step Learning Collaborative

Understanding and Breaking the Stigma Surrounding Early Psychosis

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Goals

- Increase awareness and understanding of early psychosis
- Learn to recognize early warning signs of psychosis
- The importance of connecting to treatment
- Strategies for asking about symptoms of psychosis
- Dispel common myths about psychosis
- Discuss STEP Learning Collaborative (formerly CT Early Psychosis Learning Health Network)
- Opportunity for Q&A

What is psychosis?

Psychosis is a mental health condition that causes people to have trouble deciding **what's real and what's not real**.

Who experiences psychosis?

Psychosis can happen to **anyone**. It's more common than you might think, as 3 /100 people will experience psychosis. A **'first episode'** simply refers to the first time symptoms of psychosis appear, commonly between the **ages of 16-25.**

FOR EVERY ONE PERSON AFFECTED BY PSYCHOSIS, THERE ARE 6 MORE FAMILY AND FRIENDS AFFECTED.

What is “first episode” psychosis?

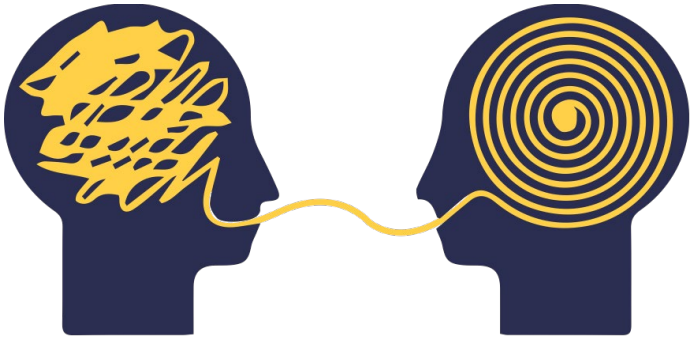
- **First episode psychosis** simply refers to the first time someone experiences psychotic symptoms or a psychotic episode.
  - People experiencing a first episode may not understand what is happening. The symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed.

- 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)*

Common causes of psychosis

- Mental Illnesses (more common)
  - Schizophrenia spectrum
  - Affective psychosis (e.g., Bipolar Disorder, Depression with Psychotic features)
  - Others
- Secondary Causes (rare)
  - Parkinson's, epilepsy
- Substances (such as alcohol or drugs)



