

TOOLKIT

for educating
about
Psychosis



Regional Interagency Council (RIAC) Resource Guide: Early Detection and Support for Youth and Young Adults With or At Risk of Psychosis

The purpose of this guide is to provide accurate information about risk factors, early signs and symptoms, and best practices for community partners regarding the early detection and support for youth and young adults with or at risk of developing psychosis and their families.

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Barren River



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Table of Contents

Information about early intervention in psychosis

This toolkit includes sample handouts on Early Intervention Psychosis for Schools, Medical Professionals, Faith-Based, Criminal Justice, Mental Health, and Youth and Parents.

General handouts:

- What is Mental Illness? (Page 2)
- FACT SHEET - Severe mental illness in adolescents and young adults (Page 3)
- What is First-Episode Psychosis? (Page 4)
- What Causes Psychosis? (Pages 5-6)
- What are the Early Symptoms of Psychosis? (Page 7)
- DISPEL THE MYTHS:
Common Myths Along with Helpful Facts that Prove Them Wrong (Page 8)
- FACT SHEET FOR YOUTH - Major Understandings about Mental Illnesses: (Page 9)

Audience-specific handouts:

- Early Intervention In Psychosis - Information for Schools and Communities (Page 10)
- Educators and Community - Talking Points (Page 11)
- Educators and Community - Suggested Activities (Page 12-13)
- Preventing Severe Psychiatric Disorders - Information for Medical Professionals (Page 14)
- Early Intervention in Psychosis - Information for Faith-Based Leaders (Page 15)
- Early Intervention in Psychosis - Information for the Criminal Justice System (Page 16-18)
- Crisis Phone Lines in Kentucky (Page 19)
- Adult and Children Crisis Stabilization Units in Kentucky (Page 20)
- iHOPE (Page 21-22)
- Early Interventions for First Episode Psychosis (FEP) (Page 23)
- Community Mental Health Centers (Page 24-25)
- Help is available (Page 26)
- Right from the Start: Keeping Your Body in Mind (Page 27)
- The Best Way to Avoid Illnesses (Page 28)
- Tips for the Young Person (Page 29)
- Self-Care Activities (Page 30)
- Parents' Guide to Getting Good Care (Page 31-32)
- Recovery (Page 33)
- Kentucky Suicide Hotlines (Page 34)
- Other Suicide Contact Options (Page 36)
- References (Page 37)

What is Mental Illness?

Often friends and family are the first to notice symptoms of someone in the early stages of a mental illness. Getting help early is the first step to stopping the progression of mental illness.

What is mental illness?

Mental illness refers to changes in brain functioning that interfere with the person's experience of their world: disrupting their thinking, feeling, moods, and ability to relate to others. Psychosis is the most serious form of mental illness and may be prevented if detected early in the pre-illness phase.

What is the pre-illness phase?

The pre-illness phase is a stage before psychosis. This critical phase can be a period of days, weeks or years. Symptoms of psychosis may be quite obvious or hardly noticeable. Imagine how you feel before you get the flu. Often you just don't feel "right." You may sneeze once, feel more tired than usual or have a headache. In the same way, a person may have early symptoms of mental illness, and is "at risk" of getting sick but is not ill yet.

What is psychosis?

It involves the loss of contact with reality. A psychotic episode occurs when a person is unable to tell the difference between what is real and what is just in their mind. There are significant changes in the person's thoughts, beliefs, perceptions and behaviors. They may experience hallucinations, such as hearing, seeing, tasting, smelling and/or feeling things that aren't there; or experience delusions. These experiences can feel very real and distressing and can make it difficult to carry on easily with regular life tasks such as school, work, and relationships. Getting help early can prevent a lifetime of pain and debilitation.

What causes psychosis?

Psychosis can happen to anyone, but it is most likely to happen to people for the first time between the ages of 12 and 25. It is due to changes in brain functioning, leading to a disruption of brain functioning. Some possible factors are:

- Physical illness (autoimmune, head injury, infection before birth)
- Genetic (predisposition in genes)
- Environmental (emotional trauma, social or family stress, early toxic exposure)

Psychosis is **not** caused by mistakes in parenting.

How common is psychosis?

About three percent of the population is at risk for psychosis, making the onset of psychosis more common than many severe, chronic diseases in youth, including Type I diabetes. However, early intervention is showing promising results.

(Johnson, R.W. (n.d.). Early detection and intervention for the prevention of psychosis program. In *Early detection and intervention for the prevention of psychosis program*).

FACT SHEET

Severe mental illness in adolescents and young adults

The challenge

While the causes of severe mental illness are still not perfectly understood, the scale of the problem—for adolescents and young adults, their families and friends, communities, and society at large—is increasingly clear.

- Approximately 2.5 percent of youth and young adults in the United States will develop schizophrenia or a severe, psychotic mood disorder, with most cases developing after age 12.
- 75 percent of people who have schizophrenia go on to develop a disability.
- Less than 20 percent of people suffering from schizophrenia are gainfully employed.
- An estimated 12 to 15 percent of people who suffer from a psychotic illness complete suicide, and as many as 75 percent of youths with psychotic level symptoms make an attempt.

For adolescents and young adults suffering from a severe mental illness, the impact can include:

- Lower academic achievement or dropping out of school
- Behavior problems
- Substance abuse
- Reduced job opportunities and/or difficulty performing job tasks
- Impaired relationships with friends, family, and co-workers
- Isolation from friends and the broader community
- An ongoing need for intensive care and frequent hospitalization



Beyond these challenges, many adolescents and young adults who develop a serious mental illness end up trapped in a cycle that robs their ability to attain a good quality of life, denies them the tools to cope with their illness and places additional burdens on the family and community to provide what care it can.

(Johnson, R.W. (n.d.). Early detection and intervention for the prevention of psychosis program. In *Early detection and intervention for the prevention of psychosis program*).

What is First-Episode Psychosis?



Psychosis temporarily interferes with the brain's ability to recognize reality and causes disruptions in thoughts and perceptions. Everyone's experience with psychosis is different. Psychosis often comes and goes in episodes. It is more common than most people think; it affects about 3 in 100 people during their lives.

Know the Signs

These warning signs may signal early psychosis:

- Hearing, seeing, tasting or believing things that others don't
- Suspiciousness or extreme uneasiness with others
- Persistent, unusual thoughts or beliefs
- Strong and inappropriate emotions or no emotions at all
- Withdrawing from family or friends
- A sudden decline in self-care
- Trouble thinking clearly or concentrating

If you or someone you know is experiencing these warning signs, contact a healthcare professional or a first-episode psychosis program if one exists in your community. Early action keeps young lives on track.

Early psychosis, also known as first-episode psychosis, is often frightening, confusing and distressing for the person experiencing it and difficult for his or her family to understand.

During early psychosis, or a first episode, is the most important time to connect with the right treatment. Doing so can be life-changing and radically alter a person's future. So, while it can be difficult to tell the difference between the early warning signs of psychosis and typical teen or young adult behavior, if you are concerned, don't delay in getting help.

**Addressing psychosis early can help with recovery.
Reach out to learn more and to keep young lives on track.**

What Causes Psychosis?

We are still learning about how and why psychosis develops. It's thought to be triggered by a mix of genetics (family history) and life stressors during critical stages of brain development. Sometimes psychosis can be the start of a more serious condition like schizophrenia or bipolar disorder. Risk factors that may contribute to the development of psychosis include stressors such as physical illness, substance use (marijuana, hallucinogens and stimulant medications) and psychological or physical trauma. Psychosis can start at any age, but young adults are at an increased risk because of hormonal changes in the brain that occur during puberty.

Overview

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities, Division for Behavioral Health is dedicated to supporting the state's effort to significantly increase access to specialized, evidence-based services and supports, including outreach services, to youth and young adults (15-30 years old) with, or at risk of, early psychosis symptoms and their families. The youth/young adults and initial start-up site providers have chosen the name iHOPE (Helping Others Pursue Excellence) to identify the Coordinated Specialty Care Programs in Kentucky.

Help is Available

Whatever the cause, early diagnosis and treatment provide the best hope for recovery. The most effective treatment for early psychosis is Coordinated Specialty Care (CSC). The earlier a person experiencing psychosis receives Coordinated Specialty Care, the better his or her quality of life. Coordinated Specialty Care uses a team-based approach with shared decision making that focuses on working with individuals to reach their recovery goals. Programs that provide CSC services are often called first episode psychosis. These programs are available in a growing number of areas. They are often referred to as iHOPE Programs in the State of Kentucky.

iHOPE Philosophy of Care

The voices and needs of individual and family participants drive all services. iHOPE is designed as a transitional program. Services in the early phase should equip young people and their families to be effective self-advocates at both individual practice and systemic levels. The removal of barriers and accommodation of individual needs are priorities in this treatment.

