Identifying Early Signs Of Psychosis In Adolescents And Young Adults

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Abstract: Psychosis is a medical disorder that affects millions in the US alone. Nearly 3% of the population of the general population will experience an episode of psychosis once in their lifetime. This paper will give a better understanding of the signs and symptoms of early psychosis and the range of its manifestation in patients. Examination of the barriers to early identification along with the impact of misdiagnosis or misdiagnosis. This paper will equip you with the skills to assist young patients and their families which includes the appropriate screening questions for successful identification and explore possible referral options and what to do if appropriate services are not available in the patient's location.

Index Terms: Psychosis, Early Intervention, Mental Health, Young Adults, Adolescents, Early Signs, Symptoms, Treatment, Limitations

1 Introduction

The purpose of this paper is to recognize identifying signs of psychosis and describe signs of psychosis as well as it's impact of misdiagnosis or missed diagnosis. Additionally, apply appropriate screening questions to help with the identification of a possible psychotic disorder. Lastly, this paper covers a review and discussion as well as evaluation of interactions between the characters in the case study as an identification of the refinements that are needed in primarily clinical practice as medical professionals. Disclaimer: this is a real case story and the name has been changed and this paper does not hope to anyone known as Rajvi is not personalized. Please note this has this has been supported by library research and journals.

2 Background

2.1 Methods

The methodological approaches to address the objectives is primarily through evaluation of interactions between the characters in the case study as well as including review of available sources exploring the objectives of psychosis both from global and specific perspective point of view. Independent searches were performed by Stanford School of Medicine faculty to address the objectives in this paper. Furthermore, there are additional sources cited in the analysed study were also examined. On the bases of a mixture of the case study, independent research by the faculty and additional sources, this research was issued and explored.

2.2 Results

The main limitations (e.g., missed diagnosis, misdiagnosis and communication barriers), benefits (e.g., early intervention and treatment options available for the patient) and refinements (e.g., communication, rapport between the doctor and patient and adapting different methods of medical practice depending from patient to patients that they should know) in the treatment of psychosis are highlighted in this paper.

2.3 Conclusion

Psychosis requires an integrated treatment approach with appropriate medical practice by the medical professional in specialized mental health centers involving various factors contributing to a better patient's state of mind as well as health in the form of appropriate and well balanced non-pharmacological and pharmacological approaches. In addition, further action is required by medical professionals for early intervention for psychosis in order to develop effective methods to treat psychotic disorders and psychosis.

3 Methods

3.1 Participants, Trial Design, and Narrative Oversight

"Rajvi is 17 years old and a senior in high school. She is beginning to experience health issues, but does not realize that these issues are early signs of psychosis."

"Rajvi has been unusually sensitive to stimuli that never used to bother her, feeling 'off', anxious, and uncomfortable for about three months. All of these things have led to mounting frustration and made her daily routine difficult."

This paper has two perspectives, one from Rajvi's point of view and one from different point of view. The second perspective will vary from time to time i.e., Rajvi's Mother, School Counsellor, Doctor, Teacher and Therapist.

3.2 Evaluation of Rajvi

Rajvi has been experiencing mild auditory and visual hallucinations which are the first early signs of psychosis. Rajvi also seems to avoid in engaging in social activities that typically a teenager would enjoy. However, this could be from environmental and/or social factors such as stress, lack of sleep or so forth. She has stated that her education such as her finals are "going okay" to her counsellor but obviously her performance has not been seen by her counsellor. Rajvi states that she is having a hard time studying as well as a significant pain in her head which could be influenced by environmental facts as she claims that she has "not been feeling great". She sought out help from her school counsellor and was asked if she is getting enough sleep in which, she replies, "I try" which could indicate lack of sleep but is unclear. The counsellor states that is normal to experience stress and depression especially during exams. She is suggested to see a doctor who can help her focus for her finals by the counsellor.

3.3 Evaluation of Rajvi's Meeting with the School Counselor

It is good to take into account that she initially saw the school counsellor who does not see patients suffering from psychosis. Most individuals who seek help from a school counsellor are suffering from family problems, academic stress, relationship issues and so forth. However, communication could have been better between the two. For example, the counsellor could have gotten more information regarding her concerns to

create, a term used in the medical field called “rapport”. Despite the fact that he is not clinically trained, communication is still a vital process for a counsellor and he should have communicated in way which could help him get more details regarding her problems and instead of suggesting her to the doctor, could have asked to wait a few more days and if she is still concerned then book another appointment with him or he could ask her to see him at least once a week for a longer duration of time. This creates as mentioned previously, a “rapport” or a friendly relationship between the two and thereby, Rajvi feels more comfortable to share her story, experiences and open up to her problems. If the counsellor then feels he is unable to help, he should then suggest her to a doctor.

