



# Crisis Services Supporting Care in Early Psychosis

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# Outline

- What is psychosis?
  - Symptoms
  - Prevalence
- Why are crisis services a critical link for early psychosis?
  - Critical period, DUP
  - Accessibility of 988
  - Risk
- What does treatment look like? Does it work?
  - CSC
  - Early Detection
- Engaging key stakeholders in Early Detection
- Resources



# What is psychosis?

During an episode of psychosis, individuals can **struggle to differentiate what is real from what is not** and may come to believe false explanations for their experiences.



Disturbances in  
sensory  
perception



Suspiciousness,  
paranoia



Confused  
thinking or  
speech



False beliefs  
and  
interpretations



Disruptions in  
school and  
work



Withdrawing  
from friends  
and family

*Do you ever hear the voice of someone talking that other people can't hear?*

*Do you ever feel that your mind is playing tricks on you? Or not working right?*

*Have you thought that people were following or spying on you?*

*Do familiar people or surroundings seem unreal to you?*



## More common than you think



Psychosis impacts approximately 100,000 youth and young adults each year (NIMH, 2019)



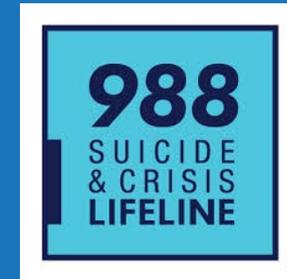
**3 out of every 100** people will experience psychosis in their lifetimes and **1 in 100** will develop a schizophrenia spectrum disorder



# Why are crisis services a critical link for early psychosis?



- **Early identification:** Getting young people into care as quickly as possible
  - Critical period (first 5 years)
  - Reducing duration of untreated psychosis (DUP)
- **Accessing resources:** Early treatment = better long-term outcomes
  - Supporting those in care
  - Reconnecting to care
- **Reducing risk** of self harm, suicide, and violence



*988 and other crisis services are **highly visible** and **accessible** and act as a key entry point into appropriate and timely care!*

# What about risk?

- **Risk of suicide:**
  - Suicide rates in psychosis are up to **12x greater** than general population
  - 25-50% of individuals with psychosis attempt suicide and approximately 5-10% die by suicide
  - Suicide risk is greatest during the first few years of illness
- **Risk of Violence:**
  - Although there is an increased risk of violence in schizophrenia, the **majority of people with schizophrenia are NOT violent**
  - The risk of violence in schizophrenia is highest for those with no, delayed, or inadequate treatment and comorbid substance use disorders during the initial episode
- **Risk of Neglect and Victimization:**
  - Rates of sexual / physical abuse 2x as high for women with psychosis
  - Men with schizophrenia more likely to die by homicide



Sensationalist news media **exaggerate** links between mental illness and criminal violence

People with schizophrenia in the community are **14x** more likely to be victims of a violent crime than arrested for one

The reality is, violence is more closely linked to **alcohol and drug** misuse in those with and without mental illness



# What does treatment look like? And does it work?



## • Early Detection

- Campaign targeting reductions in DUP
- Public education, community outreach, social/mass media, detailing of referral sources, rapid access to care
- Effective at shortening DUP (>50%)

