

SUPPORTING YOUNG PEOPLE WITH SERIOUS MENTAL ILLNESS

The UCSF Path Program for Early Psychosis is here to help.



What is psychosis?

“Psychosis” is not a specific illness but a term to describe a broad range of mental health symptoms that may indicate a serious mental health condition. These symptoms can include changes in thoughts and perceptions that can affect one's ability to engage in school, extracurriculars or relationships.

100,000

YOUNG PEOPLE EXPERIENCE PSYCHOSIS FOR THE FIRST TIME EACH YEAR.¹

It's more common than we think, and more than half of young people (60%) either receive a first diagnosis from a family physician or visited their family provider in the 6-month period before being diagnosed.²

Without early, specialized care, psychosis can disrupt lives.

SCHOOL DROP OUT

3X

High school students with psychosis are ~3x more likely to drop out of school than their peers.³

UNEMPLOYMENT

7X

Individuals with severe mental disorders are 7x more likely to be unemployed than the general population.⁴

UNHOUSED

30%

30% of unhoused individuals also have a serious mental illness.⁵

SUICIDALITY

12X

Young people with psychosis are 12X more likely to experience suicidality than their peers.⁶

By identifying the earliest signs of psychosis in young people, we can improve recovery and reduce negative experiences.

50% of major mental illnesses begin by age 14 and 75% by age 24, so adolescent health providers are often the first touchpoint for support within the healthcare system.^{7,2} By getting involved early, you can help improve your patients' long-term quality of life and reduce traumatic experiences, such as police involvement or in-patient admission.⁸

Assessing for psychosis: Questions you can ask.⁹

- **Recently, have you been feeling:**
 - Confused at times about what is real?
 - Like your mind is playing tricks on you?
 - That there are unusual things going on?
 - Like you can hear or see things that other people cannot?
 - Like you're not in control of your mind?
- **If yes to any of the above**, how much do these experiences interfere with your daily routine, such as school, work, or relationships?
- **When did these experiences begin?**

Tips for encouraging treatment:

- Focus on the person, get to know their story and what matters most to them.
- Show compassion, listen deeply and inquire curiously.
- Convey warmth and hope for recovery.
- Challenge stigma, avoid emphasis on labels or diagnoses.
- Problem-solve potential barriers to connecting with care.
- Align with their cultural beliefs and norms.
- Connect with families or allies, when possible, to grow support network.

If you believe your patient is experiencing early signs psychosis, the Path Program is here to help.

Our team is available to consult and make recommendations for navigating care options.



Know the signs of psychosis.

The FACTS acronym was designed to help providers identify the early warning signs.⁹

FUNCTIONING: Functional decline

- Decline in performance at school/work
- Withdrawal from family, friends, hobbies, typical activities
- Changes in sleep patterns

ATYPICAL: Atypical perceptions

- Seeing things not there (e.g., shadows, flashes, figures, or animals)
- Hearing things others do not (e.g., clicking, banging, wind, voices/mumbles)
- Seeing or hearing everyday experiences as unfamiliar, distorted or exaggerated

COGNITION: Cognitive difficulties

- Difficulty with memory, attention, organization, processing speed
- Difficulty understanding abstract concepts, social cues, complex ideas

THOUGHTS: Thought disturbance/delusions

- Unwarranted suspiciousness
- Unfounded concern something is wrong
- Thinking that body/mind has been altered by an external force
- Believing others can read or control their mind or thoughts

SPEECH: Disorganized speech or behavior

- Trouble putting thoughts into words
- Speaking in jumbled or hard-to-follow sentences
- Behaving oddly, such as dressing inappropriately for the weather

Sources: (1) NIMH. (2) Factors associated with timely physician follow-up after first diagnosis for psychotic disorder, 2016. (3) Prevalence and Correlates of School Drop-Out Prior to Initial Treatment of Nonaffective Psychosis, 2009. (4) Mental Health and Work, 2012. (5) UCLA Law Review, 2020. (6) Suicide risk during first psychotic episode, 2018. (7) Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication, 2005. (8) Patterns of health services use prior to diagnosis of psychosis: the importance of primary care, 2013. (9) Psychosisscreening.org