



INSIGHT
DETECT. REFER. CHANGE LIVES.

EARLY DETECTION OF PSYCHOSIS IN JAILS

***A TOOLKIT FOR JAIL-BASED CRIMINAL
LEGAL AND MENTAL HEALTH
PROFESSIONALS AND COORDINATED
SPECIALTY CARE PROVIDERS***

Table of Contents

| | |
|--|-----------|
| Background/Rationale | 3 |
| <i>Why focus on early psychosis and jail detention?</i> | 3 |
| <i>Framework for Designing InSight</i> | 4 |
| Overview of the InSight Project | 5 |
| <i>TEC Details and Materials</i> | 6 |
| Targeted Education Campaign (TEC) Implementation Recommendations | 8 |
| <i>Content</i> | 8 |
| <i>Format</i> | 11 |
| Specialized Early Engagement Support Service Details | 14 |
| Specialized Early Engagement Support Service Implementation Recommendations | 15 |
| <i>Identifying people with early psychosis and making referrals</i> | 15 |
| <i>Facilitating referrals to coordinated specialty care</i> | 16 |
| Conclusion | 18 |
| Acknowledgments | 18 |
| References | 19 |
| Appendices | 21 |
| <i>Appendix A: Roll call messages</i> | 21 |
| <i>Appendix B: Sample Roll Call Schedule</i> | 42 |
| <i>Appendix C: Postcards</i> | 43 |
| <i>Appendix D: Memo Book Insert</i> | 51 |
| <i>Appendix E: Early Treatment Resources</i> | 53 |

Background/Rationale

This toolkit is designed to guide mental health and criminal legal system practitioners in developing partnerships to reduce treatment delays for people with early psychosis through improved early detection in jails. Criminal legal system contact, including jail detention, is common among young people with early psychosis and frequently precedes mental health treatment engagement (Prince et al., 2007; Hodgins et al., 2011; Marion-Veyron et al., 2015; Ramsey Wan et al., 2014; Wasser et al., 2017). Despite the mounting evidence about the importance of early intervention as well as the expansion of early intervention services—or coordinated specialty care programs—across the United States and much of the world, criminal legal system settings have largely been overlooked as potential sites for early detection.

The InSight project was launched in 2020 in the New York City jail system (Rikers Island) to test the feasibility and acceptability of a jail-based early detection initiative designed to identify and engage individuals with early psychosis in jail and connect them with coordinated specialty care in the community upon release. The goal of the intervention was to reduce the duration of untreated psychosis (DUP) for this population and thus improve outcomes. The recommendations and resources in this toolkit are based on that work and are intended to serve as a reference for other jails and mental health service providers across the country. Although InSight was carried out in the New York City jail system, which may be unique from other jails in several ways given its large size and urban location, this toolkit is designed to provide information that is transferable to jails in many different contexts. Information is included about the rationale for focusing on the problem of early psychosis in jails. The toolkit then describes the two main components of InSight: **(1) a “Targeted Education Campaign” (TEC) for correction officers; and (2) a Specialized Early Engagement Support Service (SEESS)** that works with jail-based staff to facilitate referrals to coordinated specialty care prior to and during release from jail. The toolkit also includes all TEC materials for replication, along with implementation recommendations that can be useful for other communities looking to launch jail-based early detection initiatives.

Why focus on early psychosis and jail detention?

Pathways to care for people with early psychosis are often delayed by the common sequelae of psychosis such as social withdrawal and loss of social support (Compton and Broussard, 2011). Additionally, social factors like unemployment, residing in public housing, racial and/or ethnic minority status, being underinsured, and incarceration, can postpone accessing care and lengthen DUP (Singh and Grange, 2006; Compton et al., 2011; Broussard et al., 2013). While early detection efforts have traditionally focused on mental health, primary care, and educational settings, it is well known that there are diverse pathways to care and that such pathways may involve involuntary hospitalization and criminal legal system contact (Singh and Grange, 2006). In one study involving 191 urban, low-income, predominantly African American early psychosis patients, 59% of patients had a history of detention prior to their first treatment contact, and 37% had been detained during their DUP (mostly for minor, nonviolent crimes) (Ramsay Wan et al., 2014). Another found that within the four-year period after first hospitalization for psychosis, 9%

of patients had been incarcerated and 3.7% had been incarcerated multiple times (Prince et al., 2007). Factors that may increase the risk of incarceration prior to treatment engagement include substance use, fewer years of education, more paternal criminal convictions, and being raised in a larger family, among other factors (Wasser et al., 2017). Critically, interaction with the criminal legal system is also associated with worse outcomes for early psychosis patients, including a longer DUP and more “positive” symptoms like hallucinations, delusions, and paranoia.

Framework for Designing InSight

The poor outcomes associated with a prolonged DUP and the findings connecting incarceration history with a longer DUP suggest that early intervention strategies must target key facets of the criminal legal system (Ford, 2015). Although there are several opportunities for intervention at criminal legal intercepts preceding jail detention (e.g., at the point of police contact or initial court hearings), jails continue to serve as default “public health outposts” in many communities and must therefore build their capacity to detect early psychosis and link people with evidence-based care (Steadman, 1982).

InSight was designed with the intention of making jail personnel—specifically, correction officers—partners in early detection and forging fast-track referral networks between jail and coordinated specialty care. As described in further detail below, this involved the roll-out of two key elements: **(1) a “Targeted Education Campaign” (TEC) for correction officers; and (2) a Specialized Early Engagement Support Service (SEESS).**

InSight was critically informed by the TIPS study in Scandinavia as well as by the Mindmap campaign at the Specialized Treatment Early in Psychosis (STEP) program in Connecticut. A wide body of literature attests to the pivotal role education campaigns play in improving professional and public recognition of the early warning signs and symptoms of many disorders. TIPS successfully reduced median DUP in individuals with early psychosis from 15 weeks to 4.5 weeks using two core strategies: intensive, multi-media public information campaigns, and easy-access, low-threshold mobile early detection teams (Joa et al., 2008). TIPS developed a mass media campaign to both enhance the public’s knowledge of psychiatric disorders in general and early signs of psychosis in particular, and to reduce stigma associated with schizophrenia and psychiatric care. Information was tailored to three target groups: the general public, general practitioners and healthcare workers, and teachers. Information was distributed systematically and repeatedly over several years. Notably, when a lack of funding interrupted the campaign for a period of time, the rate of referrals dropped (particularly from general practitioners) and DUP increased again, further showing the importance of sustained information campaigns in reducing DUP (Joa et al., 2007). The success of the TIPS campaign has led to efforts to replicate the approach in other places. In the U.S., the STEP clinic implemented the STEP-ED campaign that includes: public education, outreach to and face-to-face education with professionals, and rapid access to the STEP clinic (Srihari et al., 2014). In a recent quasi-experimental trial, DUP at STEP fell from a median of 44.5 weeks to 21

weeks over a 4-year campaign period in comparison to a control site with no early detection campaign.

Building on this evidence, InSight was designed to use the same interlocking strategies—a targeted education campaign and rapid access to a specialized early engagement support service—and tailor them to a jail setting in New York City. Additional detail on how each of these elements was operationalized are provided in the following sections.

