

**VERMONT COORDINATED  
SPECIALTY CARE CONFERENCE**  
WHAT IT IS AND WHY WE NEED IT

**September 30, 2024**

# Overview

## What Is CSC and Why We Need It

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# What is psychosis?

There is no one cause of psychosis.

It is present in many conditions including schizophrenia and bipolar disorder.

Can also be induced by substance use, medical illness, brain injury or dementia.

During an episode of psychosis, a person's **thoughts and perceptions are disrupted**, which may cause them to see their world differently.

**Psychosis can cause delusions and hallucinations that feel completely real.**

- Delusions – false, fixed conviction that is not real or shared by other people.
- Hallucinations - an experience involving the apparent perception of something not present, e.g. visual image or sound.

A person with psychosis may also experience more general changes in behavior that include emotional disruption, anxiety, lack of motivation, and difficulty functioning overall.

# What is first /early episode psychosis?

## Definition:

- First episode psychosis (FEP) refers to the early period (up to five years) after the onset of psychotic symptoms
- Symptoms are related to a serious mental illness and not related to substance use, brain injury, or other medical issue (e.g. dementia)
- Typically occurs between ages 16-30
- Early experience of psychosis can be extremely confusing and traumatic for both the young person and his or her family<sup>3</sup>.

About 100,000 people experience a first episode of psychosis every year in the United States.

# Why focus on individuals with first episode psychosis (FEP)?

Psychosis can be debilitating and costly. FEP can adversely affect educational, employment and social development.

**Early intervention services can result in improved clinical, social and vocational outcomes, and reduced in-patient stays.**

There is evidence that early intervention can significantly reduce the risk of a second episode of psychosis.

**An important focus for the federal agency SAMHSA is promoting interventions to address first-episode psychosis**

- DMH previously used funds from SAMHSA to support implementation of Collaborative Network Approach, an effective dialogic practice that improves engagement with individuals and families and has demonstrated good outcomes in treatment of FEP.

# Standard treatment for first episode psychosis (FEP)

## **Usual models of care** for FEP

- often crisis-driven and fragmented
- uncoordinated, delayed treatment
- limited treatment goals focusing primarily on stabilizing symptoms and seldom on promoting recovery in work, school, relationships
- leading to lower quality of life, and higher individual and economic costs.

# Evidence-Based Early Psychosis Intervention

Over past several decades, team services have been developed for treating FEP.

Provide intensive and person-centered team-based care.

Usually for a period of about 2 years, but sometimes longer.

In the United State, these services are known as **Coordinated Specialty Care**.

# Coordinated Specialty Care (CSC)

## Key aim:

Provide treatment and recovery support so that individuals have the best chance possible to live their lives as they wish in the community and not be disabled by a mental illness as they transition into adult roles.

CSC is an evidence-based, **recovery-oriented, multi-disciplinary team approach** to treating early psychosis.

Promotes easy **access** to care.

**Shared decision making** among treatment providers, the person experiencing psychosis, and family members.



CSC provides comprehensive evidence-based treatment to people experiencing first-episode psychosis



### **Coordinated Specialty Care<sup>53</sup>**

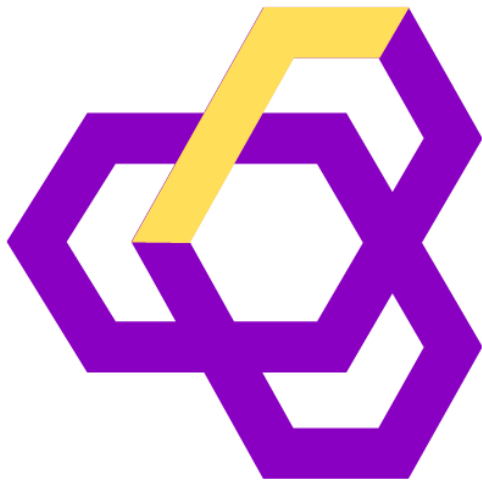
CSC programs that introduce these evidence-based components over a 2 to 3 year period following a first episode of psychosis have been shown to have beneficial effects on outcomes over time.<sup>3</sup>

# Researched benefits of coordinated specialty care (CSC)

Evidence shows that receiving CSC services can greatly improve quality of life and outcomes for individuals who experience psychosis.

- **Reduced symptoms of psychosis**
- **Fewer depressive symptoms**
- **Reduced hospitalizations and E.D. visits**
- **Improved education and employment rates**
- **Higher quality of life.**





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