

Prevention and Early Intervention in Psychosis: A Window of Opportunity to Change the Course of Serious Mental Illness

Summarized by Thomas T. Thomas

First Para

According to the National Institutes of Health, 100,000 youths and young adults in the U.S. experience a first episode of psychosis each year (NIH, 2013). And yet, it takes 21 months on average before someone can receive specialized treatment for early psychosis after they first begin experiencing symptoms (NIMH, 2019). Coordinated specialty care for early psychosis is a treatment model provided with evidence-based components designed for early detection, individual psychotherapy, strength-based care management, supported employment and education, judicious medication management, and peer and family support.

Adriana Furuzawa, MA, LMFT, CPRP, a clinical and hospital psychologist, is the director of [Felton Institute's Early Psychosis Division](#). She oversees the implementation of the (re)MIND[®] program (formerly known as PREP – Prevention and Recovery in Early Psychosis) offering care in five counties in the San Francisco Bay Area and Central Coast.

Started as the Family Services Institute of San Francisco 130 years ago, the institute was renamed for a dynamic director, Kitty Felton, about ten years ago when it branched out to Alameda County. It has subsequently expanded to San Mateo, Monterey, and Marin counties. Their work is funded through each county's behavioral health department and receives state and federal support.

Felton's (re)MIND[®] programs for prevention and recovery in early psychosis were first implemented in 2007 in partnership with UC San Francisco. "We were always a community mental health program walking hand in hand with research," Furuzawa said. Felton Institute is nationally recognized for bridging the gap between science and community-based services. "Usually it takes twenty years for innovation in a university setting to reach the community," she said. California pioneered this model as one of eight centers in the U.S. They use research data to "tell the story of the work that will help us find sustainability."

The Covid-19 pandemic tested some of the protocols involving in-person interviewing, and the institute had to find new ways to interact with clients. "But data showed us we could continue to deliver services," Furuzawa said.

The idea of early intervention was borrowed from physical health in treatment of conditions like high blood pressure and diabetes. The causes of serious mental illness are not always clear and include a variety of factors. If they are caught early, it may be possible to delay the onset of psychosis, reduce the numbers and length of hospitalizations, and reduce the burden to the person, the family, and society.

Schizophrenia affects about 2.5 million Americans. In 2013, the average time lag

between onset of psychosis and start of treatment in the U.S. was one to three years; now it's about a year and a half. The World Health Organization standard is three months or less—and some countries actually achieve that.

When asked about psychosis, most people believe it involves being untethered, mixing reality and fantasy, or is connected with dreams. They think it is something severe, out of control, part of major mental disorders, a break with reality as perceived by most people, and like falling off a cliff, never to return. But psychosis is an umbrella term and represents a spectrum that is part of the normal human experience.

At one end of the spectrum are the transitory sensations, like misinterpreting a shadow for a shape or feeling the phantom buzz of the cell phone in your pocket when it really isn't ringing. This advances to catching sight of or hearing the voice of a deceased loved one during a period of grief—which may be culturally appropriate. Culture is a background against which some of these experiences need to be tested. Further down the spectrum would be hearing non-distressing voices or sounds. And at the far end is the full-blown diagnosis of a psychosis, where the person can't determine if he or she is dreaming or awake and may be aware of, as Freud would put it, “a part of the mind that is normally hidden from us.”

Psychosis may involve experiences that are added to reality, those that are removed from reality, or experiences that are confused with reality. Still, the diagnosis is not a cliff you permanently fall over but a condition from which you can recover. It is in the early stages, the prodrome between faint symptoms and the full-blown state, that the person may be at high risk but still have insight into the experience. The person may be struggling with the experience but still able to catch him- or herself.

Factors that contribute to developing a psychosis include life experiences, stress, trauma, sleep deprivation, and substance abuse. Genetics may also create a predisposition for biology and the environment to create conditions for psychosis.

Positive symptoms of psychosis may relate to perceptions: hearing or seeing things that others don't; smelling, tasting, or feeling unusual sensations; and increased sensitivity to light and sound. The person may exhibit unusual thinking or beliefs that only make sense to them, confusion about reality and imagination, believing song lyrics or television programs have special messages for them. They may feel suspicious and be preoccupied with the supernatural.

Negative symptoms include losing qualities that make us connected and motivated, losing pleasure in activities, having reduced emotions and expression, lack of will, less verbal ability, and rigid posture. The person may be disorganized in their communication, unable to get a point across or understand a conversation, ramble, or exhibit unpredictable behavior.

Functional impairments include difficulty with school or work, lacking personal goals, and losing friends, relationships, and social contacts. There may be cognitive impairments like memory loss, slowed thought processes, trouble planning ahead or solving problems, and impulsivity. The person may exhibit mood swings, feel sadness or emptiness, have disrupted sleep patterns, distraction and restlessness, and anxiety. Seventy-five percent of people with psychosis experience depression.

The question to ask is whether the symptoms are significant and impact the individual's ability to care for him- or herself. Psychosis does not always mean treatment is required. But you want to catch it early and address it.

The (re)MIND[®] program, which deals with schizophrenia and associated conditions, and the BEAM program, which deals with bipolar, depression, and mood disorders, are available in Alameda County for residents who qualify. They must be age 15 to 24, have access to Medi-Cal or be eligible for it, have experienced the onset of psychotic or bipolar symptoms within in the past two years, and have symptoms that are not caused by substance abuse. The programs include:

- **Assessment** – This involves a clinical interview for DSM-5 symptoms and disorders if the patient has had a first break, or a structured interview for psychosis-risk syndrome if without a first break.
- **Therapy and Case Management** – The person is generally given Cognitive Behavioral Therapy for Psychosis (CBTp) and motivational interviewing, along with case management for symptoms.
- **Medication Management** – For early prevention, the approach to medication may be different from that for serious mental illness, where the goal is to reduce symptoms. In early intervention, the goal is to prescribe and monitor effectiveness at the lowest dose necessary and if possible to prescribe only one medication (monotherapy), rather than a mix or “cocktail” designed to gain immediate effect. Clients are informed of the risks and benefits with each medication and share in making decisions.
- **Support for Education and Employment** – The program will assist the client in finding opportunities for education and employment, as well as accessing accommodations.
- **Family and Peer Support** – The program works with young clients to help them build their “team” of support. It works on family education. An innovation that the Felton Institute helped develop is peer support among clients.

The Felton Institute's programs are centered on recovery. This includes recognizing the signs and symptoms of relapse and taking action quickly and appropriately. The client is encouraged to have goals beyond the immediate relief of symptoms, which may include in their work or schooling, acquiring hobbies, or living independently. Clients are also encouraged to build friendships and relationships and to connect with their families.

“Hope is our best ally against stigma,” Adriana Furuzawa said in conclusion. “Science is on our side, too.”