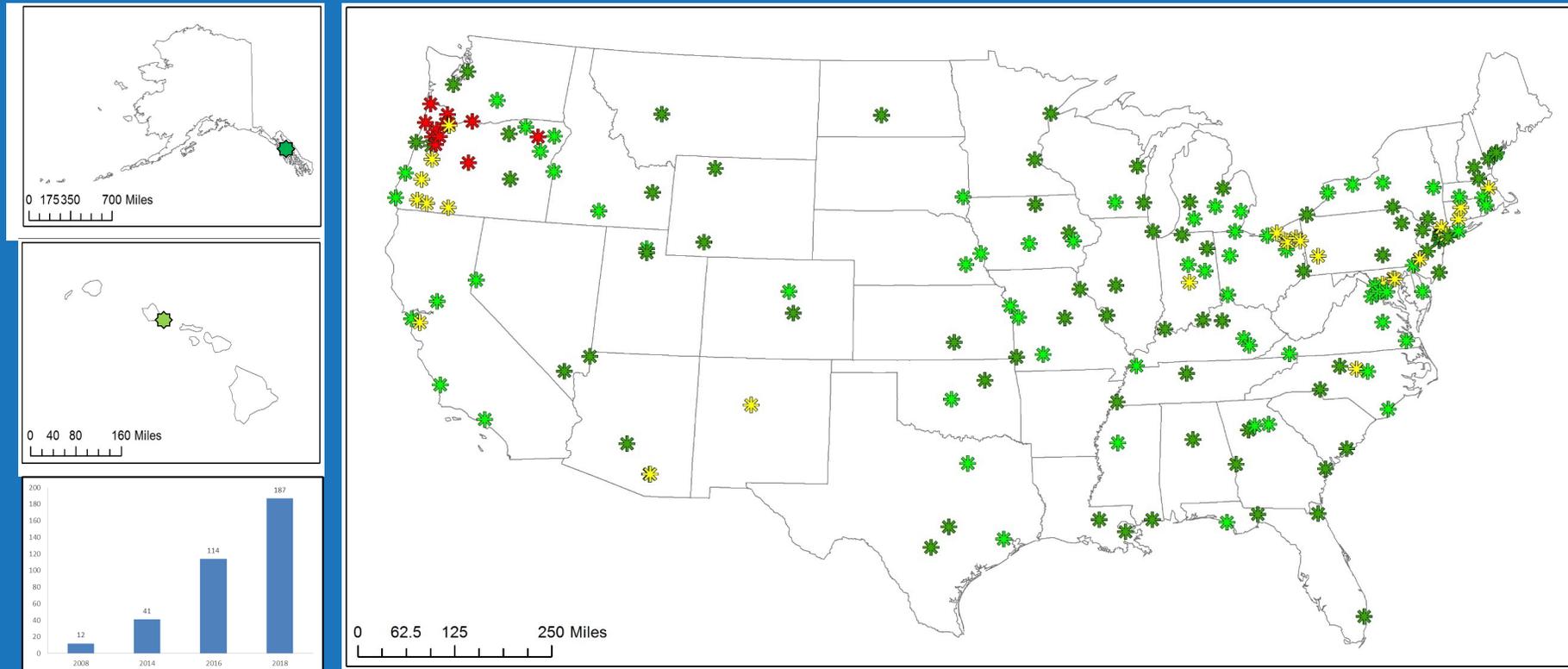


## • Coordinated Specialty Care 'CSC'

- Intensive Treatment in the first 2-5 years
- Focus on reducing relapse and maximizing functioning
- CSC effective beyond TAU
  - Improvements in relapse, re-admission, medication adherence, and suicidal ideation
  - Social and vocational functioning, treatment satisfaction, quality of life



