

# **Emerging Psychosis in Youth: What you need to know**

**Early Psychosis Intervention Ontario Network**

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# Outline

- What is psychosis and why is this important?
- What are the causes psychosis?
- Cannabis and youth
- What to pay attention to and how to support?
- What is early psychosis intervention?
- John's story

# **What Is Psychosis and why is this important?**

# What Is Psychosis & Who Does It Affect?

- Video:
  - <https://vimeo.com/74929581>
- Taken from ‘becauseyourmindmatters.ca’

# What Is Psychosis?

- A medical condition that involves
  - Chemical changes in the brain messaging system
  - Involves a distortion of reality
  - Sudden or gradual onset
- Psychosis is a symptom, not a diagnosis

<b>POSITIVE SYMPTOMS</b>	<b>LOOK BEYOND THE SURFACE.</b> If any of these are interfering or blocking what you want to do, contact your family physician or your local Early Psychosis Intervention program.		
	<b>NEGATIVE SYMPTOMS</b>	<b>COGNITIVE SYMPTOMS</b>	
	<b>POSITIVE SYMPTOMS:</b> Something ADDED.	<b>NEGATIVE SYMPTOMS:</b> Something MISSING.	<b>COGNITIVE SYMPTOMS:</b> Something CHANGED.
	<ul style="list-style-type: none"> <li>• Hallucinations</li> <li>• Delusions (false beliefs)</li> <li>• Disorganized thoughts and speech</li> </ul>	<ul style="list-style-type: none"> <li>• Apathy</li> <li>• Reduced socializing</li> <li>• Restricted facial expression</li> <li>• Change in rate of speech</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulties with attention, concentration, memory, planning, and organization</li> </ul>

## Who Does It Affect?

- Affects 3/100 people
  - As common as type 2 diabetes
- Most common in young adults – 16-30 year olds
- Equally as common in males and females
  - First episode for females is usually later than for males

## Why is this important?

- **The sooner, the better!** The longer the duration of untreated psychosis, the higher the risk of:
  - Derailing of life goals and functioning:
    - Relationships
    - School
    - Work
  - Hospitalization
  - Suicide
  - Substance abuse
  - Disability
- **Psychosis is treatable, and it is possible to recover**

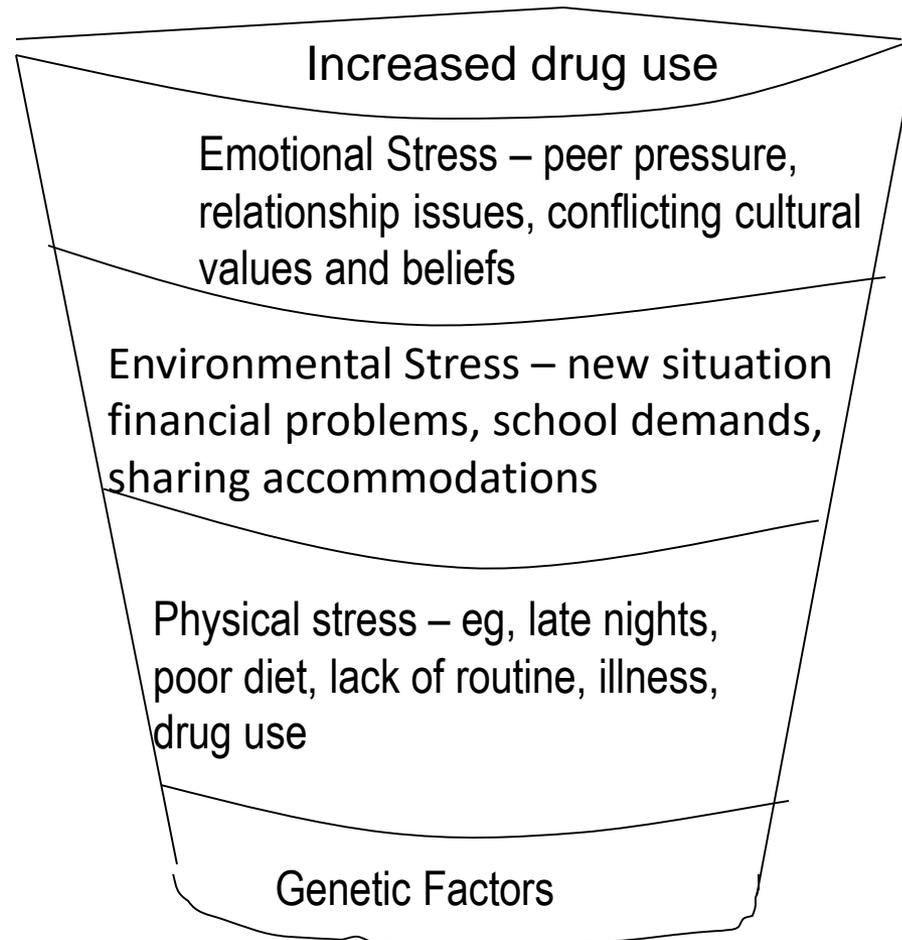
# What Are the Causes of: Psychosis?

