

Desirable outcomes		Where are you now?			Action plan			
10 strategic recommendations from the WHO Consensus statement	5 priority outcomes from the Newcastle Declaration	Resource / efficacy scenarios	Demonstrable evidence	Tick those which apply	Action Required	Taken by	What will be different?	How will this be measured?
1. Provide treatment in primary care: <i>early detection and access to comprehensive community-based mental health services</i>	Priority outcome 2. Improve Access, Engagement and treatment.	Low	Primary care health personnel can recognise and initiate treatment for early psychosis					
	✦ The mean duration of untreated psychosis from the onset of psychosis (DuP) is less than three months	Medium	Pilot care pathway audits of those developing early psychosis to improve detection and treatment					
	✦ The use of involuntary treatments in the first engagement is less than 25%	High	Develop strategies which reduce the time taken to access support from the onset of psychosis (Duration of Untreated Psychosis)					
	✦ Effective treatment will be provided after no more than 3 attempts to seek help		Integrated Care Pathways are routinely evaluated based on agreed Referral Guidelines between primary care, relevant community agencies, and specialist services.					
	✦ Suicide rates within the first two years from diagnosis will be less than 1%		Develop special access channels for these clients.					

Desirable outcomes		Where are you now?			Action plan			
10 strategic recommendations from the WHO Consensus statement	5 priority outcomes from the Newcastle Declaration	Resource / efficacy scenarios	Demonstrable evidence	Tick those which apply	Action Required	Taken by	What will be different?	How will this be measured?
2. Make psychotropic and psychosocial interventions available:	Priority outcome 2. Improve Access, Engagement and treatment.	Low	Low dose typical antipsychotic and other relevant medications are available and offered routinely to people with early psychosis in all health care settings					
	⊕ The mean duration of untreated psychosis from the onset of psychosis (DuP) is less than three months		Practical psychosocial support available via family, friends and community organizers.					
	⊕ The use of involuntary treatments in the first engagement is less than 25%	Medium	Initiate pilot mental health programmes to provide comprehensive care and treatment ( <i>i.e. psychotropic and psychosocial – the latter available to consumer and family</i> )					
	⊕ Effective treatment will be provided after no more than 3 attempts to seek help		Low dose atypical antipsychotic medication are available and offered routinely in all health care settings					
	⊕ Suicide rates within the first two years from diagnosis will be less than 1%	High	Low dose atypical antipsychotic medicines are offered as drug treatment of first choice					
			Cognitive behavioural therapy is routinely available					
			Family interventions are routinely available					
				The following treatment programmes are routinely provided: vocational recovery; continuing care; relapse prevention; substance use harm reduction.				

Desirable outcomes		Where are you now?			Action plan			
10 strategic recommendations from the WHO Consensus statement	5 priority outcomes from the Newcastle Declaration	Resource / efficacy scenarios	Demonstrable evidence	Tick those which apply	Action Required	Taken by	What will be different?	How will this be measured?
3. Give care in the community: <i>move towards least restrictive and least coercive service approaches</i>	Priority outcome 2. Improve Access, Engagement and treatment	Low	Move away from institutional and custodial models of care for those with early psychosis who have a persistent and disabling course and provide community care wherever possible for early psychosis					
			Preferred in-patient facility of a general hospital psychiatric unit rather than traditional mental asylum					
	<ul style="list-style-type: none"> <li>⊕ The mean duration of untreated psychosis from the onset of psychosis (DuP) is less than three months</li> <li>⊕ The use of involuntary treatments in the first engagement is less than 25%</li> <li>⊕ Effective treatment will be provided after no more than 3 attempts to seek help</li> <li>⊕ Suicide rates within the first two years from diagnosis will be less than 1%</li> </ul>	Medium	Initiate schemes which divert people with early psychosis presenting to criminal justice services, more appropriately into mental health services					
			Use of involuntary treatment in early psychosis is measured routinely.					
		High	Develop strategies to minimise the use of involuntary treatments in early psychosis, e.g. home-based intervention, alternative residential settings.					
			'Streamed' youth-focused in-patient services are routinely available					
			Develop youth-friendly day programmes					
			Develop youth oriented residential facilities to support independent living for young people with psychoses					
			Strategies for reducing risk of suicide for people with early psychosis are developed					
			Individuals with early psychosis are offered treatment and care in community settings wherever possible					

