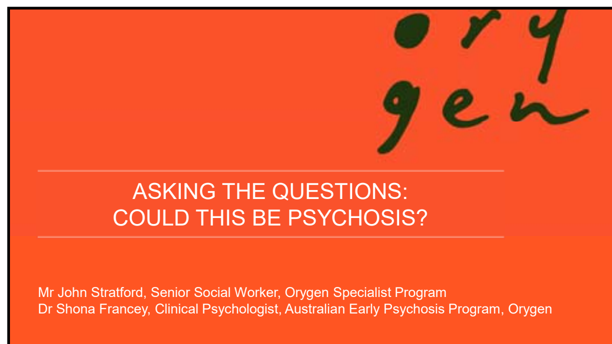

ASKING THE QUESTIONS: COULD THIS BE PSYCHOSIS?

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OVERVIEW OF PRESENTATION

- Case presentation – 'Isaac'
- History and rationale for early intervention in psychosis
- Screening and assessment of early psychosis
- Review of Isaac
- Tips for those worried about young people they are working with

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CASE STUDY: ISAAC

- Isaac – 19 yr old male, admitted to hospital following a suicide attempt.

Brief History:

- Adopted from African country aged 8 years by white Australian parents. Biological mother deceased, father with schizophrenia.
- Seemed to integrate easily. Good student. Exceptional athlete.
- Final year of high school, becoming more rebellious. Smoking THC, less engaged with friends and sport. Achieved mediocre final grades.
- Following year, unemployed, conflict with parents. Estranged from most peers. Dropped out of sport, THC use.

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CASE STUDY ISAAC

- Suicide attempt, out of the blue
- In hospital, Isaac reported depressive symptoms (low mood, poor appetite and sleep) and suicidality. Commenced antidepressant medication.
- Isaac described alienation from parents. Conflict about getting a job and moving out of home. Family Therapy recommended.
- Isaac reported experiencing racism frequently in daily life; described a wish to re-locate back to Africa.
- Could not guarantee safety from future suicide attempts .

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CASE STUDY ISAAC

- Referred to Orygen, for treatment of depression in context of vulnerability to developing a psychosis, (biological father with history of psychosis) and a drop in functioning over 12-18 months.
- Isaac described parents harassing him to get employment. Reported that he overheard discussions about kicking him out of home. Wanting other accommodation.
- Parent's collateral – described changes from co-operative, highly engaged young person, to sullen, angry boy, rejecting school and family. Put down to adolescent rebellion, cultural identity issues, drug use. Parents denied intent to kick Isaac out of home and appeared caring and worried about him.

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CASE STUDY - ISAAC

- On further assessment, Isaac reported overhearing parents criticising him and regretting ever adopting him.
- He also said that he overheard racist remarks from strangers in the street and also from some friends. These incidents were increasing in frequency and causing him to withdraw socially.
- Disparity between Isaac's reporting and objective observation. Adoptive parents appeared loving and supportive. Odd context of overheard comments.
- Following a CAARMS assessment, a first episode psychosis diagnosed, including auditory hallucinations (hearing racist comments and parents regretting adoption and wanting to kick him out) and delusions (fixed false beliefs).

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ISAAC – THOUGHTS AND REFLECTIONS

- Maintain an index of suspicion – Isaac's deterioration in functioning in adolescence. A first degree relative (father) with psychosis.
- Validate client's subjective experience, but remain curious. How do you know this? How did you hear this? Are there other explanations?
- Role of family collateral – Is family 'dysfunctional'? Are we seeing flow on effects of undiagnosed psychosis playing out in the family – confusion, misattribution, conflict.
- Role of THC – a trigger more than a cause (?), maintaining the symptoms and making them worse (?)
- Isaac recovered with antipsychotic medication and case management including psychological therapy – went on to graduate as a teacher.

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EARLY INTERVENTION IN PSYCHOSIS: HISTORY AND CONCEPTS

- Psychosis is a severe psychiatric illness which is characterised by hallucinations, delusions and significantly impaired functioning
- Includes diagnoses such as schizophrenia, delusional disorder and schizoaffective disorder
- After illness established, poor long-term functioning and chronic disability is common

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EARLY INTERVENTION IN PSYCHOSIS: HISTORY AND CONCEPTS

- Early intervention offers the best chance to improve outcome for people with psychosis, getting in early before disability develops
- Early detection and early help-seeking allows early treatment
- Early treatment results in quicker and easier recovery, reduced likelihood of future mental health problems, and reduced risk of other social problems
- Development of the early intervention paradigm has allowed hope and optimism for better outcomes for people with psychosis
- Counter therapeutic nihilism of last century where chronic disability was the accepted and expected outcome of psychotic illnesses