# Biological Sources of Vulnerability

- Genetically based
  - >60% of clients have no family history
- Biochemical abnormalities
  - Dopamine appears to be significant
- Abnormal brain structure
  - E.g., larger lateral ventricles, abnormalities in pattern of blood flow and electrical activity
- Environmental influences
  - Viruses, prenatal or antenatal difficulties, immigration, trauma and urban living
- Street drug use
  - Marijuana in particular has been associated with increased risk of schizophrenia

# The Stress Vulnerability ‘Bucket’

<https://vimeo.com/74930285>

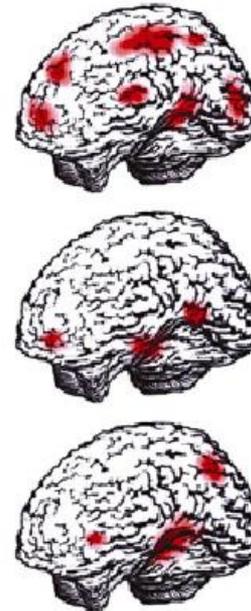


**Brabben &  
Turkington 2002**

# Street Drug Vulnerability

- Drugs such as amphetamine (speed) that increases dopamine levels can induce psychotic episodes.
- Marijuana in particular has been associated with increased risk of psychosis and schizophrenia

Brain scans comparing a person whose brain has been damaged by marijuana with one whose brain has been damaged by schizophrenia show that marijuana and schizophrenia both restrict blood flow in the brain.



The brain on the top is normal, the centre brain has been damaged by cannabis use, and the lower brain by schizophrenia. The dark (red) spots are areas of blood flow in each brain.

# Cannabis – We're #1

- Canada highest rate of teen cannabis use in the developed world
  - Canadian teens 2x more likely to use than adults
  - Up to 10% of grade 12 students smoke pot every day
  - 28% Canadian children aged 11-15 admit to using in past year
    - 23% in US legalized states, 17% in Netherlands
- The most potent cannabis the world has ever known
  - Up to 30x higher THC content than that smoked at Woodstock
  - Shatter has up to 80% THC content
- Cannabis is the #1 drug that youth are seeking treatment for
- We're only beginning to understand the effects of this

# Cannabis – Impacts

- Heavy cannabis use in youth found to cause a number of cognitive impairments
  - Attention/concentration, working memory, thinking speed, and memory
- Structural changes in brains of 18-25 year olds who smoked pot at least once /week
  - Significant changes in the brain (thinning of cortex) among users 16 or younger vs non-users

# Cannabis – So what?

- Loss of intelligence (lower IQ)
  - Evidence suggests it be permanent
- The brain needs to “work harder”
- Teens who smoke pot daily are 60% less likely to finish high school or university
  
- The earlier and heavier the use, the greater the negative impact

# Cannabis and psychosis

- Cannabis use in adolescence significantly increases the likelihood of developing psychosis later in life
  - **Doubles the risk**
- Genetic studies have shown some people are more vulnerable than others
  - E.g. history of mental illness in family
- Cognitive difficulties are often worse for individuals with psychosis

# Cannabis and psychosis

- Increased risk of relapse with use – even if they are in treatment
- Components:
  - Risk of psychosis, euphoria and addiction linked to **THC**
  - Cannabidiol
    - Non-psychoactive, has shown promise for protective factors for substance induced psychosis, an anti-inflammatory, and an experimental treatment for cancer

# Cannabis and other areas

- Mental health:
  - Increased risk for depression, anxiety, suicide and depression:
- Physical Health:
  - Lungs: Marijuana contains twice as much tar as cigarette smoke associated with increased risk of lung cancer, bronchitis and emphysema
  - Sex: Association of marijuana use with increased rates of sexual risk behavior and sexually transmitted diseases (STDs).
- Driving:
  - Marijuana impairs judgment, motor coordination and reaction time; impairs driving ability

# How can you support students?

# Campus Impact

- Discomfort around people - avoiding class (especially with group work)
- Difficulty concentrating in class
- Difficulty with reading comprehension
- Falls behind – effects on self esteem
- Low mood and lack of facial expression – turn people off
- Avoids events in dorm and on campus
- Decreased hygiene
- Lack of interest in many activities
- Spending more time in room alone
- Difficulty with sleep – affects concentration
- May initially present with expressed depression or anxiety
- If not living on campus – increased isolation, difficulty connecting with campus services

# Psychosis Assessment Tips

- Psychosis rarely presents in “neat parcels”, and students rarely volunteer the information (Shiers, 2013)
- *Observation...observation...observation*
- Avoid overly textbook or medical language
- Open-ended, non-leading questions
- General description of experience
- Use language adolescents understand:
  - “uncomfortable”
  - “worries about safety”
  - “confused”/ “figure things out”
- General to specific
- Understand cultural context within which information is presented

# Example Questions

- 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 don't make sense to you?
- Have you felt especially important in some way, or that you have powers that let you do things which others cannot?