Overview of the InSight Project

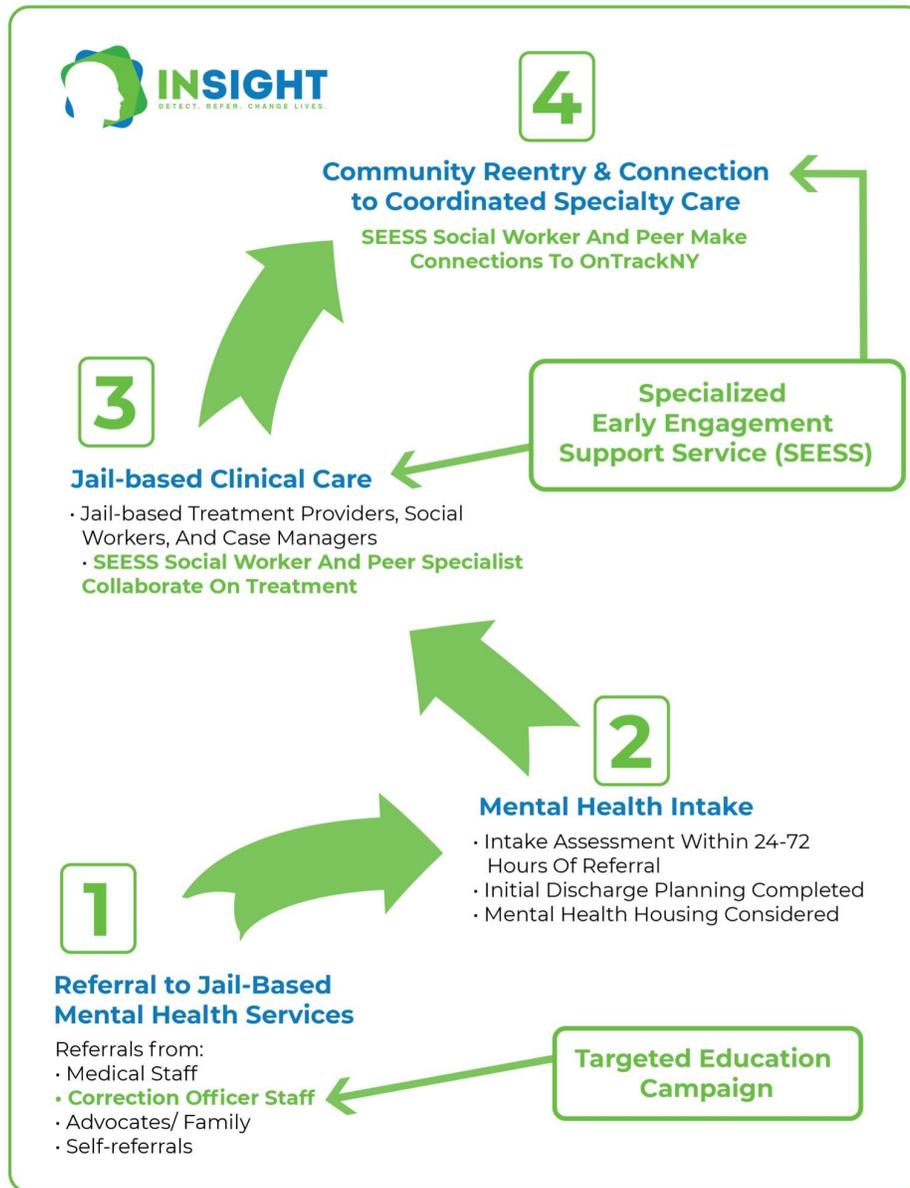
The InSight project was launched in February 2020 as a collaboration between Columbia University and New York State Psychiatric Institute (NYSPI); the New York City Department of Correction; the New York City Health + Hospitals Correctional Health Services, which is the direct provider of healthcare in the city’s jails; and OnTrackNY, the state’s network of coordinated specialty care programs.

The project included two primary components with associated targets and outcomes. In Year 1, we implemented a **Targeted Education Campaign (TEC)** for correction officers within three jails on Rikers Island. The goal was to improve correction officers’ (1) knowledge about early psychosis; (2) self-efficacy around detecting early psychosis and referring to mental health services within the jail; and (3) expectations about the benefits of detection, referral, and connection to coordinated specialty care in the community. We hypothesized that such improvements would encourage correction officers to make more referrals of individuals with early psychosis to mental health services, which would in turn reduce the DUP-1 for those individuals (time between symptom onset and medication initiation).

In Year 2, while the TEC continued, we implemented a **Specialized Early Engagement Support Service (SEESS)** staffed by a social worker as well as a peer specialist who had deep familiarity with the OnTrackNY model and working with people with early psychosis. The primary job of the SEESS was to liaise with Correctional Health Services mental health and social work services to facilitate referrals to specialized early psychosis care like OnTrackNY. Here, the goal was to improve service engagement, with the belief that such improvements would translate to increased enrollment of individuals in OnTrackNY after release and a reduction of DUP-2 (time between symptom onset and coordinated specialty care enrollment). **Figure 1** below shows the detection and referral process in the New York City jail system alongside the TEC and SEESS components.

InSight included monitoring and evaluation activities throughout, including a survey of correction officers (at baseline, 6 months, and 12 months) and focus groups and interviews to assess the acceptability of the intervention among correction officers, Correctional Health Services staff, Department of Correction and Correctional Health Services leadership, and SEESS staff. The detailed description of the two components, as well as the implementation recommendations below, are informed by this continuous monitoring and evaluation of the project over the two-year implementation period.

Figure 1. InSight Referral and Detection Process



TEC Details and Materials

Prior to the launch of the project, we convened a workgroup to develop a multifaceted TEC for correction officers that was focused on recognizing signs and symptoms of early psychosis and making referrals to mental health services within the jail. Input was gathered from jail staff, as well as from a focus group involving frontline correction officers. In particular, we developed a close working relationship with the Health Affairs Division of the Department of Correction and the Correction Officers working in each of the three jail's Programs Office, which is responsible

for community partnerships. The resulting campaign materials included the items shown in the table below (all campaign materials are included in the Appendix).

| InSight TEC Material | Description | Distribution Details |
|--|---|--|
| Roll call messages (see Appendix A) | Informational messages read by commanding officers to groups of correction officers as they begin their work shift. Roll call topics vary and take approximately 2 minutes to read aloud. | New roll call messages were released every other week on a Monday. The roll-call message was then read at each shift for 7 consecutive days (see sample schedule in Appendix B). |
| Informational postcards (see Appendix C) | Postcards with information about different aspect of early psychosis and treatment: <ul style="list-style-type: none"> ● InSight - Detect, Refer, Change Lives ● What is Early Psychosis? ● What are Hallucinations? ● Signs to Watch For (Photo of Correction Officer) ● What is Specialty Care for Early Psychosis? (Photo of OnTrackNY Team) ● What is the SEESS? (Photo of Specialized Early Engagement Support Services) ● What is Recovery from Early Psychosis? (Photo of a Young Person) | 10,000 postcards were delivered across the three jails during the 2-year implementation of the TEC. |
| Memo book insert (see Appendix D) | Key facts and definitions about identifying early psychosis and the importance of early treatment. Inserts can be added to the pocket-sized informational notebooks that correction officers carry on them while on duty. | 4,000 memo-book inserts were delivered to the three jails at two time points during implementation. |
| Pens | Ballpoint pens with InSight logo. | 2,000 pens were delivered across three jails during the 2 years of implementation. |

| InSight TEC Material | Description | Distribution Details |
|----------------------|---|---|
| Stickers | Rectangular stickers with InSight Logo and tagline (Detect. Refer. Change Lives). | 2,000 stickers were delivered across the three jails during the 2-year implementation of the TEC. |
| Video | Informational video (5 minutes, 53 seconds) about early psychosis that includes a correction officer speaking about the importance of early detection and intervention. | The video was integrated into existing trainings for correction officers (e.g., Mental Health First Aid training, Crisis Intervention Team training). It can also be used as a stand-alone video during roll-call or other brief educational interventions. |

Notably, the roll-call messages and informational postcards were revised and updated approximately nine months into the project to give more of a human face to the educational material. This was done through the addition of roll-call messages that included first-person perspectives about symptoms and recovery as well as postcards that included photos of correction officers and health staff.

In the final project year, we analyzed correction officer survey data taken from three time points (baseline, 6 months, 12 months) to understand the impact of the TEC on correction officers' (1) knowledge about early psychosis, (2) self-efficacy around detecting early psychosis and referring to mental health services with the jail, (3) expectations about the benefits of detection, referral, and connection to care, and (4) social distance stigma toward detainees with early psychosis (i.e., willingness to engage be in close proximity to someone with early psychosis). We found that the TEC was associated with higher scores at 6 months, indicating improvement, with the exception of social distance stigma. However, at 12 months, scores across the first three scales reverted to baseline and stigma was worse than at baseline, which coincided with ongoing stress and staffing challenges in the jail, in part due to COVID-19. Even so, greater reported exposure to the TEC was generally associated with better scores. Our full findings have been submitted for publication in a peer-reviewed journal.

Targeted Education Campaign (TEC) Implementation Recommendations

Content

1. **The TEC included basic facts and definitions about early psychosis, and repeated reminders of the key signs and symptoms to watch for. Clinical jargon was**

avoided and messages focused on highlighting observable behaviors to ensure correction officers understood when to make a referral to mental health services.

Across the different materials of the InSight TEC, including the roll-call messages, informational postcards, memo-book inserts, and video, much of the TEC content provided basic facts and information about early psychosis (e.g., people who experience early psychosis are usually young, ages 18 to 30 years old) and key signs and symptoms to watch for (e.g., hearing voices or whispering to oneself, having unusual beliefs or paranoia, and withdrawing from groups).

In focus groups at the end of the InSight project, correction officers said that this information was easy to understand:

- **Correction Officer 1: I think that's a good amount of information, because it's not too much, but it's just enough to give you some knowledge on what someone may be experiencing.**

This information can help correction officers understand how to identify early psychosis and when to make a referral to mental health services.

For officers who are more experienced working with individuals with mental illnesses and/or have received other mental health trainings, this can reinforce existing knowledge and emphasize the importance of identifying early psychosis. In New York City, all correction officers receive [Mental Health First Aid](#) training (8 hours) as part of their Academy training and some receive [Crisis Intervention Team](#) training (40 hours); their familiarity and knowledge may also vary based on how recently or how long ago they received these trainings, as well as their professional experience and how often they work in the mental health observation areas. For other jails with less mental health staff and training, much of the foundational information about early psychosis may be new to correction officers.

2. The TEC included content and visuals tailored to correction officers. This can strengthen the relatability and impact of the TEC content.

