



# Understanding and Breaking the Stigma Surrounding Early Psychosis

Yale SCHOOL OF MEDICINE



## Outline

- 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

## What is psychosis?

Psychosis is a medical syndrome that can be diagnosed based on a cluster of characteristic changes in thinking, feeling, and behavior. During an episode of psychosis, individuals can **struggle to differentiate what is real from what is not** and may come to believe false explanations for their experiences.



## More common than you think



Psychosis impacts approximately 100,000 youth and young adults each year



**3 out of every 100** people will experience psychosis in their lifetimes and **1 in 100** will develop a schizophrenia spectrum disorder



## First episode psychosis

The first time someone experiences psychotic symptoms or a psychotic episode.

The symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed.

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 causes psychosis?

Psychosis can have several causes and careful assessment is required to distinguish between episodes that are caused by:

- medical illnesses (e.g., infection, epilepsy)
- Substance use (cocaine, stimulants, cannabis)

Once these other causes are considered, the most likely reason for psychosis in a young adult is the emergence of a **schizophrenia** spectrum disorder or other **mental illnesses** like bipolar disorder or depression.



## Psychosis vs. Schizophrenia

Psychosis is a recognizable syndrome or collection of unusual experiences (symptoms) and observable changes in speech or behavior (signs). Once a trained medical professional has eliminated other causes of psychosis that require distinct treatment (e.g. treatment for epilepsy, or depression) the most common reason for a young person to experience psychosis is the emergence of schizophrenia or a schizophrenia spectrum disorder.

Contrary to many myths, these are treatable, and the earlier, the better. Treatment should be individualized and can include a combination of counseling, assistance with work or educational goals, medications, and support for family and friends.

# 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***



**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



## Cognitive

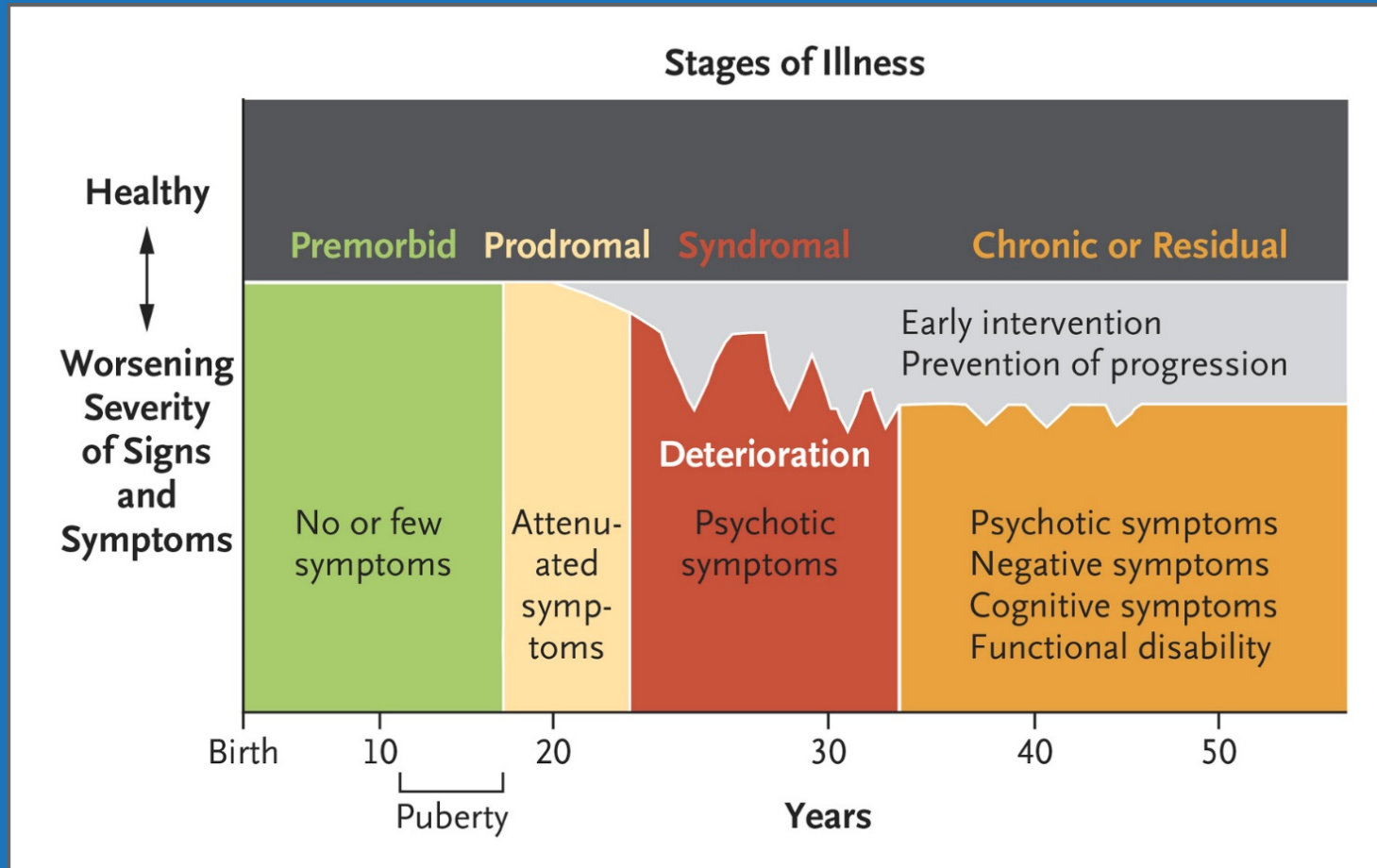
- Executive functioning decline, attention, working memory, learning, preoccupation, thought blocking, reduced abstraction ability



