


Reducing Duration of Untreated Psychosis: Strengthening the Case for Early Detection Campaigns

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Objective: The Clear Answers to Louisiana Mental Health (CALM) campaign's objective is to reduce the duration of untreated psychosis (DUP) of patients experiencing first-episode psychosis in the New Orleans community.

Methods: CALM used mass transit and digital marketing and local community engagement strategies to reduce DUP in referrals to the Early Psychosis Intervention Clinic–New Orleans. DUP measures were collected for clinic referrals pre- and post-CALM launch (N=116). Analytics from marketing strategies were used to evaluate campaign success.

Results: In the first 12 months of CALM, the mean DUP from onset of psychotic symptoms to clinic entry decreased from a median of 6.6 (interquartile range [IQR]=2.5–14.9) to 2.1 (IQR=1.1–10.7) months. Time from onset of psychotic symptoms to first antipsychotic treatment decreased from a median of 2.0 (IQR=0.5–8.6) to 0.2 (IQR=0.0–0.7) months.

Conclusions: The CALM campaign produced promising results for reducing DUP in referrals to a coordinated specialty care program.

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Approximately 3% of people experience psychosis in their lifetime, often first in adolescence and young adulthood, sometimes signaling the emergence of severe mental illnesses such as schizophrenia and bipolar disorder (1). These disorders pose significant burdens and costs to individuals and health care systems worldwide. Early intervention for psychotic disorders has improved patient outcomes (2), likely by shortening the duration of untreated psychosis (DUP) (3). Recognizing this finding, the U.S. federal government has supported expansion of first-episode psychosis (FEP) programs, referred to as coordinated specialty care (CSC), mandating that states allocate 10% of their Community Mental Health Services Block Grant to CSC (4). By 2019, >260 CSC programs had been established across 49 U.S. states (5). Although implementation and expansion of CSC clinics has been successful across the United States, reducing DUP remains a challenge but is critical to improving outcomes for those receiving treatment for FEP (6).

Two pioneer early detection campaigns have shown promising results in reducing DUP through psychosis awareness campaigns. The Treatment and Intervention in Psychosis (TIPS) clinic in Norway achieved a significant reduction in DUP, cutting it from 16 to 5 weeks through a combination of psychosis early detection teams and public awareness campaigns (7). The Specialized Treatment Early

in Psychosis (STEP) Clinic in New Haven launched the MindMap campaign by using mass-marketing and digital strategies to raise awareness about early psychosis, streamlining the STEP referral process, and reducing DUP by >50%, from 311 days to 149 days (8). These successes underscore the effectiveness of targeted approaches for reducing DUP.

The Early Psychosis Intervention Clinic–New Orleans (EPIC-NOLA) is set to emulate and enhance the TIPS and MindMap initiatives with its own psychosis awareness

HIGHLIGHTS

- In the first 12 months of a psychosis early detection campaign in New Orleans, the total length of duration of untreated psychosis decreased by 68%.
- The campaign used digital and mass-marketing strategies that significantly increased social media impressions and engagements, with transit advertisements yielding >1.6 million impressions.
- An online psychosis screening quiz was completed 777 times, but postquiz engagement was limited, highlighting the need for further investigating the barriers between the initial help-seeking behavior (i.e., taking the quiz) and subsequent follow-up.

campaign: Clear Answers to Louisiana Mental Health (CALM). EPIC-NOLA's home is New Orleans, where approximately 27% of the population lives below the poverty line, with a median household income of \$36,792—about \$20,000 less than the U.S. median (9). Furthermore, the state of Louisiana ranks 50th in funding for community mental health services, underscoring the need for urgent interventions to target the extremely high barriers to FEP care in underserved communities (10). Through the lens of this unique community and by using local community engagement and mass-marketing and digital strategies, CALM aims to elevate psychosis awareness and stress the importance of early psychosis intervention, with the primary goal of reducing DUP for those referred to EPIC-NOLA.

In this preliminary analysis, we examined the DUP for patients referred to EPIC-NOLA before the CALM relaunch and during the first 12 months of the campaign. The analysis also included insights into the campaign's effectiveness, informing the development of strategies and content for the next 2 years.

METHODS

In 2017, the CALM program was launched after a successful crowd-sourcing campaign, which funded an initial partnership with Red Rock Branding to build the CALM brand and create a basic website. From 2017 to 2021, which included the COVID-19 pandemic period, CALM was maintained by grassroots efforts from EPIC-NOLA staff. Activities included setting up tables at local health fair events, small fundraisers, and providing educational talks (virtually and in person) around the city. With additional funding obtained in 2022 through one-time American Rescue Plan Act (ARPA) dollars, the campaign was relaunched. In this phase, CALM collaborated with Fireside Films and Red Rock Marketing to enhance the campaign's impact. Fireside Films helped create engaging content and narratives for CALM's various media platforms. Red Rock Marketing was a key player in the campaign's success, bringing valuable experience from its involvement in STEP's MindMap campaign. Red Rock Marketing helped to devise a comprehensive strategy to maximize the reach of the campaign, centered around three primary areas: mass transit marketing, digital marketing, and local community engagement.