Culturally aware services are highly valued as essential to iHOPE's foundation. Services are delivered by and to a diverse representation of individuals and groups. Young people receiving services through iHOPE, their family members, and providers across the state represent a range of values, beliefs, identities, stages of life, and lifestyles. Creating culturally aware services is a dynamic and evolving element of service and requires ongoing dialogue, training, self-reflection and systems improvement.



iHOPE Philosophy of Care (continued)

The iHOPE team is an important assessment and consultation resource for providers and individuals who do not specialize in differential diagnosis of psychotic illness. iHOPE prevents inappropriate early diagnosis and treatment by providing diagnostic training for providers. The iHOPE team provides consultation, support, and referrals to appropriate care. The majority of individuals identified by community sources will not have a schizophrenia-related condition; therefore iHOPE's role includes helping to connect these individuals to the most appropriate services for their needs.

The optimal treatment setting is the individual's community (Fitzgerald & Kullarni, 1998). The iHOPE team provides this support through community mobilization and education, early identification, proactive outreach and engagement, and evidence-based treatment and support.

Key Components of Coordinated Specialty Care



Case Management

Working with the individual to access resources and services in the community.



Family Support and Education

Giving families information and skills to support their loved one's treatment and recovery.



Psychotherapy

Learning to focus on resiliency, managing the condition, promoting wellness and developing coping skills.



Medication management

Finding the best medication at the lowest possible dose.



Peer support services

Connecting the person with others who have been through similar experiences.



Supported Education and Employment

Providing support to continue or return to school and/or work.

EASA Early Assessment and Support Alliance. (2016). Early Assessment and Support Alliance. Retrieved from <http://www.casacommunity.org/>

What are the Early Symptoms of Psychosis?

Some feelings or behaviors listed here might indicate a brief reaction to stressful events. On the other hand, these changes could be early symptoms of a developing mental illness. It is important that the person in question be assessed by a professional, especially if the symptoms last longer than a few weeks, the changes in the person's behavior are sudden, or seem very out of character or bizarre. Early symptoms or new experiences can occur on or off over time.

It is the combination of several symptoms (that are new and/or increasing over time) rather than any one symptom that puts a person at risk.

Feeling "something's not quite right"

- Feeling like your brain is just not working right
- Not able to do school work or one's usual job
- Heightened sensitivity to sights, sounds, smells or touch

Hearing sounds/voices that are not there

- Feeling like your brain is playing tricks on you
- Intermittently hearing, seeing, smelling, and feeling things that others don't
- Somatic illusions

Jumbled thoughts and confusion

- Trouble with focus and attention
- Fear that others are putting thoughts in your brain or reading your mind
- Forgetfulness and getting lost
- Bizarre preoccupations or obsessional thoughts
- Having the sense that the world, other people, and/or you aren't real at times

Declining interests in people, activities, and self-care

- Withdrawal from friends and family
- Loss of motivation and/or energy
- Dramatic changes in sleeping and/or eating habits
- Lack of interest in things you used to enjoy
- Not caring about your appearance

Experiencing fear for no good reason

- Worrying that others are thinking bad thoughts about you
- Thinking others wish to harm you or are watching and following you
- Feeling uneasy around people or suspicious of them

Having trouble communicating

- Losing track of conversations
- Difficulty speaking and/or understanding others
- Increased vagueness or focusing on small details in conversations
- Trouble with reading comprehension and writing

The following symptoms require immediate attention:



- ❗ Suicidal or homicidal thoughts
- ❗ Dramatic change in sleep or appetite
- ❗ Hearing voices commanding you to do certain things
- ❗ Believing without reason that others are plotting against you
- ❗ Extreme unreasonable resentments or grudges
- ❗ Severely disorganized communication

DISPEL THE MYTHS

Common Myths Along with Helpful Facts that Prove Them Wrong

MYTH

Teenagers don't suffer from "real" mental illnesses; they are just moody.

FACT

One in ten children and adolescents suffer from mental illness. Most severe mental illnesses start in the teenage years.

MYTH

Talk about suicide is an idle threat that need not be taken seriously.

FACT

Ninety percent or more of all suicide victims have a mental illness and/or a substance abuse problem. For people ages 15-24, suicide is the third leading cause of death.

MYTH

Mental health problems are really the result of poor parenting and lack of discipline in the home.

FACT

Mental illnesses are often inherited from one generation to another and generally have little or nothing to do with parenting. They can also be caused by problems during pregnancy or by head trauma.

MYTH

Mental illnesses are not real and cannot be treated.

FACT

Mental disorders are diagnosed in the same way as asthma, diabetes, and cancer. Treatments of mental illness are effective 60% to 80% of the time. This rate meets or exceeds success rates for cutting-edge treatment for heart disease.

MYTH

We're good people. Mental illness doesn't happen to me and my family.

FACT

One in four Americans will suffer at some point from a mental health problem. These Americans are from ALL backgrounds. There is no way to predict who will develop a mental illness.

MYTH

Depression (aka "the blues") is a normal part of life that can be overcome without seeking treatment.

FACT

Major depression is a real, treatable illness that affects ten percent of adult Americans every year. It is THE LEADING cause of disability for those between the ages of 15 and 44 in the United States.

MYTH

Private health insurance routinely does not cover mental health services.

FACT

Well over 90 percent of companies with health insurance cover some mental health care.

MYTH

Stay away from people with mental illness because they are violent.

FACT

Virtually every study proves that persons with mental disorders are no more violent than other Americans, assuming they don't abuse alcohol or illegal drugs and are receiving treatment. More often, people with mental illness are victims of violence, stigma, and discrimination.

MYTH

There is no hope for people with mental illness.

FACT

Mental illnesses are successfully treated at a higher rate than many other chronic health conditions, particularly when treated early.

This list was compiled by The National Mental Health Awareness Campaign, an organization dedicated to reducing stigma associated with mental illness. Replacing wrong ideas with facts helps young people come out of the darkness of isolation into the light of treatment and wellness.

FACT SHEET FOR YOUTH

Major Understandings about Mental Illness



Johnson, R.W. (n.d.). Early detection and intervention for the prevention of psychosis program. In *Early detection and intervention for the prevention of psychosis program*.

Early Intervention in Psychosis

Information for Schools and Communities

By getting help early, a person's chances greatly improve for staying in school, working, maintaining friendships and planning for the future.

“How can I tell the difference between the early warning signs for psychosis and other mental health or developmental issues?”

Early warning signs can appear as: laziness, forgetfulness, clinical depression or Attention Deficit Hyperactivity Disorder (ADHD). The “red flags” for psychosis are a combination of the following symptoms:

- | | |
|--|---|
| <ul style="list-style-type: none">• Sensory sensitivity to light, sound and touch | <ul style="list-style-type: none">• Subtle, very brief and infrequent illusions or hallucinations |
| <ul style="list-style-type: none">• Decreased sense of smell | |
| <ul style="list-style-type: none">• Reduced concentration, attention and memory | <ul style="list-style-type: none">• Odd ideas and behavior that are new and uncharacteristic |
| <ul style="list-style-type: none">• Difficulties understanding others and being understood in conversation | <ul style="list-style-type: none">• Delusional thinking, but without conviction |
| <ul style="list-style-type: none">• Suspiciousness, paranoia or baseless fearfulness | <ul style="list-style-type: none">• Progressive and marked deterioration in functioning at work or school |
| | <ul style="list-style-type: none">• Withdrawal from friends and even family members |

A combination and worsening of these symptoms could preface the onset of psychosis. If a professional or parent observes some of these changes in a young person, we encourage them to contact a professional or local early intervention program.

“What parts of the brain are affected in young people with prodromal psychosis?”

In psychotic illnesses the prodromal refers to the period characterized by mental state features that represent a change from a person's premorbid functioning up until the onset of psychotic features.

The frontal lobes of the human brain are the areas of higher order cognitive functions like judgement, planning, reasoning, organizing, maintaining a focus, and initiating action. During adolescence, maturation of the frontal lobes is incomplete. It is during this stage of development that frontal lobe impairment may become evident in a young person at risk of a major mental illness. This under-activity in the frontal lobes can contribute to a clinical picture of diminishing academic performance, trouble processing new information, disorganization and apathy or a lack of mental liveliness. A corresponding over-activity of the limbic system impacts primitive emotions and feelings and creates a sensory overload experience that can trigger psychosis.

“How can Early Intervention Programs be helpful to schools?”

Early Intervention Programs can offer a range of services to schools, including training to school staff on understanding psychosis and recognizing the early symptoms, consultation on how to work with a child who may be at risk and information about how and when to make a referral.

Educators and Community

Talking Points

Young people are naturally curious and have questions about mental illnesses. Understanding mental illnesses can be challenging for anyone. Myths, confusion, fear and misinformation about these illnesses cause anxiety, create stereotypes and reinforce stigma. During the past 50 years, great advances have been made in the areas of diagnosis and treatment of mental illnesses. Educators and community group leaders can help young people understand that these are brain-related conditions, like any other disease of the body, and that they can be treated.

