a person’s overall outcomes, and increase functioning related to employment and education.

As a result, in 2014 U.S. Congress required all 50 states to set aside 5 percent of their Federal Mental Health Block Grant to support those persons with early serious mental illness, including psychotic disorders and first episode psychosis. This set aside amount has been increased and is currently at 10 percent. For more information, www.nimh.nih.gov/health/topics/schizophrenia/raise.

About mental health

DHS is committed to promoting and supporting the behavioral health and development of all Minnesotans. DHS believes that these services must be based in research and lead to measurable reduction in behavioral health symptoms as well as increases in a person’s strengths and functional abilities.



Mental health matters at every stage of life and requires a continuum of services ranging from prevention to recovery.

For inquiries, contact DHS.FEP@state.mn.us