

CONNECTICUT EARLY PSYCHOSIS  
LEARNING HEALTH NETWORK

Transforming Access, Care Quality, and Outcomes

**STEP**

**Understanding and Breaking the Stigma  
Surrounding Young Adult Mental Health**

***Early Psychosis Basics for Latinx Audience***

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Yale SCHOOL OF MEDICINE



# Goals

- Increase awareness and understanding of early psychosis
- Learn to recognize early warning signs of psychosis
- The importance of connecting to treatment
- Discuss Connecticut Early Psychosis Learning Health Network
- Opportunity for Q&A and local needs assessment

# What is psychosis?

- Difficulty with perceiving reality accurately and with coherent thinking *“What’s real? What’s not real?”*
  - Disturbances in perception (hallucinations)
  - Belief and interpretation of the environment (delusions)
  - Disorganized speech patterns (thought disorder)
- ~ 3 in 100 people will experience psychosis  
(*>2.2 million people*)
- Psychosis doesn’t discriminate, can impact any race, gender, sexual orientation, religion, socio-economic class
- Usually develops age 16-35 (earlier in men than women)
  - Peak at **21 yrs** old (M:F, 3:1)

DREAM  
REALITY



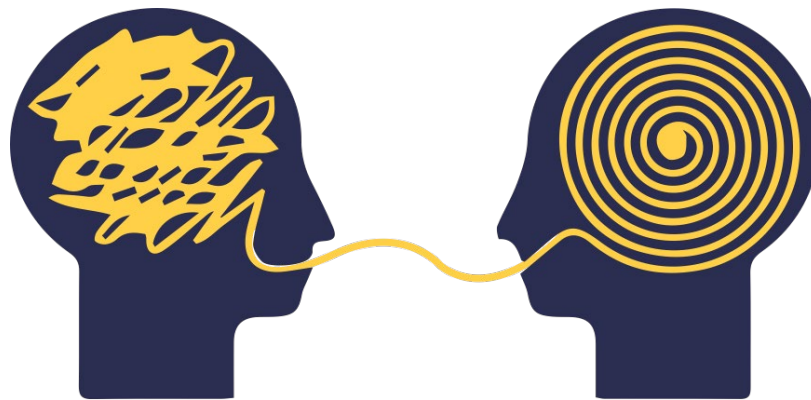
# What is “first episode” psychosis?

- **First episode psychosis** simply refers to the first time someone experiences psychotic symptoms or a psychotic episode.
  - People experiencing a first episode may not understand what is happening. The symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed.
- At STEP, we focus on the first 3 years since onset of full psychotic symptoms
- “First episode” of something...
  - Diagnostic ambiguity is an expected part of FEP treatment (*although aim to identify first episode schizophrenia*)

# What is psychosis?

## Common *causes* of psychosis:

- **Substances** (such as alcohol or drugs)
- **Medical** illnesses (such as Parkinson's)
- **Mental** illnesses (such as schizophrenia)



# What is psychosis?

## Common Signs and Symptoms

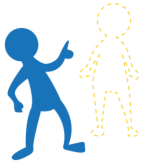
**Positive** - add to or distort an individual's normal functioning, perception or behavior

- Hallucinations, delusions, paranoia, bizarre behavior, disorganized communication...with **limited insight**



Delusions

Believing in things that are not true, and may be impossible



Hallucinations

Hearing, seeing, tasting, or smelling things that are not there

**Negative** - a reduction or loss in an individual's normal functioning, perception or behavior

- Decreased motivation, energy and speech, social withdrawal, flat affect, no enjoyment, poor hygiene, decline in functioning



Withdrawal

Distancing oneself from people or previously enjoyable activities

**Cognitive**

- Executive functioning decline, attention, working memory, learning, preoccupation, thought blocking, reduced abstraction ability