In order to talk about mental illnesses, you must be knowledgeable and reasonably comfortable with the subject. This toolkit is intended to provide educators, community group leaders, parents and others with a basic understanding and answers to the following questions: What are mental illnesses? Who gets them? What causes them? What are early signs? How are diagnoses made? What treatments are available?

When explaining how mental illnesses affect a person, it is helpful to make a comparison to a physical illness. For example, many people get sick with a cold or the flu, but only a few get really sick with something serious like pneumonia. People who have a cold are usually able to do their normal activities; however, if they get pneumonia, they will have to take medicine and may have to go to the hospital.

Similarly, feelings of sadness, anxiety, worry, irritability, and sleep problems are for most people; however, when these feelings get very intense, last for a long period of time, get progressively worse and begin to interfere with school, work, and relationships, it may be a sign of a mental illness. Discuss how early screening and intervention have saved lives of cancer patients who might have died in an earlier era.

You should be aware of your youths' needs, concerns, knowledge and experience with mental illness. When talking about mental illnesses, you should:

- **Communicate in a simple, straightforward manner**
- **Communicate at a level that is appropriate to the age group and developmental level**
- **Have the discussion when youth feels safe and comfortable**
- **Listen and watch for reactions during the discussion**
- **Slow down or back up if anyone becomes confused or nonverbal; behavior may indicate the need to talk further with you or someone else**

Considering these points will help any young person be more relaxed and understand more of the conversation.

Middle school-aged youth typically ask more questions, especially about friends or family with emotional or behavioral problems. Their concerns and questions are usually very straightforward. "Why is that person talking to herself?" They may worry about their safety or the safety of their family and friends. It is important to answer their questions directly and honestly and to reassure them about their concerns and feelings.

Teenagers are generally capable of handling difficult topics and asking for more specific information. Teenagers often talk more openly with their friends and peers than with their parents. As a result, some teens may have already received misinformation about mental illness. Teenagers respond more positively to an open dialogue that includes give and take. As many educators have learned, they are not as open or responsive when a conversation feels one-sided or like a lecture.

Talking to children about mental illnesses can be an opportunity for adults to provide them with information, support, and guidance. Learning about mental illnesses can lead to improved recognition, earlier treatment, greater understanding and compassion, as well as decreased stigma.

Educators and Community

Suggested activities

Interesting, engaging and effective classroom activities to educate students about the benefits of early detection and intervention of mental illness.

General

- Assign teams of students to research local or state facts and statistics about mental illness. They should also research and provide information on preventive or intervention services. Applying their findings, allow them to develop informational flyers, posters, web pages, newsletters, public service announcements and/or commercials to promote awareness and prevention. Make sure the students' work is posted or distributed within the school and/or community.
- Have your students hang the posters in a visible area of the school, such as the student common area or the hallway near the main entrance.
- Assist your students in planning a dance for mental illness awareness. Select music that promotes understanding and respect, helping to fight the stigma facing the one in five youth with mental health problems.
- Plan a school-wide or community "walk" with your students to honor those who have suffered or lost their lives or loved ones to mental illness or related causes (e.g. suicide). Students can use the walk to raise awareness.
- Help students to develop an anonymous school survey that will measure their peers' attitudes concerning mental illness. After administering the survey, compile the results and calculate the probability that a student in the school is at risk for mental illness. Present the findings to your school administration, school board or parent group.
- Discuss the role of citizens as activists and agents of change, particularly in the area of youth advocacy and mental illness prevention. As a class, identify an opportunity to influence change, such as volunteering or participating in a local event to show support for mental illness prevention.
- Research relevant laws in your state and in others. Write a letter to your senator expressing support for a specific issue related to the law and mental illness prevention.
- Have students review existing school policies concerning mental illness. Discuss whether additional policies are needed to help students who display early signs and symptoms. They may wish to put their thoughts into writing in the form of a proposal to the school administrator or school board.

Art

- Invite students to create imaginative art that represents one or more of the symptoms of mental illness or the importance of getting help early. Place them in a school location where they can be seen by other students and school personnel. Have the artists write a description to display with their artwork.
- Conduct a "Prevent Mental Illness" door-decorating contest. Divide the class into pairs or groups and assign each group a door in the school. To encourage student body awareness and participation, the student body can vote on their favorite door.
- Make a collage with pictures and words to illustrate the messages teens hear and see about mental illness in the media, music, from parents and peers to illustrate positive and negative views of mental illness.

Educators and Community

Suggested activities (continued)

Literature

- Encourage students to use mental illness prevention as a topic for local, state and national speech or essay competitions.
- Challenge your students to write an article or story about the positive benefits of early detection and intervention of mental illness for the school or community newspaper. Have the work judged by a panel of local journalists. Ask that the winning article be highlighted during the Mental Illness Awareness Week (October) or immediately after.
- Invite students to interview one or more relatives or neighbors about mental illness beliefs of the past. They might tape-record the interview (with permission) and write a report about what they learned.
- Bring a representative into the classroom to talk about mental illness and discuss services specific to youth and their families. Your students could submit a short story and a list of services to the school or local newspaper.
- Ask your class to watch a TV program or movie (such as *A Beautiful Mind*) about a person suffering from mental illness. During the next class, have the students give a short description of the illness, the signs and symptoms displayed and how people assisted the individual in getting help. Then have the class discuss the influence TV and movies might have on their own ideas about mental illness.
- Assign students to research the historical timeline and social views of mental illness. Direct them to look at what occurred during those transitions. They should include information on legal statutes and close with their summary of the findings, including their own opinions. Have students present their papers and discuss their findings and opinions.

Drama or Theater

- Encourage students to use mental illness prevention as a topic for local, state and national drama competitions.
- Assist students to enact or role-play a mock mental illness incident, demonstrating the signs and symptoms, myths and facts and how to get help. Include the roles that friends, family members, teachers, bystanders and others may play in these situations. Include community groups in the enactment as appropriate. Follow-up with a discussion about what occurred. Discuss the obligation of all those involved, as well as school safety issues and strategies.
- Invite your students to create a dramatic scene in which they confront a friend who is showing early signs of mental illness.

Computer or Interactive

- Depending on skill level and software availability, have students develop an interactive game, quiz, video documentary, etc. dealing with mental illness awareness. (This can be done in anything from custom-animated PowerPoint to basic programming or authoring tools.) Consider setting the finished product up in the cafeteria as a kiosk and encourage students to “test” themselves to see how much they know about the topic.
- Have your students incorporate their skills into producing something to raise awareness about mental illness. Depending on their skill level, students could create materials that could be aired over the school television broadcast system or a web page that could be featured in the school’s website.

Johnson, R.W. (n.d.). Early detection and intervention for the prevention of psychosis program. In *Early detection and intervention for the prevention of psychosis program*.

Preventing Severe Psychiatric Disorders

Information for Medical Professionals

The purpose of this information sheet is to facilitate your role in prevention and early intervention by providing information on the early warning signs, course of psychosis, and guidelines for making referrals.

It has been our consistent experience that pediatricians, family physicians, general practitioners and their office nursing staff are usually the professionals who identify the first signs early enough to allow us to prevent onset. Typically psychiatrists see these young people when psychotic illness is already well established, and prevention is impossible.

Changes in behavior, thoughts and emotions, such as:

- Feeling something's not quite right, without another explanation
- Heightened perceptual sensitivity to light, noise, touch, interpersonal distance
- Unusual perceptual experiences, fleeting apparitions, odd sounds, frank hallucinations
- Unusual fears and suspicions, avoidance of bodily harm, fear of assault (not social anxiety)
- Disorganized or digressive speech, jumbled thoughts and confusion, receptive and expressive aphasia
- Newly emerging, uncharacteristic, peculiar behavior or preoccupations, unpredictability, bizarre appearance
- Reduced emotional or social responsiveness, sadness, alogia, anergia, aphasia, memory difficulties
- Decreasing performance at school or work without another explanation or diagnosis
- Declining interest in people, activities and self-care
- Withdrawal from friends and family
- Decreased sense of smell

Some helpful questions to ask:

- "Have your ears been playing tricks on you recently?"
- "Are you finding yourself withdrawing from friends, activities and/or hobbies?"
- "Are sounds getting louder or lights seeming brighter?"
- "Does it feel like it's harder to concentrate or to express yourself? Harder to filter out irrelevant and distracting stimuli in your environment?"
- "Are you feeling that others may be staring at you, or having hostile thoughts about you for no particular reason?"
- "Does it feel like your thoughts or actions are being controlled by others at times? Or, that you are getting messages from the environment that others may not perceive?"
- "Do you sometimes feel that you are losing your mind?"
- "Have other members of your family experienced these symptoms?"



Johnson, R.W. (n.d.). Early detection and intervention for the prevention of psychosis program. In *Early detection and intervention for the prevention of psychosis program*.

