

Emerging Psychosis and Young People: What You Need to Know

Why is this important for family physicians?

Psychosis is one of the most serious conditions that can affect a young person:

Suicide: 10% lifetime risk (usually within the first 5 years) with the highest risk at 1st relapse

Job: 88% end up with no job - a path to social exclusion

Its first appearance can be bewildering for an individual. As family physicians, we are often the first point of contact with a health professional.

There is overwhelming evidence for the benefits of **intervening early** in the illness:

- Suicide risk is halved
- Over 50% will have a secure job
- If caught very early it is possible to delay, or better, **prevent** the onset of a disabling psychotic illness

Who is at risk?

Psychosis is about as common as insulin dependent diabetes. Previously we relied on family history to alert us to risk. Yet only a small proportion of those with psychosis have an immediate family member with psychosis.

But we now know:

- The **lifetime risk** of psychosis is 3 in 100
- It usually starts when young:
 - 80% aged between 16 – 30
 - 5% are aged 15 or less
- It is about 3 times more common for those living in inner city areas
- Prolonged **cannabis use** increases the risk of developing psychosis

Awareness of those at most risk combined with sensitivity to the earliest symptoms can allow us to predict individuals with 30-40% chance of developing psychosis.

Early signs of emerging psychosis

Emerging psychosis tends not to present in “neat packages”. Many family physicians suspect that something is ‘**not quite right**’ prior to the emergence of clear psychosis.

Early symptoms which are often difficult to define or indeed uncover may include:

- Poor sleep, panic, mood changes
- Social withdrawal, isolation, broken relationships or loss of job
- Early psychotic thinking such as suspicion, mistrust, or perceptual changes

If uncertain, do not simply dismiss change as adolescence or due to substance misuse. Be prepared to keep a watchful eye. Follow up a missed appointment.

Take family concerns seriously; they can often provide important clues.

What should I do?

If you suspect the possibility of an emerging psychosis then it is important to **act promptly**.

Consider and check out for physical illnesses such as:

- Drug/substance intoxication - a frequent co-morbidity in first episode psychosis
- Drug withdrawal states
- Liver function disorders
- Systemic infections
- Nutritional deficiencies
- CNS abnormalities
- Metabolic disorders

Seek specific **evidence of psychotic thinking**. Questions could include:

- Have you felt that something odd might be going on that you cannot explain?
- Have you been feeling that people are talking about you, watching you, or giving you a hard time for no reason?
- Have you been feeling, seeing, or hearing things that others cannot?
- Have you felt especially important in some way, or that you have powers that let you do things which others cannot?

The presence of any of these symptoms in a distressed young person should lead you to seek specialist advice and assessment for potential psychosis.

Assess for risk, given the frequency of self harm in this early phase (less commonly of harm to others). Evidence of such risk demands urgent action.

Key Learning Points

Psychosis is usually heralded by a gradual deterioration in intellectual and social functioning.

Family physician recognition of early changes, clinical intuition, and acting on family concerns are the key to early detection.

Ask yourself:

“Would I be surprised if this turned out to be psychosis within the next 6 months?”

What's next?

Prompt assessment by services specialized in Early Intervention in Psychosis should ensure these young people and families **get the right help at the right time**.

See other side for local information

1st Step

An early psychosis intervention program serving Waterloo-Wellington.

What does 1st Step offer me and my patients?

We bring **specialized knowledge of psychosis** to the mental health sector in this community. Our team includes social workers, nurses, a family educator, a peer support coach, a recovery program coordinator, and a psychiatrist, all dedicated to the successful treatment of psychosis. We have the ability to arrange specialized assessments as needed. We expect recovery and we believe that **early intervention is the key** to effective treatment and recovery.

We are equipped to see a client from the early phase of a psychotic illness through to recovery. We offer individual and group counselling for our clients and assist them in pursuing their life goals. We provide support and education about psychosis for families and loved ones.



What services are offered to clients admitted to the program?

- Assessment
- Individual counselling and support focused on recovery
- Support for families and loved ones
- Psychiatric services with medication and its effectiveness monitored by a psychiatrist
- Vocational assessment and assistance attaining goals such as returning to school or work and resuming meaningful activities
- Support groups for clients and families to promote understanding about psychosis, relapse prevention, treatment options, and community participation

How do I refer patients to 1st Step?

Contact our Intake Clinician by phone for more information or to refer. Call 1-844-264-2993 ext. 2040.

What are the referral criteria?

1st Step is for individuals who are between 14 and 35 years of age and:

- Have shown signs of psychosis within the past year, and;
- Have been on medication for the treatment of psychosis for 6 months or less.

Will I regularly receive psychiatric reports?

Yes. You will receive a copy of the initial psychiatric assessment and all ongoing follow-up psychiatric consultation notes and diagnostic testing results.



How does the assessment process work?

Within 48 hours of a referral, our Intake Clinician will conduct an initial screening by phone about individuals who are referred to us. Face to face assessments occur within 1 to 2 weeks. If an individual appears to meet the criteria for our services, then a psychiatric appointment is scheduled and individualized case management support begins.

If you refer a patient who is not accepted into the program, one of our team members will contact you. Whenever possible, we will suggest other services for the individual and help facilitate access.



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