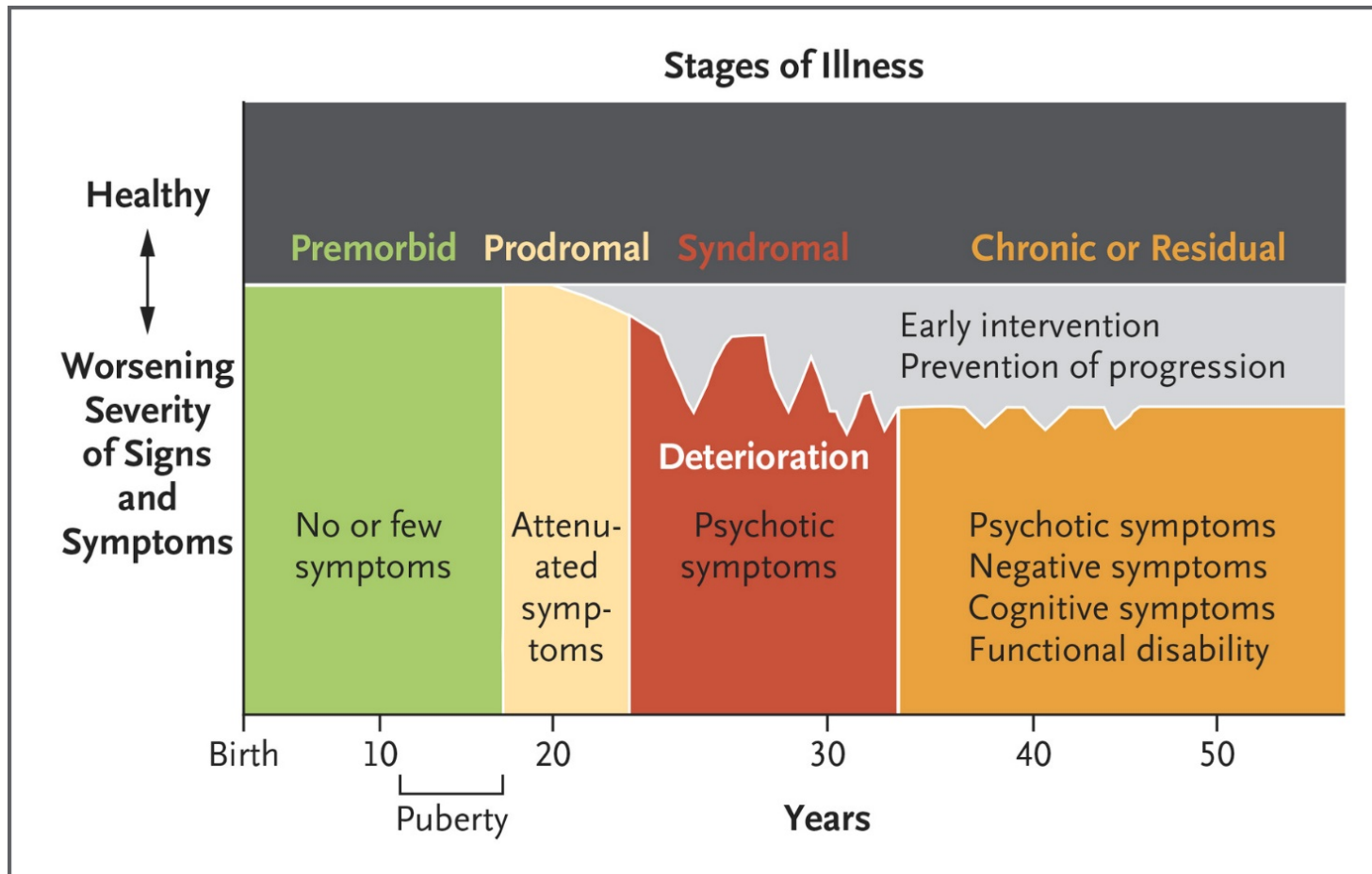
Increased Distractibility

Decline in cognitive abilities including memory and attention

**Mood**

- Fluctuations, anxiety, depression, suicidal ideation

# Course of Schizophrenia



Jeffrey A. Lieberman, and Michael B. First. Psychotic Disorders. *N Engl J Med* 2018; 379:270-280

# Why is treating psychosis important?

- **Individual and Family Impact:**

- often leads to frequent hospitalization, and can derail functioning in school, career, and family
  - Risk of suicide (~1/100 w/FEP die by suicide, as many as 10% attempt suicide within the first 5 years)
  - Long-term cardiovascular and other physical health risks (shorter life expectancy)
- Family / caregiving burden

- **Societal/Economic Impact:**

- A top 10 leading cause of disability (*WHO*)
- Criminal justice involvement
- Homelessness (20% of have SMI) (*NAMI, Mental Health Ripple Effect*)
- \$193.2 billion in lost earnings in US / year (*Kessler, et al., 2008*)



# What about risk?

- **Risk of suicide:**

- ~ 1/100 individuals with FEP die by suicide
- In schizophrenia, nearly 50% of all suicides occur in the first 5 years of illness.