Correction officers are featured prominently in the InSight TEC video and one of the four photo postcards. The project tagline of “Detect, Refer, Change Lives” and the quote for the photo postcard were inspired by a common comment from correction officers and Department of Correction leadership who were consulted during the development of the project: “Correction Officers are the eyes and ears for Mental Health.” The TEC materials also do not suggest that correction officers are currently doing anything wrong or have gaps in their knowledge and training, and instead emphasize that the goal is to give correction officers “additional” or “extra” tools to recognize the signs and symptoms of early psychosis.

In focus groups at the end of the InSight project, correction officers and leadership highlighted the value of having their peers and their experiences represented in the TEC:

- *Correction Officer 2: This one [postcard with a photo of a correction officer] is more eye-catching for me, because it's an officer on the front.*
 - *Department of Correction Leadership: Showing the correction officer and mental health staff helps make it personal so they could relate.*
3. **In addition to understanding key facts about early psychosis and signs to watch for, it is important for the TEC to communicate that recovery is possible for people with early psychosis, and that specialized care is available in the community. This information can encourage correction officers to make referrals to mental health.**

Other mental health trainings for correction officers may be more general and not include specific information about early psychosis and coordinated specialty care available in the community. The InSight TEC provided key information about coordinated specialty care available locally, included narratives of recovery, and emphasized the role of correction officers in early detection. It also conveyed the message that referring people who are incarcerated to jail-based mental health services and getting them connected to coordinated specialty care in the community as early as possible can make a big difference. In addition to a correction officer, the photo postcards feature the SEESS team, a local coordinated specialty care team, and a young person with early psychosis.

In focus groups at the end of the InSight project, correction officers shared that it was helpful to know about local CSC programs, and to have a full understanding of the goals of the InSight project:

- *Correction Officer 3: It's good to have a program like this. A lot of people want to talk to people, but they are too afraid to do it. And sometimes a little bit of encouragement helps them get there.*
 - *Correction Officer 4: I think it is good for the officers to know that once they refer them, if the counselors or whoever's in mental health can help them get to another destination, they would be a little bit more serious about continuing to refer them. So I think that that works out.*
4. **The potential that referrals to mental health services and connection to specialized care for early psychosis may contribute to reduced violence in jail and less recidivism (e.g., fewer re-arrests) for people when they are released may be appealing to some correction officers and Department of Correction leadership. This may contribute to buy-in for the InSight project.**

The InSight TEC did *not* include messaging and materials focusing on the potential for reduced violence in the jail setting as a result of referrals to jail-based mental health care. A key consideration for the development of the TEC was how to reduce stigma toward people with early psychosis and serious mental illnesses, while still communicating relevant information to correction officers.

Rather than mentioning recidivism, the InSight TEC emphasized that recovery is possible for people with early psychosis and mentioned pursuing and achieving one's goals such as education, employment, independent living, meaningful relationships, and community participation. However, for correction officers and Department of Correction leadership, these messages may also have implied the potential for less recidivism, as Department of Correction leadership described during an interview at the end of the project:

- **Department of Correction Leadership:** *Sometimes you have to make it for the leadership, how it can affect them, like okay, if you have educated staff getting people to treatment earlier, you'll have less use of force. You'll have less fights. You'll have less issues going on because people are being treated. And if they can relate to that as something that can benefit them, like as a jail manager, as a deputy warden, as warden.*
- **Department of Correction Leadership:** *I think in dialogues that would occur, we would talk about, this is the video that the earlier you detect it, the better the outcomes... if you capture it early and get somebody on the meds, then they could definitely avert some of those more negative outcomes [e.g., "crime, recidivism, institutionalization"].*

Format

1. **Printed materials that officers can keep in their memo books and/or review during their shifts can be effective formats for TEC messaging.**

In focus groups at the end of the InSight project, correction officers spoke positively about the informational postcards and memo book inserts. Correction officers liked the pocket size of the inserts that could be added to the memo books they carry while on duty:

- *Correction Officer 5: It's all - it's on you. You have it available. You don't have to look around and wonder. If you have any questions, it's all right here.*

Correction officers also liked that the printed materials were “short and sweet”:

- *Correction Officer 4: Yeah, and this is good because we have so many things we got to retain. So it's just like short and sweet and it gets to whatever it is that we need to know. Because if you give us packets of paper, we're not really going to read it.*

Officers also recommended that the postcards could be laminated and bound together as a booklet, and left on the post for officers to flip through and read when they have time during their shifts.

2. **Roll call messages can be an effective medium for correction officer education and training, especially when supplemented by additional education and training opportunities.**

Roll call messaging is a primary vehicle for conveying important information to correction officers. As a regular part of every correction officer's shift on each day they work, roll call is used by leadership to communicate critical information before a shift and to emphasize ongoing Department priorities. Officers understood the rationale for repeated messaging and the delivery of TEC messaging during consecutive roll calls as a way to reach officers on different shifts throughout the week. Roll calls may be particularly useful as a training opportunity in jails where educational training opportunities are limited each year or when taking people off shift to attend training is especially difficult.

It is worth noting, however, that roll calls are generally very short (5-10 minutes) so educational messaging about the signs and symptoms of mental illness may not get the attention they deserve when there are competing priorities. Additionally, roll calls during the Insight campaign had sporadic attendance due to the COVID-19 pandemic. As a result, it may be especially strategic to use roll call messages as a supplement to other TEC strategies and educational opportunities for correction officers (e.g., integrating training modules about the signs and symptoms of psychosis and the importance of early detection into existing trainings).

3. **TEC materials can be integrated into classroom-based training about mental illnesses and early psychosis.**

In focus groups at the end of the InSight project, correction officers still expressed interest in traditional, classroom-based trainings as a format to learn about mental illnesses and early psychosis:

- *Correction Officer 3: I think that with the population we're dealing with today, mental information is very important. So, this should be more than just a 5–10-minute training. Especially all the information y'all are trying to give us all at once, it should definitely be more than a 5–10-minute training.*

An officer elaborated that classroom-based trainings could go “hand in hand” with the TEC; the brief messaging from the TEC could reinforce and provide reminders of the content shared during classroom-based trainings.

Existing, classroom-based mental health trainings for correction officers (Mental Health First Aid and Crisis Intervention Team training) were limited for correction officers in New York City during the COVID-19 pandemic. However, when they did resume, Department of Correction leadership shared positive impressions of how the TEC content could be integrated into the mental health trainings and how the TEC materials were well received in this setting. For example, given the limitations of roll calls generally and especially during the pandemic, we learned that showing the 6-minute video during a roll call would not be feasible. However, the video was well-received during classroom-based trainings.

Thus, integrating our campaign materials into existing trainings, advocating for additional training of new officers and refresher trainings for already trained staff, and scaffolding our materials as reminders for officers during roll call and during their shifts after this more basic training occurs, may be a fruitful approach.

4. TEC materials should be targeted to groups of correction officers who are most likely to interact with people with mental health needs.

In focus groups at the end of the InSight project, correction officers and Correctional Health Services staff noted that within the New York City jail system, there are different groups of correction officers who may have more frequent and consistent interactions with people who are detained who have identified as well as unidentified mental health needs. In the New York City jail system, these are the core group of officers in each jail who have steady posts within housing areas (both general population and mental health housing areas). Feedback from correction and health staff suggests that a TEC will have the most impact by targeting these “steady” officers, rather than all officers who either rotate through different areas, or are responsible for other aspects of security and have limited contact with people who are detained in the jail.

Correctional Health Services staff explained:

- ***Correctional Health Services staff:*** *When we have correction officers that are regulars on treatment units that have gone through certain trainings that we've had with them over the years, you can have some really great COs that can notice a change in behavior if they submit a lot of referrals to us. When you don't have COs that are either consistent with units or maybe in general population where they're not as attuned to it, we may miss something. They have the ability to send us referrals all the time, but they may not identify that a change in behavior is something of concern. They may not know that that's something that we need to be aware of. They may just think it's a difficult detainee.*

Specialized Early Engagement Support Service Details

In Year 2 of the project, the InSight TEC was augmented by the addition of a Specialized Early Engagement Support Service (SEESS) staffed by a part-time clinical coordinator and a part-time peer specialist trained in working with individuals with early psychosis within the CSC model. Given the unique context of the Rikers Island jails with respect to mental health service provision and discharge planning, we describe here how InSight's SEESS was developed while also highlighting core components that would be more easily transferable to other jails.

People incarcerated in the New York City jail system who are identified as having mental health problems already receive a variety of services, including mental health treatment and discharge planning services through the Correctional Health Services social work service. Further, due to the Brad H. Settlement in 2003, people who receive mental health treatment in the New York City jail receive augmented discharge planning services that include referrals to continued mental health care, case management, and assistance accessing public benefits and housing once they return to the community. This service is known as Community Re-Entry Assistance Network and is operated by a local non-profit organization, EAC Network. Given the structure of these supports, InSight partnered with the EAC and Community Re-Entry Assistance Network teams to launch the SEESS, hiring a Program Director from EAC to serve in the role of SEESS clinical coordinator (20% effort). A peer specialist employed by a local CSC team (OnTrackNY Bellevue) was then hired to serve in the SEESS peer-specialist role (20% effort). The fact that the peer specialist was already employed by a CSC team and therefore familiar with the model and with working with people with early psychosis further strengthened the SEESS dyad.