# Supporting Students with Psychosis Return to School

- Dispel myths and stigma – can be hard to return to school
- Remember psychosis is a brain disorder.
- Medications are a foundation of treatment; consider the side-effects of medications.
- Allow for difficulties in concentration and thinking.
- Provide academic accommodations as required.
- Support reintegration; campus life, back to classes, residence.
- Connect with the student's EPI service providers (with consent)
- Maintain a positive, encouraging stance with students.

## Accommodations - Examples

- Classroom
- Exams
- Assignments
- Financial assistance
- Scheduling/Timetetable
- Academic
- Withdrawal from class accommodations
- Accessibility workshops
- Residential accommodations
- Provision of support services
- Assessment for provision of adaptive technology

# What Should I Do?

- Take family, friends, residence don, and faculty concerns seriously
- If student (and/or family etc) is help-seeking:
  - Check out local EPI service provider
  - Connect with general practitioner
  - Check out websites:
    - <http://help4psychosis.ca/>
    - Kids Help-phone
    - good2talk
    - Local Distress Centres/Crisis-lines
- If student is not help-seeking:
  - Keep the door open
  - Check-in periodically with student
  - Determine student's present needs
  - Provide resources to families
- If a threat to self or others:
  - Follow emergency protocol as per your institutional policy

# What is Early Psychosis Intervention? (EPI)

## What can EPI offer?

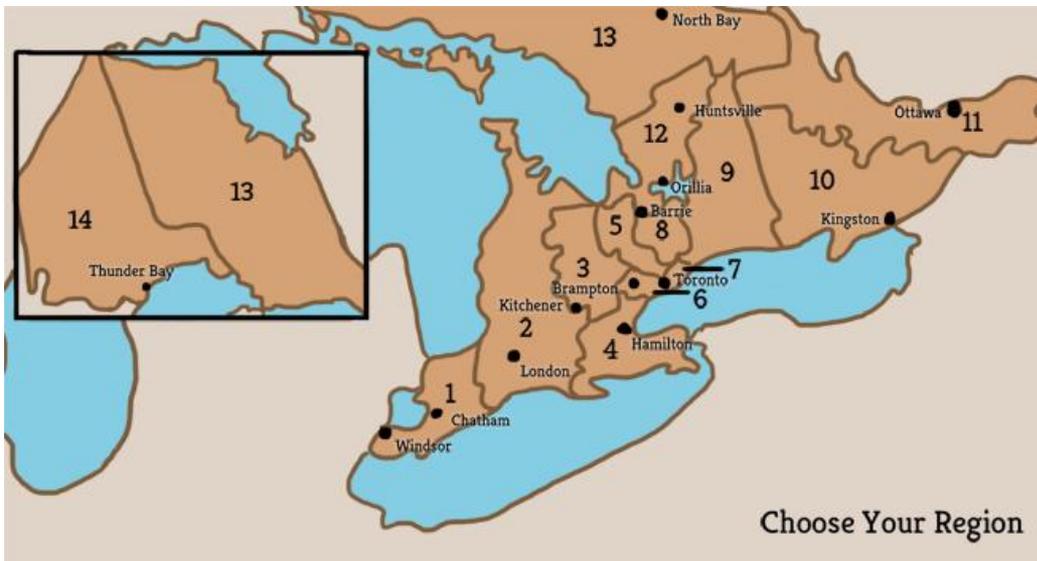
- Early Psychosis Intervention programs founded on hope and recovery
  - Experts in early intervention in psychosis care that integrates holistic recovery oriented approaches
- Research suggests that EPI may improve outcomes, especially if duration of untreated illness is limited
  - Decrease or eliminate hospital admissions.
  - Help youth reclaim their lives.
  - Maintain healthy lifestyle with chronic illness.
  - Support families and caregivers.
  - Eliminate need for long-term mental health services/psychiatry.
  - Keep youth in their communities.

# EPION

<http://help4psychosis.ca/>



EARLY PSYCHOSIS INTERVENTION  
ONTARIO NETWORK



<http://www.eenet.ca/initiatives/EPION>

[www.becauseyourmindmatters.ca](http://www.becauseyourmindmatters.ca)

# John's Story

## Remember:

- More than 1 in 4 families is touched by psychosis.
- Don't dismiss change as adjustment to post-secondary school or substance misuse.
- Pay attention to family, friends, dons, & faculty etc. concerns.
- Psychosis is treatable!
- Early intervention is important and closely tied to recovery.
- Culturally competent care is important.
- Your responsibility does not end with referral.
  - Your ongoing support and reintegration into school and campus living is essential part of recovery.