Early Intervention in Psychosis

Information for Faith-Based Leaders

No matter why a young person is experiencing psychosis, it can be a confusing and anxious time for both the person and their family. Continuing to include them as valued, contributing members of your faith community may help them stay in school, remain on track to establish careers, and fulfil their roles as parents. It will also help minimize isolation and may support more effective engagement in treatment.

As a trusted messenger, you can help support the person and their family and connect them with effective services, such as iHOPE services. Remember, the sooner someone receives help, the less likely that person will need to be hospitalized or suffer long term.

Here are some ways you can help:

- Educate and familiarize yourself with the signs and symptoms of early serious mental illness, including psychosis.
- Listen without judgement, empathize, and offer support. Try not to label or diagnose the person but offer to connect them with resources, including mental health professionals who can help.
- Remember, not all behavior that seems unusual is a mental illness; sometimes people just need to change the situations they're in. A health professional may be able to help sort out if someone is experiencing early serious mental illness.
- Take a Mental Health First Aid course and offer it to your community. You can find one near you at www.mentalhealthfirstaid.org.
- Understand that, for some individuals, the experience of psychosis can be a spiritual process. Helping a young person and their family navigate the experience using their faith can aid in the recovery process.
- Remind the person of their strengths and talents and invite them to share these as part of your faith community.
- Be open and transparent. If you are worried about changes in someone's behavior, say so directly and respectfully—and listen carefully to their response. If someone is already receiving treatment through a Coordinated Specialty Care program, encourage them to participate actively in their care plan. Educate others, plan a training or community conversation to better understand mental illness and strategies for dealing with stigma. If you hear people saying things about mental illness that are not true or are offensive, share what you've learned and support inclusion.

Kazanjian. (2018). Early Serious Mental Illness Guide for Faith Communities.

Early Intervention in Psychosis

Information for the Criminal Justice System

Law enforcement officers can serve as a key resource for identifying early signs of psychosis and diverting people to appropriate care. Law enforcement officials are increasingly adopting specialized responses to people with mental illnesses. Among these responses include the Crisis Intervention Team (CIT) model, in which police officers are trained to recognize the signs of mental illnesses and manage encounters with individuals with mental illnesses (Broner et al., 2004; Steadman & Naples, 2005).

CIT programs are considered a national best practice due to their positive effect on officers' attitudes, knowledge, and beliefs about individuals with mental illnesses, as well as their ability to connect individuals with mental illness to appropriate psychiatric services (Compton et al., 2008, 2014a).

CIT trained officers are much more likely to refer individuals to services or transport them to a treatment facility than they are to make an arrest and demonstrate increased self-efficacy around interacting with people with psychosis (Compton et al., 2014a; 2014b).

It is clear that proper screening and assessment provides the foundation for detection of First Episode Psychosis and triage and/or referral to appropriate treatment intervention, it is also true that the criminal justice system presents unique challenges to detection and intervention. Early detection of psychosis is difficult even in community-based settings and the duration of untreated psychosis can be influenced by the way symptoms manifest, as well as by patient, family, and health-system factors (Broussard et al., 2013).



(Pope, Leah g, & Pottinger, Stephanie. (n.d.).
First Episode Psychosis: Considerations for the Criminal Justice System.)

Early Intervention in Psychosis

Information for the Criminal Justice System

Getting interventions early can prevent individuals with a mental illness from becoming enmeshed in the criminal justice system.

How kids respond in crisis:

Cognitively:

- Inattentive, difficulty with memory, irrational/having difficulty with reasoning or thinking processes, hypersensitive, not taking responsibility or blaming others.

Behaviorally:

- Hyperactivity that was not previously present, sleep disturbances (increase or decrease), accident prone, acting without thinking.

Physically:

- Shortness of breath, sweaty palms, tics, nausea, vomiting, headaches, pacing.

Emotionally:

- Anxiety/nervousness, aggression/anger, low self-esteem, depressed mood, hopelessness, apathy.

Situational Triggers:

- Loss/death
- Traumatic experience
- Abuse/neglect
- Environmental stressors
- Domestic violence
- Substance abuse
- Mental illness of parent/guardian
- Financial issues
- Legal issues

Trauma based on child's age:

Children up to age 6:

- Changes in mood, behavior, personality
- Regression in behavior
- Separation anxiety
- Somatic complaints
- Specific fears

Children ages 6 to 11:

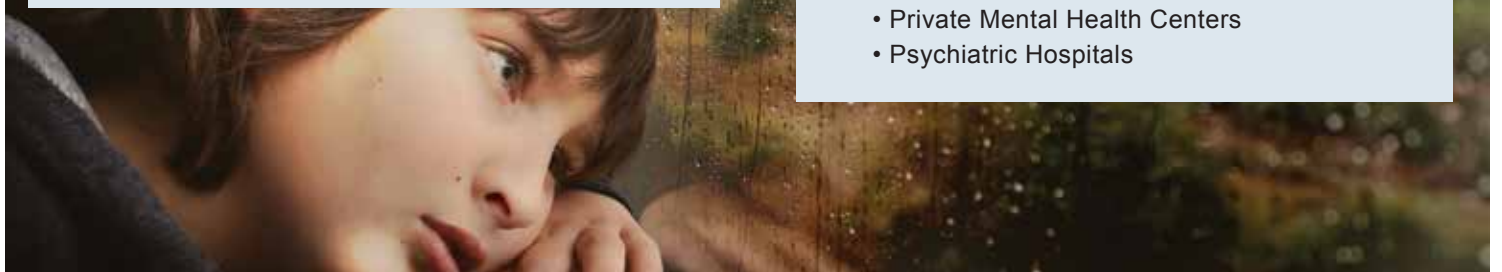
- Changes in mood, personality:
- Disruptive behavior
- Regressed behavior
- Hypersensitivity
- Somatic complaints
- Retelling of story

Youth ages 12 to 18:

- Acting out, defiance, risky behaviors
- Changes in mood, withdrawn/avoidance
- Personality changes
- Appearance
- Values
- Changes in peer group
- Negative view of the world

Community Resources for Crisis:

- Community Mental Health Centers
- Children's Crisis Stabilization Units
- Adult Crisis Stabilization Unit
- Mobile Crisis Services
- Private Mental Health Centers
- Psychiatric Hospitals



Early Intervention in Psychosis

Information for the Criminal Justice System

Caution when dealing with youth who are in crisis:

- May need to avoid touching
- If verbal communication is ineffective, write questions down, offer them a pen and paper, if applicable
- Work quietly and gently
- Use short simple questions (What is your name? vs. Give me your identification.)
- Enter their world—sit down with them and complete a task they are doing—doing repetitive behaviors with them (building a relationship)
- Ask motivating people to assist or use motivating items, toys, foods, etc. to encourage interactions

Building relationships with children/youth in crisis:

- Be aware of stereotypes, isms, and own personal biases.
- Be mindful of facial expressions and nonverbal cues
- What to do vs. what not to do when interacting with children.
- Active listening and use of soothing tone (unless it's a safety issue)
- Patience, understanding, finding the meanings behind behaviors.
- Validation strategies and empathetic responses.
- There's dignity and respect that comes with a badge, so use it wisely.
- Due diligence and making an effort.

Things to remember:

- Meet the child at their level—enter their world if possible.
- Kids just want to be heard
- Children look to YOU for the answers
- Fight, Flight, or Freeze
- Approach slowly and try to comfort their needs the best you can
- Be aware of your body language and verbal communication, also be aware of others

- Give reassurance
- Be mindful and aware of your environment
- You never know everything these kids have been through in the past when first interacting with them
- DO NOT shout, argue, criticize or insult the person
- DO NOT block the doorway or not allow the person free movement
- DO NOT appear overly emotional or judgmental

Criteria for LifeSkills Children's Crisis Unit:

- Age 6 to 17
- Only minimal assistance required for personal hygiene
- Medically stable with medication in original container
- Willing to comply with program and house rules
- Be manageable by staff

Criteria for LifeSkills Adult Crisis Unit:

- 18 years old and up
- Able to perform all activities of daily living
- Have all lifesaving medications with them in proper containers
- Not be in active withdrawal from alcohol

Crisis Phone Lines

Each community mental health center in Kentucky has a 24-hour crisis phone line. These crisis lines are staffed by trained workers who help callers with mental health crises, make referrals and contact emergency services, if needed. They are available 24 hours a day, seven days a week, 365 days a year. Some centers have crisis teams that will meet the person face-to-face, if necessary. It's a good idea to have the phone number of your local crisis team programmed into your phone.

Acevedo, J. (2016-June 10). CNN. Retrieved July 26, 2016, from Photo of Charlotte Police Officer Consoling teens goes viral: [charlotte-police-officer-compassion-photo-trnd](http://www.charlotte-police-officer-compassion-photo-trnd).

Childress, S. (2016, June 16). PBS. Retrieved July 26, 2016 from Frontline <http://www.pbs.org/wqbh/frontline/article/why-some-officers-are-policing-kids-differently/> Inc., A.S.

