

# Early Recognition of Psychosis

The information contained in this brochure is intended for primary health care professionals, educators, other key community services and concerned family members.

## What is psychosis?

Psychosis does not refer to a specific disease. It is a syndrome which is part of a group of very serious mental disorders in which some loss of contact with reality has occurred. This is reflected in the following symptoms:

- disturbances in perception (hallucinations, e.g. hearing voices or seeing things that are not there)
- bizarre or clearly unjustified beliefs and judgements (delusions, e.g. beliefs of being persecuted with no external evidence, or thoughts of people being able to read one's mind)
- disorganized thinking (speaking in ways that are confusing), or bizarre behaviour

## What causes psychosis?

Psychosis results from abnormalities in the brain, particularly at the level of the chemical messenger systems, such as dopamine and serotonin. Many specific diseases are included in the term psychosis: schizophrenia, schizophreniform, schizo-affective, and less commonly, manic-depressive and drug-induced psychoses. The exact cause of each of the psychotic disorders is unknown. However, a number of risk factors (such as family history of psychosis) have been well established.

## Who is at risk?

Well over 1% of the population will develop a psychotic illness sometime in their lifetime. Young people (men age 16-25 and women 16-35) are at particularly high risk. The risk is further increased with positive family history of a similar condition, and illicit drug abuse (including cannabis). An individual at risk can have the first episode of psychosis triggered by even mild use of illicit drugs, excessive alcohol use, or stress. Individuals with all levels of intelligence and from all social backgrounds can be affected by psychosis.

## Can psychosis be treated successfully?

**Yes**, there is effective treatment available which is covered under our health care system. In London, there is the **Prevention and Early Intervention Program for Psychoses (PEPP)** at the LHSC. It is dedicated to the assessment and treatment of individuals who are experiencing their **first episode of psychosis**. The program provides optimum treatment to suit the particular needs of youth. Treatment consists of safe and effective second-generation antipsychotic medications and a number of psychological interventions delivered within a comprehensive case management model. Treatment planning is based on a thorough assessment of the biological and psychosocial aspects of the individual's presentation. The Program is committed to working in partnership with clients' families. Whenever possible, assessment and treatment is provided without admission to hospital.

## What happens if treatment is delayed?

Unfortunately, treatment often gets delayed by one to two years for individuals who are showing early signs and symptoms of psychosis. This delay leads to slow and incomplete recovery when treatment is initiated. It also increases the risk of depression, suicide and violence. Delay in treatment interferes with psychological and social development and reintegration, strains family relationships and may lead to prolonged unemployment or interruption of education.

## Why is early treatment important?

One of the most important ways to improve outcome in psychosis is to initiate treatment early. This means that individuals presenting with signs of psychosis need to be identified early and referred for assessment and treatment immediately. Research has shown that most individuals who eventually receive treatment for psychosis have consulted a health care practitioner several times before correct diagnosis and initiation of appropriate treatment. Results from our program confirm those from the EPPIC program in Melbourne, Australia, that individuals receiving optimum treatment within six months following onset of psychosis have better recovery than those receiving treatment after a delay of greater than six months.

## When should a referral to PEPP be considered?

1. If an individual between the ages of 16 and 50 has been showing signs of psychosis (hallucinations, delusions or disorganization of thinking), which may be accompanied by social withdrawal and bizarre behaviour, and not been treated for longer than one month.
2. If the individual presents with one of the risk factors listed and shows prodromal symptoms.

## Risk factors include:

- A positive family history of schizophrenia or other psychotic disorder in first degree relative (parent or sibling) accompanied by a decline in functioning
- Occasional and brief symptoms of hallucinations or delusions lasting a day or so
- Periodic symptoms of suspiciousness or unusual thoughts or experiences, or a combination of prodromal symptoms (see below)

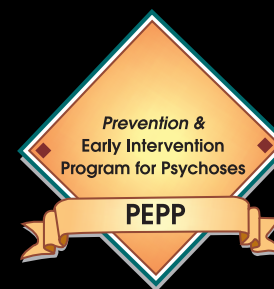
## Prodromal symptoms may include:

- Depression and anxiety
- Suspiciousness
- Sleep disturbances
- Decline in functioning at school or work
- Poor attention and concentration
- Unusual perceptions
- Unusual beliefs and general peculiarities in behaviour
- Loss of energy/motivation
- Difficulties in thinking
- Social withdrawal and loss of interest

## How do I make a referral to PEPP?

You may contact **PEPP** at (519) 667-6777 for further information. Telephone contact with a clinician is available very quickly in order to address immediate concerns. A personal appointment to explore the nature of the presenting problem and to assess the likelihood of a psychotic disorder is available within 24 to 48 hours.

The family or the individual may wish to contact **PEPP** directly and in strict confidence for further information. The assessment can be carried out either in our clinic or, if preferable, at home by a trained mental health professional. If the individual is regarded as showing signs of psychosis, or considered to be at high risk for imminent psychosis, a more complete assessment by a multidisciplinary team (including a psychiatrist) will then be carried out before advising on treatment.



London Health Sciences Centre  
392 South Street  
London, ON N6A 4G5  
**(519) 667-6777**



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