Desirable outcomes		Where are you now?			Action plan			
10 strategic recommendations from the WHO Consensus statement	5 priority outcomes from the Newcastle Declaration	Resource / efficacy scenarios	Demonstrable evidence	Tick those which apply	Action Required	Taken by	What will be different?	How will this be measured?
4. Educate the public: <i>raise community awareness about the importance and the opportunities for earlier detection and improved management of psychosis</i>	Priority outcome 1. Raise Community Awareness  ✦ All 15 year olds are equipped by mainstream education to understand and deal with psychosis  ✦ Psychosis specific training is available to teachers and other relevant community agencies	Low	Support public campaigns to raise awareness about mental illness in young people					
			Support nongovernmental organizations in public education					
		Medium	Support campaigns directed at young people which reduce stigma and discrimination against mental illness					
			Initiate evidence-based mental health promotion and early intervention programmes in collaboration with other sectors					
		High	Launch public campaigns to raise awareness about the recognition and treatment of early psychosis.					
			As part of mainstream education all young people are taught about psychosis					
			Psychosis awareness training is provided to teachers, youth and welfare workers, police and criminal justice services and other relevant community agencies					

Desirable outcomes		Where are you now?			Action plan			
10 strategic recommendations from the WHO Consensus statement	5 priority outcomes from the Newcastle Declaration	Resource / efficacy scenarios	Demonstrable evidence	Tick those which apply	Action Required	Taken by	What will be different?	How will this be measured?
5. Involve communities, families and consumers:	Priority outcome 4. Family Engagement and Support  ⊕ Services will give a meaningful response to families or key supporters within one week  ⊕ 90% of families will feel respected and valued as partners in care	Low	Support the formation of self-help groups for young people with early psychosis, family members and key supporters					
			Fund schemes for nongovernmental organizations and mental health initiatives					
		Medium	Pilot initiatives which help families and key supporters access help and information about early psychosis					
			Representation of communities, consumers and families in services and policy making					
High	Families and key supporters will receive effective services appropriate to their needs, and access to advocacy support as appropriate. Services should systematically demonstrate effectiveness in terms of <ul style="list-style-type: none"> <li>▪ <i>Early engagement of families and close friends</i></li> <li>▪ <i>whether families feel valued as partners in care</i></li> </ul>							

Desirable outcomes		Where are you now?			Action plan			
10 strategic recommendations from the WHO Consensus statement	5 priority outcomes from the Newcastle Declaration	Resource / efficacy scenarios	Demonstrable evidence	Tick those which apply	Action Required	Taken by	What will be different?	How will this be measured?
6. Establish national policies, programmes and legislation	Underpinning outcome	Low	Formulate mental health programmes and policy					
			Increase the budget for mental health care to at least 5% of GDP					
		Medium	Emerging policy and a financial commitment to improve services for people with early psychosis and their families					
			Growth in mental health expenditure focused on young people with early psychosis.					
		High	Consumers and families are represented in service development, training and policy-making					
			Early intervention in psychosis is embraced as a key national priority demonstrated by investment of resources					
			Specific commitment in terms of policy and health spending which underpin services for young people with psychosis and their families					