## Mood

- Fluctuations, anxiety, depression, suicidal ideation

# Course of Schizophrenia



# 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



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

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

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



# What should I look for?

## Common signs of young people at-risk for psychosis

<b>Neurotic symptoms</b>	Anxiety Restlessness Anger, irritability
<b>Mood-related symptoms</b>	Depression Anhedonia Guilt Suicidal ideas Mood swings
<b>Changes in volition</b>	Apathy, loss of drive

<b>Physical symptoms</b>	Somatic complaints Loss of weight Poor appetite Sleep disturbance
<b>Attenuated or subthreshold versions of psychotic symptoms</b>	Perceptual abnormalities Suspiciousness Change in sense of self, others or the world
<b>Other symptoms</b>	Obsessive compulsive phenomena

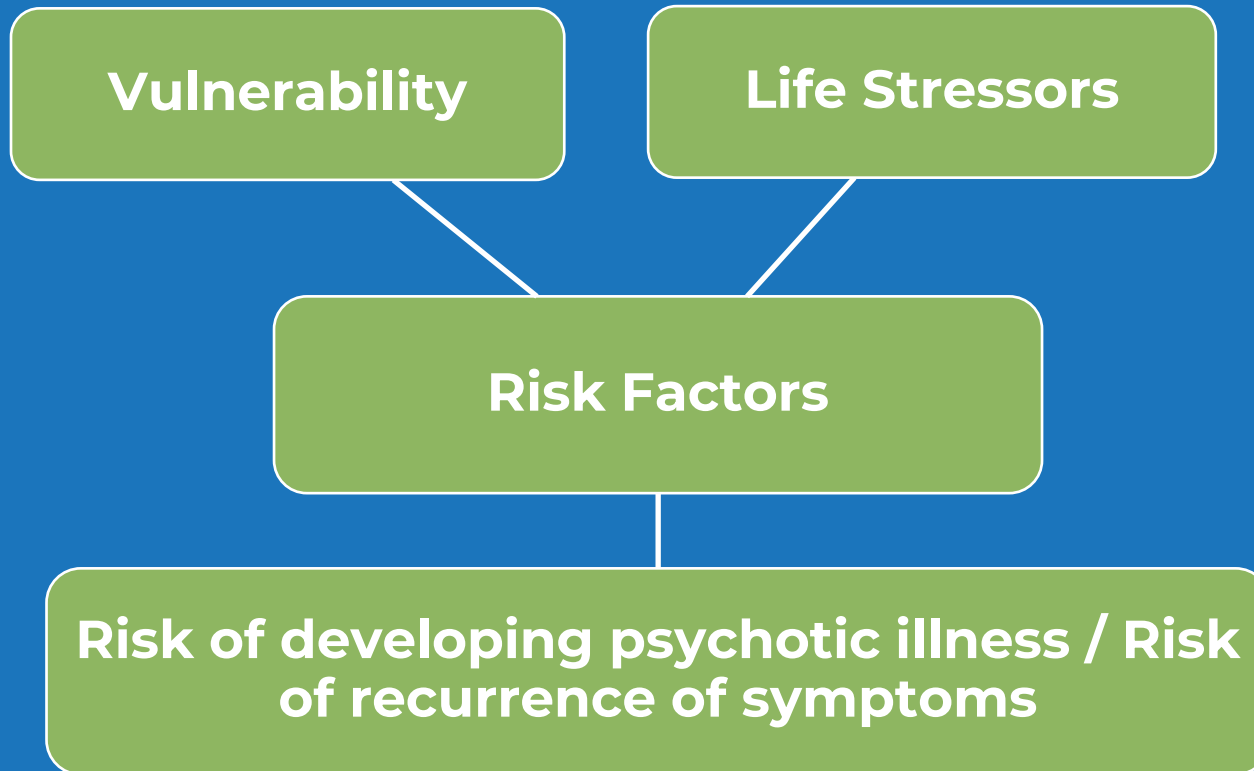
**RELATIVE CHANGES FOR THAT INDIVIDUAL!**

