

Innovative Approaches to Identify Individuals Experiencing First Episode Psychosis and Connect Them to Care



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Introduction

Despite advancements in pharmacological and psychosocial treatments, schizophrenia continues to pose significant public health and societal challenges. Many individuals experience poor long-term outcomes due to delays in detection, lack of early intervention, and fragmented mental health systems that do not adequately address recovery, psychosocial functioning, or continuity of care. These challenges are particularly pronounced in young populations, where early symptoms often go unrecognized and critical intervention opportunities are missed. Increasing evidence highlights the need for youth-centered models that emphasize continuity of care, functional recovery, and personal empowerment. A shift toward a brain health-centered framework that integrates early identification, holistic care, and attention to social determinants is urgently needed. First-episode psychosis (FEP) presents a critical window for timely and effective intervention.

This study aimed to assess current integrated models of youth mental health care in Europe, with a specific focus on care pathways for individuals experiencing FEP. The objectives were: (1) to evaluate outcomes related to early detection, care continuity, and service accessibility across different health systems; (2) to identify key components of effective care pathways; and (3) to uncover persistent barriers limiting early intervention and long-term support.

Methods

A semi-structured questionnaire composed of 45 questions (including 11 open-ended) was developed by a multidisciplinary expert board as part of the European Brain Council's Rethinking Schizophrenia project. The survey was distributed anonymously to mental health professionals in nine European countries (Belgium, Denmark, France, Germany, Hungary, Italy, Poland, Spain, and the United Kingdom) between 15 May and 31 August 2024. A total of 203 valid responses were received. Qualitative thematic analysis was used to analyze open-text responses and identify common trends, challenges, and best practices in FEP care delivery.

Results

Most respondents were psychiatrists (75%), followed by psychologists (11%), nurses (7%), and other professionals (7%), including GPs and social workers. Results revealed several consistent challenges across countries, including delays in detecting early symptoms, inadequate access to specialized services for youth, poor coordination between providers, and limited psychosocial support. Respondents emphasized the need to:

- Strengthen early psychosis intervention (EPI) programmes and the use of neuropsychological assessments;
- Establish youth-focused multidisciplinary teams (e.g., psychiatrists, psychologists, social workers, peers);
- Enhance the use of digital and virtual tools to improve monitoring, engagement, and continuity of care;
- Address cognitive and functional impairments early to prevent social exclusion;
- Develop policy frameworks that incorporate social and environmental determinants of brain health, such as education, trauma, stigma, housing, and employment.

Based on the survey results, a clinical model describing the factors that affected the entry or access to the care pathways was developed (Figure 1).

Conclusions

Findings support the need for a paradigm shift from fragmented mental health responses to an integrated, brain health-oriented approach to schizophrenia care. Implementing early detection programs, facilitating access to innovative treatments (including digital tools), and promoting long-term psychosocial rehabilitation are essential to improve clinical outcomes and quality of life. These recommendations provide a basis for national and EU-level mental health reforms and highlight the importance of cross-sector collaboration to build youth-friendly care systems capable of supporting recovery and inclusion.

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For more information and full report, scan the QR code or visit:

<https://www.braincouncil.eu/projects/rethinking-schizophrenia/>



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