The primary work of the SEESS included the following three tasks:

1. Liaising with the Correctional Health Services social workers/discharge planners as well as the Community Re-Entry Assistance Network case managers in order to identify young people in the jail who may have early psychosis (and refer for clinical assessment).
2. Collaborating with the Community Re-Entry Assistance Network team to determine eligibility for OnTrackNY or other specialty care programs upon release (or other appropriate referrals as needed).
3. Providing three months of follow-up support for individuals released from jail to the community.

Although the SEESS was intended to be embedded in the jail in order to meet regularly with detainees identified as having early, this turned out to not be possible given the COVID-19 pandemic and associated restrictions. However, this implementation challenge demonstrated that the work of the SEESS could be reliably completed by professionals outside the jail as long as they had strong connections with staff in the jail. Thus, other communities may consider having their local coordinated specialty care program take on more of the role of the SEESS in partnership with jail personnel and/or jail-based mental health staff. One of the advantages of having individuals who work in CSC programs be part of the SEESS is that they are typically trained in engagement strategies for connecting young people with early psychosis to care more effectively.

Over the course of the 2-year project period, InSight received 25 referrals of young men with suspected psychosis. Nine referrals were received in the first year when the TEC was running but there was no SEESS. Sixteen referrals were received in the second year after the launch of the SEESS.

Specialized Early Engagement Support Service Implementation Recommendations

Identifying people with early psychosis and making referrals

- 1. Support mental health staff in identifying individuals with early psychosis, including screening for substance-induced psychosis and identifying the onset of psychotic symptoms.**

Correctional Health Services staff noted that identifying and confirming early psychosis can be particularly challenging with individuals in the jail setting, due to the prevalence of prior substance use among detainees, and often a lack of informative collateral history to help identify the onset of symptoms. Strategies for mental health staff could include training and support from the SEESS or the local coordinated specialty care program around distinguishing substance

use-related psychosis, as well as mental health screening questions and prompts for clinicians to estimate the onset of symptoms.

- 2. To facilitate referrals to the SEESS and connection to coordinated specialty care, build on existing mental health and discharge planning processes, and include strategies to remind staff of the new focus on early psychosis.**

Even though the InSight SEESS involved a new two-person team and a specialized focus on identifying patients with early psychosis, it was designed and implemented to fit within the New York City jail system's existing processes for mental health services and discharge planning.

In focus groups and interviews at the end of the project, both Correctional Health Services staff and SEESS team members described the process for making referrals from Correctional Health Services to the SEESS as “straightforward” and “very easy.” The SEESS clinical coordinator explained that the way they facilitated referrals for InSight was “really similar in terms of the type of communication and frequency of communication that I have with [Correctional Health Services for existing discharge planning], which made it very easy to build into my process.”

Similar to correction officers, Correctional Health Services staff experienced competing priorities due to the COVID-19 pandemic and deteriorating conditions within the New York City jail system. Some of the strategies that helped remind Correctional Health Services of the InSight project and the process for making referrals to the SEESS included building relationships and awareness through presentations from the InSight team to Correctional Health Services leadership and staff during mental health and social work/discharge planning meetings, and regular e-mail reminders and communication. The SEESS clinical coordinator noted: “having the supervisor for Social Work pretty invested in this project made it easy... they were very responsive in terms of communication.”

The SEESS peer specialist also noted that the ability to regularly meet with Correctional Health Services staff in-person in the jails, which was not possible due to the COVID-19 pandemic and associated restrictions, could have also been a way to provide reminders of the InSight project and support education around identifying detainees with early psychosis and making referrals. Again, other communities may consider having their local coordinated specialty care take on some of these roles, as long as access to the jail and relationships with key contacts can be facilitated.

Facilitating referrals to coordinated specialty care

- 1. Add more capacity for discharge planning and follow-up support, with specialized knowledge of early psychosis and coordinated specialty care programs in the community.**

In focus groups and interviews at the end of the InSight project, Correctional Health Services staff and leadership agreed that the additional capacity of the SEESS and team members'

specialized knowledge helped support more individualized discharge plans for detainees with early psychosis.

Staff noted that discharge planners typically have a high volume of cases and their discharge plans may default to familiar programs that may not be the best fit for those with early psychosis. Correctional Health Services staff explained that the extra support from the SEESS was “helpful to be supportive to staff that may not know all of the resources that are available or all of the eligibility criteria for those services.”

SEESS team members also explained that they were able to effectively make matches for individuals to the closest and/or most appropriate OnTrackNY team, because the SEESS peer specialist was also part of an OnTrackNY team and had knowledge and strong relationships with the intake contacts at each OnTrackNY team across the city.

Additionally, Correctional Health Services staff noted that one challenge for people with early psychosis in the jail setting is that family members are not always supportive or understanding of what the detainee is experiencing. Correctional Health Services staff expressed that the peer specialist can play a critical role in helping the detainee navigate their experiences and help the young person and their family members start making sense of what is happening and how they can get help, both while they are detained and as they transition back to the community.

2. Educate and engage court system stakeholders about coordinated specialty care as a preferred treatment option for people with early psychosis.

SEESS team members reported that OnTrackNY teams were largely receptive to accepting individuals released from jail, and court system stakeholders were understanding of OnTrackNY as an appropriate and helpful treatment option.

Some education and engagement may be helpful for court system stakeholders who are unfamiliar with coordinated specialty care programs. SEESS team members also explained that for individuals released to treatment as part of a court mandate, it was helpful for OnTrackNY teams to understand the timelines and requirements for updating the court on the individual’s treatment. The SEESS peer specialist explained that while their OnTrackNY colleagues may have philosophical concerns with mandated treatment, they focus on “establishing a trusting relationship” and understanding what support the person may need, providing opportunities for shared decision making even in the context of mandated treatment.

Finally, in addition to court system stakeholders, there may be further opportunities to educate and engage law enforcement and criminal legal system stakeholders about coordinated specialty care, and strengthen pathways for referral to coordinated specialty care and diversion from incarceration at earlier stages for people with early psychosis.

Conclusion

Early detection in jail settings likely requires at least two elements, education and enhanced referral processes. With regard to education (of jail staff and potentially also jail-based health services and mental health staff), the campaign should be multi-faceted and ongoing. In terms of enhanced referral processes, existing discharge planning processes should be leveraged and improved, while engaging local coordinated specialty care programs as well as, when needed, the courts. Coordinated specialty care programs and criminal legal system professionals can partner to make jails sites for the early detection of psychosis and thereby widen access to evidence-based specialty care and improve outcomes. Future work that involves key local stakeholders in program planning—CSC programs, peer specialists, local jail leadership and staff, and local services users and their families—could lead to important enhancements in connecting people with criminal legal involvement to care.

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References

- Broussard, B., Kelley, M. E., Wan, C. R., Cristofaro, S. L., Crisafio, A., Haggard, P. J., Myers, N. L., Reed, T., & Compton, M. T. (2013). Demographic, socio-environmental, and substance-related predictors of duration of untreated psychosis (DUP). *Schizophrenia Research, 148*(1–3), 93–98. <https://doi.org/10.1016/j.schres.2013.05.011>
- Compton, M. T., & Broussard, B. (2011). Conceptualizing the multifaceted determinants of the duration of untreated psychosis. *Current Psychiatry Reviews, 7*(1), 1–11. <https://doi.org/10.2174/157340011795945865>
- Compton, M. T., Gordon, T. L., Goulding, S. M., Esterberg, M. L., Carter, T., Leiner, A. S., Weiss, P. S., Druss, B. G., Walker, E. F., & Kaslow, N. J. (2011). Patient-level predictors and clinical correlates of duration of untreated psychosis among hospitalized first-episode patients. *The Journal of Clinical Psychiatry, 72*(2), 225–232. <https://doi.org/10.4088/JCP.09m05704yel>
- Ford, E. (2015). First-episode psychosis in the criminal justice system: Identifying a critical intercept for early intervention. *Harvard Review of Psychiatry, 23*(3), 167–175. <https://doi.org/10.1097/HRP.0000000000000066>
- Hodgins, S., Calem, M., Shimel, R., Williams, A., Harleston, D., Morgan, C., Dazzan, P., Fearon, P., Morgan, K., Lappin, J., Zanelli, J., Reichenberg, A., & Jones, P. (2011). Criminal offending and distinguishing features of offenders among persons experiencing a first episode of psychosis. *Early Intervention in Psychiatry, 5*(1), 15–23. <https://doi.org/10.1111/j.1751-7893.2010.00256.x>
- Joa, I., Johannessen, J. O., Auestad, B., Friis, S., McGlashan, T., Melle, I., Opjordsmoen, S., Simonsen, E., Vaglum, P., & Larsen, T. K. (2008). The Key to Reducing Duration of Untreated First Psychosis: Information Campaigns. *Schizophrenia Bulletin, 34*(3), 466–472. <https://doi.org/10.1093/schbul/sbm095>
- Joa, I., Johannessen, J. O., Auestad, B., Friis, S., Opjordsmoen, S., Simonsen, E., Vaglum, P., McGlashan, T., & Larsen, T. K. (2007). Effects on referral patterns of reducing intensive informational campaigns about first-episode psychosis. *Early Intervention in Psychiatry, 1*(4), 340–345. <https://doi.org/10.1111/j.1751-7893.2007.00047.x>
- Marion-Veyron, R., Lambert, M., Cotton, S. M., Schimmelmann, B. G., Gravier, B., McGorry, P. D., & Conus, P. (2015). History of offending behavior in first episode psychosis patients: A marker of specific clinical needs and a call for early detection strategies among young offenders. *Schizophrenia Research, 161*(2–3), 163–168. <https://doi.org/10.1016/j.schres.2014.09.078>