(2017). Autism Speaks. Retrieved June 5, 2017, from <http://www.autismspeaks.org/what-autism>

Crisis Phone Lines in Kentucky

Agency	Crisis Line	Counties Served	Hospital Number
Four Rivers Behavioral Health	1-800-592-3980	Ballard, McCracken, Carlisle, Graves, Marshall, Hickman, Fulton, Livingston and Calloway	Western State 1-270-889-6025
Pennyroyal	1-877-473-7766	Crittenden, Caldwell, Lyon, Hopkins, Trigg, Christian, Muhlenberg and Todd	Western State 1-270-889-6025
River Valley Behavioral Health	1-800-433-7291 or 1-270-684-9466	Union, Henderson, Webster, Daviess, McLean, Hancock and Ohio	Western State 1-270-889-6025
LifeSkills, Inc.	1-800-223-8913	Butler, Edmonson, Hart, Logan, Warren, Barren, Metcalfe, Simpson, Allen and Monroe	Western State 1-270-889-6025
Communicare, Inc.	1-800-641-4673	Breckinridge, Meade, Grayson, Hardin, Larue, Nelson, Washington and Marion	Central State 1-502-253-7000
Centerstone	1-800-221-0446	Jefferson, Bullitt, Spencer, Shelby, Oldham, Henry and Trimble	Central State 1-502-253-7000
NorthKey	1-877-331-3292	Boone, Campbell, Kenton, Gallatin, Carroll, Owen, Grant and Pendleton	Eastern State 1-859-246-7000
Comprehend, Inc.	1-877-852-1523	Bracken, Mason, Robertson, Fleming and Lewis	Eastern State 1-859-246-7000
Pathways, Inc.	1-800-562-8909	Montgomery, Bath, Rowan, Menifee, Morgan, Boyd, Greenup, Carter, Elliott and Lawrence	Eastern State 1-859-246-7000
Mountain Comprehensive Care	1-800-422-1060	Johnson, Martin, Magoffin, Floyd and Pike	Appalachian Regional 1-606-439-1331
Kentucky River Community Care	1-800-262-7491	Wolfe, Lee, Breathitt, Owsley, Perry, Knott, Leslie and Letcher	Appalachian Regional 1-606-439-1331
Cumberland River Behavioral Health	1-800-273-8255	Rockcastle, Jackson, Laurel, Clay, Whitley, Knox, Harlan and Bell	Appalachian Regional 1-606-439-1331
The Adanta Group	1-800-633-5599	Green, Taylor, Adair, Casey, Cumberland, Russell, Pulaski, Clinton, Wayne and McCreary	Eastern State 1-859-246-7000
New Vista	1-800-928-8000	Anderson, Franklin, Scott, Woodford, Harrison, Clark, Bourbon, Nicholas, Mercer, Boyle, Lincoln, Garrard, Madison, Estill, Fayette, Jessamine and Powell	Eastern State 1-859-246-7000

Adult and Child Crisis Stabilization Units in Kentucky

Agency	Adult Programs	# Adult Beds	Child Programs	# Child Beds
Four Rivers Behavioral Health	1525 Cuba Road Mayfield, KY 42066 800-592-3980	8		
River Valley Behavioral Health	1100 Walnut Street Owensboro, KY 42301 800-433-7921	8		
LifeSkills, Inc.	822 Woodway Drive Bowling Green, KY 42101 800-223-8913	8	501 Chestnut Street Bowling Green, KY 42101 800-223-8913	9
Communicare, Inc.	100 Gray Street Elizabethtown, KY 42701 800-641-4673	12	1311 North Dixie Avenue, Bldg. D Elizabethtown, KY 42701 800-641-4673	12
Centerstone			914 East Broadway 3 rd Floor Louisville, KY 40204 800-432-4510	12
Comprehend, Inc.			211 Wood Street Maysville, KY 41056 877-852-1523	7
Pathways, Inc.	201 22 nd Street Ashland, KY 41101 800-562-8909	7	411 Bishop Court Morehead, KY 40351 800-562-8909	6
Mountain Comprehensive Care	1324 South Lake Drive Prestonsburg, KY 41653 800-422-1060	8	150 South Front Avenue Prestonsburg, KY 41653 800-422-1061	6
Kentucky River Community Care	118 Willies Way Hazard, KY 41701 800-262-7491	8		
Cumberland River Behavioral Health	349 Riverbend Road London, KY 40744 888-435-7761	8	2932 Level Green Road Corbin, KY 40701 877-454-3702	10
The Adanta Group	119 Herriford Circle Road Jamestown, KY 42629 800-633-5599	8		
Wellspring	David Block Center CSU 841 East Chestnut Street Louisville, KY 40204 502-561-1072	8		
Wellspring	Samuel B. Todd CSU 120 West St. Catherine Street Louisville, KY 40203 502-561-1072	8		
Number of Adult CSUs		11	Number of Children's CSUs	7
Number of Adult Beds		91	Number of Children's Beds	62
Statewide Total Number of Beds		153		

iHOPE

Helping Others Pursue Excellence

iHOPE is a statewide network of programs identifying youth with symptoms of psychosis as early as possible, providing support and treatment.

iHOPE is continually improving Kentucky's response to early symptoms of psychosis. iHOPE partners with local, state and national entities to learn from emerging research and the experiences of iHOPE participants. Services are evidence-based practices and available regardless of a client's ability to pay.



What does iHOPE offer?

- Training and consultation for organizations and individuals
- Outreach, specialized assessment and linkages to appropriate care
- Coaching young persons to succeed in school and elsewhere
- For youth with ongoing symptoms, an intensive two-year program with a team, including: medical professionals, therapists, case managers, and peer support specialists.

Who does iHOPE serve?

iHOPE identifies and supports young people and their families whose symptoms are consistent with schizophrenia or bipolar disorder with psychosis. iHOPE helps clarify diagnosis and assure access to appropriate care.

Acute symptoms of psychosis include hallucinations – seeing and hearing things others don't, disturbances to speech, changes in how emotions are expressed and movement. Onset of these symptoms usually occurs gradually.

Without early identification, young people with psychosis are at greater risk of school drop-out, loss of social support and ability to function, long-term trauma, legal involvement, disability and poverty. With early intervention and support, most of these consequences can be prevented and most individuals graduate from school, enter the workforce, and live full and meaningful lives.

What to do if someone has psychosis symptoms

Call the 24-hour hotline (page 19) in your area. Anyone can refer to iHOPE or get information anonymously. iHOPE can meet at school, home, or other convenient locations.

Referral guidelines

- Age 12-30
- Acute symptoms lasting no longer than 12 months
- IQ over 70
- Symptoms not known to be caused by a medical condition or drug use

EASA Early Assessment and Support Alliance. (2016). Early Assessment and Support Alliance. Retrieved from <http://www.easacommunity.org/>.



iHOPE SERVICES

The Five Phases Of Care

The iHOPE Team works with young people throughout five phases:

Phase 1 (up to 6 months): Assessment and Stabilization

- Outreach to individual and family/primary support system
- Get to know the young person and their family/primary support system
- Provide comprehensive assessment
- Complete needed medical tests (as soon as possible)
- Begin treatment for identified medical conditions, including psychosis and alcohol/drug dependency where feasible
- Identify strengths, resources, needs and goals
- Begin multi-family group process
- Stabilize the situation: symptoms, economic situation, housing, relationship, school, work, etc.
- Provide support and education to the individual and family/primary support system
- Provide opportunities for peer involvement, physical fitness, etc.
- Assess need for ongoing services from iHOPE

1

Phase 2 (approximately 6 months): Adaptation

- Provide more extensive education to the young person and their family/primary support system
- Continue treatment with iHOPE team
- Address adaption issues
- Refine and test the relapse plan
- Engage in alcohol and drug treatment if needed
- Continue multi-family group process
- Move forward proactively on living and/or vocational goals
- Identify and establish necessary accommodations at work or school
- Identify and develop stable long-term economic and social support
- Provide opportunities for peer involvement, physical fitness, etc.

2

Phase 3 (approximately 6 months): Consolidation

- Continue multi-family group, vocation support and individual treatment
- Continue to work toward personal goals
- Develop a relapse prevention plan
- Develop long-term plan

3

Phase 4 (approximately 6 months): Transition

- Maintain contact with iHOPE Team
- Continue multi-family group
- Participate in individual and group opportunities
- Establish ongoing treatment relationship and recovery plan

4

Phase 5: Post-Graduation

- Continue multi-family group (in some situations)
- Continue with ongoing providers
- Invitation to participate in events and mentoring
- Invitation to participate in iHOPE planning/developing
- Periodic check-ins and problem solving as needed

5



EASA Early Assessment and Support Alliance.
(2016). Early Assessment and Support Alliance.
Retrieved from <http://www.casacommunity.org/>.