3.4 Rajvi’s Meeting with the Doctor (Dr. Miller)

Rajvi has taken the suggestion from her counsellor and seen a doctor. She has come with the concerns of headaches and trouble focusing at school. She states her head hurts, trouble focusing but she is also tired as well as having difficulty sleeping. She does not have a history of substance abuse such as drugs or smoking. Dr. Miller states that Rajvi is at an age where her body is changing due to a fluctuation in hormones which can cause feelings of depression, anxiety and fatigue. During her consultation, she seems to suffer from mild hallucinations that was not identified by the Dr. Miller. She is unsure about how long she has been experiencing her symptoms and claims around three to four months since the beginning of the semester when asked. She admits that she easily gets distracted from things that didn’t bother her before and but now are. She also admits she is struggling with her grades and are not good. The doctor states that he is going to help Rajvi prescribe some medications that will help her focus as well as talk to her parents. He states that the medication is used for people who suffer from ADHD.

3.5 Evaluation with Rajvi’s Meeting with the Doctor (Dr. Miller)

Again, the communication was the primary problem with primarily Rajvi as she was very vague and seem like she did not even want to seek any advice from the Dr. Miller at all which was contradictory as why she even came in the first place. She also seemed a bit rude in the way she reacted to the Dr. Miller’s questions. She claimed that she is having difficulty focusing and not getting good grades in which, the Doctor prescribes her with medication used to treat help patients who suffer from similar symptoms in which she had a problem with as well. Dr. Miller also informs her that these issues are common due to hormonal changes which she seems to have a problem with again. In this situation, communication from the doctor is very substantial because it seems like Rajvi was confused and does not want to seek help at all. In terms of the doctor’s communication and method of practice which was an issue as well. As typically in the initial consultation, Dr. Miller should have gotten more information out of her concerns and communicated in a way that built a rapport or a doctor and patient relationship so that she opens up regarding her matters because she is more comfortable and feel like she can trust the doctor. This also requires more time especially in the initial consultation to get the background information out of his first-time patient. After an appropriate amount is given to Rajvi in her initial consultation, only then should the Doctor make a judgement or possible diagnosis as well as a follow up. It is good to note that diagnosis cannot be made in 5-10mins but require a great deal of time and even months to years in order to assure that the correct diagnosis has been made. This does require follow ups and proper method of practice as well as effective communication. In this case, Rajvi seems to be suffering from possibly mild but, early signs of psychosis due to her re-occurring auditory as well as visual hallucinations. In these types of cases, especially Psychosis, a patient needs to be seeking the doctor at least once every week in terms of how they are doing and how they are responding to the medications. Psychosis is a serious illness that usually needs a multidisciplinary team to get the best treatment and management plan for the patient as well as a combination of medication such as anti-psychotics and frequent therapy.

3.6 Case Study Part II

“Rajvi’s struggle is continuing. She has now been experiencing undiagnosed symptoms of Psychosis for 9 months. She also feels like the medical professionals who have tried to help are not understanding what she is explaining to them, because their suggestions for treatment don't feel like they will resolve her issues. Her symptoms are beginning to develop beyond attenuated symptoms and manifesting into visual hallucinations and a clear voice. She isn't sure where the voice originates from, and as a result doesn't know yet whether or not to believe what she hears.”

3.7 Evaluation of Rajvi Part II

Rajvi seems to be struggling with difficulty concentrating due to possibly being inattentive in her classes. Rajvi’s teacher who notices her odd behavior asks her if she is okay in which she is unable to give a reply instantly as she seems to be inattentive as well as unfocused, however, tells the teacher “[she] is okay” and then later changes her statement and says “[she] does not know” which seems like she is confused but also since she was asked in the middle of the class which may be intimidating for one’s suffering from mental health issues like in this case undiagnosed Psychosis. She tells the teacher if she can “go to the bathroom” and leaves without the teacher’s permission. Instead of going to the bathroom, she is now in her house, where her mother is concerned about why she is not at school. While Rajvi’s conversation with her mom, it seems like she is continuing to show visual hallucinations and claim’s that the school is “failing her on purpose” which is the second symptom of Psychosis known as Delusions. She states that her head is hurting and that she no longer wants to go to school as well as crying. She not only seems confused in regards to the way her thought process is working but also seems to be showing signs of depression, and possibly anxiety. She refuses that she possibly may be suffering from depression in which her mom thinks for Rajvi to seek help from the doctor again.