- **Risk of Violence:**

- Majority of people with schizophrenia are NOT violent
- The risk of violence in schizophrenia is highest for those with no, delayed, or inadequate treatment and comorbid substance use disorders during the initial episode

- **Risk of Neglect and Victimization:**

- Rates of sexual / physical abuse 2x as high for women with psychosis
- Men with schizophrenia more likely to die by homicide

Sensationalist news media **exaggerate** links between mental illness and criminal violence.



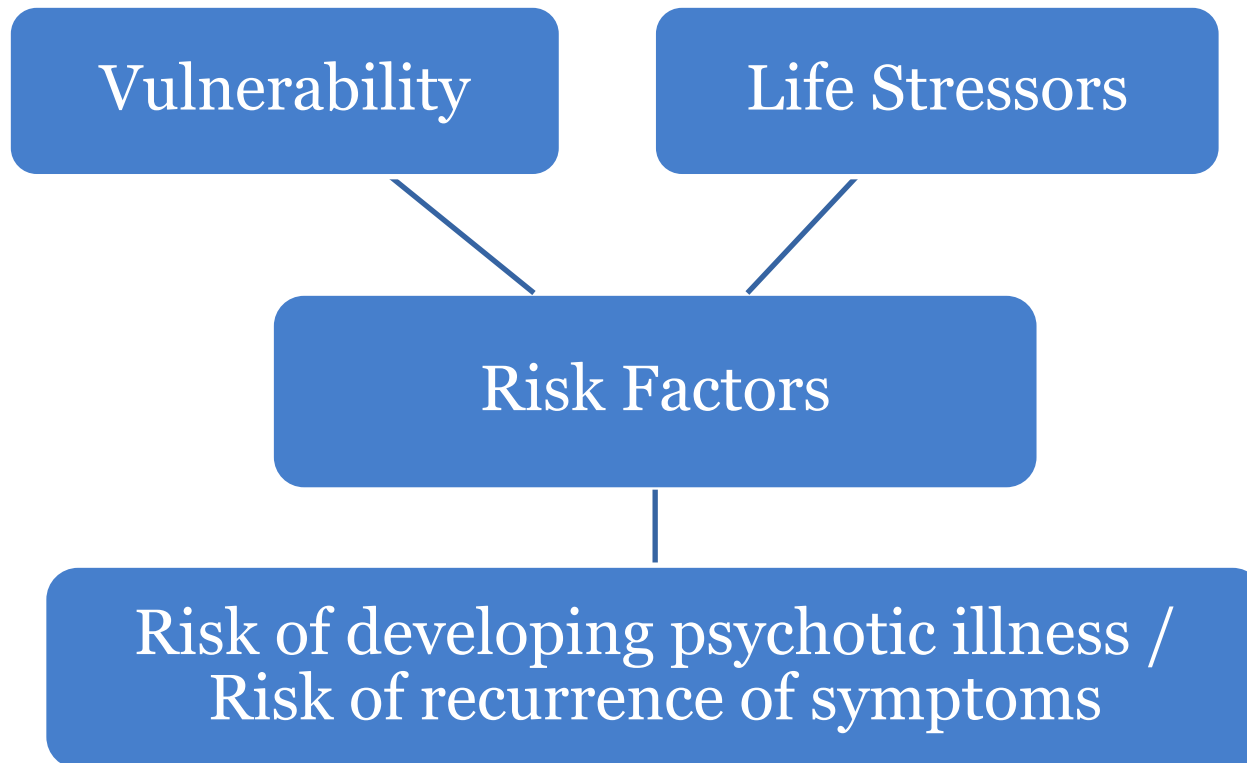
People with schizophrenia in the community are **14 times** more likely to be victims of a violent crime than arrested for one.

14x

The reality is, violence is more closely linked to **alcohol and drug** misuse in those with and without mental illness.