# Rapid Growth of CSCs in US



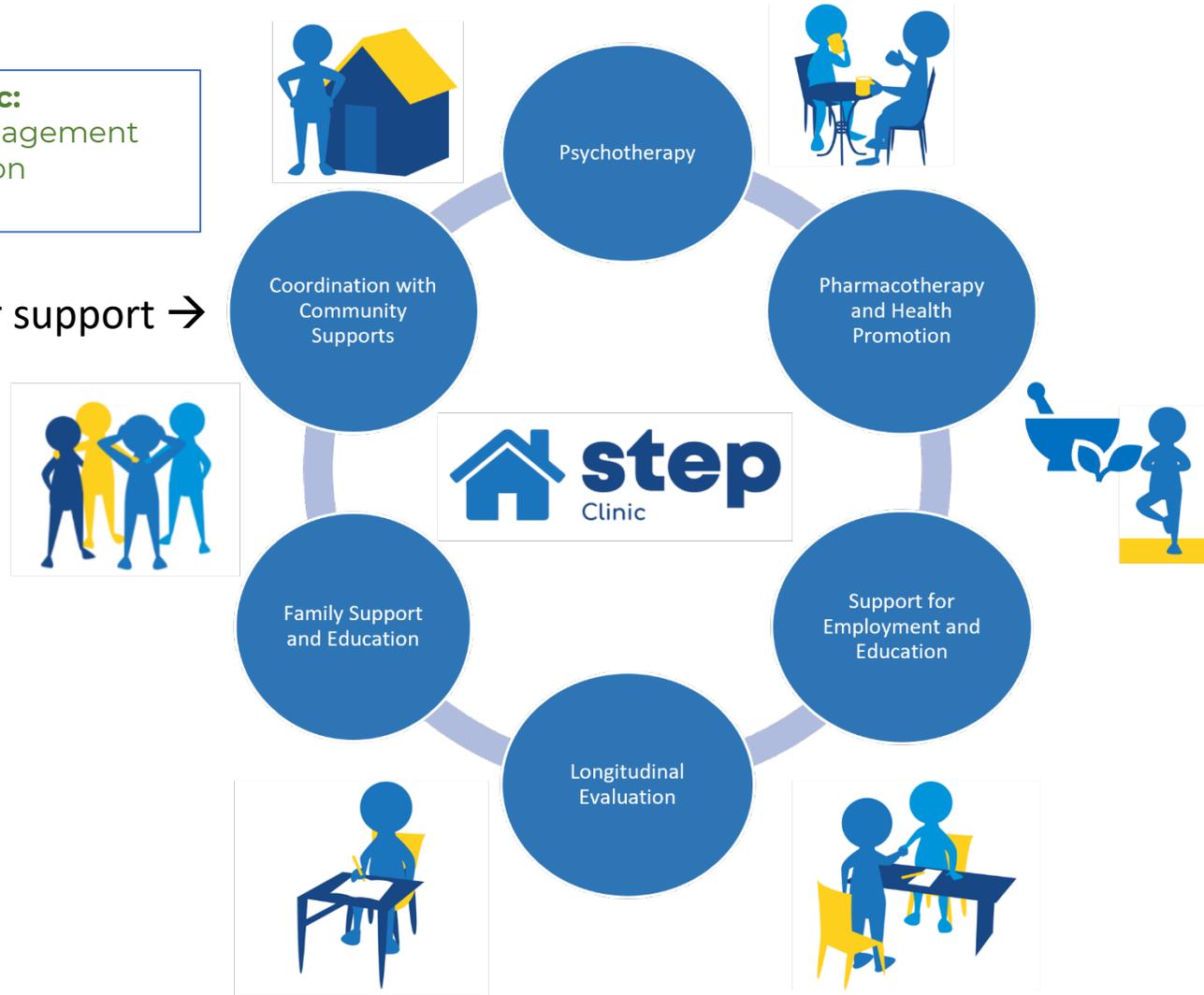
★ 2008 ★ 2014 ★ 2016 ★ 2018

from Robert Heinsen, NIMH

# STEP Elements of Care / 'CSC Model'

- Phase Specific:**
- Acute/Engagement
  - Stabilization
  - Recovery

Peer support →



# Mindmap: Early Detection approach to reducing the Duration of Untreated Psychosis

- **Public Education Campaign**
  - Social and Mass Media)
- **Professional Outreach & Detailing**
  - Advocacy/consumer (family, peer)
  - Mental Health services (outpatient, 988, ER, mobile crisis, inpatient)
  - Education
  - Judicial (police, probation)
  - Clergy/interfaith
  - Primary care
  - Policy/government
  - Social services
- **Rapid Access to Service**
  - Centralized referral number, screening, assessment
  - Wait-time reduction



 **203-200-0140**



## Duration of Untreated Psychosis (DUP) reduced by >50%

**311 days** → **149 days**  
2015 2019



# Mass and Social Media





# Community & Professional Outreach

# Strategic Plan for Engaging Crisis Services in Early Detection

- Outreach to **988** operators (United Way), **mobile crisis teams**, police departments, trainings
- Family and peer organizations (e.g., NAMI)
- Handouts for mobile crisis staff, call centers re: signs of psychosis and referral number
- CIT Training and other trainings in Early Psychosis (CABLE)



[ Your Logo Here ]

**mindmap**  
a clear path to mental health

 **203-200-0140** Free screenings for psychosis and referrals to care.

### Is it psychosis?

- Hearing or seeing things others can't
- Believe to have special powers or abilities
- Recognizing patterns or signs that others don't
- No longer wanting to be around others

visit [mindmapct.org](http://mindmapct.org) for a full list

## Are you or someone you know experiencing psychosis?

The STEP Learning Collaborative is screening for psychosis and connecting individuals to treatment across Connecticut.