3.8 Rajvi and her Mother’s Meeting with the Doctor (Dr. Miller)

The Doctor follows up with Rajvi and her concerns with her education. Asks whether the medication helped with her studies in which she responds “No” as her mom claims that she stopped taking her medication due to this. Rajvi states that the medication made her feel even worse and that “something else is wrong”. She states she only took the medication once and the headaches became worse. She explains that it is hard

for her to focus because as people are talking very loudly, it makes it difficult for her to focus. Her mom states that she might be talking to people who are not there and explains her difficulty in handling this with her. During her consultation, she continues to experience visual hallucinations, however, she now is also suffering from auditory hallucinations where she hears voices claiming that "she is crazy", "no one will believe you" and during this she was unable to focus on what the doctor was asking her. She admits to the doctor that is hearing noises but is delusional because all her other classmates do not believe that there are noises because no one can hear them, other than Rajvi. She seems even more distracted than previously as she seems distracted and her mom notices that she is looking elsewhere which could possibly not just be a sign of continuing auditory hallucinations but also visual. She claims that "she is not looking at anything". The doctor asks Rajvi if she could be suffering from auditory hallucinations in which this period of time, she starts to hear voices again which tells her "she is crazy" and that "no one will, believe [her]". Rajvi does not give a reply to the doctor's question however, he does inform her that this could be very serious. Her mom states that there is a possibility that there are people talking inside of Rajvi's head. Rajvi claims that all this started 6 months ago. The doctor refers to her first consultation in which he says that Rajvi stated that she had difficulty focusing, sleeping, possibly feeling depressed and not being able to keep up with her normal social activity. He suggests that if others would consider her a diagnosis of schizophrenia. She argues with the doctor and says it is not schizophrenia. During her argument, she continues to experience visual hallucinations. It is important to note that auditory and/or visual hallucinations and delusions are primary symptoms of Psychosis and that is a symptom of Schizophrenia as well. The Dr. Miller explains that this is a very serious disorder and escalates very quickly. He suggests to take a break in school and go see a Psychiatrist which he explains his concerns towards her as a possibility a very detrimental to her health. She replies back saying "[she] is not crazy" and her mom reassures her that she is not. Dr. Miller suggests that if she may be suffering from early symptoms of psychosis then she needs to be put on proper medication because she has been persistently suffering from symptoms of Psychosis which are primarily hallucinations. Dr. Miller suggests that he cannot offer the proper support and suggests her to see a Psychiatrist. However, he ends the appointment with her providing her with information and guidance on mental health as well as a referral to a Psychiatrist, right away. He warns her not to ignore his advice because this could be a very serious issue. She refuses to seek help from a Psychiatrist and states that she "is not crazy" and leaves the room.

3.9 Evaluation Rajvi and her Mother's Meeting with the Doctor (Dr. Miller)

From my observation of the consultation between Rajvi and Dr. Miller, I still believe there is a communication problem that primarily this time, is on Rajvi's side. And, I would like to state that, the communication of Rajvi and the Doctor is neither individuals' fault. To begin with, Rajvi's communication in terms of denying help as well as her possible diagnosis of Psychosis and/or Schizophrenia is primarily due to her auditory hallucinations which tells Rajvi that "[she] is crazy" and that "no one will believe [her]" which makes it difficult for Rajvi to accept her possible diagnosis and seek help from his referral to a Psychiatrist. Now, in terms of the Dr. Miller's communication as well as his method of practice on Rajvi, I feel that he did what he could do best to help Rajvi seek the proper help needed by a Psychiatrist referral as well as even provided with information on mental health as it is important to note that he is a Primary Care Physician, and who is not specialized or trained in Psychiatry. It was also difficult for him to help Rajvi when she kept denying all the possible suggestion that he advised throughout the consultation which I feel was due to Rajvi's auditory hallucinations telling her that she is crazy and causes her to refuse any type of help. In this case, when he has already identified her possible diagnosis which is very serious, he realizes that his is not the appropriate doctor who can help in this case and refers her to a Psychiatrist who can provide her with the correct treatment plan as well as confirm his diagnosis, in case of a misdiagnosis which does not seems to be the case. In terms of both, Rajvi and Dr. Miller, Rajvi refused all help that the Doctor advised due to her auditory hallucinations and Dr. Miller could not help her as he is not specialized in helping individuals suffering from mental health issues, especially a serious disorder like Psychosis and/or Schizophrenia.