Early Interventions for First Episode Psychosis (FEP)

Community Mental Health Center Contact List and iHOPE Programs - June 2019

Agency	iHope	FEP Child	FEP Adult	Counties Served
Four Rivers Behavioral Health	1620 Kentucky Avenue Paducah, KY 42001 270-442-7121	270-442-9767	270-442-7121	Graves and McCracken
Pennyroyal	No iHOPE Program	270-886-5163 Ext. 277	270-886-5163	N/A
River Valley Behavioral Health	No iHOPE Program	270-689-5340	1-800-433-7291	N/A
LifeSkills, Inc.	328 East 10 th Avenue Bowling Green, KY 42101 270-901-5000 Ext. 1379	270-902-5000 Ext. 1005	270-902-5000 Ext. 1131	Allen, Baren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren
Communicare, Inc.	1311 North Dixie Hwy. D Elizabethtown, KY 42701 270-769-5301 Ext. 1143	270-769-5301 Ext. 1143	270-769-5301 Ext. 1143	Hardin, Nelson, Meade, Grayson, Larue, Breckinridge, Washington and Marion
Centerstone	914 East Broadway Louisville, KY 40202 502-589-8085	502-589-8085	502-589-8085	Jefferson, Bullitt, Spencer, Shelby, Oldham, Henry and Trimble
NorthKey	No iHOPE Program	589-431-3052 Ext. 5714	589-431-3052 Ext. 5714	N/A
Comprehend, Inc.	No iHOPE Program	606-564-4016	606-564-4016	N/A
Pathways, Inc.	3701 Landsdowne Drive Ashland, KY 41102 606-324-3005	606-324-3005	606-324-3005	Montgomery, Bath, Rowan, Menifee, Morgan, Greenup, Carter, Boyd, Elliott and Lawrence
Mountain Comprehensive Care	104 South Front Avenue Prestonsburg, KY 41653 606-886-8572 Ext. 4551	606-886-8572 Ext. 4551	606-886-4342	Johnson, Martin, Magoffin, Floyd and Pike
Kentucky River Community Care	No iHOPE Program	606-633-4439	606-548-0045 Ext. 8043	N/A
Cumberland River Behavioral Health	349 Riverbend Road London, KY 40744 606-878-7013 or 606-280-2466	606-528-7010 Ext. 2093	606-528-7010 Ext. 2067	Rockcastle, Jackson, Laurel, Clay, Whitley, Knox, Harlan and Bell
The Adanta Group	No iHOPE Program	606-679-4782 Ext. 2074	606-679-4782 Ext. 2030	N/A
New Vista	201 Mechanic Street Lexington, KY 40507 859-457-4779	859-253-1686	859-253-0444	Fayette



Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities
Transition Age Youth Liaison - Janice Johnston-502-782-6170 or Janice.johnston@ky.gov

Community Mental Health Centers

Region	Address	Contact Information
Region 1 Four Rivers Ballard, McCracken, Carlisle, Graves, Marshall, Hickman, Fulton, Livingston and Calloway	Center for Specialized Children's Services 425 Broadway Paducah, KY 42001	https://fourriversmirco.com Phone: 270-442-9767 Fax: 270-442-7923
Region 2 Pennyroyal Crittenden, Caldwell, Lyon, Hopkins, Trigg, Christian, Muhlenberg and Todd	Pennyroyal MH Center 735 North Drive Hopkinsville, KY 42240	https://pennyroyalcenter.org Phone: 270-886-5163 Fax: 270-886-5178
Region 3 River Valley Union, Henderson, Webster, Daviess, McLean, Hancock and Ohio	River Valley Behavioral Health 1100 Walnut Street Owensboro, KY 42303	www.rvbh.com Phone: 270-689-6698 Fax: 270-689-6664
Region 4 LifeSkills, Inc. Butler, Edmonson, Hart, Logan, Warren, Barren, Metcalfe, Simpson, Allen and Monroe	LifeSkills, Inc. 380 Suwannee Trail Street Bowling Green, KY 42103	www.lifeskills.com Phone: 270-901-5264 Fax: 270-781-0536
Region 5 Communicare Breckinridge, Meade, Grayson, Hardin, Larue, Nelson, Washington and Marion	Communicare 617 N. Mulberry Street Elizabethtown, KY 42701 or 331 South Third Street Bardstown, KY 40004	https://communicare.org Office: 270-765-5145 Ext. 1102 Fax: 270-982-9209 Bardstown Office 270-348-9206
Region 6 Centerstone Jefferson, Bullitt, Spencer, Shelby, Oldham, Henry and Trimble	Centerstone 914 East Broadway 2 nd Floor Louisville, KY 40204	https://centerstone.org Phone: 502-587-8833 Fax: 502-589-8758
Region 7 Northern Kentucky Boone, Campbell, Kenton, Gallatin, Carroll, Owen, Grant and Pendleton	NorthKey Community Care 513 Madison Avenue Covington, KY 41011	www.northkey.org Phone: 859-431-4770 Fax: 859-491-7174

Region	Address	Contact Information
Region 8 Comprehend Bracken, Mason, Robertson, Fleming and Lewis	Comprehend, Inc. 611 Forest Avenue Maysville, KY 41056	www.comprehendinc.org Phone: 606-564-4016 Fax: 606-564-8288
Region 9 - 10 Pathways Montgomery, Bath, Rowan, Menifee, Morgan, Boyd, Greenup, Carter, Elliott and Lawrence	Pathways, Inc. P.O. Box 790 Ashland, KY 41104	www.pathways-ky.org Phone: 606-324-3005 Fax: 606-329-1530
Region 11 Mountain Johnson, Martin, Magoffin, Floyd and Pike	Mountain CCC 104 South Front Avenue Prestonsburg, KY 41653	https://www.mtcomp.org Phone: 606-886-4342 Fax: 606-886-4431
Region 12 Kentucky River Wolfe, Lee, Breathitt, Owsley, Perry, Knott, Leslie and Letcher	Kentucky River CCC P.O. Box 794 Jackson, KY 41339	krccnet.com Phone: 606-666-7591 Fax: 606-666-8364
Region 13 Cumberland River Rockcastle, Jackson, Laurel, Clay, Whitley, Knox, Harlan and Bell	Cumberland River CCC American Greeting Card Road P.O. Box 568 Corbin, KY 40701	https://crbhky.org Phone: 606-528-7010
Region 14 Adanta Green, Taylor, Adair, Casey Cumberland, Russell, Pulaski, Clinton, Wayne and McCreary	Adanta 113 Hardin Lane Somerset, KY 42501	https://www.adanta.org Phone: 606-679-4782 Fax: 606-677-1746
Region 15 New Vista Anderson, Franklin, Scott, Woodford, Harrison, Clark, Bourbon, Nicholas, Mercer, Boyle, Lincoln, Garrard, Madison, Estill, Fayette, Jessamine and Powell	New Vista 1351 Newtown Pk. Lexington, KY 40511	www.newvista.org Phone: 859-253-1686 Ext. 538 Fax: 859-255-4866



“You don’t have to deal with this alone. Help is available.”

Whatever the cause, early diagnosis and treatment provide the best hope for recovery.

Other ways to receive help:

- Contact your local District Health Department
- Talk with your Guidance Counselor
- Talk with your Family Resource Youth Services
- School Nurse
- Community Mental Health Centers
- Outpatient Mental Health providers
- Department of Behavioral Health and Developmental Intellectual Disabilities
<https://dbhdid.ky.gov/dbh>; 502-564-4527
- Drop-in Centers
- Adult and Child Crisis Stabilization Units
- NAMI - National Alliance on Mental Illness www.NAMI.org; 800-950-6264
- Emergency Room
- Primary Care Physician

Right from the Start

Keeping Your Body in Mind

Experiencing psychosis and its treatment for the first time is scary. Because of this you may find it difficult to take as much care of your body as you usually would. Unfortunately, the risk of future illnesses like heart attacks and diabetes can be much higher for people experiencing psychosis.



Four easy ways to make a difference right from the start.

It's important to ask your health professional about your overall health, not just your psychosis. Not sure how to start? Here are a few ideas:



Be active and eat a balanced diet

- ☒ What's the best way to introduce exercise into my routine?
- ☒ How can I learn about eating and drinking healthily?
- ☒ What simple practical steps can I take right now?
- ☒ Can I make healthy choices on a tight budget?
- ☒ What can I do to improve poor sleep?
- ☒ If I'm ready to stop or reduce smoking, how can I get help?
- ☒ And what about _____?



Be proactive in getting the right treatment

- ☒ Can you tell me more about my medication?
 - How will it help me?
 - What are the side-effects?
 - Will it suit my life and my health concerns?
 - Are there any alternatives?
 - How long will I need it?
- ☒ Could I take a lower dose to get benefits without side-effects?
- ☒ What should I do if I experience side-effects?
- ☒ Where can I find out more?
- ☒ And also _____?



