The concept of identifying and treating psychotic illnesses at the onset has emerged dramatically in the last 2 decades in a number of centers around the world. This step forward is important for young people who often experience symptoms at the prime of their lives, and because first-episode psychosis was not a major goal of psychiatric care. With the recognition that young patients had biologic characteristics similar to older patients in research projects, there were initiatives to make clinicians in our field aware of the importance of early treatment as it was already an emerging concept in other medical illnesses. Initially, the leading center engaging young people and focusing on reducing the duration of untreated psychosis was Orygen Youth Health in Melbourne, Australia. As the center grew, the International Early Psychosis Association Conference was initiated and more first-episode psychosis programs began to develop with trained clinicians who assess and treat young people with newer approaches. Now, that early intervention is recognized as a mode to improve long-term outcomes in psychosis treatment, the United States government is funding initiatives\(^1\) to advance first-episode psychosis programs not only for schizophrenia, but also for bipolar disorder and substance abuse psychosis.

This issue of *Psychiatric Annals* describes the initiation and approach describing patient appointments, recommendations about initiating medication, engagement with the parents and the family, as well as support for next steps such as education and/or employment goals. As the authors look to the future, they point to the continued advancement of coordinated specialty care with the integration of caregivers from a range of specialties. Further, they make clear that our field as a whole needs to engage the community, schools, and other caregivers to reduce the duration of untreated psychosis from the US average of 78 weeks.

The importance of how new therapeutic modalities can enhance long-term outcomes for young patients is thoughtfully described by Dr. Piper S. Meyer and her colleagues. Much of the current literature describes initiating medication treatment and understanding side effects and compliance; however, this article details the Individual Resiliency Training (IRT) program, which is a thoughtful intervention using individualized designed approaches. The authors note that therapy strategies are being developed at
a number of sites, and also detail the importance of engaging these young patients with first-episode psychosis. The authors describe psychiatric rehabilitation, cognitive-behavioral therapy, and the stress vulnerability model.

In the next article, by myself, Dr. Aimee Murray, Dr. Amy Silberschmidt, and Dr. David J. Bond, we address the historic background of approaching early-stage schizophrenia. We discuss some specifics of first-episode psychosis programs, and how departments make sure to carefully evaluate patients to rule out any medical causes of psychosis. After describing the initial evaluation, the article explores issues regarding medication initiation as well as the percentage of patients who do not respond to the initially prescribed recommendations. We also explain integrated therapies such as cognitive-behavioral therapy and parental involvement.

In addition to the articles, there are two case reports that provide excellent examples of the challenges that a first-episode psychosis program might face. The first case discusses the treatment of an adolescent with psychotic symptoms, and how a family’s cultural traditions impact the therapeutic process. The second case reviews a challenging early treatment of a young man with schizophrenia and his lack of tolerance to medication recommendations.

REFERENCE

S. Charles Schulz, MD, is board certified in Psychiatry and serves as Professor of Psychiatry and the Donald W. Hastings Endowed Chair at the University of Minnesota, where he developed and supported the First-Episode Schizophrenia Program. Dr. Schulz has recently concluded the proteomic study in the Prodrome Program of the Schizophrenia program.

Dr. Schulz started his academic career as a clinical associate at the National Institute of Mental Health (NIMH), where he worked in the Neuropsychopharmacology Section at the Clinical Center. He then moved to the Medical College of Virginia, where he started the Schizophrenia Program. His research focused on the neuropsychiatric studies of teenagers suffering from schizophrenia, including computed tomography scanning research.

In 1983, he became Medical Director of the Schizophrenia Module at the University of Pittsburgh, where his research focused on treatment refractory schizophrenia. At the University of Pittsburgh, he collaborated with Paul Soloff, MD, and Jack Cornelius, MD, on the neuroscience underpinnings of borderline personality disorder.

Dr. Schulz has participated in several medication trials using antipsychotics for the treatment of early-stage schizophrenia.

Address correspondence to S. Charles Schulz, MD, Department of Psychiatry, University of Minnesota, F282/2A West-B, 2450 Riverside Avenue, Minneapolis, MN 55454; email: scs@umn.edu.