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

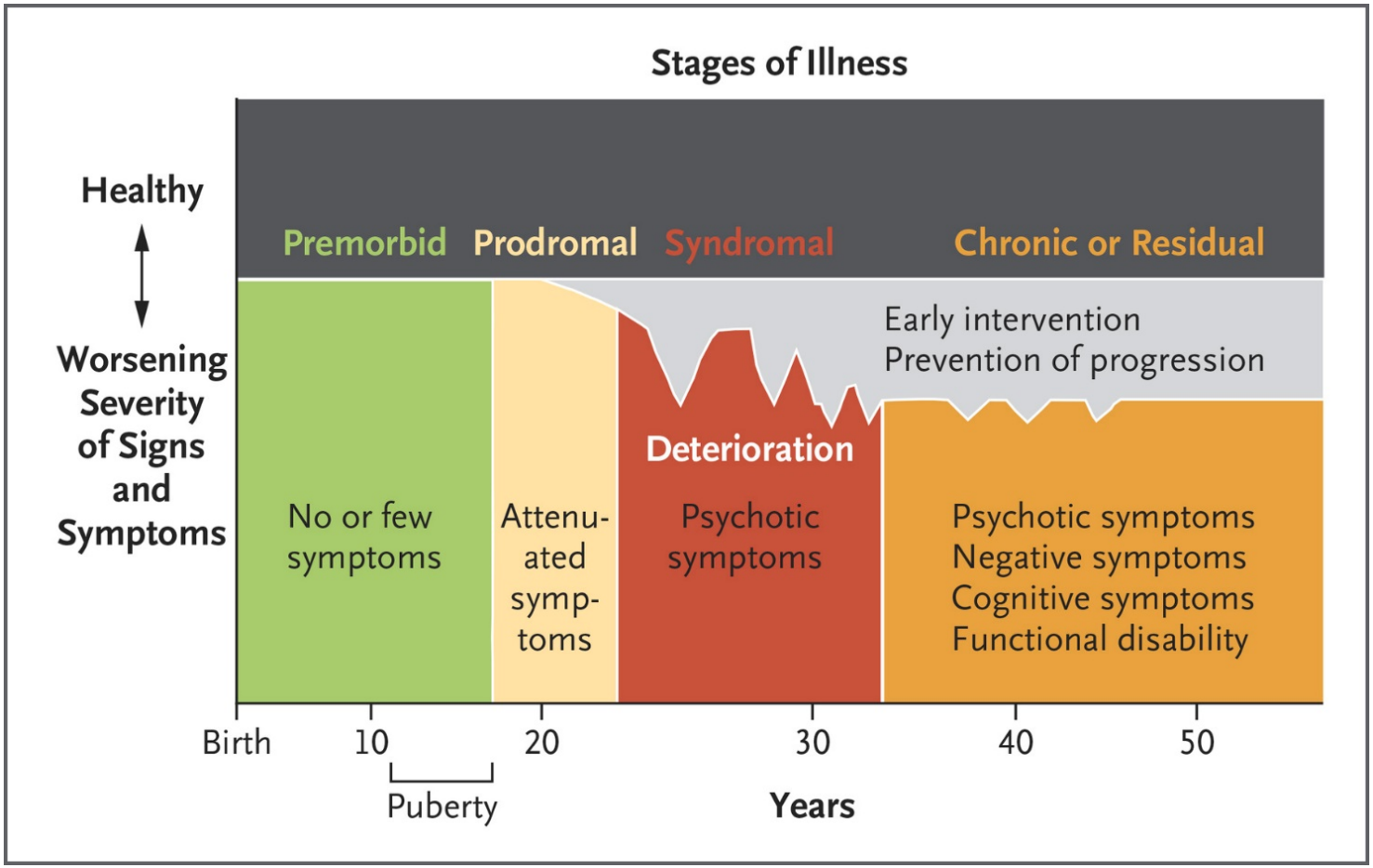
Increased Distractibility

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

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

What should I look for?
Common signs of young people at-risk for psychosis

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Neurotic symptoms	Anxiety Restlessness Anger, irritability
Mood-related symptoms	Depression Anhedonia Guilt Suicidal ideas Mood swings
Changes in volition	Apathy, loss of drive Boredom, loss of interest Fatigue, reduced energy
Cognitive changes	Disturbance of attention and concentration Preoccupation, daydreaming Thought blocking Reduced abstraction

"late onset" ADHD = red flag

Physical symptoms	Somatic complaints Loss of weight Poor appetite Sleep disturbance
Attenuated or subthreshold versions of psychotic symptoms	Perceptual abnormalities Suspiciousness Change in sense of self, others or the world
Other symptoms	Obsessive compulsive phenomena Dissociative phenomena Increased interpersonal sensitivity
Behavioural changes	Deterioration in role functioning Social withdrawal Impulsivity Odd behaviour Aggressive, disruptive behaviour

Adapted from Yung, Phillips and McGorry, 2004 [95].

(Orygen: Australian Clinical Guidelines for Early Psychosis, 2016)

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RELATIVE CHANGES FOR THAT INDIVIDUAL!

