Students with Early Psychosis at Schools

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Outline

- What are Psychotic Disorders?
- How does it affect students?
- What are some potential difficult issues for Early Psychosis students at School?
- What are the administrative and system challenges for supporting students with Early Psychosis at school?
Psychosis affects up to 3% of the population. Annual incidence: 1-2 per 1000.
Symptoms of Psychosis

External

Everyone knows!
Same here.
Is that so?

Internal

So pretentious!
I don’t want to talk to you!
You are most hateful!

Are they talking about me?
Psychotic Disorders

Psychosis

Schizophrenia related

Less related

Bipolar disorder with psychosis

Related

Schizophrenia

Schizotypal

Schizoaffective

ATPD schizophrenia like/schizophreniform

Delusional disorder

ATPD polymorphic

Less related

Delusional disorder

ATPD polymorphic
Dopamine system is involved in acute psychosis

Possibly other neurotransmitter system too

Medication works on tuning the Dopamine system
Lifespan

Risk of Psychosis

Clinical Disorder

Prodrome

Spectrum and Traits

Low risk states

Genetics  Pre-natal Birth  Childhood  Youth  Adult  Old age

lifespan
Reasons not clearly understood: psychosocial vs biological theories
Synaptic pruning

At Birth 6 Years Old 14 Years Old

(a) All links are detangled before and the end. (b) After removing the black links and reconnecting the network looks simpler than before. This is the hidden network that matters the most.
Brain changes before psychosis

- Increased ventricular volume
- Temporal
  - Smaller left posterior superior temporal gyrus
    - correlates with AH, FTD, P300
  - Smaller hippocampal volume
- Reduction of volume in high risk groups as well as further reduction during prodrome
Stress vulnerability approach

Time

Core

Risk

Spectrum

Time
Role of stress

- Not clear if stress is aetiological or “triggering”
- External event interacts with premorbid traits and prodromal processes
- Difficulty with retrospective evaluation
- Room for more refined research in high-risk group
- “traumatic events”
Early Intervention Opportunities

- Prodrome
- Psychosis
- Critical period
- Long term

Insight a key challenge
Course

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Services for Psychosis

- Specialized EASY Teams in HA
  - Hotline referral (29283283)
- ICCMW and NGO Youth Program
- JCEP for adult patients
- EPISO for public awareness
Typical acute treatment phases

- Acute agitation
- Psychosis
- Maintainence
Phase specific Intervention

Area above curve as morbidity

Critical Period Outcome

- Good
- Moderate
- Poor
- Very Poor

DUP  1st Episode  1st Remission  Maintenance  2nd Episode  2nd Remission

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3.5.2012
Medication and EE

One year relapse rate (%)

On Medication

Off Medication

High EE

Low EE
Some developmental factors affect risks for psychosis
A substantial proportion of psychosis patients start to become ill within school age
Patients who has illness at this age needs to do more to attain good outcome
Psychosis affects
- Reality appreciation
- Cognition
- Motivation
- Emotion
- Social behaviour
Psychopathology may be complex
- Often insight is impaired
- The role of stress is presumed but causality tentative
  - E.g. Bullying
Systems Perspective

School

Police

Family

Health
Role of school system

- **Education**
  - Learning facilitation
  - Tackle specific problems

- **Support and Care**
  - Support system
  - Encourage recovery

- **Disciplinary**

- **Boundaries**

- **Evaluative**
  - Address cognitive difficulties
  - Try to obtain the best performance possible
  - Cognitive training
  - Errorless learning?
  - Part of coordinated care-team, works with health, social sectors and family
  - Firmer approaches on specific issues for students benefit
  - Boundary for behaviour at school
  - Information on functional performance of student for future planning

Note: potential conflicts in some of these roles require careful planning
Roles in Schools

- **Student patient**
  - Academic
  - Social
  - Equip for a more difficult journey
- **Staff**
  - Examples of support and positive attitude
- **Other students**
  - Proper attitudes and support
- **Family**
  - Support at home
  - Communicate
  - Coordinate
  - Containment
- **Health care**
  - Assessment
  - Treatment
  - Coordinate support
Psychosis Challenges in Schools

- Stigma and discrimination
- Self harm and violence
- Public awareness and information
- Confidentiality and information
- Partnership with health care
- Gatekeeper function: Detection and Engagement
- Compulsory processes
- Co-morbid problems
- Supporting families
- Assessment and functioning: cognition and social cognition
- Other students
Working with Health care team

- Key liaison person
- Confidentiality and information
- Formulation, Care-plan, and review
- Emergency contact
Working with Families

- Families can be major allies
- If not handled well, can also be impediment in some cases
- Expressed emotions
- Grief
- Traits
- Illness in family

- Family as partner
- Support and information for family
- Community support available
- Important information source
Motivation decline in Psychosis

- General motivation decline
- “Negative symptoms”
- Brain system affected
- Rule out secondary effects
  - Depression
  - Medication side effect
  - Residual psychosis
- Most distressing symptom for families
- Lead to reactive high concerns and expressed emotions (not helpful)
- Not patients choice
- Time and patience
- Daily schedule
- Motivational interviewing or coaching
Cognitive problems

- Memory
- Attention
- Problem solving
- Part of illness
- Medication
- Time course different from symptoms

