* **Consider this pathway if young person presenting with:**
	+ Auditory or visual hallucinations
	+ Unusual beliefs
	+ First Episode Psychosis (FEP)
	+ Exiting formal diagnoses of psychosis disorders

**Assessment phase**

**Working phase**

**Preparing for discharge or transfer**

Give carers verbal and written information on psychosis, positive outcomes and recovery, and types of carer support.

Consider an EIP referral.

Observe psychosis-like behaviours to inform assessment of presentation.

As per core pathway.

Offer psycho-education sessions to individual and family.

Consider offering CBT for psychosis depending on likely length of admission (in many instances this may be more usefully started by the community team to allow smooth continuation after discharge) and Family Intervention. Do not routinely offer counselling or supportive psychotherapy. Ensure treatment is culturally appropriate and seek advice from transcultural practitioners if needed.

Consider arts therapies, particularly for alleviation of negative symptoms and/or if not able to engage in talking therapies.

Routinely measure treatment satisfaction e.g. process of recovery (QPR)

Parent/carer attendance to multi-family group recommended.

Offer relapse prevention work.

Focus on building self-esteem and social connection through community engagement and recommendations for alternative therapies

Focus on providing an environment that reduces fear, and increases sense of safety and empowerment. Focus on coaching distress tolerance + specific coping skills for voices / visions.

Ongoing psycho-education and advice to families on psychosis experiences - to normalise, reduce stigma, and increase hope.

Offer to complete timeline of admission to allow patients to reflect on this experience

Provide information on / support attendance to, psychosis-specific forums / support groups (in person if local or via video link).

When therapies (including arts based) are started in hospital, the full course should be completed on discharge without unnecessary interruption.

Ensure community team has agreed provision for cultural and social needs (e.g. voluntary BAME groups, spiritual networks, voices groups)

Psychological and psychosocial assessment including developmental history, social networks, cultural understanding, and history of adverse events

Psychosis specific assessment if indicated (e.g. CAARMS/ PANSS/ SIPS)

Consider joint (with medic) SCID or Diagnostic interview for Psychoses (DIP-DM) depending on age, perceived usefulness of diagnosis and/or diagnostic uncertainty.

Medical assessment including full medical history, initial investigations & physical examination. Consider work up for first episode of psychosis

As per the core pathway.

Gather and share background information/ history. Requesting further information to support with referrals for assessments of any unmet needs.

Assess ability/safety to be in school with awareness of need to avoid overstimulation. .

Focus on distress tolerance skills including developing a personalised distress scale and building a distress tolerance / sensory box.

Ensure a wide range of meaningful, creative expression and culturally appropriate occupations are offered

Consider healthy eating and physical activity programme if taking antipsychotic medication

Monitor regularly for effects and side effects of medications.

As per the core pathway

As per the core pathway

As per the core pathway.

As per the core pathway

**Nursing**

**Occupational Therapy**

**Psychological Therapies**

**Medics**

**Social Work**

Monitor & adapt to potentially fluctuating cognitive ability. Follow specialised timetable to aid recovery. Promote physical activity including gym where appropriate. Promote healthy eating.

**Education**