4 RESULTS

4.1 A Psychosis Diagnosis (Missed Diagnosis-Diagnosing Psychosis)

A diagnosis of Psychosis stems from a diagnostic interview with the patient to acknowledge the length and course of the presenting symptoms. The assessment will also focus on the severity of the symptoms have on the patient's functioning. And also takes into account of the patient's agreement towards the symptoms or considers it as a conviction. Psychotic disorders that fall in the Schizophrenia section emerge usually in late adolescents and early adulthood with 25 for males and 29 for females. However, there is also a level of diagnostic uncertainty or possibly a misdiagnosis during this time because psychotic symptoms like in this case Schizophrenia emerge gradually and intertwine with experiences such as puberty, transition to adulthood and so forth. Additionally, co-morbid symptoms such as anxiety, depression, social withdrawal and so forth may make it difficult to make an accurate diagnosis which consequently delays the appropriate and correct treatment. Lastly, it is very substantial to take into account that the majority of the population can exhibit psychotic-like experiences without developing a psychotic disorder. It is not the case of whether a patient is psychotic or not but, it is whether or not the individual is experiencing psychotic-like symptoms which could be due to various reasons with even such as relationship problems or substance abuse. This is prevalent in large number of individuals in terms of experiencing symptoms of mental health disorders. In Rajvi's case who is suffering from hallucinations – auditory and visual, take an example of when one hears a phone ring but realizes no call has come through. This could be due to fatigue or stress for example academics, which can be easily dismissed. It is also common for a large number of individuals experiencing hallucinations in the form of voices talking to them but do not seek mental health services as they do not impact their overall functioning.

4.2 Duration of Untreated Psychosis

Duration of untreated Psychosis (DUP), physicians have

focused on managing and treating the symptoms of Psychosis to prevent intervention in a patient functioning in their overall lives. Long term of untreated DUP leads to a long-term prognosis and therefore, physicians are now more focused on identifying early signs of Psychosis in their patients. The DUP can be defined as the duration of the untreated Psychosis in the time from the beginning of fully psychotic symptoms. During the time where the patient has no access to the care needed for their symptoms of Psychosis is vital in coming up with a treatment and management plan for Psychosis. Research shows over 68% of individuals who suffer from Psychosis receive treatment after six months. It also shows that individuals with DUP of more than one year are likely to result in three times as many relapses over the next two years. In addition, longer DUP has resulted in increase in the severity of the individual's symptoms of Psychosis by the time treatment begins. As well as weaker functioning such as social functioning.

4.3 Long Term Effects

Long term effects of Psychosis diagnosis results in different outcomes due to different stages of each individual who suffer from Psychosis. For those individuals who are having constant relapses of Psychosis will disrupt the individuals overall functioning such as their development and improvement. Every individual that relapses and possibly hospitalized, essential time is lost that could have been invested in education, work and other activities. Their symptoms can become toxic at a functional level that can worsen all aspects of the individual's life overtime. Some patients can become resistance to the medical treatment they are receiving such as medication prescribed, which in case of Psychosis, medications such as anti-psychotics that are typically used in order to treat Psychosis, help manage the patient's symptoms to improve their overall functioning of their overall lives. The aim of early identification of Psychosis is to reduce the impact of DUP and maximize the time during the critical window for offering interventions. The concept of critical window refers to a period of approximately 3 years since the first display of symptoms. When interventions that include both pharmacological and psychological have the greatest impact on the patients overall functioning and well-being. Similar results have been achieved in other chronic disorders like diabetes, hypertension and cancer where identifying early signs can result in better treatment responses and less functional impact. As previously mentioned, the DUP of more than a year can increase the risk of a relapse later in the individual's life. Researchers from the NIMH study that the current DUP in the US is 74 weeks or, under 18 months. This is half of the critical window and results in lost in time to provide an intervention that could make a difference in long-term prognosis in the individual's functioning and well-being. The World Health Organization (W.H.O.) declared that the recommendation as a part of identifying early signs of Psychosis that the DUP should no longer be more than 12 weeks. This last part of information is substantial because Rajvi, the main character or patient who is suffering from Psychosis has been experiencing these symptoms for more than 12 weeks. The next section, will focus on Rajvi's symptoms that exacerbate over time and encounters challenges in accessing the proper and appropriate care for her Psychosis.