Desirable outcomes		Where are you now?			Action plan			
10 strategic recommendations from the WHO Consensus statement	5 priority outcomes from the Newcastle Declaration	Resource / efficacy scenarios	Demonstrable evidence	Tick those which apply	Action Required	Taken by	What will be different?	How will this be measured?
7. Develop human resources	Priority outcome 5. Provide Practitioner learning  ✚ Recognition, care and treatment of young people with psychosis is a routine part of training curricula of all primary care and social care practitioners  ✚ Specific Early Intervention training programmes are resourced and evaluated	Low	Primary care health practitioners recognise, through awareness training, that young people with psychosis have their own legitimate mental health concerns and needs					
			Awareness training of psychiatrists and nurses about early psychosis care and treatment					
		Medium	Specialist mental health practitioners receive specific training about the recognition, care and treatment of young people with early psychosis					
			High	Specialist mental health practitioners develop advanced skills and knowledge about early detection, care and treatment of psychotic disorders in young people.				
				Recognition, care and treatment of young people with psychosis and their families should form a routine part of the training curricula of all primary (generalist) health and social care practitioners				
			Psychosis awareness training is provided to teachers, youth and welfare workers, police and criminal justice services and other relevant community agencies					

Desirable outcomes		Where are you now?			Action plan			
10 strategic recommendations from the WHO Consensus statement	5 priority outcomes from the Newcastle Declaration	Resource / efficacy scenarios	Demonstrable evidence	Tick those which apply	Action Required	Taken by	What will be different?	How will this be measured?
8. Link with other sectors: <i>to facilitate the increasingly regarded concept of recovery</i>	Priority outcome 1. Raise Community Awareness	Low	Initiate school and workplace mental health programmes					
	✦ All 15 year olds are equipped by mainstream education to understand and deal with psychosis		Encourage the activities of non-governmental organizations					
	✦ Psychosis specific training is available to teachers and other relevant community agencies	Medium	Strengthen school and workplace mental health programmes					
	Priority outcome 3. Promote Recovery and Ordinary Lives		Links are developed between substance misuse and psychosis care and treatment programmes					
	✦ Suicide rates within the first two years from diagnosis will be less than 1%	High	Develop effective youth-friendly integrated programmes for supporting access to work, education and recreation. Effectiveness should be demonstrated e.g.					
	✦ Two years after diagnosis 90% of affected individuals have employment / education rates similar to their age / gender matched peers		<ul style="list-style-type: none"> <li>▪ <i>client satisfaction</i></li> <li>▪ <i>employment rates</i></li> <li>▪ <i>educational achievement</i></li> <li>▪ <i>access to accommodation</i></li> </ul>					
	✦ Two years after diagnosis 90% of affected individuals will report satisfaction with their employment, educational and social attainments		Develop integrated programmes for care and treatment of those with a combination of early psychosis and substance misuse problems with a single unified service system.					

Desirable outcomes		Where are you now?			Action plan			
10 strategic recommendations from the WHO Consensus statement	5 priority outcomes from the Newcastle Declaration	Resource / efficacy scenarios	Demonstrable evidence	Tick those which apply	Action Required	Taken by	What will be different?	How will this be measured?
9. Monitor community mental health: relevant indicators of early psychosis	Underpinning outcome	Low	Include mental disorders in basic health information systems					
	Underpinning outcome		Survey high-risk population groups					
	Underpinning outcome	Medium	Institute surveillance for early psychosis in the community					
	Underpinning outcome	High	Develop advanced mental health monitoring systems for early psychosis which can measure Duration of Untreated Psychosis; positive recovery outcomes; morbidity in health and social terms; mortality (including suicide); cost and burden					
	Underpinning outcome		Monitor effectiveness and cost-effectiveness of prevention and treatment programmes in early psychosis.					

Desirable outcomes		Where are you now?			Action plan			
10 strategic recommendations from the WHO Consensus statement	5 priority outcomes from the Newcastle Declaration	Resource / efficacy scenarios	Demonstrable evidence	Tick those which apply	Action Required	Taken by	What will be different?	How will this be measured?
10. Support more research	Underpinning outcome	Low	Conduct studies on the prevalence, course, outcome and impact of early psychosis in the community					
		Medium	Institute effectiveness and cost-effectiveness studies for management of early psychosis					
		High	Studies on causes of psychosis					
			Studies on prevention of psychosis					
			Studies on novel psychosocial and psycho-pharmacological interventions					
			Studies on service delivery models <i>e.g. urban / rural / dispersed rural</i>					
		Studies about prevalence and needs of children and adolescents with early psychosis (aged under 16) both in terms of early detection and intervention implications						