Pathway to Coordinated Specialty Care for First Episode Psychosis: Service Provider System Involvement

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First episode psychosis (FEP)

Longer duration of untreated psychosis (DUP):
- More severe symptoms
- Poor social functioning
- Less likelihood of remission

Variables

Sample: OnTrackNY enrollees N=2609 from 10/2013- 07/2022

Variables- obtained at admission by OnTrackNY team clinician:
- Sociodemographic: age, gender, race, Hispanic ethnicity, highest education, homelessness, insurance status, English fluency
- Time (days) from onset of psychosis to CSC
- Service provider contacts for psychosis-related symptoms
  - 1 year 3 years prior to OnTrackNY enrollment

Statistical Analysis:
- Grouped types of contacts into the following categories:
  - acute mental health
  - outpatient mental health
  - primary care
  - religious
  - law enforcement
  - traditional medicine
  - other
- Calculated frequencies of each contact type and average number of contacts per enrollee
- Assessed association between ever having a service provider type and demographic variables using:
  - t-test (continuous measures)
  - chi-square tests (categorical measures)
  - kruskal-wallis test (skewed to OnTrackNY measure)

OnTrackNY

- Coordinated specialty care (CSC)
  - Recovery-oriented, team-based
  - Psychosocial & pharmacological interventions
  - For adolescents and young adults with FEP


Multiple programs in New York State

For 16-30 y/o with non-affective psychosis <2yrs

High engagement, decreased hospitalizations, and increased school or employment

Connection with non-mental health providers is an unrealized opportunity to support engagement with coordinated specialty care, minimize acuity, and shorten duration of untreated psychosis.

Aim

To characterize, the number and types of service providers contacted for psychosis-related symptoms prior to enrollment into CSC.

Methods

Sample: OnTrackNY enrollees N=2609 from 10/2013-07/2022

Result

Frequency and % of Service Provider Contact Types per Contact Number

Variables with no significant associations
- Gender: 27.4% female, 71.7% male, 1% non binary
- Education: 27.5% <HS, 19.5% HS/GED, 41% some college, 11.6% college/post grad, 0.6% unknown
- English fluency: 98% yes

Discussion

- Settings that reflect a higher acuity of symptoms are the most common stop on the pathway to CSC
- Racial and SES disparities suggest barriers to accessing outpatient care for underserved populations prior to CSC
  - Black 35% of total, only 31% of ever outpatient
  - Homeless 5% of total, 3% of ever outpatient
  - Uninsured 5% of total, 3% of ever outpatient
- Family involvement may facilitate access to acute and outpatient mental health care
- Few patients ever have non mental health contacts for psychosis, suggesting an unrealized opportunity for shortening DUP
- Given disparities and barriers to care, a Systems of Care Framework could be utilized to strengthen services from non mental health providers before, during, and after CSC
- Systems of Care: Coordinated network of effective, community-based services for youth with MH challenges to improve functioning that is 1. Family driven and youth guided, focused on partnership, 2. Community based 3. Culturally and linguistically competent

Limitations of this study:
- Analysis only bivariate
- Reliance on self-report of contacts

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