4.4 Case Study Part III – Treatment Challenges for Psychosis

"Rajvi's symptoms have continued to get worse and she has now hit a breaking point. She has resisted the idea of getting help out of fear, remained untreated for over 12 months, and developed not just a fear of her diagnosis, but also a fear of her treatment and a fear that she will be beyond help."

4.5 Evaluation of Rajvi Part III

Rajvi is still experiencing auditory and visual hallucinations and it has occurred more frequently over time. From the beginning till now, her symptoms of hallucinations are worsening. She is isolating herself in her room and not engaging in any of the activities that most individuals enjoy as well as pushing herself away from her own family. She is also suffering from possibly delusions which is confusing her. For example, she says "my mom is not trying to poison me" to the voices she hears. This is causing severe distress and anxiety issues. These symptoms mentioned previously is causing her to suffer from clinical depression.

4.6 Evaluation of Rajvi and the Psychiatrist Part III

She seems confused and distracted. She is making no initial eye contact to the Psychiatrist and looking elsewhere as well as confused. The Psychiatrist asks what is the issue in which Rajvi says she has difficulty focusing at school, things are bad there and she just wants to go back? When the doctor asks her if she has been in contact with anyone regarding this, Rajvi replies back saying that she saw the school counsellor and that he thought it was depression. She disagrees with the counsellor and that she went to the Doctor where he said she might be suffering from ADHD/ADD initially. The Psychiatrist asks why her mom asked her to come see her in which Rajvi states that her mom wants Rajvi to get better and help.

4.7 Limitations

Even though the help was there, many patients still experience significant barriers to taking the advantage of the help that they need. This is a prevalent problem when addressing early Psychosis. A common reason for barriers to entry may emerge may be because first, the fear about the diagnosis. A patient may be aware that they need help but at the same time be afraid of the impact of the diagnosis or what their symptoms might mean. It is very normal for people to feel insecure for how their experiences may be perceived by others, which is why a patient with psychosis may feel wary about disclosing. Second, stems from the cultural factors, rituals and beliefs that the patient may hold. After successful treatment of Rajvi in the case scenario, she reveals that when she first experienced auditory hallucinations, her family consoled her by explaining that it was their spirits of their ancestors trying to communicate with her. This comforted Rajvi and she started to enjoy the voices that she heard until the whispers that she heard started to say critical as well as hurtful things to her. When assessing psychosis, it is important to consider the cultural contributions within every patient in order to avoid misunderstanding it. It is impossible to know the rituals and beliefs of every culture so it is vital to include a family member or a friend who is familiar with the patients' culture during the assessment. A third barrier is the patient's physical and social environment. For example, if a patient reports of being afraid of leaving the house, is it psychosis or is the neighborhood unsafe? Are others living in the same area taking the same precautions? It is vital to

examine how the patient's environment affects her lifestyle and which treatment plan will best adapt to that environment. Finally, many medical professionals display a sheer lack of knowledge when dealing with early psychosis or report a lack of confidence in discussing their concerns about psychosis with the patient and their family. Also, medical professionals may use the watch-and-wait approach to see if psychosis fully emerges but may not be the way to approach psychosis as the earlier the treatment starts, the better. I encourage all medical professionals to refer for a thorough assessment if they have concerns which can be done in a supportive manner. When assessing for early psychosis, it is important to incorporate an early strategy of helping patients feeling more confident about disclosing and assuring them that they are not alone. This strategy is called normalizing. Normalizing techniques are effective in supporting people to talk about their symptoms. As mentioned previously, psychosis exists on a spectrum and in effect, the symptoms of psychosis exist on a spectrum as well. Symptoms that place the patient in an increased risk of developing psychosis n the future, but do not cross the threshold of full psychosis, are referred to as attenuated. They are weakened version of full psychosis, which occurs when a patient has 100% conviction in their delusions and hallucinations, and when their beliefs impact their daily functioning. So far, in the case scenario, Rajvi has been experiencing attenuated symptoms placing her a risk of developing psychosis. Rajvi still questions her symptoms and does not show 100% conviction in the experience. This normalizing approach reduces anxiety of the individual around disclosing symptoms. It is difficult for a patient to talk about psychosis and thus, normalizing may help a patient realize that they are not the only person to have experienced these symptoms. It also helps us realize that the symptoms may be a response to stress, fatigue, illicit substances, and other stressors that are common to young people. Additionally, it is vital when assessing these symptoms to do so in the same way that you would assess sleep or anxiety. That is in a natural and relaxed manner. Only by demonstrating that as medical professionals are calm and collected, will this increase the chances of the patient accessing the care they need.