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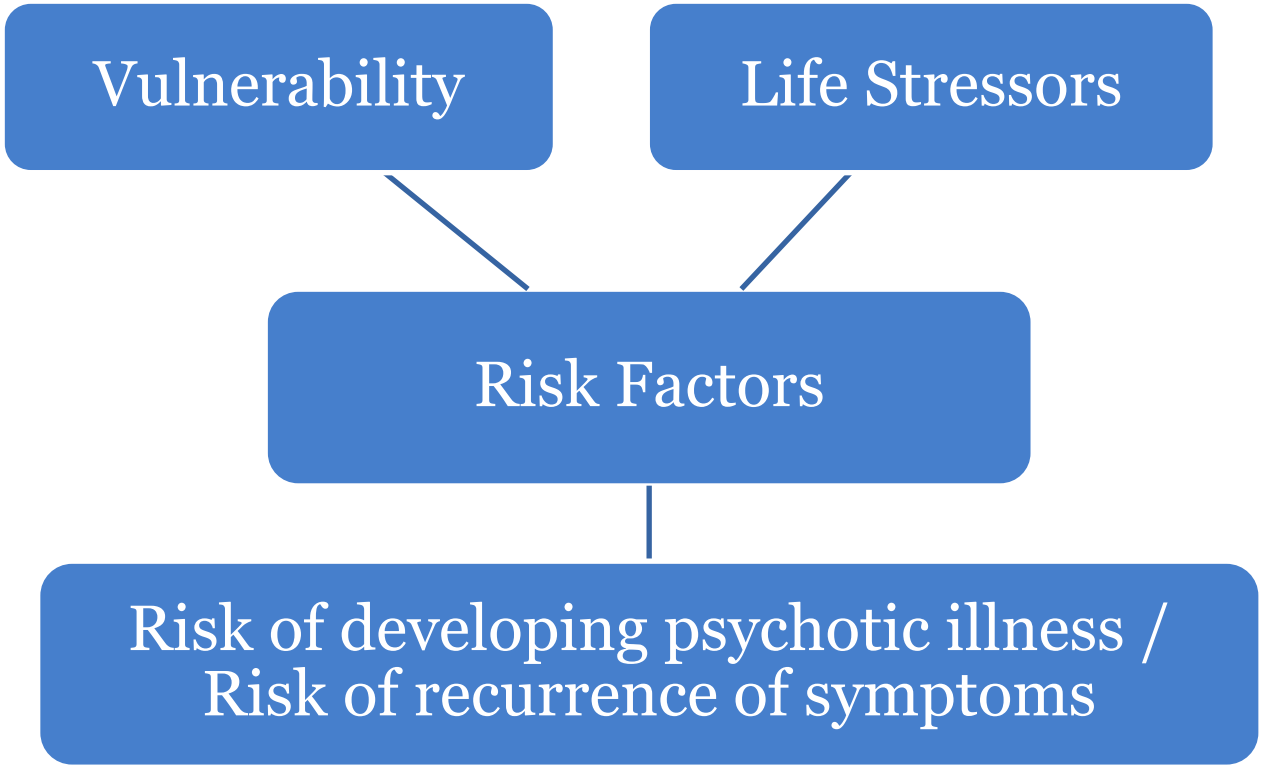
What contributes to the development of psychosis?



What are the risk factors for psychosis onset?

1st 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	Proximal 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 use or neglect) [58] personality (e.g., schizoid personality	**Late childhood/adolescence:** • Age [61] • Urbanicity [62] • Substance (especially cannabis) u • 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]

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

PTSD 10x higher than general population

Hormonal changes

2-4x risk with childhood migration in minority folks

(Orygen: Australian Clinical Guidelines for Early Psychosis, 2016)

Positive Symptoms

"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

Ideas of Reference

"Eminem is sending me coded messages through his songs, it's because I'm famous, too"

Disorganized Communication

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"

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

"They tell me I'm no good and that I should hurt myself"

(Images from FFT-CHR Manual; Miklowitz, O'Brien, et al., 2010)

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"

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."

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

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, minding 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?

Reducing the delay to treatment is associated with better outcomes

- Clinical, functional, and cognitive benefits
- Reducing the social consequences of psychosis onset
  - social isolation
  - unemployment
  - homelessness
  - deliberate self harm
  - violence toward others

Early identification and intervention can greatly minimize the disability and improve lives!