- Prince, J. D., Akincigil, A., & Bromet, E. (2007). Incarceration Rates of Persons With First-Admission Psychosis. *Psychiatric Services*, 58(9), 1173–1180.
<https://doi.org/10.1176/ps.2007.58.9.1173>
- Ramsay Wan, C., Broussard, B., Haggard, P., & Compton, M. T. (2014). Criminal justice settings as possible sites for early detection of psychotic disorders and reducing treatment delay. *Psychiatric Services (Washington, D.C.)*, 65(6), 758–764.
<https://doi.org/10.1176/appi.ps.201300206>
- Singh, S. P., & Grange, T. (2006). Measuring pathways to care in first-episode psychosis: A systematic review. *Schizophrenia Research*, 81(1), 75–82.
<https://doi.org/10.1016/j.schres.2005.09.018>
- Steadman, H.J. (1982). A Research Agenda for Mental Health Services in Local Jails. In: *Mental Health Services in Local Jails: Crime and Delinquency Issues*. U.S. Department of Justice, National Institute of Justice.
- Wasser, T., Pollard, J., Fisk, D., & Srihari, V. (2017). First-Episode Psychosis and the Criminal Justice System: Using a Sequential Intercept Framework to Highlight Risks and Opportunities. *Psychiatric Services (Washington, D.C.)*, 68(10), 994–996.
<https://doi.org/10.1176/appi.ps.201700313>

Appendices

Appendix A: Roll call messages

1. [Introduction to InSight Project](#)
2. [What is Early Psychosis?](#)
3. [Hallucination & Hearing Voices](#)
4. [Delusions](#)
5. [Detect. Refer. Change Lives.](#)
6. [What is Coordinated Specialty Care?](#)
7. [Talking to Someone with Psychosis](#)
8. [Losing Interest](#)
9. [Recovery](#)
10. [Paranoia #1](#)
11. [Paranoia #2](#)
12. [Importance of Early Psychotherapy/Medication](#)
13. [Withdrawal and not responding](#)
14. [Communication Difficulties](#)
15. [Local Coordinated Specialty Care: OnTrackNY](#)
16. [First Person Perspective #1](#)
17. [First Person Perspective #2](#)
18. [Withdrawing from Others and Losing Interest in Things](#)
19. [Religious Delusions](#)
20. [Grandiose Delusions](#)

InSight Roll Call Message: Introduction to InSight Project

Beginning this week, a new project is rolling out in the jail called **InSight**. **InSight** is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychosis. Getting the right kind of treatment as early as possible can make a big difference.

InSight will be going on for two years. It has three key parts:

1. A **Targeted Education Campaign** for officers. You'll receive information at roll calls every other week that provide you with more details about what psychosis is and what you might notice in inmates who show signs of early psychosis. There will also be information on TV screens and intranet slides and other opportunities to learn more. This is a campaign designed especially for officers to give you some extra tools around inmates' mental health. You are encouraged to refer any inmate to Mental Health if they show the signs you'll be learning about.
2. A **Specialized Early Engagement Team**. Next year, a social work team from InSight will work to encourage mental health treatment while in jail. They will work with inmates who have early psychosis and help them bridge over to specialty care after release.
3. **Fast connection to specialty care in the community**. When eligible inmates are released, they will be connected to **OnTrackNY**. OnTrackNY is a specialty mental health program for people with early psychosis that has teams in every borough and throughout New York State. After one year of treatment, rates of engagement in school and work increase from 40% at admission to 70%; rates of hospitalization also decrease from 73% at admission to 10% at 12 months. Specialty care can also help people stay out of jail.

InSight is launching because earliest stages of psychosis are sometimes missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. You'll be learning more, but if you have any immediate questions, you can speak to Program Staff, who have InSight information cards and contact information.

InSight Roll Call Message: What is Early Psychosis?

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause symptoms of psychosis. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about what **psychosis** is and what it means when we say someone has **early psychosis**.

Psychosis can be caused by mental health conditions or certain drugs or medical illnesses. Psychosis can be treated. The words "crazy" and "psycho" have been used to describe someone who has psychosis, but we don't use those words anymore.

People with psychosis may experience symptoms such as:

- hearing voices
- having beliefs that are not true or are really odd
- whispering to themselves
- withdrawing from groups
- acting like they're responding to something when there is nothing there
- jumbled up speech or not making sense when they talk

Early psychosis refers to the period of time when a person first begins to experience psychosis. This is a very important period because people are usually young (ages 18 to 30) and because long-term outcomes are most improved by early treatment.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: Hallucinations & Hearing Voices

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychosis. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about experiences that some people with early psychosis can have, such as hearing voices. The experience of hearing voices is what mental health clinicians call **hallucinations**, which can be a sign of psychosis. When we talk about 'hallucinations', we mean any experience a young person has when they hear, see or sense something someone around them doesn't. These experiences can include all five senses:

- Hearing
- Seeing
- Smelling
- Tasting
- Feeling

Even though hallucinations can happen in any of the five senses, **hearing voices** is the experience that is most common. Some voices can be positive – encouraging or supporting. Others may say things that are confusing or distracting, perhaps echoing thoughts or repeating strange phrases. Some voices can be very frightening, saying things that are critical, threatening or commanding.

Individuals with psychosis may react to the voices they are hearing—such as by **talking to themselves**, **whispering to themselves**, or looking around as if someone was there talking to them. The voices are not made-up or imagined. The person who hears them is actually hearing the voice. Voices can be frightening, overwhelming and distracting, and may make it difficult to follow what another person is trying to say.

In their own words, people have described hearing voices as:

- Quote: "Sometimes they comment on what I'm doing and whether I'm doing a good job or what I could be doing better."
and
- Quote: "Things just started to change one day, and I felt like people were whispering about me, or started hearing whispers...I wasn't quite sure. It was confusing and frightening and I didn't want anyone to know. So I withdrew."

Hallucinations can also be caused by other things like certain drugs or medical illnesses, but it is best for Mental Health professionals to assess the person to figure that out.

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InSight Roll Call Message: Delusions

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. **Early psychosis** refers to the early stage of mental illnesses that can cause hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychosis. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about **delusions**, which can be a sign of psychosis. Delusions are when people become very focused on beliefs that are extreme, out of character, or contradict beliefs widely held by their family, peers, and cultural group. For example, someone may be convinced that others are out to harm them. Or that the police are watching them because of the way cars are parked outside their apartment. Or someone might believe that they have special powers. Or that a device is implanted in them and is tracking their movements. For the person with delusions, these experiences can be very scary.

Paranoid beliefs are one of the most common forms of delusions, and often entail a young person feeling like they are being followed, tracked, or persecuted. Understandably, young people experiencing paranoia may not trust the people around them, and may not be willing to share what they're experiencing for this reason.

It is usually not helpful to try to talk someone out of their delusions, convince them that their belief is untrue, or try to prove them wrong. For the person having the delusions, it is completely real to them. You also don't want to go along with the delusion. You can respond to delusions without agreeing to them by saying things like "that must be very difficult for you" or "I can see that you are uncomfortable or afraid." Delusions can be a sign of psychosis. Delusions can also be caused by other things like certain drugs or medical illnesses, but that is for Mental Health to figure out.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having delusions or other mental health symptoms, we need to refer them to Mental Health.

InSight Roll Call Message: Detect. Refer. Change Lives.

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychosis. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about the three key messages of the initiative: Detect. Refer. Change Lives.

- *DETECT. Early Detection Matters.*

Correction officers are the eyes and ears for Mental Health. InSight is about giving Officers information about the signs and symptoms of psychosis so you can better tell if someone needs help. You are not being asked to diagnose anyone.

- *REFER. Refer to Mental Health.*

The earlier someone is referred to Mental Health, the more likely they will be to get better. This improves *their* lives and makes *your* jobs easier.

- *CHANGE LIVES. Specialty Care Changes Lives.*

There is specialty care available in every borough of New York City that inmates may be eligible for after release. It can increase someone's chances of getting back on track – in work, in school, and in leading meaningful and productive lives. InSight will link people to these services.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: What is Coordinated Specialty Care?

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychotic symptoms. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about **Coordinated Specialty Care**. Coordinated Specialty Care is specialized treatment for early psychosis that is now available in all 5 boroughs of New York City.