Be proactive and catch health problems early

- ☒ What regular health checks and side-effect monitoring will I be offered?
- ☒ Why are they important?
- ☒ Do I get a say?
- ☒ How can I get results and ask any questions?
- ☒ What will happen if a problem is picked up? What happens next?
- ☒ And I also want to ask about _____?



Get your family and care givers involved

- ☒ How can my family, caregivers, and other important people in my life support me?
- ☒ Who can I bring to appointments?
- ☒ What practical actions can we take together to eat better and get more exercise?
- ☒ And could we work together on _____?

BC Partners for Mental Health: Members. (n.d.). Retrieved from <http://www.mdabc.net/bc-partners-mental-health-members>.

The best way to avoid illnesses is to stop them before they start.

Taking action early can prevent illnesses occurring later in life. This is true for everyone, but especially important for people who experience psychosis.

Because people who experience psychosis can be:

- Expected to live 15-20 years less than people without psychosis. This is mostly due to serious physical illnesses occurring at a younger age
- Twice as likely to become obese or overweight
- 2-3 times more likely to suffer a heart attack or stroke
- 2-3 times more likely to develop diabetes

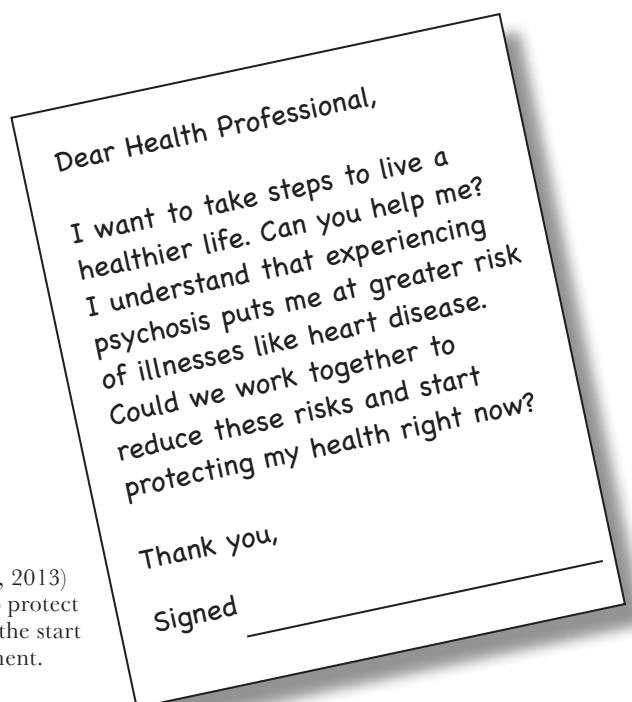
This is why your health team will encourage you to:

- Be active, eat healthily and stop smoking.
- It's also why they need to monitor your weight, check your blood pressure, and test your blood for diabetes. These simple tests allow them to find out if you need extra help and if so, offer it as early as possible.

Your mental health team and health providers are here to help you. Work with them to lower your risk of physical illness and take control of your future health.

MY HEALTH MY CHOICE MY RIGHT RIGHT FROM THE START OF PSYCHOSIS










Learn more about
Healthy Active Lives (HeAL, 2013)
An international consensus to protect
people's physical health from the start
of psychosis and its treatment.
www.iphys.org.au



Tips for the Young Person

It takes courage to let people know you have a mental illness, because you don't know how they will respond.

Here are some tips to make it easier:

-  Prepare yourself by thinking about how the person may react, both positively and negatively. That way you'll be ready for whatever comes.
-  Be careful about timing. Make sure you are in a quiet location and both have time to talk things through.
-  Be prepared for a lot of questions, but know that the person may need time to think before they respond. They may be quiet at first and come back later with questions.
-  Remember that the person's initial reaction may not last forever. If they react negatively right away, give them time to think; they may realize that they made a mistake.
-  Have information ready. Remember a quarter of all adults experience mental illness in a given year. You are not the only one. Mental illnesses are caused by a combination of genetics, life experiences, and brain chemistry. This is not your fault.
-  Remember there are no guarantees. Some people just may not be supportive. But your courage might be contagious.
-  As you talk about your condition, you are able to give and get care and support from others.
-  If you are having a hard time talking about your mental illness with people you know, consider joining a peer support group. This will provide a safe environment to talk about what you are going through. You can learn about talking about your illnesses from the experiences of others.
-  NAMI KY, provides free peer support groups and education programs for people with mental illness and their families. Go to:
www.namikyadvocacy.com
for more information.

Additional Resources on Addressing Early Psychosis

The National Association of State Mental Health Program Directors' (NASMHPD) **Early Intervention in Psychosis** virtual resource center contains information for practitioners, policymakers, individuals, families and communities, including a number of educational resources sponsored by the US Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (SAMHSA/CMHS).
<https://nasmhpd.org/content/early-intervention-psychosis-eip>

The National Institute of Mental Health's **Recovery after an initial Schizophrenia Episode (RAISE)** initiative offers information for researchers, state mental health administrators, clinicians, individuals and families at:
<https://nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml>

The **Prodrome and Early Psychosis Program Network (PEPPNET)** acts as a forum for individuals from diverse fields and backgrounds to share information nationally about ongoing early psychosis initiatives in the US.
<https://med.stanford.edu/peppnet.html>

The **BIG** List Of Self-Care Activities

Check the ones you are willing to do, and then add any activities you can think of:

- | | |
|--|--|
| <input type="checkbox"/> Talk to a friend on the phone | <input type="checkbox"/> Cook your favorite dish or meal |
| <input type="checkbox"/> Go out and visit a friend | <input type="checkbox"/> Cook a recipe that you've never tried before |
| <input type="checkbox"/> Invite a friend to come to your home | <input type="checkbox"/> Take a cooking class |
| <input type="checkbox"/> Text message your friends | <input type="checkbox"/> Go out for something to eat |
| <input type="checkbox"/> Organize a party | <input type="checkbox"/> Go outside and play with your pet |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Borrow a friend's dog and take it to the park |
| <input type="checkbox"/> Lift weights | <input type="checkbox"/> Give your pet a bath |
| <input type="checkbox"/> Do yoga, tai chi, or Pilates | <input type="checkbox"/> Go outside and watch birds and other animals |
| <input type="checkbox"/> Stretch your muscles | <input type="checkbox"/> Find something funny to do, like reading comics |
| <input type="checkbox"/> Eat your favorite ice cream | <input type="checkbox"/> Visit fun web sites and keep a list of them |
| <input type="checkbox"/> Go for a walk in a park or somewhere peaceful | <input type="checkbox"/> Watch a funny movie |
| <input type="checkbox"/> Go get a hair cut | <input type="checkbox"/> Go to the movies |
| <input type="checkbox"/> Go outside and watch the clouds | <input type="checkbox"/> Watch television |
| <input type="checkbox"/> Jog | <input type="checkbox"/> Listen to the radio |
| <input type="checkbox"/> Ride your bike | <input type="checkbox"/> Go to a sporting event |
| <input type="checkbox"/> Go for a swim | <input type="checkbox"/> Play a game with a friend |
| <input type="checkbox"/> Go hiking | <input type="checkbox"/> Play solitaire |
| <input type="checkbox"/> Do something exciting, rock climbing, kayaking, etc. | <input type="checkbox"/> Play video games |
| <input type="checkbox"/> Go to your local playground and join a game | <input type="checkbox"/> Go online to chat |
| <input type="checkbox"/> Buy something on the internet | <input type="checkbox"/> Visit your favorite websites |
| <input type="checkbox"/> Get out of your house, even if you just sit outside | <input type="checkbox"/> Go shopping |
| <input type="checkbox"/> Plan a trip somewhere | <input type="checkbox"/> Do a puzzle |
| <input type="checkbox"/> Go to a spa | <input type="checkbox"/> Create your own website |
| <input type="checkbox"/> Go to the library | <input type="checkbox"/> Get a massage |
| <input type="checkbox"/> Go to the bookstore and read | <input type="checkbox"/> Go for a drive |
| <input type="checkbox"/> Go to your favorite café or coffee shop | <input type="checkbox"/> Eat chocolate or something else you enjoy |
| <input type="checkbox"/> Visit a museum or art gallery | <input type="checkbox"/> Sign up for a class that excites you |
| <input type="checkbox"/> Go to the mall and people watch | <input type="checkbox"/> Read your favorite book or magazine |
| <input type="checkbox"/> Pray or meditate | <input type="checkbox"/> Read a trashy celebrity magazine |
| <input type="checkbox"/> Go to church, synagogue, temple, or other worship | <input type="checkbox"/> Write a letter to a friend |
| <input type="checkbox"/> Join a group | <input type="checkbox"/> Journal writing |
| <input type="checkbox"/> Write a loving letter to yourself | <input type="checkbox"/> Call a family member |
| <input type="checkbox"/> Make a list of things you're good at and read it daily | <input type="checkbox"/> Learn a new language |
| <input type="checkbox"/> Draw a picture | <input type="checkbox"/> Sing a song |
| <input type="checkbox"/> Paint a picture with a brush or fingers | <input type="checkbox"/> Play a musical instrument or learn to play one |
| <input type="checkbox"/> Make a list of people you admire | <input type="checkbox"/> Listen to some upbeat music and dance |
| <input type="checkbox"/> Write a funny story that has happened to you | <input type="checkbox"/> Turn on loud music |
| <input type="checkbox"/> Make a bucket list | <input type="checkbox"/> Memorize lines from a movie, song or play |
| <input type="checkbox"/> Write a letter to someone who has made your life better | <input type="checkbox"/> Make a movie or video |
| <input type="checkbox"/> Take pictures | <input type="checkbox"/> Create your own list of self-care activities |
| <input type="checkbox"/> Join a public speaking group and write a speech | <input type="checkbox"/> Participate in a local theatre group |
| <input type="checkbox"/> Sing in a choir | <input type="checkbox"/> Plant a garden |
| <input type="checkbox"/> Work outside | <input type="checkbox"/> Knit, crochet, or sew ... or learn how to |
| <input type="checkbox"/> Make a scrapbook | <input type="checkbox"/> Paint your nails and toes |
| <input type="checkbox"/> Change your hair style, color | <input type="checkbox"/> Take a bubble bath or shower |
| <input type="checkbox"/> Clean your car or work on it | <input type="checkbox"/> Just breathe in and out ... slow |
| <input type="checkbox"/> Other: _____ | |

