Recovery After an Initial Schizophrenia Episode (RAISE): A Research Project of the NIMH

Recovery After an Initial Schizophrenia Episode (RAISE) is an NIMH research project that seeks to fundamentally change the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness. RAISE is designed to reduce the likelihood of long-term disability that people with schizophrenia often experience. It aims to help people with the disorder lead productive, independent lives. At the same time, it aims to reduce the financial impact on the public systems often tapped to pay for the care of people with schizophrenia.

NIMH has awarded separate contracts to two independent research teams to develop interventions that can be tested in real-world treatment settings and be readily adopted and quickly put into practice should they prove successful. The contract awards, bolstered by funds from the American Recovery and Reinvestment Act of 2009, have been awarded to: the Feinstein Institute for Medical Research (Principal Investigator, John M. Kane, M.D.) in Manhasset, NY, and to the Research Foundation for Mental Hygiene at Columbia University (Principal Investigator, Lisa Dixon M.D.) in New York City.

The team led by Dr. Kane has developed the RAISE Early Treatment Program, a research study which will be conducted in community clinics across the United States. The team led by Dr. Dixon has developed the RAISE Connection Program, a research study which will be conducted at community clinics in partnership with the Maryland and New York state mental health systems.

Treatment models being tested focus on intervening as soon as possible after the first episode of schizophrenia. Each model integrates medication, psychosocial therapies, family involvement, rehabilitation services, and supported employment, all aimed at promoting symptom reduction and improving life functioning.

While the studies have similar goals and will each be conducted in diverse, real-world health care settings, they differ in research methodology, the nature and location of clinical sites, the organization of intervention teams, specific services being offered, and how services will be reimbursed or paid for. Taken together, the results of these complementary studies will inform the most effective strategies for improving the recovery of functioning and quality of life for people affected with schizophrenia.

For more information about the project, see:

News about RAISE

Science Update (August 9, 2011): NIMH Raise Project Makes Progress as Teams Refine Research Approaches
Press Release (July 21, 2009): Major NIMH Research Project to Test Approaches to Altering the Course of Schizophrenia