

School-based Approaches to Reducing the Duration of Untreated Psychosis



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KEYWORDS

- Duration of untreated psychosis • Schools • Psychosis • Early identification
- Early intervention • Stigma

KEY POINTS

- Psychosis is a set of symptoms that includes delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms.
- Psychosis often first occurs during adolescence, when most youths are in school.
- Shorter time between psychotic illness onset and the receipt of appropriate care is associated with a host of adaptive outcomes.
- Involving schools in efforts to reduce duration of untreated psychosis has the potential to significantly impact the course of illness for affected individuals.
- Through effective screening, psychoeducation campaigns, and a general sensitivity toward the possibility of psychosis in students showing signs, schools and school personnel can be strong contributors to shortened duration of untreated psychosis.

BACKGROUND ON ADOLESCENT PSYCHOSIS

Primary symptoms of psychosis (**Box 1**) include delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms (eg, avolition,

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Abbreviations

BASC-2	Behavioral Assessment Scale for Children, 2nd edition
DUP	Duration of untreated psychosis
EPIP	Early Psychosis Intervention Program
EPPIC	Early Psychosis Prevention and Intervention Center
KSADS	Kiddie schedule for affective disorders and schizophrenia
TIPS	Treatment and intervention in psychosis

anhedonia, social withdrawal); however, the impact of psychosis goes well beyond psychotic symptoms per se (Box 2). People with psychosis are less likely to excel in school, obtain employment, and contribute to the community in ways of their choosing.^{1,2} In addition, psychotic illnesses such as schizophrenia are associated with increased mortality because of factors including suicide and elevated prevalence of metabolic and cardiovascular health issues.³ Thus, psychosis impacts several domains of both health and functioning.

Compared with other mental health conditions (eg, attention deficit hyperactivity disorder, anxiety), psychosis may be perceived by school personnel and parents as an “adult” mental illness.⁴ Evidence suggests, however, that psychotic symptoms commonly emerge during adolescence. In a large catchment study, the incidence of the first episode of schizophrenia (the hallmark “psychotic illness”) was highest in the 15-year-old to 24-year-old range.⁵ Gillberg⁶ reported a 0.5% prevalence of first-episode psychosis in 16 to 19 year olds, suggesting that approximately 50% of adults who eventually develop psychosis-related illnesses may experience symptoms by age 19. Although psychosis seen in the schools is relatively uncommon compared with other mental health concerns, school personnel will often have contact with people with psychosis. In one survey of secondary school teachers, approximately one-third of teachers reported having an experience of being concerned about possible psychosis in a student.⁷

Adolescence and early adulthood is a critical time for achieving important milestones, such as completing high school and advancing to college, acquiring life skills (eg, driving), employment, and mastering new social demands (eg, professional and intimate relationships). Progression of psychosis during this time can interfere with these developmental tasks, and young people may be delayed (in some cases, indefinitely) in acquiring important life skills.⁸ Furthermore, the impact of psychosis on brain maturation that typically occurs during the teen years seems to have important functional consequences for individuals with early-onset disorders.^{9,10}

Box 1

Hallmark psychotic features

- Delusions: beliefs that endure despite conflicting evidence or reason
- Hallucinations: perceptions in the absence of external stimuli
- Disorganized thought/speech: verbal communication that is difficult to follow
- Disorganized or abnormal motor behaviors: unpredictable behavior (eg, childish silliness, agitation, complete lack of motor or verbal activity)
- Negative symptoms: diminished emotional expression, alogia, apathy, anhedonia, avolition

Adapted from American Psychiatric Association. Diagnostic and statistical manual of mental disorders. Fifth edition (DSM-5). Arlington (VA): American Psychiatric Association; 2013.

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