<b>Cognitive changes</b>	Disturbance of attention and concentration Preoccupation, daydreaming Thought blocking Reduced abstraction
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<b>Behavioural changes</b>	Deterioration in role functioning Social withdrawal Impulsivity Odd behaviour Aggressive, disruptive behaviour
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“late onset” ADHD = red flag

# 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

## Distal Risk Factors

### Fetal Life:

- Maternal pregnancy complications/perinatal trauma
- Family history of psychotic disorder
- Candidate genes (DTNBP1, NRG1, DAOA, RGS4, COMT, DISC1, DISC2, BDNF)
- Developmental delay
- Season of birth (late winter/early spring)
- Ethnic minority group membership

### Early Life:

- Quality of early rearing environment
- Trauma (abuse or neglect)
- Vulnerable 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 (16-35)
- Urbanicity
- Substance (especially cannabis) use
- Traumatic head injury
- Stressful life events
- Poor Functioning
- Cognitive, affective, and social disturbances ('basic symptoms')
- Migration
- Hormonal changes

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

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

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"



**Grandiosity**

"Lately, I've been having a hard time telling what was in my dream and what was 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"



**Recognizing patterns and signs in random occurrences**

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



**False beliefs and interpretations**

"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"

"Every time I hear my classmates laughing in the hall, I'm pretty certain it's about me..."



**Confusion about what is real**

"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, paranoia**



**Disturbances in sensory perception**

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

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



**Disorganized communication**

# 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”

## FRANK PSYCHOSIS

“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, 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?

**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!***

If you **see the signs of psychosis** in someone you know then they need your help. **Contact our centralized referral line (203) 200-0140.**



**TREATMENT WORKS, the earlier the better**



## Pathway to Care

Psychosis is treatable. The earlier people get help the better the outcome. By educating communities about psychosis and offering a streamlined referral service, we aim to shorten the time it takes for young individuals to get the help they need.

## Noticing Symptoms

Individuals start showing early symptoms between the ages of 16-35 and they likely increase in intensity over time. It is important to note that symptoms look different in everyone and that not every individual experiences every symptom.



## The Role of Family & Friends

Family and friends know their loved ones better than anyone and are often the first to notice when something's "off." They also play a crucial role in identifying any family history of schizophrenia or other mental illnesses, which may increase an individual's risk of experiencing psychosis.

However, even when it's clear something's wrong, there may be barriers that extend the pathway to care.



# Community Interactions that can Lead to Intervention

Everyone who interacts with youth regularly (coaches, teachers, clergy, youth counselors, law enforcement, etc.) plays a key role in getting individuals the care they need. By knowing what psychosis looks like and what help is available, they can spot symptoms sooner and provide individuals and families with support.

As trusted members of the community, they can make a difference to those unsure of what to do. Open, welcoming, and compassionate attitudes encourage people who are affected not to suffer in silence.



## Referral to Care

A referral to treatment is just a phone call away. Mindmap's Early Detection and Assessment Coordinators (EDACs) are available to screen for psychosis over the phone and connect individuals to care. We work with a robust network of mental health care providers across the state who are ready to provide treatment to individuals in need.

Please keep our referral number handy to use and share with others: [203-200-0140](tel:203-200-0140)



# Overcoming Obstacles

People generally wait longer than they need to before getting help. Even when they are aware an individual is experiencing symptoms of psychosis and in need of help, some barriers can prevent them from actually getting that help. Mindmap is working with you to overcome them.

- Stigma
- Denial
- Confusion
- Having to wait for an appointment



# Understanding Early Psychosis: Myth vs. Facts

## Myth

**Psychosis is really rare,  
no one in my life will be  
impacted by psychosis.**



**VS.**

## Fact

Psychosis is more common than you think.

