

Early Psychosis Intervention

(e.g. AOD Induced, Bipolar, Schizophreniform)

Referral with symptoms of Psychosis
*E.g. Hallucinations, paranoia, sudden change
in behaviour /mood*

Referral with Prodromal symptoms
*E.g. Change in sleep, isolation, low mood,
anxiety*

Early Psychosis Intervention (EPI) Pathway for Assessment (use PQ Questionnaire,
check a.o. drug use, family history, trauma, exclude medical cause)
*Psychosis: Urgent Assessment the same day or Priority Choice Appointment within 72 hrs.
Prodromal symptoms: Choice Appointment*

Triage

Meets criteria for Psychosis
or Prodromal

Doesn't meet criteria for
Psychosis or Prodromal
--> Recommendations

CAMHS
Allocation
Pathway

EPI Pathway
Allocated

Further assessment

Positive and Negative symptoms (Clinical and/or e.g. PANSS)

Intensive Key-working, especially in Acute Phase

i.e. At least three contacts per week

Psychiatric Assessment for medication and/or diagnostic clarification

Acute = same day

Non-acute = Key-workers discretion, but within 10 days

Present at next available MDT & on a regular ongoing basis at Key-workers discretion,
but no more than 6 weeks in between as per CAPA Guidelines

Metabolic Monitoring

Appropriate resources &/or interventions explored & established to reduce social exclusion.
*E.g. Occupational Therapy, Psychology, Health & Wellness, Northern Health Schooling, Employ NZ, outside
agencies (e.g. Community support worker), etc.*