DECISION-MAKING FLOWCHART FOR ALL PATIENTS AGES 12-35

Does the patient: - Have a positive behavioral health screen? - Show new or worsening FUNCTIONAL decline or **COGNITIVE** difficulties?* **YES** NO **Screen for psychosis** Did the patient disclose, or did you observe: **ATYPICAL** perceptual experiences **THOUGHT** disturbance or delusions **SPEECH** or behavior that is disorganized NO **YES** What is the EXPERIENCE like? Is it odd and not explained by the patient's cultural, medical, or developmental context?** **YES** NO Is there Are any of the a <u>saf</u>ety following true? concern? The experience is **IMPACTING** their emotions, behavior, NO **YES** or functioning The experience is RECURRING The experience is **PROGRESSING** NO YES YES Is there a safety concern? NO NO Path 1* Path 4 Path 3

*FAMILY HISTORY

Patients who have a first- or second-degree relative with a psychotic disorder should receive **REGULAR**SCREENING for psychotic-like symptoms regardless of their mental health status.

These patients should fall under <u>PATH 2</u> in the absence of other psychosis risk indicators.

**PERFORMING A MEDICAL WORKUP

See <u>Medical Workup</u> for considerations on differential medical work-up prior to or in conjunction with selection of a Path.

PATH 1: REASSURE & REDIRECT

- Reassure the patient; help them put their experience in context and know they are not alone
- Connect them to relevant educational resources and/or redirect them to appropriate mental health treatment

PATH 2: MONITOR & EDUCATE

- Monitor the patient's symptoms and screen regularly for additional psychotic-like experiences
- Educate the patient and family on general mental health resources and direct them to call if symptoms increase in intensity, frequency, or impact

PATH 3: SPECIALIZED ASSESSMENT & TREATMENT

- Refer the patient to specialized assessment of psychosis and/or psychosis risk
- Seek consultation/specialized treatment options

PATH 4: SAME-DAY ASSESSMENT

- Seek consultation from NNCPAP or mental health professional trained to address this level of need
- Respond to risk of harm using established protocols
- Consider calling a mobile crisis team or recommending that the family bring the child to a Psychiatric Emergency Room