**3 in 100 people will  
experience psychosis**

Psychosis does not discriminate. It impacts people of every race, gender, sexual orientation, religion and socioeconomic status.

## Myth

**Treatment  
doesn't work.**

**VS.**

## Fact

**Treatment is effective.**

People with psychosis can go on to live successful and meaningful lives.

**The sooner someone gets  
into treatment, the better.**



## Myth

**Treatment is scary  
and painful.**



**VS.**

## Fact

Don't believe what you see in movies.

**Treatment is safe.**

Treatment typically consists of medications and therapy. Much like treatment for other mental health disorders. Call today for a free screening and rapid access to psychosis treatment for those who are eligible



## Myth

**Treatment means being in a hospital or psych ward.**

**VS.**

## Fact

**Early treatment happens in an office.**

Our goal is for every individual experiencing psychosis to get into outpatient treatment for early psychosis before ending up in a crisis situation where they may be sent to a hospital.



## Myth

People with psychosis are violent and dangerous.

14x


VS.

## Fact

Psychosis does not mean psychopath.

People with schizophrenia are 14x more likely to be the victim of violence than to cause harm themselves.

## Myth




**It's not psychosis.  
It's their  
personality, a  
curse, laziness...**

**VS.**

## Fact

**Psychosis is a treatable  
brain disorder.**



Many individuals and those around them ignore the symptoms and avoid seeking help. While psychosis can provide positive traits such as creativity, it can also make life difficult. Symptoms can be managed with treatment.

# Developing a Network of Care for CT



 **203-200-0140**

# Offerings

- STEP Learning Collaborative Connecticut's statewide learning healthcare system (LHS) for individuals ages 16-35 experiencing recent-onset schizophrenia spectrum disorders
- **Behavioral Health Providers:**
  - STEP LC Training Schedule – 1<sup>st</sup> Thursday of the month 12-1pm
  - STEP Consultation Line – free provider-to-provider consultation
  - Virtual course – Overview of EIS for Schizophrenia – 6 sessions
  - Resource Library
- **Community Education:**
  - Family and community workshops - 3<sup>rd</sup> Thursday 12-1pm
  - Virtual resources– <http://www.ctearlypsychosisnetwork.org>

## STEP Learning Collaborative Training Series

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Provider-focused trainings will be the first Thursday of the month from 12-1pm EST on Zoom

- February 1st - **[Mindmap 2.0: Launching an Early Detection Campaign Across CT](#)**
- March 7th - **[Early Psychosis Basics](#)**
- April 4th - **[Early Psychosis Treatment Approaches](#)**
- May 2nd - **[Fostering Health and Wellness in FEP](#)**
- June 6th - **["Gone to Pot" the Relationships between Cannabis and Psychosis](#)**
- July 11<sup>th</sup>\*\* - **[Pharmacotherapy for Recent-Onset Schizophrenia](#)**
- August 1st - **[Therapeutic Approaches for Addressing Psychosis](#)**
- September 5th - **[Insight](#)**
- October 3rd - **[The Role of Coordination](#)**
- November 7th - **[Engagement Strategies for Young Adults & Families](#)**
- December 5th - **[Managing Risk / Depression in FEP](#)**

Registration Link for entire series: <http://bit.ly/STEPLCTrainingSeries1>

***\*Schedule subject to change***

## STEP Learning Collaborative Training Series

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**Family and Community Workshops** will be on the 3rd Thursday of the month at 12pm via Zoom

### **Core Curriculum:**

May 16th – **Understanding and Breaking the Stigma Surrounding Early Psychosis**

June 20th - **Strategies for Carers Pt 1** – Importance of Carers and Communication Skills

July 18th - **Strategies for Carers Pt 2** – Identifying Early Warning Signs/Relapse Prevention

August 15th - **Strategies for Carers Pt 3** - Caring for You

**Specialty Topics:** – Dates and Times TBD

**Navigating Community Crises Panel**

**Fostering Health and Wellness in Young People with Early Psychosis**

**Supporting Recovery: Education and Employment in Young Adults Experiencing Psychosis**

Registration Link for entire series: <https://yale.zoom.us/meeting/register/tJEsceCtrTkqGNQQQOvY12AOfoKi0Sz11su8>

***\*Schedule subject to change***

# Thank you!



**step**  
Learning  
Collaborative

**mindmap**  
a clear path to mental health

Direct questions to our  
Consultation Service

 **203-200-0140**



**Search MindMap CT**