Coordinated Specialty Care is a team-based specialized treatment approach for people with early psychosis. It supports their recovery in building the kind of life they want for themselves. It consists of a team of mental health professionals who work together with the person with early psychosis and their family and can provide:

- counseling
- medications
- attention to health and fitness
- support and education to family members
- support to help people achieve school and work goals
- connection to community resources that provide additional support

Services can be provided in a clinic or in the community—such as at home, or other places that are convenient. The idea is that the treatment team is primarily focused on helping the person achieve the goals that are important to them—usually going back to school, getting a job, and improving relationships. Focusing on their goals really helps the person with early psychosis to stay in treatment longer and stay well. This could help prevent them from ending up in jail again.

This type of Coordinated Specialty Care is the best type of treatment for people experiencing early psychosis.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: Talking to Someone Experiencing Psychosis

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychotic symptoms. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about **how to talk to someone who is experiencing psychosis**. We're going to cover some common situations and give some phrases you could use.

If someone is talking in a way that you can't understand or if their speech is jumbled, you can say things like "I'm having a hard time understanding you, but I am here if I can be helpful. Would you like to sit down?" Be patient and repeat things calmly, if necessary.

If someone is experiencing paranoia or delusions, you can say things like "I can tell this is really troubling for you" or "That must be really stressful. Is there anything that would help you feel more comfortable or safe?" We might not be able to get rid of the paranoia, but responding in a caring way can help them calm down.

If they are hearing voices or experiencing hallucinations, you can say "Tell me what that's like for you", and you can acknowledge how the person is feeling.

Remember, we're not asking you to diagnose anyone. The main goal is for you to refer individuals who might be experiencing psychosis to Mental Health. If the person does not want your help because they are scared or overwhelmed, try to encourage them to talk to Mental Health.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: Losing Interest

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause psychotic symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychotic symptoms. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about people losing interest in things or activities they used to care about or enjoy. This is another symptom of early psychosis to look out for among inmates.

Here is what a young person with psychosis, Shayla, shared about losing interest in things or activities she used to care about. Quote: "Sometimes I start to feel like I don't want to do anything, like nothing matters. When I start feeling that way, I stop participating in activities with others. At times, my friends have told me I seem more withdrawn and it is hard for them to get me out of my shell. During times like these, it is helpful if I can use tools that I got through my treatment. I remind myself that I can achieve things, I have my whole life ahead of me, I can shape it however I want. Just because right now I feel stagnant, it doesn't mean I'll be like this forever."

Losing interest can be caused by many different things, like depression, psychosis, the situation people are in, or even their personality. Regardless of what's causing the loss of interest, when we see people losing interest in things or activities they used to care about, we should refer them to Mental Health so they can get their life back on track.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, losing interest or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: Recovery

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychotic symptoms. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about **recovery**. Recovery means many different things. When we talk about recovery for those with a mental illness, we are talking about how people can learn to manage their symptoms, even if they don't go away completely, and return to meaningful activities and relationships.

Like many medical conditions, there is currently no cure for some mental illnesses that can cause psychotic symptoms, such as schizophrenia. However, it is now well established that a significant percent of individuals with psychosis achieve goals of independent living, education, employment, meaningful relationships, and community participation that are no different from other members of the community. Here are some things to remember about recovery:

- While in the past, schizophrenia and similar mental illnesses were associated with very negative outcomes, nowadays we know that many people with these experiences will go on to lead normal, happy lives
- Connecting with early treatment increases the chances of a swift recovery
- It's important that all those interacting with people with psychosis believe recovery is possible and convey this optimism

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: Paranoia #1

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause psychotic symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychotic symptoms. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about **paranoia**, which can be a symptom that sometimes goes along with psychosis. Paranoia involves intense feelings of fear that you're being persecuted, threatened, or monitored. It is obviously very frightening for the person experiencing it. Signs can include:

- Distrust
- Hypervigilance
- Fear of being attacked, hurt, or killed
- Inability to relax

It is not uncommon for people in jail to experience paranoia or a feeling that everyone is "out to get them." However, paranoia can also be a symptom of an underlying mental illness such as early psychosis. Paranoia that is part of psychosis causes one to be very distrustful of others. Paranoid thoughts can also become delusions, or **false beliefs**. Keep in mind that people who have paranoia or paranoid delusions often feel very afraid, which is why it's helpful for them if you talk to them in a calm, non-threatening way and listen to their concerns and how they're feeling.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we talk to anyone who is exhibiting paranoia along with other possible mental health symptoms, we need to refer them to mental health.

InSight Roll Call Message: Paranoia #2

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause psychotic symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychotic symptoms. Getting the right kind of treatment as early as possible can make a big difference.

InSight's last roll call message was about paranoia, which involves someone feeling intense fear that they are being followed, threatened, or monitored. Today, we're going to learn some tips for how to talk to someone who is experiencing paranoia. People experiencing paranoia as part of psychosis often distrust other people. If the person is experiencing paranoia, you should:

- Let them know that you understand that they feel uncomfortable or afraid
- Ask them what you can do to help them feel safer or more comfortable
- Tell the person what you are going to do before doing it, such as taking something out of a pocket, so that you don't surprise them
- Give the person simple directions, if needed, such as "Let's sit down, so that we can talk about it"
- Be there for the person, but give them plenty of space if that helps them feel more comfortable.

Try not to do things that may increase feelings of paranoia, such as whispering to or about the person. Likewise, try not to use body language that could worsen paranoia. Instead, approach the person with your hands out of your pockets at your sides or in front of you where they can see them. Try not to stand over or too close to them.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we talk to anyone who is exhibiting paranoia along with other possible mental health symptoms, we need to refer them to mental health.

InSight Roll Call Message: Importance of Early Psychotherapy and Medication

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychosis. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about the importance of young people receiving therapy and medication as quickly as possible to improve the chances of recovery.

- Psychosis is just like other illnesses or injuries – it requires treatment. In fact, the sooner someone gets treatment, the more likely they are to get better.
- Early mental health treatment consists of therapy and medication if needed. Ideally, it should be provided as soon as symptoms of psychosis begin.
- The therapy provided is usually specialized to help the person figure out strategies to manage the symptoms of psychosis while achieving their personal goals. Medications help improve early psychosis by toning down delusions and treating the hearing voices. It can take time to find the most effective medication so young people should be encouraged to keep talking to their therapist about how they feel.
- Research shows that when young people receive the right kind of treatment during the early stages of psychosis, they are more likely to reach their goals for school and work. Early treatment also probably lowers the chance of returning to jail. Many young people with psychosis go on to have successful lives with friends, families, jobs, and homes.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. **InSight** aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: Withdrawal and Not Responding

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychotic symptoms. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about **being withdrawn and not responding**, which can be a symptom that sometimes goes along with psychosis. This kind of withdrawing can look like any of the following:

- The person staying to themselves
- Not talking or socializing with others
- Being awake but not responding or
- Being slow to respond

Here's how one parent described the change in her son. Quote: "Brandon began to withdraw from us and his friends. He wouldn't eat with us and he wanted to be by himself a lot. We always knew him to be an outgoing person but he became very quiet and rarely left the house."

Being withdrawn and not responding to people can be caused by many different things, like depression, or the situation you're in, or even just your personality. But sometimes withdrawing is a symptom that goes along with the symptoms of psychosis, like hearing voices or having unusual beliefs. Hearing voices is also called hallucinations, and unusual beliefs is also called delusions.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: Communication Difficulties

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychotic symptoms. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is about communication difficulties that a person experiencing psychosis may have. People experiencing the symptoms of psychosis are often unable to think clearly or may not be able to communicate as they normally do. For example, their normal flow of speaking can become out of order, confusing, or jumbled. The individual may be hard to understand and follow, and at some points what they are saying may not make sense.

Communication difficulties can present in different ways. One example is when the individual begins by talking about one topic, but then veers off on an unrelated topic and never gets back to the original topic. Another example is when the person talks in a way that one idea does not match the next at all and the ideas do not connect in any logical way. At other times, what one is talking about may seem unclear, meaningless, or vague. For example, a person may have the same answer for every question asked or have very little to say. They may also miss nonverbal cues such as facial expression and tone of voice.

If a person's speech has become disorganized and they are having trouble communicating, you should respond in a simple and brief manner, repeating things if necessary. Allow the person plenty of time to process information and respond. Do not assume the person cannot understand what you're saying, even if their response is very limited.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or difficulty with speech and communication, we need to refer them to Mental Health.

InSight Roll Call Message: Local Specialty Care: On Track New York

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychotic symptoms. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is focused on describing On Track New York, a Specialty Care Program available all across New York for people with early psychosis to help them get their lives back "on track."

