

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 may 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. 50% of mental illnesses begin by age 14 and 75% by age 24.²

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

The Path Program partners with mental health professionals to support young people in the earliest stages of psychosis and chart a path toward **recovery, resilience & full engagement in life.**

Coordinated specialty care programs like the Path Program have proven to improve overall quality of life, including reduced social isolation and increased engagement with school or work, among young people experiencing early signs of psychosis? Our team is here to provide you and your clients information about early psychosis, clinical consultations and possible enrollment in the Path Program for specialized treatment.

Assessing for psychosis: Questions you can ask⁸

- **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?**

3 strategies for supporting clients experiencing psychosis:

- 1. Clearly convey that you're there to help** and feel comfortable talking about what your client is experiencing.
- 2. Ask open-ended and curious questions** to get a better picture of what's happening. Ex:
 - “You look distressed. Can you describe what you're experiencing right now?”
 - “You've mentioned that you've [heard voices, felt suspicious, etc.]. Can you tell me more about that?”
 - “How do these experiences affect you? Can you give me an example?”
- 3. Normalize experiences** by providing information about how common it is to both experience and recover from psychosis.

Contact the Path Program for a referral, consultation or to schedule a session to learn more about psychosis.

Our team will partner with you to ensure the best care for your clients before, during & after participation in the Path Program. We also provide resources and referrals for those not eligible for our program.



Know the signs of psychosis.

The FACTS acronym was designed to help providers identify the early warning signs⁸.

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) Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication, 2005. (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) Comprehensive versus usual community care for first episode psychosis, 2015. (8) Psychosisscreening.org (9) The importance of human relationship, ethics, and recovery-oriented values in the delivery of CBT for people with psychosis, 2016.