(Birchwood, Todd, & Jackson, 1998)

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

(Birchwood, Todd, & Jackson, 1998; Friedman et al., 2021)

Understanding Early Psychosis: Myth vs. Facts

MYTH:

PSYCHOSIS IS REALLY RARE, NO ONE IN MY LIFE WILL BE IMPACTED BY PSYCHOSIS

FACT:

PSYCHOSIS IS MORE COMMON THAN YOU MIGHT THINK, 3 IN 100 PEOPLE WILL EXPERIENCE PSYCHOSIS. IT IMPACTS EVERY RACE, GENDER, SEXUALITY, RELIGION, AND SOCIO-ECONOMIC STATUS

MYTH:

TREATMENT DOESN'T WORK

FACT:

TREATMENT IS EFFECTIVE. PEOPLE WITH PSYCHOSIS CAN GO ON TO LIVE SUCCESSFUL AND MEANINGFUL LIVES. THE SOONER TREATMENT IS STARTED, THE BETTER THE RECOVERY.

MYTH:
TREATMENT IS SCARY AND PAINFUL

MYTH:
TREATMENT MEANS BEING LOCKED IN A HOSPITAL

FACT:
DON'T BELIEVE THE SCARY THINGS YOU SEE IN THE MOVIES. TREATMENT IS SAFE AND TYPICALLY CONSISTS OF MEDICATION AND PSYCHOSOCIAL THERAPIES

FACT:
EARLY TREATMENT OFTEN HAPPENS IN AN OFFICE. THE PATIENT COMES IN FOR TREATMENT AND THEN GOES HOME AGAIN.

MYTH:

PEOPLE WITH PSYCHOSIS ARE VIOLENT AND DANGEROUS

FACT:

PSYCHOSIS DOES NOT MEAN PSYCHOPATH. PEOPLE WITH SCHIZOPHRENIA ARE 14 X MORE LIKELY TO BE HURT BY VIOLENCE THAN TO COMMIT IT

MYTH:

PSYCHOSIS IS DUE TO A LACK OF WILL POWER AND DOESN'T REQUIRE TREATMENT

FACT:

PSYCHOSIS IS A BRAIN DISORDER. TOO MANY YOUNG PEOPLE, AND THOSE AROUND THEM, IGNORE THE SYMPTOMS OF PSYCHOSIS AND AVOID GETTING NECESSARY TREATMENT.

For more information visit:
CTEarlyPsychosisNetwork.org

What to do if you see the signs.

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

EARLY DETECTION SAVES MINDS.

An episode of ***psychosis is treatable***, and it is possible to recover. It is widely accepted that the earlier people get help the better the outcome.

Current Offerings

- STEP Learning Collaborative – workforce development and community education initiative to bolster provider capacity and community education to best serve folks with early psychosis across Connecticut

- **Community Education:**
  - Family and community workshops
    - Strategies for Supporting a Young Person with Early Psychosis
    - Navigating Mental Health Crises in the Community
    - Understanding Early Psychosis For School Personnel
  - Virtual resources– http://www.ctearlypsychosisnetwork.org

- **Behavioral Health Providers:**
  - Early Psychosis ECHO - Case Discussions and brief didactics (2nd & 4th Thursdays at 12pm)
  - Webinars: e.g.) Early Psychosis Basics, Early Psychosis Treatment Approaches

Resources

Treatment:

- Yale - STEP – Early psychosis treatment in New Haven area - (203) 589-0388
- Yale - PRIME – Prodromal Clinic and Research - (203) 785-2100
- IOL – Advanced Services for Adolescents with Psychosis (ASAP)
- IOL – POTENTIAL

Virtual:

- STEP Learning Collaborative – virtual resources on early psychosis, educational offerings for providers, families, and community members
- MILO – Free e-course on motivational interviewing for families
- Psychosis REACH – Recovery by Enabling Adult Carers at Home - online course and resources

Family Support/Advocacy:

- NAMI – family support groups
- FAVOR - Learning and Leadership Academy

Questions??

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STEP Learning Collaborative

Sign up for our mailing list here

www.CTEarlypsychosisnetwork.org