The On Track New York program is for people who:

- Are between the ages of 16 and 30
- Have recently begun experiencing symptoms, such as unusual thoughts and behaviors, or hearing voices

In On Track New York, the person with early psychosis and their families will have the support of an entire team to work with toward achieving their goals. The treatment team consists of:

- An outreach and recruitment coordinator who will introduce the team and help decide if the program is a good fit
- A primary clinician who will offer counseling and support, and help the person learn new skills to cope with what he or she is experiencing
- A psychiatrist who helps make decisions related to medication and medical concerns
- A supported education and supported employment specialist who can help with school and work success
- A nurse to support overall health and wellness
- And a peer specialist who is someone who has experienced their own challenges with mental illness and can offer personal support

Prior to 2012, these types of specialty programs did not exist. However, we are now fortunate to have more than 20 On Track programs throughout New York State including several programs in each of the five boroughs.

On Track New York teams have helped many of their participants return to school and work and nearly all to stay out of the hospital. It probably also helps them stay out of jail. Participants have gone on to complete their college degrees, pursue their passions, and some of them are giving back by joining community supports that help other young people experiencing early psychosis.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: First Person Perspective #1

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychosis. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is geared towards providing insight into how early psychosis can feel for a young person experiencing it.

From an observer's perspective, psychosis can appear in ways that appear bizarre or hard to understand. A person might isolate, refuse to talk, or appear to be doing strange things. Internally, however, they are likely to be feeling overwhelmed and scared. And they may not know how to reach out or who to trust. Let's hear from a few young adults about their experiences of early symptoms:

This is what Michelle said: "I started to see shadows out of the corner of my eye and then these signs—like gestures people were making or the ways they tied their shoes that just seemed very sinister. And the more I thought about it, the scarier it seemed. I felt this sense that I was being followed. I didn't know who to trust."

Michelle then described what helped her. Quote: "I just wanted reassurance that things would be okay. Not a bunch of questions or judgment, but just someone to listen to me and not judge."

This is what Amina said: "The voices just appeared out of the blue and were very threatening from the beginning. They told me they'd hurt me if I said anything about them to anyone. So I didn't because I felt I couldn't."

And now what helped:

Amina said: "Eventually, hearing about other people's experiences, I realized I wasn't alone, and eventually I got the courage to speak up more and got to the point where I could work on addressing my own fears of my voices with a therapist."

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: First Person Perspective #2

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychosis. Getting the right kind of treatment as early as possible can make a big difference.

Today's message from **InSight** is geared towards providing insight into how early psychosis can feel for a young person experiencing it, and why early psychosis might lead to entanglements with the law. We hear from Alex:

Alex: Honestly, I was just overwhelmed and terrified by everything I was experiencing. Everyday things seemed sinister, it felt like there were signs directed at me everywhere. Then the threatening voices started. I started drinking and smoking pot to drown it all out. Then I was walking down the street one day, and I saw what I thought was a gun in a bag and the voices told me to grab it. I was charged with assault. I grabbed someone's bag and the cops were called and I ended up in jail.

Luckily, I got referred to specialty care for early psychosis. I knew something was wrong, but it wasn't until I talked to a therapist in the program that it sunk in. They got me medications, therapy, and I started to understand that what I'd been experiencing wasn't real even though it felt real. Since then, I've graduated from college and now I'm working as a young adult peer specialist helping other youth with psychosis.

My advice to people encountering someone with early psychosis is to emphasize how scary it can be. When you don't understand what's happening to you and feel like you're getting these very frightening messages, it's easy to act out and get in trouble. It's so important that we understand that people might do things while experiencing psychosis they otherwise never would. And the more we can help young people feel supported, and help them get meaningful support, the better.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

*InSight Roll Call Message: **Withdrawing from Others and Losing Interest in Things***

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychotic symptoms. Getting the right kind of treatment as early as possible can make a big difference.

In other InSight roll call messages, we've talked about symptoms like **withdrawing from others** and **losing interest in things**. These can be symptoms of early psychosis. Sometimes they go along with hearing voices, or having paranoid delusions. Withdrawing from others and losing interest in things can also be symptoms of depression.

We've all felt sadness, or even depression, from time to time. It can cause us to become disconnected family or friends, and to feel less pleasure from activities and hobbies we usually enjoy. Sometimes, if it lasts for more than a couple of weeks, it can be clinical depression that interferes with life and would benefit from treatment. Depression can also cause changes in appetite, changes in sleep, feelings of guilt, and even not wanting to live anymore.

So, some of the symptoms of early psychosis can look like symptoms of other mental illnesses. Mental health professionals have ways of sorting out whether symptoms like withdrawing from others and losing interest in things are coming from depression, psychosis, or some other treatable illness. If you see someone with these symptoms make a referral, so that mental health professionals can figure out where this is coming from, rather than trying to do it yourself.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: Religious Delusions

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause symptoms such as hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychotic symptoms. Getting the right kind of treatment as early as possible can make a big difference.

In other InSight roll call messages, we've talked about delusions, or strongly held beliefs that seem extreme or unusual to others. One kind of delusions, though less common than paranoid delusions, are **religious delusions**, which can occur in disorders like schizophrenia or in bipolar disorder. An example of a religious delusion is someone thinking that they are God or that they have a special mission from God. People may also interpret voices or things they see as being signs guiding them on a spiritual mission.

One person, Jake, shared his story with religious delusions, quote "The voices thought of me as the next incarnation of Jesus Christ, and that I was destined to take my place as God on earth. This bothered me at first. After a few days of this, I began to believe it and started making plans for how to spread my gospel to the people. Since I have been in treatment, I don't believe this anymore." End quote.

It's important for us to remember that, while it may seem strange to us that someone believes they are God, the person may feel strongly that it is true, and we should not try to talk someone out of their belief or prove them wrong. For the person experiencing the delusion, it is real to them. You can respond to people without agreeing to their religious delusion by saying things like "I hear what you are saying" or "It sounds like you're under a lot of pressure."

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

InSight Roll Call Message: Grandiose Delusions

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release. Early psychosis refers to the early stage of mental illnesses that can cause hearing voices or having unusual beliefs. Schizophrenia is one example of a mental illness that can cause psychosis. Getting the right kind of treatment as early as possible can make a big difference.

In other InSight roll call messages, we've talked about delusions, or strongly held beliefs that seem extreme or unusual to others. Today's message from **InSight** is about **grandiose delusions**. Grandiose delusions refer to unrealistic beliefs of superiority and can be a sign of psychosis or of bipolar disorder. When a person shows signs of grandiose delusions, they become convinced they are special, powerful, important, wealthy, or famous, even though they really aren't. For example, they may believe they have a special mission from God, that they are a famous musician, that they are married to someone famous, that they are very wealthy, or that they have a very high-level job.

Grandiose delusions are one of the most common kinds of delusions. Unlike paranoid delusions, which can be scary for people, grandiose delusions often are associated with high self-esteem and an elevated mood. It is usually not helpful to try to talk someone out of their delusions, convince them that their belief is untrue, or try to prove them wrong. For the person having the delusions, it is completely real to them. You also don't want to go along with the delusion. It may be most helpful to listen in a caring way and help them feel heard.

Early psychosis is often missed. Many people with psychosis don't get into treatment soon enough, making it harder for them to get their lives back on track. InSight aims to get inmates ages 18 to 30 into treatment as soon as possible. If we see anyone who might be having symptoms like grandiose delusions or other symptoms such as hearing voices, having odd beliefs, whispering to themselves, or withdrawing from others, we need to refer them to Mental Health.

Appendix B: Sample Roll Call Schedule

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--------|---------|-----------|----------|--------|----------|
| 28 | 29 | 30 | 31 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ROLL CALL MESSAGE #1: What is Psychosis? <i>Read roll call message at each shift for 7 consecutive days</i> | | | | | | |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| OFF WEEK | | | | | | |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| ROLL CALL MESSAGE #2: What are Hallucinations? <i>Read roll call message at each shift for 7 consecutive days</i> | | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 | 1 |
| OFF WEEK | | | | | | |

Appendix C: Postcards

Seven postcards are contained on the following pages of the Toolkit. They are meant to be printed double-sided. The following postcards are included:

1. InSight - Detect, Refer, Change Lives
2. What is Early Psychosis?
3. What are Hallucinations?
4. Signs to Watch For (Photo of Correction Officer)
5. What is the SEESS? (Photo of Specialized Early Engagement Support Services)
6. What is Specialty Care for Early Psychosis? (Photo of OnTrackNY Team)
7. What is Recovery from Early Psychosis? (Photo of a Young Person)



InSight is a project to help inmates, 18–30 years old, experiencing early psychosis, such as hearing voices or having unusual beliefs, get connected to Mental Health treatment sooner, including specialized mental health care after release.



DETECT.

EARLY DETECTION MATTERS.

Correction Officers are the eyes and ears for Mental Health. InSight is about giving Correction Officers additional tools to recognize signs and symptoms of psychosis.



REFER.

REFER TO MENTAL HEALTH.

The earlier someone is referred, the more likely they will get the appropriate treatment they need. This makes *their* lives better and *your* jobs easier.



CHANGE LIVES.

SPECIALTY CARE CHANGES LIVES.

There is specialty care available in every borough of New York City that inmates may be eligible for after release. It can increase someone's chances of getting back on track – in work, in school, and in leading meaningful and productive lives. InSight will link people to these services.



WHAT IS EARLY PSYCHOSIS?

