Emerging Psychosis and Young People: What Primary Care Needs to Know

Why is this important?
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 employment - a path to social exclusion
- Psychosocial: Untreated psychosis can lead to disruption in social and role development

Primary care is often the first point of contact.

Who is at risk?
- The lifetime risk of psychosis is 3 in 100; about as common as insulin dependent diabetes.
- 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
- Other causes – genetics, prenatal complications or trauma, biological dysfunction, stress/vulnerability

Early signs of emerging psychosis

Early symptoms:
- Poor sleep, panic, mood changes
- Social withdrawal, isolation, or loss of job
- Decreased academic performance
- Decrease motivation, interest, engagement in usual activities
- Suspicion, mistrust, or perceptual changes

Acute phase symptoms:
- Hallucinations – distortions in perception
- Delusions – fixed false beliefs
- Disorganized thoughts and speech
- Sometimes “negative” symptoms are present e.g. restricted facial expressions, restricted verbal fluency, difficulties with initiation, apathy, reduced motivation

Cognitive symptoms:
- Difficulties with attention and concentration
- Difficulties with working memory, and executive functioning.

These changes may be more than adolescence or substance misuse. Be prepared to keep a watchful eye, follow up with changes and missed appointments.

What’s next?
Refer to services specialized in Early Psychosis Intervention (EPI) to ensure these young people and families get the right help at the right time. If substance misuse is suspected, please continue with the referral to EPI services. Primary care is to continue to provide bridge care and monitoring of symptoms until EPI services are established.
Objectives of EPI Clinics are to minimize:

- The duration of untreated psychosis
- Disruption of roles and responsibilities, relationships, and social skills
- Substance use and other co-morbidities
- Safety risks and hospitalizations

Key components of EPI

- Early detection, education, training, and the facilitation of access to services
- Comprehensive assessment
- Treatment: Intensive follow up; Duration - up to 3 years
- Appropriate and individualized treatment
- Medical (medication, physical health monitoring)
- Access to a variety of health care professionals
- Psychosocial supports (CBT, stress management, social support, independent living skills, peer support)
- Family education and support
- Research and public education

Outcomes of Early Intervention

- Improved clinical, social, and vocational outcomes
- Reduced risk of relapse and in-patient stays (Craig et al, BMJ 2004; Peterson et al, BMJ 2005)
- 7 years after index admission to an EPI program:
  - 54-68% reported some employment
  - 37-59% reported remission at 7 year follow up
  - 31% reported social and vocational recovery
  - 25% achieved both symptomatic and social/vocational recovery (Henry et al, 2010)

What is the referral process?

- Programs in Ontario have different age ranges, typically between 14-35
- Referrals are accepted directly to the various EPI programs across Ontario
- To determine which EPI program serves your geographic area please refer to the EPI provincial website www.help4psychosis.ca
- The EPI program aims to contact the client within 72 hours – 2 weeks, as per Ontario’s Standards
- Once a client has been accepted to the program, individualized case management support begins.
- A client can be followed by an EPI service for up to 3 years; often the client’s care is then transferred back to their primary care through a collaborative process.

Adapted with permission from the U.K.: Greater Manchester West
Greater Manchester West (GMW) and Iris
National Institute for Mental Health in England

The Early Psychosis Intervention Ontario Network (EPION) is a network of specialized service providers, clients, and their families. Our goal is to provide early treatment and support to all Ontarians dealing with psychosis. For more information, visit http://help4psychosis.ca/ and join the conversation at http://www.eenetconnect.ca/g/the-epion-group