4.8 Best Practices

This is an alternative scenario and evaluation of Rajvi's encounter of with a medical professional when she first started experiencing symptoms of psychosis and was advised to see a medical professional for her psychosis.

4.8 Evaluation of Rajvi

"Rajvi is 17 years old and a senior in high school. She is beginning to experience health issues, but does not realize that these issues are early signs of psychosis."

"Rajvi has been unusually sensitive to stimuli that never used to bother her, feeling 'off', anxious, and uncomfortable for about three months. All of these things have led to mounting frustration and made her daily routine difficult."

4.8 Evaluation of Rajvi and the Psychiatrist Part III

In this alternative scenario, the communication with the doctor and Rajvi was more transparent. Dr. Miller did a great job by reassuring Rajvi with providing referrals for further evaluation as well as providing her reassurance that he is here whenever she needs him via email or call. Additionally, Rajvi was more open and honest about her symptoms and how she feels which led to a better outcome and an early intervention for her condition. Dr. Miller's communication skills and method of practice were quite remarkable as he did a good job in communicating in a manner that effectively calmed the patient when he made the diagnosis of psychosis as well as depression and anxiety that was identified immediately. This was due to effective communication from both sides and an excellent method of practice by Dr. Miller.

5 Discussion

5.1 Treating Psychosis

If you are concerned of a friend, family or someone you know is exhibiting psychosis, these are things you should do. First, do not panic. Some medical professionals say they feel unskilled and uncomfortable talking to patients about their concerns with psychosis. As a result, their interactions with the patient become panicked and awkward, sometimes even unconsciously communicating the idea that talking about psychosis is a taboo. As a medical professional, it is vital to remain calm and to be transparent about the next steps along with any concerns the medical professionals may have.

Second, use accessible language. By using language that is more accessible to the patient will help with communication and ensure that they understand what the medical professional has told their patient and avoid medical jargon. Be aware how the terms psychosis and schizophrenia can carry high degrees mental health stigma and misconception. It is substantial to ask the patient how they understand these terms and provide accurate information about what they mean.

Third, be informed about the latest treatment options and resources. When patients seek professional medical help, a patient would benefit from knowing what resources are available and in what ways medical professional will be able to help. Additionally, connecting the patient to an appropriate referral to ensure a warm handoff between parties are all enormously helpful ways to keep the patients satisfied and confident about the next steps forward.

Fourth, encourage hope. Its beneficial for patients to seek effective self-care and engage in treatment and power them to optimism through recovery oriented are. Talking to patients about psychosis the same way you would any medical professional would talk about diabetes or hypertension. As reviewed in this paper, early intervention in psychosis leads to better outcomes. Therefore, it is important for patients to understand their condition and recognize their likelihood of recovery is best with early treatment. Interventions for high-risk states can prevent progression to full psychosis. This progression can happen from the very first meeting between doctor and patient.

These tips are to help medical professionals help patients and their families to access the specialty care they'll need to combat early psychosis. Recently however, federal funding has been made available to support the development of specialized early intervention teams which provide a comprehensive and services and specifically or individuals experiencing and early onset of psychosis. These teams that are often referred as specialty care teams, offer medication

management cognitive behavioral therapy for psychosis, family support, educational & vocational support and peer services. These teams are essentially available for medical professionals to refer when seeking additional resources for the patient. If a team is not available in the area, the patient can still have access to early intervention, typically by referring them to a psychiatrist who is familiar with early intervention principles. Some interventions such as medication algorithms can be found online. Informing patients and their families about the development and availability of all the local services found in their areas will help the patient in a long way. The states mental health board can also be contacted if concerned to determine what early intervention efforts are in process. In summary, outcomes for patients with early psychosis are greatly improved by connecting them to treatment at the earliest possible point. However, this can only occur if medical professionals are aware of the signs of psychosis and referral resources to support to the young person to get the help that they need. The medical professional will play a critical role in the outcome of the patient, ensuring that young adults are able to access evidence-based treatments. This is to ensure that early psychosis does not become the lifelong and disabling illness that it was once thought to be and that recovery is a real possibility with early intervention.

6 REFERENCES

6.1 Disclosure Statement

The authors are not aware of any affiliations, memberships, funding, or financial holdings that might be perceived as affecting the objectivity of this review.

6.2 Acknowledgements

The writing of this article and some of the research reported here in were all supported by edX and Stanford School of Medicine Online content and materials.

6.3 Literature Cited

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