CALM's implementation spanned various aspects of outreach and engagement. A 2-month bus and billboard mass-marketing campaign was rolled out. Digital media efforts involved expanding CALM's social media presence across multiple platforms, revamping the CALM website, and running digital ads. Quizzes for early detection of psychosis were developed for the website, one for individuals and another for friends, families, and allies. Questions for the quizzes were adapted from the PRIME (Prevention Through Risk Identification, Management, and Education) screening tool (www.prime.research.yale.edu/prime-screener).

Community engagement included participation in multiple local health events, hosting a citywide gala, providing services to agencies that interfaced with our target population, and distributing educational and promotional materials across the city. The campaign's messaging centered on two guiding principles generally accepted by the FEP research community: early psychosis intervention works, and shorter DUP is associated with better outcomes. Messaging was direct and aimed to convey hope and a sense of urgency. Taglines included "Psychosis is real, so is recovery" and "Losing touch with reality? Let's figure it out," with integrated QR codes provided for accessing the online quiz whenever possible. (For several graphic examples of the outreach campaign, see the online supplement to this report.)

Topics included identifying signs and symptoms of emerging psychosis, including clinical high-risk states and the importance of making a streamlined referral to EPIC-NOLA. A call to action prompted individuals with such symptoms to take the next step by reaching out to CALM. Insights from those with lived experience at EPIC-NOLA were included to inform the campaign's messaging. Additionally, sociocultural themes unique to New Orleans were integrated into this campaign. For instance, voodoo and belief in the supernatural were addressed in a myths and truths section of the campaign.

To evaluate the campaign's impact, we collected data of eligible individuals referred to EPIC before and after the CALM relaunch. Data were collected from the clinical assessments in the electronic medical record (EMR) and from the core assessment battery (CAB) examination, once EPIC became part of the EPINET (Early Psychosis Intervention Network) project (5). Eligibility criteria were the same as in the 2022 MindMap trial: age between 16 and 35 years, psychosis onset within the past 3 years, and enrolled in care at EPIC-NOLA. The DUP start date was established through team consensus after clinical evaluations were completed and then documented in the EMR and CAB. The date for first antipsychotic medication use was established through clinical interviews and record review. The date of first entry into EPIC was the date of referral into the program. For consistency with past research, we defined DUP metrics in line with the MindMap trial, including DUP-total, defined as the time from onset of psychotic symptoms to entry to EPIC; DUP-demand, the time from onset of psychotic symptoms to first receipt of an antipsychotic; and DUP-supply, the time from first receipt of an antipsychotic to EPIC entry. We measured differences in DUP-total, DUP-demand, and DUP-supply before and after the campaign's relaunch and compared them by using median tests (11). We also monitored digital engagement through website visits, social media activity, e-mail subscriptions, and quiz responses. Social media analytics provided data on follower growth, video views, and impressions, offering insights into the campaign's reach and effectiveness. The institutional review board of Tulane University approved this study (2021-1950-OTH).

TABLE 1. Demographic characteristics of help seekers with early-onset psychosis pre- and postimplementation of the Clear Answers to Louisiana Mental Health (CALM) campaign

Characteristic	Pre-CALM (N=87)		Post-CALM (N=29)		Pre- vs. post-CALM comparison		
	N	%	N	%	χ^2	df	p
Age in years					2.79	3	.426
16–18	20	23	5	17			
19–21	24	28	11	38			
22–25	21	24	9	31			
≥26	22	25	4	14			
Sex assigned at birth					2.08	1	.149
Male	29	33	15	52			
Female	58	67	14	48			
Gender identity					7.05	2	.029
Male	28	32	12	41			
Female	58	67	14	48			
Transgender	1	1	3	10			
Race					2.02	2	.363
Black or African American	44	51	11	38			
White	26	30	9	31			
Other ^a	17	20	9	31			

^a Includes Asian (north, south, and east), American Indian or Alaska Native, Native Hawaiian or Pacific Islander, White-Arabic or Middle Eastern, prefer not to say, and unsure or don't know.