# What contributes to the development of psychosis?



# What are the risk factors for psychosis onset?

1<sup>st</sup> degree relative = 6-13x more likely

Adolescent cannabis exposure = 2-4x more likely to develop schizophrenia spectrum disorder

Greater freq, duration, earlier first use, and higher potency THC = greater risk

## Distal (premorbid) risk factors

### Foetal life:

- Maternal pregnancy complications/perinatal trauma, (especially foetal hypoxia)[51]
- Family history of psychotic disorder (for a review, see Olin & Mednick, 1996 [52])
- Candidate genes (DTNBP1, NRG1, DAOA, RGS4, COMT, DISC1, DISC2, BDNF; for a review, see Weinberger & Berger, 2009 [53])
- Developmental delay (for a review, see Rustin et al., 1997 [54])
- Season of birth (late winter/early spring[55, 56])
- Ethnic minority group membership [57]

### Early life:

- Quality of early rearing environment (e.g., neglect or abuse) [58]
- Personality (e.g., schizoid personality)

34% of people with FEP experienced childhood sexual / physical abuse

PTSD 10x higher than general population

## Proximal risk factors

### Late childhood/adolescence:

- Age [61]
- Urbanicity [62]
- Substance (especially cannabis) use [63]
- Traumatic head injury (for a review, see Kim et al., 2007 [64])
- Stressful life events (for a review, see Phillips et al., 2007 [65])
- Subtle impairments in cognition (for a review, see Pantelis et al., 2009 [66])
- Poor functioning [67, 68]
- Cognitive, affective, and social disturbances subjectively experienced by the individual ('basic symptoms')[69]
- Migration [70]

Hormonal changes

2-4x risk with childhood migration in minority folks

“I can actually control other people’s emotions with my thoughts, it’s a special gift”

“Lately, I’ve been having a hard time telling what was in my dream and what was real”

“Every time I hear my classmates laughing in the hall, I’m pretty certain it’s about me...”



Grandiosity



Confusion about what is real



Mind Reading

“I keep seeing blue cars, I wonder if that’s a sign I should pay attention to, I think about it a lot”

“I feel like my family is tracking my every move and thought... they must’ve put a chip in my head while I was sleeping”



Suspiciousness

## Positive Symptoms



Ideas of Reference

“Eminem is sending me coded messages through his songs, it’s because I’m famous, too”



Disorganized Communication

“Everything has started to sound too loud and too close– I can hear everything at once”



Perceptual Disturbances



Odd Beliefs

“Sometimes I feel like my thoughts are being broadcast out loud for everyone to hear... so that’s why I don’t leave my house”

“They tell me I’m no good and that I should hurt myself”

# Symptoms on a Continuum

Ex.) Have you ever found yourself feeling suspicious or mistrustful of other people?

Positive Symptom SOPS						
0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe but Not Psychotic	6 Severe and Psychotic

## “NORMAL” LIMITS

“ I don’t completely trust my new roommate, my mom told me not to trust people right away”

### QUALIFIERS

- Description, onset, freq., duration
- Distress & interference
- Conviction/”insight”

## CLINICAL HIGH RISK

“ I think my roommate might be poisoning my food in the fridge; sometimes I throw it out just in case... but I’m probably just being paranoid”

## CONVERSION

“ I’m certain that my roommate is out to get me and is poisoning my food. Sometimes, I don’t eat for days.”

Interviewer “throws a rope”

# How to ask about symptoms of psychosis

## Strategies:

- Ask soft questions, be patient, normalize, be curious... try not to overreact
- consider cultural explanation - *how does the family view what's going on?*

***Don't argue/dispute delusions! Validate underlying feelings***

## Questions:

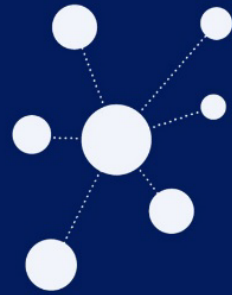
- Do you ever feel that your mind is playing tricks on you? (Déjà vu, mind reading)
- Have you ever felt that you are not in control of your own ideas or thoughts?
- Do you hear things other people don't hear? Name being called?
- Do you see things other people don't see? Flashes, flames, vague figures or shadows out of the corner of your eyes?

# Why intervening *EARLY* is important?

If you **see the signs of psychosis** in someone you know then they need your help. **Help them contact their doctor or local mental health care provider.**



## TREATMENT WORKS, the earlier the better



## CONNECTICUT EARLY PSYCHOSIS LEARNING HEALTH NETWORK

Transforming Access, Care Quality, and Outcomes

**STEP**

- **About:**

- a state-wide initiative dedicated to improving outcomes for individuals and families impacted by recent onset psychosis.

- **Our Mission:**

- to support **workforce development** and **community education** throughout the state of Connecticut
- to transform access, care quality, and outcomes for individuals and families impacted by recent onset psychosis.

[www.CTearlypsychosisnetwork.org](http://www.CTearlypsychosisnetwork.org)

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# Discussion/Questions

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