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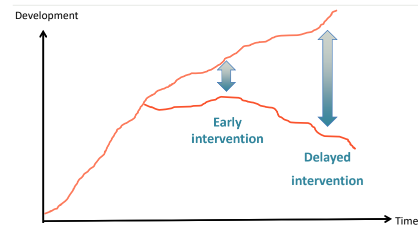
DEVELOPMENTAL TRAJECTORY



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HISTORY & RATIONALE

- Early intervention for psychosis began in 1990s with aim of intervening as early as possible to minimise negative impact of psychotic illness
- At EPPIC, quickly began to receive referral for young people in significant distress and with some signs of psychosis, but not meeting threshold for acute psychosis
- Early intervention paradigm made it illogical to send such people away "come back when you are psychotic"

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RATIONALE

Led to research that:

- Developed and tested criteria for being at risk of developing psychosis, or having an At Risk Mental State
- The development of the Comprehensive Assessment for At Risk Mental States (CAARMS) instrument for assessing Ultra High Risk (UHR) of psychosis vs First Episode Psychosis (FEP)
- Establishment of treatment programs aimed at preventing and minimising transition to psychosis

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PRODROME (EARLY SYMPTOMS INDICATING THE ONSET OF AN ILLNESS)

- Most episodes of psychosis are preceded by a prodromal period
- Prodrome can be a prolonged period of attenuated (reduced or mild) symptoms and impaired functioning
- Early intervention may delay or even prevent psychosis onset
- Prodrome is a retrospective concept that implies inevitable illness onset. We use the term 'Ultra High Risk (UHR)' or 'At-Risk Mental State (ARMS)' to allow for possibility of prevention.

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AT RISK MENTAL STATE (ARMS)

- Individuals who appear to be at risk of psychosis but for whom psychosis is not inevitable
- ARMS term adopted to highlight possibility of prevention
- Not all people with operationally defined subthreshold disorder will go on to develop a diagnosable psychosis
- Factors that predict increased likelihood:
  - Long duration of untreated illness
  - Poor pre-morbid functioning
  - High levels of depressive symptoms
  - Higher attenuated symptoms

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UHR CRITERIA

- Aged 15 -25, Help-seeking, 30% decline in functioning or longstanding low functioning defined using SOFAS
- Meeting criteria for one or more of 3 groups:

1. Vulnerability Group: First-degree relative with psychotic disorder or individual has schizotypal personality disorder
2. Attenuated Psychotic Symptoms Group: sub-threshold (intensity or frequency) psychotic symptoms experienced in the past year
3. Brief Limited Intermittent Psychotic Symptoms (BLIPS): full-threshold positive psychotic symptoms that have resolved within 1 week without treatment

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UHR CRITERIA

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FIRST EPISODE PSYCHOSIS (FEP) THRESHOLD

- Frank positive psychotic symptoms (definite hallucination, delusions or thought disorder) persisting for longer than 1 week
- Defined as frequency of at least 3 times per week for 1 hour each occasion or daily
- Derived from the level of symptoms at which most clinicians would start antipsychotic medication

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COMPREHENSIVE ASSESSMENT OF AT RISK MENTAL STATE (CAARMS) - OVERVIEW

- Assessment tool developed to determine whether person has at risk mental state or full threshold psychosis
- Semi-structured interview
- Suggested probes and questions but interviewer must develop rapport and follow-up on experiences and symptoms described by the young person in order to be able to rate the CAARMS
- Requires psychiatric assessment skills and training in administration of the CAARMS
- Practice, familiarity and consensus ratings important to establish competency with the CAARMS

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AIMS OF THE CAARMS

1. To determine whether an individual meets UHR criteria and is therefore appropriate for preventive intervention
2. To assess psychopathology and functioning factors thought to indicate a high likelihood of development of a first episode psychosis in the near future
3. To rule out or confirm the onset of full threshold psychosis
4. To map over time a range of symptoms found in psychotic prodromes

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FULL & ABBREVIATED VERSIONS

- Primarily first 4 subscales are used in UHR clinics
- Full version of CAARMS contains 28 subscales in following 7 domains:
  - Positive Symptoms
  - Negative Symptoms
  - Cognitive Change
  - Emotional Disturbance
  - Behavioural Change
  - Motor/Physical Change
  - General Psychopathology
- Full version used in research to study psychotic prodrome

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ABBREVIATED VERSION: UHR STATUS

Four subscales:

- Unusual Thought Content (UTC) – bizarre ideas of thought interference or broadcasting, special messages
- Non-Bizarre Ideas (NBI) – suspicious, persecutory, grandiose, jealous, guilt
- Perceptual Abnormalities (PA) - hallucinations
- Disorganised Speech (DS) – not making sense

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SCORING THE CAARMS

Three things:

- Intensity/Severity
- Frequency
- Duration

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SCREENING FOR RISK OF PSYCHOSIS

- Lengthy expert diagnostic assessment for psychosis (a low prevalence condition) is resource-intensive, hard to access and inappropriate unless there is a high index of suspicion
- Quick and simple screening tools are needed to identify those in need of comprehensive assessment
- 17 screening instruments have been developed, 6 – 92 items
- Only limited research regarding reliability and validity of most
- Two instruments with quite good psychometrics and easy to use
- PQ-16 (prodromal Questionnaire 16) and APSS (Adolescent Psychotic-Like Symptom Screener) used and recommended by Orygen

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PQ-16

Ising HK, Veling W, Loewy RL *et al.* The validity of the 16-item version of the Prodromal Questionnaire (PQ-16) to screen for ultra high risk of developing psychosis in the general helpseeking population. *Schizophr Bull* 2012; 38: 1288–96.

True or False. [If true rate distress (None = 0 to Severe = 3)]

1. I feel uninterested in the things I used to enjoy.

2. I often seem to live through events exactly as they happened before (déjà vu).

3. I sometimes smell or taste things that other people can't smell or taste.

4. I often hear unusual sounds like banging, clicking, hissing, clapping or ringing in my ears.

5. I have been confused at times whether something I experienced was real or imaginary.

6. When I look at a person, or look at myself in a mirror, I have seen the face change right before my eyes.

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7. I get extremely anxious when meeting people for the first time.

8. I have seen things that other people apparently can't see.

9. My thoughts are sometimes so strong that I can almost hear them.

10. I sometimes see special meanings in advertisements, shop windows, or in the way things are arranged around me.

11. Sometimes I have felt that I'm not in control of my own ideas or thoughts.

12. Sometimes I feel suddenly distracted by distant sounds that I am not normally aware of.

13. I have heard things other people can't hear like voices of people whispering or talking.

14. I often feel that others have it in for me.

15. I have had the sense that some person or force is around me, even though I could not see anyone.

16. I feel that parts of my body have changed in some way, or that parts of my body are working differently than before.

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SCORING THE PQ-16

- Simply the number of items rated 'true'
- Score of 6 or more indicates that a CAARMS assessment should be done, i.e., refer for psychiatric assessment due to signs of possible emerging psychosis
- Distress rating provides clinical information but not included in scoring

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	Please tick one box for each question **Adolescent Psychotic-Like Symptom Screener (APSS)** Kelleher I, Harley M, Murtagh A, Cannon M. Are screening instruments valid for psychotic-like experiences? A validation study of screening questions for psychotic-like experiences using in-depth clinical interview. *Schizophr Bull* 2011; 37:362–9.	Yes, definitely (2)	Maybe (1)	No, never (0)
1	Some people believe that their thoughts can be read by another person. Have other people ever read your mind?	☐	☐	☐
2	Have you ever had messages sent just to you through TV or radio?	☐	☐	☐
3	Have you ever felt you were under the control of some special power?	☐	☐	☐
4	Have you ever heard voices or sounds that no one else can hear?	☐	☐	☐
5	Have you ever seen things that other people could not see?	☐	☐	☐
6	Have you ever felt like you had extra-special powers?	☐	☐	☐
7	Have you ever thought that people are following or spying on you? Total Score	☐	☐	☐
	If the total score is 2 or more, a CAARMS should be completed			

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WHO AND HOW COULD EARLY INTERVENTION HAVE CHANGED THINGS FOR ISAAC?

- Psychosis usually starts during the complex developmental stage of young adulthood, e.g. Isaac had normal issues of individuation, challenging authority and reviewing his cultural identity.
- Changes noticed in Yr 12 – teachers, sport club, family friends could have sent to GP for assessment? Could have used screening instrument
- Early intervention could have resulted in:
  - Early treatment, less severe depression?, avoid psychosis?
  - Better school results
  - Maintenance of connection to friends and family
  - Prevented suicide attempt

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TIPS FOR THOSE IN CONTACT WITH YOUNG PEOPLE

- Build trust and rapport, be curious, explore inconsistencies
- Screen, and refer for assessment when indicated
- Ask about risk, safety plan if required
- Provide hope and optimism

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