RESULTS

Data from eligible individuals (N=87) who enrolled in care from September 2017 to July 2022 composed the pre-CALM sample, and those who enrolled from August 2022 to July 2023 (N=29) made up the post-CALM sample. The pre- and post-CALM participants did not differ significantly in most sociodemographic characteristics (Table 1), except for a larger number of transgender participants in the post-CALM period (three participants in the post-CALM period vs. one in the pre-CALM period). DUP-total data were available for 82 (94%) pre-CALM participants and 23 (79%) post-CALM participants. The corresponding numbers of participants with available data were 69 (79%) and 18 (62%) for DUP-demand and 61 (70%) and 18 (62%) for DUP-supply, respectively. The median DUP-total was significantly shorter in the post-CALM period (median=2.1 months, interquartile range [IQR]=1.1–10.7 months) compared with the pre-CALM period (median=6.6 months, IQR=2.5–14.9 months) ($\chi^2=4.29$, df=1, p=0.038). Similarly, DUP-demand was significantly shorter in the post-CALM period (median=0.2 months, IQR=0.0–0.7 months) compared with the pre-CALM period (median=2.0 months, IQR=0.5–8.6) ($\chi^2=6.17$, df=1, p=0.013). DUP-supply, however, was not significantly different between the post-CALM (median=1.0 months, IQR=0.0–1.0) and pre-CALM (median=1.0 months, IQR=0.0–5.0) periods.

The campaign’s mass-marketing and digital engagement strategies exceeded initial expectations. Mass transit marketing achieved >1.6 million impressions, 50% above health

industry standards, and the digital campaign resulted in 2,000 clicks to access the psychosis quiz and in 777 quiz completions. We also noted a marked increase in social media engagement. Total impressions across platforms grew by 7,080%, reaching >205,000 impressions. Engagements on social media increased by 4,063%, and YouTube views increased by 636%, totaling 15,000 views. Link clicks from social media rose by 571%.

The campaign not only boosted website engagement but also highlighted areas for further research. After the quiz, 35 people subscribed to CALM e-mails, showing ongoing interest in the campaign’s efforts. Of these, 13 had taken the individual quiz, 20 had participated in the friends and family quiz, and two fell into miscellaneous categories. The quiz saw an even split in completions, with roughly half by individuals and half by family members. However, of the 777 completions, only 10 individuals reached out via e-mail to seek further information on psychosis and reported symptoms.

DISCUSSION

In this study, we found that an initiative for early detection of psychosis, conducted in the context of EPIC, is associated with a significant reduction in DUP. Early detection initiatives such as TIPS, MindMap, and now CALM have shown effectiveness in a wide array of settings with participants from diverse cultural, racial, and socioeconomic backgrounds. The CALM campaign’s implementation in the underresourced community of New Orleans further supports the feasibility of early detection initiatives in these settings.

Although initiatives such as CALM and MindMap campaigns can effectively reduce DUP in the context of CSC services, few such services have implemented these initiatives. A possible reason for the lack of implementation is that these strategies are not part of typical training for mental health professionals and require creative and interdisciplinary collaborations with fields outside of health care. However, the success of CALM’s strategy, which merged mental health expertise with broader skills in marketing and digital content creation, showcases the potential benefits of these approaches in the context of psychosis awareness and early intervention.

Concerns about funding these initiatives are valid but not insurmountable. After EPIC leadership demonstrated that the one-time ARPA funding enabled success with CALM, the Louisiana Office of Behavioral Health (OBH) recognized the value of early psychosis detection. CALM is now part of the overall contract between EPIC-NOLA and OBH to continue early detection efforts. CALM’s ability to secure funding in Louisiana’s challenging economic climate demonstrates both the practicality of executing such a campaign within budgetary constraints and the considerable impact this type of campaign can have on mental health outcomes and community engagement. This approach aligns with research emphasizing the long-term cost-effectiveness of

early mental health interventions, suggesting that investing in early detection and intervention reduces health care costs and improves patient outcomes. A practical measure for broader implementation of similar programs could be the allocation of a specific portion of CSC funding toward early detection efforts by using proven models like MindMap and CALM. Such strategic funding allocation, coupled with the demonstrated success of the CALM campaign, paves the way for broader implementation of similar initiatives. This approach could significantly enhance the reach and effectiveness of mental health services, especially in communities where access to such resources has traditionally been limited.

Our study also identified areas for improvement in this early detection initiative. The limited postquiz follow-up, combined with the fact that approximately one in four quiz participants screened positive for psychosis symptoms, highlights a critical gap between initial engagement and subsequent action. This gap underscores the need to further examine the barriers preventing follow-up after initial help-seeking behavior. Our program is actively engaged in analyzing these quiz outcomes and developing targeted interventions to encourage individuals to take the next step in seeking further guidance and support after completing a psychosis symptom quiz.

CONCLUSIONS

EPIC-NOLA is expanding clinical services to other areas of Louisiana through the establishment of satellite programs. Alongside the clinical expansion, the CALM early detection campaign will be tailored to the various sites throughout the state, adapted to each community's unique needs. Although establishing a direct causal relationship between the campaign and a decrease in DUP in clinic referrals is challenging, we noted a trend toward a shortened period between symptom onset and psychosis care in the New Orleans community. Given the significant stigma and obstacles associated with seeking treatment for psychosis, proactive outreach to potential patients is crucial. Initiatives such as CALM play a key role in this process, ensuring that young people experiencing psychosis have a clear, accessible path to the care they need.

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