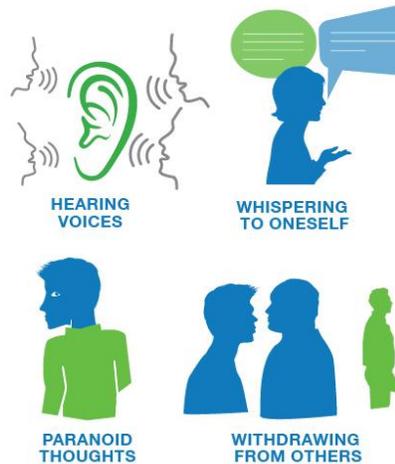
WHAT IS EARLY PSYCHOSIS?

InSight is a project to help inmates, 18–30 years old, experiencing early psychosis, such as hearing voices or having unusual beliefs, get connected to Mental Health treatment sooner, including specialized mental health care after release.

- ❑ People with psychosis have a treatable mental illness.
- ❑ Schizophrenia is one example of a mental illness that can cause psychosis.
- ❑ Early psychosis is often missed. Getting early treatment can make a big difference.

KEY FACTS

SIGNS TO WATCH FOR





HALLUCINATIONS ARE EXPERIENCES OF

HEARING



SEEING



SMELLING



FEELING



TASTING



- Even though hallucinations can happen in any of the five senses, **auditory hallucinations are the most common**. Auditory hallucinations occur when someone hears voices, even though no one is really there speaking.
- Auditory hallucinations may be voices calling one's name, commenting on one's actions, making mean comments, or giving commands.
- Individuals with psychosis may react to the voices they are hearing—for example, they may talk to themselves, whisper to themselves, or look around as if someone else is talking.

InSight is a project to help inmates, 18–30 years old, experiencing early psychosis, such as hearing voices or having unusual beliefs, get connected to Mental Health treatment sooner, including specialized mental health care after release.

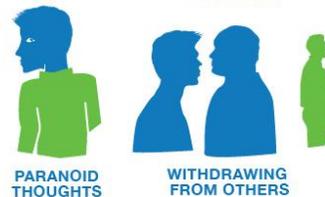


WHAT IS EARLY PSYCHOSIS?

- Early psychosis refers to the early stage of certain mental illnesses, usually among those 18–30 years old. Early psychosis can cause psychotic symptoms such as hearing voices or having unusual beliefs.
- Schizophrenia is one example of a mental illness that can cause psychotic symptoms.
- Even though hallucinations can happen in any of the five senses, hearing voices is the experience that is most common in early psychosis. Hearing voices can be frightening.
- Delusions are false beliefs that may be quite unusual. People who have paranoia or paranoid delusions often feel very afraid.
- Psychosis is treatable. Getting the right kind of specialty treatment as early as possible can make a big difference.

KEY FACTS

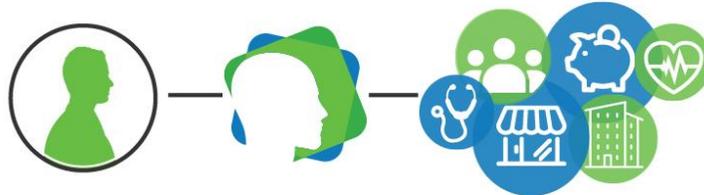
SIGNS TO WATCH FOR



If we see anyone who might be having symptoms such as hearing voices or whispering to themselves, or having unusual beliefs or paranoia, we need to refer them to Mental Health.



WHAT IS THE SPECIALIZED EARLY ENGAGEMENT SUPPORT SERVICE?



- Specialty services are available to help incarcerated individuals, 18–30 years old, with early psychosis, get connected to specialty care after release.
- Specialty care, such as the OnTrackNY program across New York City and New York State, is available to help young people with early psychosis reduce their symptoms and reach their goals for school and work.
- The Specialized Early Engagement Support Service works with individuals with early psychosis to link them to specialty care after release.
- Correction officers can help by identifying young people in jail who might have early psychosis, and referring them to mental health.
- Early detection and early engagement in care can change lives.



WHAT IS SPECIALTY CARE FOR EARLY PSYCHOSIS?

- Early psychosis refers to the early stage of certain mental illnesses, usually among those 18–30 years old. Early psychosis can cause psychotic symptoms such as hearing voices or having unusual beliefs.
- Specialty care for early psychosis includes counseling, medications, education about the illness, and support getting back into school or work.
- Research shows that when young people with early psychosis get the right kind of treatment as soon as possible, they are more likely to reach their goals for school and work.
- Psychosis is treatable. Getting the right kind of specialty treatment as early as possible can make a big difference.
- Specialty care for early psychosis is available in the community. Incarcerated individuals can get connected to specialty care upon release.



CONNECTION TO COMMUNITY SERVICES



INDIVIDUAL THERAPY/
MEDICATION MANAGEMENT



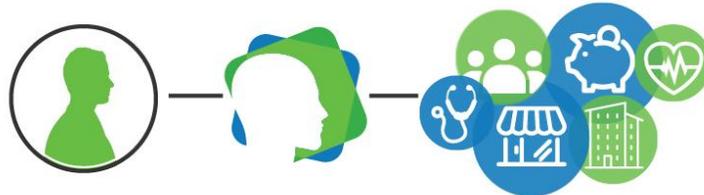
EMPLOYMENT/
EDUCATION SUPPORT



GROUP THERAPY / FAMILY THERAPY



WHAT IS RECOVERY FROM EARLY PSYCHOSIS?



- Early psychosis refers to the early stage of certain mental illnesses, usually among those 18–30 years old. Early psychosis can cause psychotic symptoms such as hearing voices or having unusual beliefs.
- Specialty care is available and is designed to help young people with early psychosis **reduce symptoms and reach their goals for school and work.**
- Recovery is the ability to live a meaningful life while pursuing one’s goals, despite having an illness.
- **Psychosis is treatable. Recovery is possible.** Getting the right kind of specialty treatment as early as possible can make a big difference.
- Identifying young people in jail who might have early psychosis, and referring them to mental health, will help them get into specialty care for early psychosis after release.

Appendix D: Memo Book Insert



IDENTIFYING EARLY PSYCHOSIS

InSight is a project to help inmates, ages 18 to 30 years old, with **early psychosis** get connected to Mental Health treatment sooner, including specialized mental health care after release.

Key Facts

- People with psychosis have a treatable mental illness.
- Early psychosis refers to the early stage of mental illnesses that can cause hearing voices or having unusual beliefs.
- Early psychosis usually begins between the ages of 18 and 30.
- Schizophrenia is one example of a mental illness that can cause psychosis.
- Getting the right kind of treatment as early as possible can make a big difference.

People with psychosis may experience symptoms such as:

- Hearing voices (hallucinations)
- Whispering to themselves
- Acting like they're responding to something when there is nothing there or appearing to be talking to someone when no one is present
- Having beliefs that are not true or are unusual (delusions)
- Withdrawing from groups
- Speaking in a jumbled manner or not making sense while talking

**If you notice an inmate showing any of these signs,
refer them to mental health services.**

Key Definitions

Hallucinations: unusual experiences in one of the five senses (hearing, seeing, smelling, tasting, feeling). **Auditory hallucinations (hearing voices)** are the most common.

Delusions: false beliefs that are persistent, odd/bizarre, not rooted in reality

- **Paranoid delusions** are the most common (belief that people are against you or trying to get you).
- **Somatic delusions** are false beliefs about something being wrong with one's body or health.

Paranoia: intense feelings of anxiety or fear. The inmate might express a belief that there are plots or plans against them, or that someone is watching, talking about, or spying on them. Signs include:

- Mistrust
- Hyper-vigilance
- Fear of being deceived
- Being on edge and not able to relax
- Being argumentative

Apathy: not caring about things anymore. Signs include:

- Neglecting personal hygiene
- Not talking or socializing with others
- Not caring about participating in activities
- Not caring about or enjoying food
- Slowness in thinking, speaking or movement

Early Treatment Matters

- The earlier someone is referred to Mental Health, the more likely they are to get better.
- The best time to start treatment for psychosis is as soon as symptoms appear.
- The best treatment for the symptoms of psychosis is medicine.
- There is a specialty mental health care program available in every borough of NYC that inmates may be eligible for after release. InSight will link people to these services.
- Recovery is possible. When people receive the right kind of treatment during the early stages of psychosis, they are more likely to reach their goals for school or work. This could help them stay out of trouble and stay out of jail.

Appendix E: Early Treatment Resources

There are several organizations across the country that provide assistance in locating local specialty programs for early psychosis. Visit EPINET (Early Psychosis Intervention Network) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to find national treatment locators and other useful information for clients, families, and providers working with people with early psychosis.

- [EPINET Resources:](https://nationalepinet.org/resources/clients-and-families/#finding-help-anchor)
<https://nationalepinet.org/resources/clients-and-families/#finding-help-anchor>
- [SAMHSA Early Serious Mental Illness Treatment Locator:](https://www.samhsa.gov/esmi-treatment-locator)
<https://www.samhsa.gov/esmi-treatment-locator>