

New Journeys: First episode psychosis coordinated specialty care teams

Overview

Early identification and intervention for serious mental illness promotes recovery and positive outcomes for individuals and families. Achieving early intervention requires a strategic approach toward increasing community understanding of early signs of psychosis and decreasing the stigma which all too often delays people from seeking help.

Each year, it is estimated that approximately 2,000 adolescents and young adults in Washington State experience first episode psychosis (FEP). Psychosis refers to a group of mental disorders, such as schizophrenia, that cause people to lose contact with reality.

The longer a person goes untreated, the more severe and chronic their symptoms become, often resulting in decreased functioning and other negative outcomes over their lifetime. Examples include:

- Dropping out of school
- Increased substance use
- More visits to the ER
- More hospital admissions
- Legal trouble
- Homelessness
- Increased risk of suicide and premature death.

The average life span of people with major mental illnesses is up to 32 years less than for the general population, largely because they are at greater risk for multiple chronic diseases, particularly those of cardio-metabolic origin.

Nationally, the median time between the first symptoms of psychosis and the start of treatment is nearly a year and half. According to a [study](#) by the National Institute of Mental Health (NIMH), that is six times longer than the World Health Organization's recommendation of [three months](#) or less.

Coordinated specialty care

In 2009 NIMH funded the Recovery after an Initial Schizophrenia Episode (RAISE) initiative to address the need for earlier and better treatment for FEP. This included a multisite clinical trial, where 34 clinics serving more than 400 individuals with FEP across the U.S. were randomly assigned to provide NAVIGATE, a [coordinated specialty care](#) treatment program for FEP, or treatment as usual within community behavioral health care. Individuals served by the NAVIGATE program experienced better outcomes than those served by treatment as usual in the following outcome areas:

- Treatment retention
- Symptom reduction
- Improvements in quality of life
- Participation in work and/or school

Washington State has launched its very own coordinated specialty care treatment program for FEP, called New Journeys.

New Journeys Teams



DBHR has launched nine New Journeys teams across seven regional service areas. In 2021, DBHR will expand New Journeys to three new teams located in the Salish, North Sound and Spokane service areas.

New Journeys utilizes a collaborative and shared decision-making approach and draws upon the evidence-based curriculum of NAVIGATE. Services include:

- Employment and education
- Medication management
- Peer support
- Family education
- Case management
- Individual resiliency therapy

New Journeys evaluation and outcomes

Behavioral Health Innovations from the Elson S. Floyd College of Medicine at Washington State University conducts the statewide New Journeys evaluation, with a focus on its impact on clinical and functional outcomes. The evaluation will also serve to inform future improvements to the program and pathways to New Journeys services based on Washington data.

- Since New Journeys has started, the clinicians across the state have provided services to 318

people identified as having symptoms of serious mental illness.

- Since the pandemic started in March 2020 New Journeys received over 133 referrals. This accounts for 23.5% of all referrals for the program and
- Collectively the sites have scheduled a total of 5,336 sessions with individuals and their families since the pandemic started in March of 2020

Based on findings from the most recent New Journeys evaluation, individuals served by New Journeys have experienced significant improvements in symptoms of psychosis, depression, and anxiety across a 24-month treatment period. In addition, those served by New Journeys have also experienced a significant decrease in reported psychiatric hospitalizations.


Faculty and staff from the Department of Psychiatry and Behavioral Sciences at the University of Washington provide ongoing program development, training, and consultation to the New Journeys teams.

Statements from participants

"My experience with New Journeys was life changing. My schizophrenia was really bad before I came to New Journeys, it was so bad that I tried to commit suicide. But, now that I've been going to New Journeys I'm not suicidal anymore. I won an award for best mentally improved thanks to New Journeys and I'm better than before I went to New Journeys."

"New Journeys means an extra opportunity at something important"

"My goal is to work with animals in the medical field. If I hadn't gotten diagnosed, medicated, or hadn't had the support of New Journeys, I would likely not be able to pursue my goal to the place I want to be. Their support is invaluable to me."



New Journeys is "to live independently without the trials of mental illness. To be strong in the face of adversity."

"New Journeys has helped me put my life and my mind in perspective and got me ready for the work force in a crucial time of need for myself."

Center of Excellence in Early Psychosis (CEEP)

The Center of Excellence in Early Psychosis (CEEP) is a collaboration between University of Washington in Seattle and Washington State University in Spokane.

CEEP has four main priorities:

1. Providing training, consultation, implementation and sustainability to the Washington State New Journeys teams, and early intervention program for first episode psychosis (FEP).
2. Education and support to key stakeholders in the community seeking information and resources on FEP (e.g., consumers, families, providers).
3. The development of resources for the assessment and management of clinical high risk for psychosis (CHR-P).
4. Advancing the research on early psychosis, particularly as it relates to implementation and outcomes.

Budget 2021

\$1,605,177.

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