

First Episode Psychosis and Schizophrenia: A Guide for Department of Defense Line Leaders



This tool will help you, the line leader, identify and respond to service members who may be experiencing psychotic symptoms. Medical providers are responsible for assessment, diagnosis, and treatment. Line leaders play a key role in early referral to a mental health provider for evaluation and in providing ongoing support after diagnosis.

What is psychosis?



Psychosis is characterized by changes in a service member that may include:¹

- Delusions: unusual ideas or strongly held false beliefs
- Hallucinations: difficulty telling reality from fantasy (e.g., hearing voices or seeing things others cannot)
- Deterioration in functioning to include job performance

A psychotic episode may indicate:

- Early signs of developing schizophrenia
- Another serious behavioral health disorder
- Another medical condition
- A medication or other substance has been taken

First episode psychosis (FEP) often occurs in the context of a life change or stressor for service members at risk for developing a psychotic disorder due to their age (late adolescence to early adulthood) and family medical history.

What is schizophrenia?



- Schizophrenia is a mental disorder that affects how a person thinks, feels, and behaves, and includes symptoms of psychosis¹
- Symptoms can develop within the context of stress and life changes¹
- The typical age of onset for schizophrenia is consistent with the average age of younger service members, so line leaders may be the first to see symptoms¹

What are the signs and symptoms of schizophrenia?



Psychosis or schizophrenia can look slightly different, depending on the person. Symptoms may include:²

- **Delusions:** Your service member may demonstrate strongly held beliefs that are not true and may seem irrational to others
- **Hallucinations:** They may see, hear, smell, taste, or feel things that are not actually there or that others may not sense
- **Disorganized speech:** They may switch from one topic to another or give unrelated responses to questions
- **Grossly disorganized or catatonic behavior:** Your service member may pose their body in bizarre postures, stop movement or speech altogether, repeat movements like staring, grimacing, or speech echoing, or may be resistant to instruction to stop the unwanted behavior
- **Decreased emotional expression or lack of motivation:** They may be less likely to show emotions in facial expressions or seem less interested in work or social activities

When should you intervene?



You should intervene as soon as possible if your service member is experiencing any of the following symptoms which may be early warning signs of psychosis:¹

- Worrisome drop in grades or job performance
- New trouble thinking clearly or concentrating
- Suspiciousness, paranoid ideas, or uneasiness with others
- Social withdrawal or more time spent alone than usual
- Unusual or overly intense new ideas, strange feelings, or no feelings at all
- Decline in self-care or personal hygiene
- Difficulty telling reality from fantasy
- Confused speech or trouble communicating

If you notice that your service member shows early warning signs of psychosis, you should take immediate action to get them the help that they need.

How should you intervene?



If you are a military line leader, you should:

- Speak to your commanding officer to request a command-directed mental health evaluation when you are concerned by a service member's behavior
 - If symptoms are severe, maintain service member safety, commander refers them for an emergency command directed mental health evaluation and ensure they arrive safely for the evaluation³
 - If no immediate safety concerns, commander refers your service member for a non-emergency command-directed mental health evaluation expert assessment, and obtains recommendations related to suitability for continued military service³

Indications for emergency command-directed mental health consultation related to potential psychosis (symptoms as reported by the service member or observed by others):¹

- Any one or a combination of any of the following: homicidal or suicidal ideation, aggressive, or violent behaviors
- Self-harm or behavior that might be preparatory for suicide attempt
- Command hallucinations that might impair safety (e. g., service member is hearing voices others cannot hear, telling them to harm oneself or others, or to engage in dangerous activities)
- Catatonia (service member is unable to move) or grossly disorganized speech or behaviors
- Serious self-neglect or apparent inability to meet basic needs

Relevant Military Policies



- Service members may be hesitant to seek care on their own for psychotic symptoms since it could result in military separation. [DODI 6130.03, Vol 2: Medical Standards for Military Service: Retention](#) states that schizophrenia and other psychotic conditions are incompatible with retention for military service.⁴
- However, it is important for mission effectiveness and unit morale, as well as for the safety of all unit members, that commanders refer service members for a command-directed mental health evaluation, when warranted.
- [DODI 6490.04 Mental Health Evaluations of Members of the Military Services](#) outlines the responsibilities and procedures for commanders who refer service members for mental health evaluations.³
- [DOD 6000.14 DoD Patient Bill of Rights and Responsibilities in the Military Health System \(MHS\)](#) outlines patient rights and responsibilities. Review these resources so that you know the rights and responsibilities that service members have once they are engaged in care.⁵
- [DODI 6490.08 Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members](#) outlines what protected health information a healthcare provider is required to share with commanders and provides guidance on how to balance patient confidentiality with commander's right to know and risk management decisions.⁶

Family Resources



Military OneSource provides 24/7 support and information on housing, financial, legal, medical, and psychological services.

- State-side: 800-342-9647
- Overseas: 800-342-9647
- Collect: 484-530-5908

<https://www.militaryonesource.mil>



988 provides free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988.

<https://988lifeline.org/>



Military/Veterans Crisis line provides free, confidential resource for those in crisis that is available 24/7. Dial 988, then press 1 to talk with a counselor or text 838255 for live chat.

<https://www.veteranscrisisline.net/>



inTransition offers specialized coaching and assistance for active-duty service members, National Guard members, reservists, veterans, and retirees to help them adapt to their transitions between systems of care.

- State-side: 800-424-7877
- Overseas: 800-748-81111 (in Australia, Germany, Italy, Japan, and South Korea only)

<https://www.health.mil/inTransition>

References

- 1 Veterans Affairs and Department of Defense. (2023). *VA/DOD clinical practice guideline for the management of first-episode psychosis and schizophrenia* (Version 1.0). <https://www.healthquality.va.gov/guidelines/MH/scz/>
- 2 American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425596>
- 3 Department of Defense. (2013, March 4). *Mental health evaluations of members of the military service* (DOD Instruction 6490.04). <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649004p.pdf>
- 4 Department of Defense. (2022, June 6). *Medical standards for military service: Retention* (DoD Instruction 6130.03). https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/613003_vol02.PDF?ver=vx1spUpNVLcc-0-rov00Sg%3d%3d
- 5 Department of Defense. (2011, September 26). *DoD Patient bill of rights and responsibilities in the Military Health System (MHS)* (DoD Instruction 6000.14). <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/600014p.pdf?ver=2020-04-03-132320-747>
- 6 Department of Defense. (2011). *Command notification requirements to dispel stigma in providing mental health care to service members* (DOD Instruction 6490.08). <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649008p.pdf>

NOTE: This content is derived from the *2023 VA/DOD Clinical Practice Guideline for the Management of First-Episode Psychosis and Schizophrenia*.



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