Scan to learn more!

[mindmapct.org](http://mindmapct.org)

 **203-200-0140**



# Resources



- **STEP Learning Collaborative** (<http://www.ctearlypsychosisnetwork.org>)
  - Provider Trainings– 1<sup>st</sup> Thursday of the month 12-1pm
  - Family and community workshops - 3<sup>rd</sup> Thursday 12-1pm
  - Virtual courses and resource library (tip sheets, webinars, courses)
  - STEP Consultation Line – free provider-to-provider consultation in CT
- **Tip Sheets:**
  - Tips for Communicating with Someone Who is Experiencing Psychosis
  - Tips for Navigating Mental Health Crises in the Community
  - 988 Early Psychosis Tip Sheet – PEPPNET
- Finding Treatment and Support:
  - **SAMHSA Early Psychosis Treatment Locator**
  - **NAMI** – family and peer support

# Resources



## 988 Early Psychosis

### What is psychosis?

**Prominent feature of psychosis: loss of contact with reality**

Different diagnoses with psychotic features:	Positive symptoms of psychosis:	Negative symptoms of psychosis:
<ul style="list-style-type: none"> <li>■ Schizophrenia</li> <li>■ Schizoaffective disorder</li> <li>■ Bipolar disorder I</li> <li>■ Delusional disorder</li> <li>■ Depressive disorder with psychotic features</li> <li>■ Post-traumatic stress disorder</li> </ul>	<ul style="list-style-type: none"> <li>■ Hallucinations</li> <li>■ Delusions or unusual thoughts</li> <li>■ Paranoia</li> <li>■ Disorganized speech or behavior</li> </ul>	<ul style="list-style-type: none"> <li>■ Decreased motivation</li> <li>■ Lack of pleasure</li> <li>■ Decreased interest in social interactions</li> <li>■ Decreased speech or behavior</li> </ul>

*Positive Symptoms Defined:* It is not uncommon for individuals to experience psychotic-like experiences such as unusual thoughts or feeling hallucinations outside of psychosis. These would be seen as an addition to typical human experience, hence the term positive. However, when these experiences occur with increased frequency, result in significant distress, and impact functioning they may be experienced as problematic and require treatment.

*Negative Symptoms Defined:* By contrast, negative symptoms result in a lessening of a typical experience.

### Why is it important to identify psychosis?

<b>Providing early identification:</b> <ul style="list-style-type: none"> <li>■ Helps individuals access appropriate treatment</li> <li>■ Decreases the duration of untreated psychosis from initial onset of symptoms</li> <li>■ Results in better long-term outcomes</li> <li>■ It takes an average of 72 weeks in the United States for someone to access treatment for psychosis from the onset of initial symptoms</li> </ul>	<b>Helping individuals access resources:</b> <ul style="list-style-type: none"> <li>■ Increases in the intensity of psychotic symptoms may be associated with increased self harm and suicide.</li> <li>■ Provides a timely response to the onset of psychotic symptoms which is important in helping individuals access crisis services so that they can receive treatment to reduce this risk</li> </ul>	<b>Reducing the risk of violence:</b> <ul style="list-style-type: none"> <li>■ Individuals with psychosis are more likely to be victims of violence than they are perpetrators</li> <li>■ However, there are some instances where violent crimes have been committed in the context of a psychotic episode</li> <li>■ Identifying psychosis and supporting the individual to access treatment is again important</li> </ul>
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### What should I ask?

It is not possible to conduct a full screening for psychosis or assessment on a brief 988 interaction. However, there are key questions that you can ask to explore the possibility of the presence of psychotic symptoms. These include:

- Do you ever hear the voice of someone talking that other people can't hear?
- Have you ever felt that someone was playing with your mind?
- Do familiar people or surrounding sometimes seem unreal to you?
- Do you feel like other people are watching you or talking about you even if others tell you that isn't the case?

Be aware of how the cultural background of the individual might influence their beliefs and experiences. For example, some cultures believe in the afterlife and will engage in behaviors to honor their ancestors. If an individual is describing this belief and it is consistent with their cultural background it is not considered psychosis. Follow-up questions to assess for this can include:

- Have others expressed concerns about the things you are telling me?
- Do people who are important in your life share these experiences?

