

## Meadows Mental Health Policy Institute

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### First Episode Psychosis Care for Texans

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#### What is First Episode Psychosis Care?

- Each year, 4,000 Texas adolescents and young adults first experience a psychotic episode.<sup>i</sup> Most have health insurance through their parents, but they do not typically receive care and treatment until five years after first onset.<sup>ii</sup>
- This matters because studies show that the longer treatment is delayed, the worse the outcome, both for the individual and for society. Largely because treatment is not delivered early enough or comprehensively, people with serious mental illnesses have very high unemployment rates and, in Texas, have an average life expectancy of only 49 years.
- A new approach, First Episode Psychosis (FEP) Care, starts treatment as early after the initial psychosis as possible and helps people to remain on their developmental paths. A team of specialists provides FEP Care, including a psychiatrist, employment/education specialist, nurse, substance abuse counselor, peer coach, and outreach specialist.

#### Is there evidence that First Episode Psychosis Care is cost-effective?

- Kane and colleagues reported in the *American Journal of Psychiatry* last fall that, especially when receiving FEP Care within the first 17 months of psychosis onset, participants had better quality of life and were more involved in work and school.<sup>iii</sup> FEP Care was better than care-as-usual at helping people remain on a normal developmental path.
- This “NAVIGATE” study just cited was conducted across 34 clinics in 21 states. Researchers also examined the costs of FEP Care versus care-as-usual and found that FEP Care was less expensive per unit of improvement in quality of life.<sup>iv</sup>
- On average FEP Care costs less than \$9,000 per person per year, less than two-thirds the cost of providing intensive care when it is typically provided – after years of suffering.

#### What does Texas need?

- FEP Care currently is being tested by pioneering providers in Dallas and Houston, and this year eight new FEP Care sites are being funded statewide by the Texas Department of State Health Services.
- Texas needs to take FEP Care “to scale” by implementing policies that ensure health plans can work with providers to pay for the early detection and treatment of psychosis.
- In order to track the success of FEP Care statewide, Texas needs to develop even more precise estimates of the annual number of new cases of psychosis and other potentially

debilitating mental illnesses such as depression. Texas also needs to track the number of people receiving early care, along with the outcomes and costs of care statewide.

- Texas needs one or more comprehensive “psychosis centers” where cutting edge research on mental illnesses and innovative approaches to providing early treatment can inform each other.
- And, Texas needs to develop a forum through which FEP Care providers can hone increasingly cost-effective approaches by sharing their findings and innovative strategies.

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<sup>i</sup> Psychotic episodes include troubling symptoms, such as hallucinations (hearing or seeing things that are not there), and delusions (false and sometimes bizarre beliefs).

<sup>ii</sup> Wang P.S., Berglund P.A., Olfson M., Kessler R.C. (2004). Delays in initial treatment contact after first onset of a mental disorder. *Health Services Research*, 39(2), 393–415.

<sup>iii</sup> Kane, J.M., et al. (2015). Comprehensive versus usual community care for first episode psychosis: 2-year outcomes from the NIMH RAISE early treatment program. *American Journal of Psychiatry*, *ajp* in Advance, 1-11.

<sup>iv</sup> Rosenheck, R., et al. (2016). Cost-effectiveness of comprehensive, integrated care for first episode psychosis in the NIMH RAISE early treatment program. *Schizophrenia Bulletin* (Advance Access, doi: 10.1093/schbul/sbv224).