Clinical Perspectives

Clinical Considerations in First-Episode Psychosis Among International Students

Seo Yeon "Ester" Choi, M.D.[1][a], Sun Young "Mia" Park, M.D.[2], Yesie Yoon, M.D.[3]

[1] Psychiatry, Temple University, [2] Psychiatry, University of Southern California, [3] Psychiatry, Weill Cornell Medicine

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First-episode psychosis (FEP) most commonly emerges in late adolescence and early adulthood, a developmental period characterized by ongoing neurobiological maturation and psychosocial transitions. Early intervention during FEP is associated with improved symptom remission and functional recovery, whereas prolonged duration of untreated psychosis is associated with poorer long-term outcomes across social, cognitive, and occupational domains. International students represent a unique subgroup within this developmental window. As nonimmigrant visa holders, they often face acculturative stress, academic pressure, social isolation, and uncertainty navigating health care systems. Despite growing international student populations across North American universities, literature examining FEP risk and migration-related factors among this population remains limited. A focused examination of this group is critical to inform culturally responsive early intervention strategies within psychiatric and university mental health care systems.

INTRODUCTION

First-episode psychosis (FEP) commonly emerges in late adolescence and early adulthood, a developmental period in which many students leave home, form adult identities, and assume new academic and social roles.[1] Early intervention during FEP is consistently associated with improved symptom remission and long-term functional recovery, whereas prolonged duration of untreated psychosis (DUP) predicts poorer cognitive, social, and occupational outcomes.[2] For international students, delayed treatment may disrupt educational attainment, visa status, financial stability, and access to social support during a critical developmental period. However, few studies have examined psychosis risk, pathways to care, or barriers to early intervention specifically among international students.[3] This article synthesizes existing evidence and offers practical recommendations for clinicians, campus counselors, and universities to identify, engage, and support international students with emerging psychosis.

INTERNATIONAL STUDENTS AS A DISTINCT SUBGROUP

Epidemiological research consistently demonstrates that migrants face a nearly 2-fold higher risk of psychotic disorders relative to host populations, a pattern replicated across dozens of incidence studies conducted primarily in Europe.[4] However, comparable population-level data are largely unavailable in the United States, where research on psychosis among immigrants, including international students, remains sparse relative to research on other immigrant mental health outcomes.[3] The single published case series specific to this population describes delayed presentation, fragmented care, and difficulty coordinating treatment across academic and health care systems.[5] These gaps in the epidemiological and clinical literature, rather than a true absence of risk, likely explain why international students remain overlooked in FEP research and practice.

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a Corresponding author. Email: seoyeon.choi@tuhs.temple.edu

ACCULTURATIVE STRESS AND CLINICAL RECOGNITION

Acculturative stress refers to the psychological strain associated with adapting to a new cultural environment and has been associated with adverse psychological outcomes among international students.[6] This stress can complicate recognition of emerging psychosis; students may interpret perceptual disturbances, suspiciousness, or cognitive changes as stress-related reactions to relocation or academic burnout rather than as signs to seek psychiatric evaluation. Social isolation and experiences of marginalization may further contribute to worsening symptoms and reduced treatment engagement.[7] Clinicians should recognize that migration-related stressors shape how psychotic symptoms are experienced, interpreted, and disclosed during early illness.

STRUCTURAL AND SYSTEMS-LEVEL BARRIERS TO TREATMENT

Beyond individual experiences of acculturative stress and social isolation, systems-level barriers may further delay recognition and treatment. National survey data show that campus mental health service use among international students has not kept pace with rising distress: from 2015 to 2024, self-reported anxiety and depression nearly doubled, while only 7.7% of international students used counseling services in the most recent survey year.[8] Because early symptoms may present as nonspecific anxiety, depression, or academic decline, opportunities for early identification can be missed when psychosis-specific referral pathways are not clearly established. As a result, some international students may enter treatment only after crisis presentations, emergency hospitalization, or significant functional decline, contributing to prolonged DUP.

PRACTICAL GUIDANCE FOR CLINICIANS ENCOUNTERING INTERNATIONAL STUDENTS WITH FEP

Campus counseling centers are often the first point of contact for international students with emerging psychosis. Clinicians should maintain a low threshold for assessing psychotic symptoms in students presenting with social withdrawal, declining academic performance, unusual beliefs, or marked behavioral change. For example, a student referred for falling grades and social withdrawal may initially attribute anxiety or perceptual changes to academic stress, underscoring the need for direct assessment. Proactive, early discussions about confidentiality, treatment options, and concerns about potential academic or immigration consequences can help address common fears that delay care. Structured tools such as the *DSM-5* Cultural Formulation Interview can help clinicians and families clarify explanatory models of illness and identify barriers to care. Family psychoeducation improves outcomes in early psychosis and may reduce hospitalization, supporting family engagement when clinically appropriate and desired by the patient.[9] However, its accessibility and cultural fit for international students and geographically distant families merit adaptation, for example, through telehealth family sessions or written materials in a student's first language. Universities can support these efforts through targeted training in early psychosis recognition and by establishing clear referral pathways to coordinated specialty care programs. Together, these strategies may facilitate earlier identification, reduce DUP, and improve long-term outcomes.

CONCLUSION

International students constitute a clinically important yet underrecognized population in FEP research and clinical practice. As international enrollment continues to grow across North American universities, child and adolescent psychiatrists, campus clinicians, and university counseling systems may increasingly encounter students with emerging psychosis, often without established guidance for culturally responsive care. Reducing these disparities requires integrating developmentally informed, culturally responsive early intervention strategies into both psychiatric and campus mental health systems, alongside dedicated research on this population within the United States. Improving early detection and access to care for this population may enhance long-term functional outcomes and promote equity in youth mental health care.

PLAIN LANGUAGE SUMMARY

First-episode psychosis in young adults can present as academic decline, social withdrawal, sleep changes, unusual beliefs, or sudden changes in behavior. International students may face challenges accessing help as they adjust to a new culture, language, and academic system while being separated from their families. This article offers practical guidance for clinicians, campus counselors, and families supporting this population. It encourages routine screening for warning signs, conversations about confidentiality, and use of culturally informed assessments. Universities can help by training staff to recognize these signs and building clear referral pathways to specialized care that supports long-term recovery.

ABOUT THE AUTHORS

Seo Yeon "Ester" Choi, MD, Department of Psychiatry, Temple University Hospital, Philadelphia, Pennsylvania, USA.

Sun Young "Mia" Park, MD, Department of Psychiatry and Behavioral Sciences, University of Southern California, Los Angeles, California, USA.

Yesie Yoon, MD, Weill Cornell Medical College, New York, New York, USA.

CORRESPONDENCE TO:

Seo Yeon “Ester” Choi, MD; email: **seoyeon.choi@tuhs.temple.edu**, 201- 562-7398.

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