- May need special assessments
- Linked to academic performance
- Need to give time
- Explore secondary courses
- Errorless learning principle
Co-morbid conditions

Psychosis patients can have other problems too!
- Depression
- Anxiety
- OC symptoms
- Substance abuse
- Personality problems
- Stress and PTSD

Complicates recovery from psychosis

Aware of co-morbid conditions and handle accordingly

Call on School psychological expertise (CP, EP, SWS)
Stigma in Schools

- Stigma in school, like in society, has serious consequences
  - Delay in help seeking
  - Denial of problems
  - Stress on patients
  - Social isolation
  - Discrimination
  - Self stigma limits progress

- Attitude form early in life
- School has responsibility to education positive and non-stigmatizing citizens
- Active leadership required against Stigma and discrimination at school
- May associate with bullying (needs very serious attention)
- De-stigmatization programmes available
  - (e.g. EPISO)
Bullying in Schools

- Psychosis patients and people at risk of psychosis are prime targets of bullying
- Bullying may have causative relationship to psychosis
- Difficulty in distinguishing facts from psychopathology
- School must have active policy against bullying
- Possible legal consequences?
- School psychological expertise consulted in difficulty in assessment
Social avoidance in Psychosis

- Patients often has social anxiety or idea of reference
- Sensitive to attention of other people
- Avoidant of social situations common
- Illness often a secret: fear of discovery

- School must ensure confidentiality for individual patients*
- A generally inclusive culture vs small groups
- System to identify and care for isolated students
Confidentiality issues

- Medical confidentiality
- Basis for trust and information
- Information shared with care-team only
- Consent required outside care-team
- Does not limit giving of information

- School need to define personnel involved in care roles explicitly
- Avoid conflict of roles e.g. in disciplinary or in evaluative roles
- Carefully manage communication between staffs in different roles
- Good practice for confidentiality essential for all functions
Involve decisions of discontinuation
Should be made separate from care decisions
Evaluating personnel should request information from care team after consent
Educational milestone important for eventual outcome

Should be flexible
Give maximal opportunity for student
Cognition up to 2 years after psychotic episode to recover
Cognition, education, and employment major import for outcome
Self Harm and Suicide

- Significant risk in early psychosis
- Life time suicide risk 5-10%
- Ideation very common
  - Hopelessness
  - Insight
  - Depression
  - Akathisia
  - Relapse
  - Change of support system

- Ensure platform exists for:
  - Engagement and communication
  - Time and space for proper assessment
  - Urgent liaison with health care team

- Training for staff in micro-skills
  - Discuss future and plan
  - Identify depression symptom
  - Gradual exploration of suicide ideation
  - Engagement
Suicide in HKFEP

By 3 years
- 6 out of 153 patients (4%)
- 5 Within 4 months after first discharge
- 1 possibly in relapse after 14 months
- No more depressive symptoms at stabilization

By 12 years
- 16 deceased (10%)
- 4 natural courses
- 12 presumed suicide (7.8%)
**Violence in Psychosis**

**Facts**
- Most violence in society perpetuated by people without mental illness
- Risk mildly increased \( R^{2-4} \)
- Over-react counter-productive
- Distinguish between other causes:
  - Personality disorder
  - Substance abuse

**Gatekeeper training for teachers and key staff to proper handling for patients with unstable mental state**

**Signs of concern**
- Pre-occupation and disengagement
- Severe agitation

**Decisive response: boundary actions**
- Clear response guideline to all staff
- Involve police if necessary
- Urgent assessment in A/E
Unacceptable behaviour in patients with psychosis
Is it related to illness?
Is the illness well controlled
Crucial Decision whether the need is for discipline or for care
Does the student have choice/is fully responsible for the behaviour?

School may set up personnel and process for evaluation and planning
Liaison with health care teams essential (Decision should involve responsible health care team)
Involvement of family essential
Careful in decision, then communicate and stick with decision
Review with new information
Compulsory treatment

- Patients with psychosis often do not have insight into illness
  - Part of core feature of illness
- Right to treatment vs right to refuse treatment
- Mental Health Ordinance
  - Good evidence of illness
  - Risk to self or others
  - Involves Applicant, Expert, Magistrate

School informed about this option
Need involve psychiatric team/police
Safety is priority
Admission for observation and treatment
Community Treatment Order for discharged patients
Important structural boundaries
Beyond individual right or wrong or blames
Analysis behaviour from a broader, systems perspective
Avoid creating strong sense of guilt and confrontation
E.g. adherence behaviour
Psychosis Awareness

- Essential for early detection
- All students and teachers should be informed about psychosis
- Avoid delay
- Suspected psychosis should be properly and promptly handled

- Facilitate Peer illness recognition system
- Ensure information available
- Distinct from other mental health conditions
- Awareness programmes
  - EASY
  - JCEP
  - EPISO
Next step: Risk Syndrome

- Before onset of full blown psychosis
- Identify At Risk Mental State
- Preventative Intervention
  - Neuroprotection
  - Psychological intervention
香港的思覺失調服務

**EASY**
思覺失調服務計劃
醫管局
查詢及轉介熱線：
29-283-283
www.ha.org.hk/easy

**JCEP**
賽馬會思覺健康計劃
www.jcep.hk

**PSI**
早期思覺失調研究計劃
香港大學
(Psychosis Studies & Early Intervention Programme)

**EPISO**
香港思覺失調學會
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