What is Psychosis Page 1



## Tips for Communicating with Someone Experiencing Psychosis

When a person experiences an acute psychotic episode, it can be frightening, confusing, and distressing to both the individual and his or her family and friends. Here are some things you can do to make their experience easier.

1. **If they are having difficulty concentrating:**
  - Keep your statements short
  - Give one message at a time
  - Don't give too many choices at once
2. **If they are expressing delusions and are 100% convinced:**
  - Don't argue, don't say "You're crazy," or "That's not happening"
  - Accept this is their reality. Be true to yourself. You might say, "I can't see them but I know you can."
3. **If they are expressing delusions AND have previously been open to discussing them:**
  - You might gently remind them, "These thoughts come up sometimes" or "You've learned not to give those thoughts too much attention."
  - They might check out their interpretations with someone they trust. You can ask respectfully, "How might that be/happen?"
4. **If the person's behavior is frightening you:**
  - Give the person space. Move gently to quieter, more open surroundings. Don't crowd or rush the person.
  - Try to speak and act calmly. Ask what might help.
  - Try to stay calm and communicate simply and clearly.
  - If there are warning signs of a relapse, reassure them that you are seeking help for them.

**If you feel you need support from first responders due to an acute safety issue, please make sure to do the following:**

- When calling 911, it is helpful to say to the operator that your call is regarding a mental health crisis and you require assistance. If your family member/friend has a diagnosis, let the 911 operator know what it is. Advocating for your family member/friend's treatment and care can help ensure that their illness is taken into account by the police and other first responders during their interactions with them.
- If appropriate, **request a mobile crisis team** to come to your home instead of police. When speaking with the 911 operator and/or police, provide as much information about your family member/friend's mental illness, prior contact with the law, and any concerns you have about the situation.
- Be prepared to repeat this information once police or other first responders arrive.
- If you must vacate the premises to call the police, stay close enough so you can identify yourself and speak with officers when they arrive.



## FAQs for Navigating Mental Health Crises in the Community

### What is a mental health crisis?

- A mental health crisis is a non-life threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress; considering harm to self or others; disoriented or out of touch with reality; has a compromised ability to function; or is agitated and unable to be calmed.

### Evidence that a person is experiencing a mental health crisis may include:

- Talking about suicide; talking about threatening behavior; self-injury that does not need immediate medical attention; alcohol or substance abuse; highly erratic or unusual behavior; eating disorders; not taking prescribed psychiatric medications; being emotionally distraught, very depressed, angry, anxious, irritable; paranoid thinking or not taking care of basic needs (i.e. not eating, not showering, not sleeping, refusing to get out of bed, etc.)

### Who can I call in a crisis?

#### 911

- Direct connection to emergency services; first responders (police and EMS) will respond to the call

#### What to say when calling 911?

- Identify that the family member is experiencing a mental health crisis and be able to describe the crisis
- You may request a CIT trained officer but know there may not always be one available.
- As much as you are able to, be ready to provide information about diagnosis, treatment, medications, etc.
- Let call taker know if the person has any known weapons i.e. gun, knives or edged weapons, screwdrivers or any object that can cause serious injury.

#### 211 or the Action Line

- 1-800-HOPE-135 (1-800-467-3135)
- For adults (over 18) in distress
- This a centralized phone number answered by 2-1-1 staff trained to offer an array of supports and options to individuals in distress, including: telephone support, referrals and information about community resources and services; warm-transfer to the Mobile Crisis Team (MCT) of their area; and when necessary, direct connection to 911.
- The ACTION line is free and operates 24 hours a day, seven days a week, 365 days a year (24/7/365) with the availability of multilingual staff or interpreters as needed. The centralized line is available to provide after-hours coverage for mobile crisis providers throughout the state.

## 988 Early Psychosis Tip Sheet

## Tips for Communicating with Someone Experiencing Psychosis

## FAQs for Navigating Mental Health Crisis in the Community

# Thank you!

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[www.CTEarlypsychosisnetwork.org](http://www.CTEarlypsychosisnetwork.org)

[www.mindmapct.org](http://www.mindmapct.org)



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