

EARLY PSYCHOSIS: A Guide for School & University Professionals

WHAT IS PSYCHOSIS?

More common than we may think, 'psychosis' is not an illness but a broad clinical term that embodies a range of symptoms in which thoughts, perceptions, behaviors or feelings become disrupted. Psychosis can trigger misinterpretation or confusion when interacting with the world, which can feel disorienting and cause distress.

There are many common misconceptions about people who experience psychosis. It is important to know that it is no one's fault, and that people with these experiences are more likely to be the victim of violence than to be the perpetrator.

Experiencing psychosis may feel scary and isolating, but recovery is possible. The earlier people connect to care, the better the chances they will get back on track and achieve their life goals.

WHAT CAN SCHOOL AND UNIVERSITY PROFESSIONALS DO?

1

Know the Signs

Students may report, or you may notice, the following, which may indicate experiences of psychosis:

- **Hallucinations.** Changes in perception, such as hearing, seeing, feeling, or smelling things that others don't. You may notice cues in their behavior, such as talking to themselves, looking somewhere and you don't know why, or focusing on certain body parts.
- **Unusual or delusional thinking.** Persistent beliefs not shared by others. A student may report: Thinking people are watching them or that they are under surveillance; feeling very good at certain tasks; having a connection to a famous person; that the television, music or other media are communicating directly to them; or any number of thoughts that are different from usual.
- **Social withdrawal.** You may also notice that a student is pulling away in social situations, seems uneasy with others, or makes comments indicating suspiciousness about others' intentions.
- **A decline in school performance.** Such as lower grades, missed assignments, decreasing class participation, or unexplained absences.
- **Cognitive disorganization.** Speech and writing may become disorganized and/or tangential. They may draw connections between words or terms that seem illogical or non-sensical, have more difficulty than usual following conversations, or demonstrate changes in the amount, tone, rate, pitch, or rhythm of speech.

A student with psychosis may experience all or only a few of the symptoms mentioned. The intensity and impact of symptoms can also vary enormously from one individual to another.

2

Learn Where and When to Refer

Reference your school's policies and guidelines on how and when to connect with the student and/or family members. Your school's counselors and nursing/medical staff are great resources for this information.

- **School-based counseling services.** Utilize the resources within your school to further evaluate students with signs of psychosis. Counselors and nurses/medical staff may use the PRIME Screen when speaking with the student for a preliminary indication of whether symptoms of psychosis may be present and warrant further evaluation and/or referral.
- **Specialized Coordinated Specialty Care programs.** Coordinated Specialty Care (CSC) is a general term used to describe a recovery-oriented treatment model for individuals experiencing early psychosis. CSC uses a team-based approach with shared decision-making. These programs are available in a growing number of areas in Pennsylvania and across the country.
- **Emergency Services.** When a student demonstrates a threat to personal safety and/or to the safety of those around them (for example, suicidal behavior, severe aggressive behavior, self-mutilation like cutting, or other self-destructive behavior), this requires prompt or immediate referral to an appropriate emergency resource. The student may disclose these behaviors or thoughts to you directly, or someone close to the student may bring them to your attention. Be familiar with local crisis services in your area and keep their contact information on hand for easy reference in a crisis. If a person is in immediate risk of self-harm, or has engaged in self-injurious behaviors, call 911/Emergency Medical Services and specify that this is a mental health crisis. In some areas, a responder with Crisis Intervention Training can be requested.

3

Know How to Accommodate

Students experiencing psychosis may benefit from additional accommodations in the school setting.

- **IDEA, IEP & 504.** The Individuals with Disabilities Education Act (IDEA) ensures that students experiencing mental health symptoms receive free and appropriate public education services specific to their individual needs. Students may be eligible for an Individualized Educational Program (IEP) if symptoms interfere with educational progress requiring support beyond the expected classroom experience. For students experiencing psychosis, an IEP is often implemented when symptoms, such as suspiciousness or hallucinations, interfere with or are worsened by regular classroom situations. Students with milder or infrequent psychosis symptoms who do not require an IEP may be eligible for a 504 Plan, which allows for accommodations to achieve mainstream academic requirements.
- **RTI "Response to Intervention".** Often utilized when a student experiences a sudden decline in their ability to participate in usual school activities. These plans can be implemented quickly and can be used in conjunction with a referral for more thorough evaluation.
- **Transitions from Hospital to School Plan.** Sometimes students experiencing psychosis receive care in an inpatient hospital setting. School staff should work as a team with the student, family, and mental health providers to develop a transitional plan for the student's return to school. This is best begun as soon as the student's absence is noted, to facilitate a seamless transition back to school.

REDUCING STIGMA IN SCHOOLS

All school staff members should be trained on the concepts of implicit bias, stigma, and importance of de-stigmatizing language (such as avoiding words like “crazy” or “psychotic”). School staff members should maintain a positive, shame-free environment to help foster open conversations about mental health. Such a school culture allows students to feel less fear and anxiety about disclosing to school staff any mental health concerns about themselves or a peer. This in turn creates a critical access point for students in their pathway to clinical care, should further evaluation and treatment be needed.

School staff set the tone around mental health awareness. Delays in seeking care are often fueled by stigma, which includes misunderstandings, myths and stereotypes about mental illness, its causes and treatment. By providing students and parents access to learning resources with factual information about psychosis and improving mental health literacy, school leaders can help minimize feelings of fear and shame caused by stigma.

Keep an eye out for signs of bullying directed towards a student who may be experiencing psychosis. In addition to not sharing openly about their feelings at school they may be harboring feelings of shame, fear and doubt about what these experiences may mean for the trajectory of their ambitions.

PEOPLE WITH PSYCHOSIS ARE FAR MORE LIKELY TO BE THE VICTIM OF VIOLENCE OR BULLYING THAN TO BE PERPETRATORS.

What is HeadsUp?

HeadsUp is a collaborating organization whose mission is to help end the stigma around psychosis through education, advocacy, and support. We promote early intervention centered around personalized, accessible, and effective care for all people in Pennsylvania.

Coordinated Specialty Care (CSC): A Treatment Team

The care received at an FEP (First Episode Psychosis) Center is designed with each individual in mind and involves many types of trained, caring people who will collaborate with the individual and their family to plan a path towards recovery.

Our programs typically offer a team of people who will help. Each program is a little different but will often include:

- **Talk Therapy**
- **Supported Employment & Education Assistance**
- **Medication Management**
- **Peer Support**
- **Case Management**
- **Family Support and Education**



Our current PA First Episode Psychosis (FEP) sites are making tremendous strides to support recovery and avoid unnecessary trauma.*

- 91% Decrease in number of participant hospitalizations**
- 85% Increase in school enrollment in those over 18**
- 82% Decrease in suicide attempts**
- 76% Decrease in homelessness**

*At 24 months; Compared to before enrollment in an FEP center.



to learn more or find a center near you visit:

headsup-pa.org



Funding for HeadsUp provided through Community Mental Health Services Block Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS) Grant Award Number: SM063411-01. © 2022 HeadsUp. All Rights Reserved.

