



There is increasing evidence that the early recognition and treatment of many mental illnesses can lead to substantial improvements in recovery and overall functioning. As a consequence, there is now a growing drive to identify mental illnesses at their earliest possible stage.

In addition to this emphasis on early detection, attention is also being focussed on identifying young people who appear to be at ultra high risk of developing a mental illness. By assisting people who appear to be at increased risk we may be able to prevent the illness from occurring, or at least reduce its impact on the person's life.

What is an "at risk mental state"?

Psychotic disorders rarely arise 'out of the blue'. Generally they are preceded by a gradual change in a person's sense of well-being and general functioning, often over a period of time.

This period, which comes before the onset of clear-cut psychotic symptoms (such as delusions, thought disorder and hallucinations), is known as the prodromal phase or prodrome.

Symptoms of the prodrome for psychosis are common in adolescence however not everyone with these symptoms will develop psychosis.

Who is at risk?

Much of our understanding of the early phase of psychosis has been derived from retrospective descriptions (looking back on someone's experience).

These experiences have been gained from young people and their families after the young person starts treatment. From this, three groups of people, who appear to be at increased risk of developing a psychotic illness, have been identified.

Group One:

Young people with a parent or sibling with a psychotic illness, or themselves have a Schizotypal Personality Disorder as well have experienced a recent, persistent deterioration (> 4 weeks) in their ability to cope with life events and stressors, or have chronic difficulties with functioning.

Group Two:

Young people who are exhibiting subthreshold psychotic symptoms.

That is they have symptoms which do not reach threshold levels of psychosis due to the symptoms not being severe enough or they do not occur often enough. Such changes include:

- > A change in their perception of objects (things looking or sounding different) or brief "bursts" of hearing voices or seeing visions
- > Unusual/odd thoughts about themselves or people around them (eg worries about mind control, worries about people spying on them, reading "special/personal" messages into everyday events/situations, misinterpreting events/comments)

Group Three:

young people who experienced clear-cut psychotic symptoms which resolved spontaneously (without antipsychotic medication) within 7 days.

It is important to note that "prodromal" changes are non-specific: they could be the result of a number of physical and psychiatric disorders, or reactions to everyday problems of life. Just because a young person experiences some of these difficulties – does not mean they WILL develop a psychotic illness, merely that they MIGHT.

Natalie was 17 years old and living in transitional housing when her accommodation worker became concerned about her. Natalie had stopped attending school because she did not like the teachers or students, and she had no motivation to find work. She had few friends, and due to past abuse, was not in contact with her family.

Natalie had become noticeably low in her mood and described a long history of frequent unexplained mood changes. She was becoming frustrated more easily and talked of having some suicidal thoughts.

For some reason Natalie had also been having some unusual experiences. For about 6 months she had been hearing muttering noises infrequently, but could not explain what they were. On a few occasions she had also thought she had heard her name being called even though she was all alone. However, what worried her most was her feeling that she was being watched sometimes, and she could not work out why this would be happening.



What can you do?

Workers, family members and friends in contact with young people may be able to notice changes in mental health and functioning that could suggest increased risk of psychosis. It is important to assist these young people to get appropriate help. Talking with a trusted adult about their experience and Importance of getting help early is recommended. As with “full-blown” psychosis, the diagnosis of an “at risk mental state” often develops from an initial “hunch” that something is not quite right. Therefore if you have a “gut feeling” that a young person has an at risk mental state, it is important to continue to assess and support the person over time, or refer to a service with an interest in this area.

DISCUSS



Advice and Referral

Because access to mental health services, particularly with a new referral of a person with vague possibly prodromal symptoms, can be quite difficult, **Orygen Youth Health Clinical program** has set up a clinic specifically for young people at risk of developing a psychotic disorder.

The PACE Clinic, at **Orygen Youth Health Clinical program**, provides treatment to young people assessed to be at ultra high risk of developing a psychotic illness. Research is also an Integral part of PACE. Currently we are carrying out a number of studies to i) enhance our understanding about what contributes to young people developing a psychotic illness and ii) to further develop our treatments. The PACE clinic sees young people between the ages of 15-24 (inclusive) living in the North-Western and Western Metropolitan region of Melbourne. **Referrals and assessments are carried out by OYH, Youth Access Team. Referrals can be made by phone on 1800 888 320.**

For further information regarding mental health and information in other languages visit:

> www.betterhealth.vic.gov.au

> www.sane.org.au

> www.healthinsite.gov.au

www.oyh.org.au
