

Schizophrenia Research Foundation



MANUAL

SCARF First Episode Psychosis Model

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I. Acknowledgements

The development of the SCARF First Episode Psychosis (FEP) Model and this manual is the result of sustained efforts over more than two decades at the Schizophrenia Research Foundation (SCARF), Chennai. We acknowledge the contributions of clinicians, researchers, case managers, and support staff who have worked consistently to build, refine, and implement this model in real-world settings.

We extend our sincere gratitude to the individuals and families who have participated in the FEP programme. Their experiences, trust, and continued engagement have been central to shaping a model that is practical, person-centred, and responsive to local needs.

We also acknowledge the valuable collaboration with McGill University's Prevention and Early Psychosis Program (PEPP), which supported the initial development of the programme and contributed to its evidence-based foundation.

Finally, we recognize the broader mental health community, including partner organisations and stakeholders, whose ongoing support has enabled the adaptation, scaling, and dissemination of this model in resource-limited settings.

II. How to use the manual

This manual is designed as a practical guide for mental health professionals, programme managers, and organisations interested in implementing or adapting an early intervention model for psychosis in low-resource settings.

The manual is structured to provide both conceptual understanding and step-by-step guidance:

- The Preamble and Model Description sections introduce the rationale for early intervention in psychosis and provide background on the development of the SCARF FEP model.
- The Phased Model of Care section outlines the three stages of care—acute, recovery, and maintenance—with clear goals, processes, and expected outcomes for each phase.
- The Core Implementation Components section highlights the key elements that support effective delivery, such as family involvement, case management, hybrid care, and low-cost monitoring.
- The Adaptation and Scaling section provides guidance on how the model can be tailored to different contexts while maintaining its core principles.

Users are encouraged to:

- Read the manual sequentially for a comprehensive understanding, or
- Refer to specific sections based on their implementation needs

The manual emphasises simplicity, flexibility, and real-world applicability. It can be used for:

- Training mental health professionals
- Designing or strengthening early psychosis services
- Supporting programme planning and scale-up

Where possible, users should adapt the recommendations to their local context, resources, and population needs while retaining the core principles of early intervention, continuity of care, and family engagement.

III. Preamble

Early intervention in psychosis is widely recognised as a critical approach to improving long-term outcomes for individuals experiencing a first episode of illness. Timely identification and treatment during the early stages can reduce symptom severity, prevent relapse, and support better social and functional recovery. While specialised early intervention services have demonstrated strong outcomes in high-income settings, their implementation in low- and middle-income countries (LMICs) remains limited due to constraints such as scarce resources, workforce shortages, and persistent stigma surrounding mental illness.

The SCARF First Episode Psychosis (FEP) model was developed to address this gap by demonstrating that effective, structured early intervention can be delivered within routine mental health services, even in resource-constrained settings. Built on over 20 years of clinical practice, research, and service delivery at the Schizophrenia Research Foundation (SCARF), Chennai, the model reflects a pragmatic and context-sensitive approach to care. Rather than relying on specialised infrastructure, it integrates early psychosis services into general outpatient psychiatry, making care more accessible, reducing stigma, and ensuring continuity within existing systems.

A defining feature of this model is its emphasis on simplicity, flexibility, and sustainability. Care is delivered through a phased approach—acute, recovery, and maintenance—over a structured period, with a strong focus on continuity through a dedicated case manager. The model actively involves families as partners in care, uses clear and accessible psychoeducation, and incorporates low-cost tools for monitoring progress. A hybrid system of in-person and remote follow-up further enhances accessibility and engagement.

This manual has been developed to translate the SCARF FEP model into a practical guide that can be used by mental health professionals and organisations working in similar contexts. It aims to bridge the gap between evidence and practice by offering clear, adaptable strategies for implementation. While grounded in the SCARF experience, the principles outlined in this manual are intended to be flexible and responsive to diverse service settings.

At its core, this manual is guided by a simple but powerful idea: that early, structured, and compassionate care can significantly alter the trajectory of psychosis, enabling individuals to recover, regain meaningful roles, and lead fulfilling lives within their communities.

1. SCARF FEP Model Description

1.1 Introduction

Early intervention in psychosis helps people recover better when treatment begins early, during the first episode of illness. While such programmes have improved outcomes in many high-income countries, they are still not widely available in low- and middle-income countries. This is often due to limited staff, stigma around mental illness, and the belief that these services need a lot of resources. This manual shows that effective early intervention can be provided even in settings with fewer resources.

After two decades of delivering the First Episode Psychosis (FEP) program, SCARF's experience offers practical lessons on how early psychosis care can be implemented and sustained in resource-limited settings. This model is based on over 20 years of work at the Schizophrenia Research Foundation in Chennai, India. The First Episode Psychosis (FEP) programme was started in 2003 in collaboration with McGill University. It was designed to work within a general outpatient psychiatry service so that it is easier for people to access care and to reduce stigma.

The programme provides care over a period of 24 months in three stages: acute, recovery, and maintenance. Each person is supported by one mental health professional who stays with them throughout their treatment. The model also involves family members, provides simple and clear psychoeducation, uses low-cost tools to track progress, and offers flexible follow-up through both in-person visits and mobile phone support.

This manual explains the model in a simple and practical way so that it can be used by mental health professionals and organisations working in similar settings.

1.2 Outcomes of the model

1. To provide early intervention for psychosis within routine outpatient services, limited resources and without the need for specialised infrastructure.
2. To ensure continuous and consistent care by focusing on long-term engagement, active involvement of families, and a structured, phase-based approach to treatment.

3. To support effective scale-up of services by adapting the model to local needs and contexts, rather than directly copying high-resource settings.

1.3 History of the model

The First Episode Psychosis (FEP) program at the Schizophrenia Research Foundation (SCARF) in Chennai, South India, represents a notable example of structured early intervention in an LMIC setting. SCARF is a not-for-profit organization and a WHO Collaborating Centre that has delivered mental health services, research, training, and advocacy for over four decades. The FEP program was launched in 2003 in partnership with McGill University's Prevention and Early Psychosis Program (PEPP) and was among the earliest structured EIP initiatives in India (Nair et al., 2024). This collaboration supported the iterative development and contextual adaptation of service delivery, guided by research evidence alongside real-world implementation experience. Over the past two decades, the program has evolved into a flexible, sustainable model tailored to resource-limited settings while maintaining faithfulness to core principles of early intervention.