Parents' Guide to Getting Good Care

When a child is struggling, or his/her behavior worries you, it can be hard to know whether you need to reach out to a professional. And if you do seek help, what kind of professional, and what kind of treatment, are right for your child? In this guide we take you through the steps to finding the best professional (or team) for your child, and the most appropriate treatment for the disorder or disability. Along the way, we offer things to look for and questions to ask to ensure that you're getting the quality care your child deserves.

“Does My Child Need Help?”

We all worry about our kids. Sometimes our worries are about whether they are developing in a healthy way (should he be talking by now?). Or about whether they are happy—we don't like to see them sad or suffering. And sometimes we worry because a child's behavior is causing problems for him—or for the whole family.

One of the challenges of parenting is knowing when a worry should prompt action. How do you know when to get help for a child who is struggling? Keep in mind that there is a lot of variation in how kids develop, and a broad range of behavior that's typical and healthy (if sometimes troublesome) as children grow up. So you don't want to overreact. But when the behaviors you worry about are seriously interfering with your child's ability to do things that are age-appropriate, or your family's ability to be comfortable and nurturing, it's important to get help.

Here are some things mental health practitioners recommend you consider in deciding whether or not a child needs professional help.

1. ***What are the behaviors that are worrying you?*** To evaluate your situation clearly, it's important to observe and record specifically the things you are concerned about. Try to avoid generalizations like “He's acting up all the time!” or “She's uncooperative.” Think about specific behaviors, like “His teacher complains that he can't wait for his turn to speak,” or “He gets upset when asked to stop one activity and start another,” or “She cries and is inconsolable when her mother leaves the room.”
2. ***How often do they happen?*** If your child seems sad or despondent, is that occurring once a week, or most of the time? If he is having tantrums, when do they occur? How long do they last? Since many problematic behaviors—fears, impulsiveness, irritability, defiance, angst—are behaviors that all children occasionally exhibit, duration and intensity are often key to identifying a disorder.
3. ***Are these behaviors outside the typical range for his age?*** Since children and teenagers exhibit a wide range of behaviors, it can be challenging to separate normal acting up, or normal anxiety, from a serious problem. It's often useful to share your observations with a professional who sees a lot of children—a teacher, school psychologist, or pediatrician, for instance—to get a perspective on whether your child's behaviors fall outside of the typical range for his age group. Is he more fearful, more disobedient, and more prone to tantrums, than many other children?
4. ***How long has this been going on?*** Problematic behavior that's been happening for a few days or even a few weeks is often a response to a stressful event, and something that will disappear over time. Part of diagnosing a child is eliminating things that are short-term responses, and probably don't require intervention.
5. ***How much are they interfering with his life?*** Perhaps the biggest determinant of whether your child needs help is whether his symptoms and behaviors are getting in the way of his doing age-appropriate things. Is it disrupting the family and causing conflict at home? Is it causing him difficulty at school, or difficulty getting along with friends? If a child is unable to do things he wants to do, or take pleasure in many things his peers enjoy, or get along with teachers, family members and friends, he may need help.

Parents' Guide to Getting Good Care

(continued)

“Where Do I Start?”

Consulting with your family doctor may be a good place to start. While medical doctors are not required to have substantial training in mental health, some do diagnose and treat psychiatric disorders, and others may be able to refer you to a specialist who can.

The advantage of going to your pediatrician is that they already know your child and your family, and they see so many children, they can be adept at recognizing when behavior is beyond the typical range. They can also conduct medical testing to rule out possible non-psychiatric causes of troubling symptoms.

A disadvantage is that your pediatrician may have limited experience in diagnosing psychiatric and developmental disorders and most don't have time to do the kind of careful assessment that is important for an accurate diagnosis, given that many common problem behaviors in children—i.e. inattention, tantrums, disruptive behavior—can be caused by several different psychiatric or developmental disorders.

Best practices in diagnosing children include using rating scales to get an objective take on symptoms, and collecting information from multiple sources—including the child, parents, caregivers, teachers, and other adults.

You should be upfront with your doctor and ask if she is comfortable and knowledgeable concerning mental illness. Ask for a referral or seek out another clinician if you are not comfortable with what your doctor offers.

- A **developmental and behavioral pediatrician** is a pediatrician who has completed additional training in evaluating and treating developmental and behavioral problems. Their expertise may make them a good choice for children with complicated medical or developmental problems.
- A **child and adolescent psychiatrist** is a medical doctor with specialized training both in adult psychiatry and psychiatric diagnosis and treatment in young people. They are equipped to diagnose the full range of psychiatric disorders recognized in the Diagnostic and Statistical Manual (DSM).
- **Clinical child psychologists** are Psychologists trained to diagnose the whole range of disorders, and can coordinate other necessary evaluations.
- **Neuropsychologists** specialize in the functioning of the brain and how it relates to behavior and cognitive ability. Pediatric neuropsychologists do postgraduate training in testing and evaluation. Your child might be referred to a neuropsychologist for an assessment if your concerns include issues of focus, attention, problem-solving, or learning. Neuropsychologists can determine the likely cause of these problems—whether they are psychiatric symptoms, or symptoms of a learning or developmental disorder—in much the same way other specialists can rule out medical causes.
- **Neurologists** are medical doctors who specialize in the nervous system; a referral for neurological assessment aims to determine whether symptoms are the result of nervous system disorders, such as seizures.
- **School psychologists** can diagnose mental health disorders, but more frequently a school psychologist will serve as a repository of information from school reports and perhaps as a coordinator for a larger intervention team for your child. A school psychologist, much like a pediatrician, is a great place to start with your concerns, get advice, and, perhaps, a referral.
- A **social worker** is often one of the first professionals a child will see if he is having difficulty in school or is referred to a mental health facility. Licensed clinical social workers are extensively trained to assess the needs of a child and his family needs, diagnose psychiatric problems, and develop a treatment plan with the family. LCSW's are skilled in finding ways to address issues and to explore why they are happening.
- **School counselors** are mental health professionals who practice in school settings, working with students and families to maximize student well-being and academic success. Students with mental health and/or learning issues may be referred to a school counselor by other school staff or parents, or the counselor may observe these issues during interactions with students.

Resources for Families. (n.d.). Retrieved from <https://childmind.org/audience/for-families/>

Recovery

There are eight dimensions of wellness, according to the *Substance Abuse and Mental Health Services Administration (SAMHSA)*

These Include:

- **Emotional:** Coping effectively with life and creating satisfying relationships
- **Environmental:** Occupying pleasant, stimulating environments that support well-being
- **Financial:** Satisfaction with current and future financial situations
- **Intellectual:** Using creative abilities and finding ways to continue to learn
- **Occupational:** Personal satisfaction from one's work or education
- **Physical:** Understanding and meeting the need for physical activity, healthy foods and sleep
- **Social:** Feeling connected to other people and having a support network of friends and family
- **Spiritual:** Expanding one's sense of purpose and meaning in life

When wellness is achieved in each of these areas, recovery has occurred. If any of these elements are ignored, it can be hard for a young person to recover. Recovery is more than symptoms going away. People with mental illnesses can learn to manage their symptoms and lead productive, satisfying lives in recovery.

The time it takes to recover from psychosis differs for each person. Some people recover quickly with very little treatment. Others may need support for a long time. Recovery from the first episode usually takes several months. It may be longer if symptoms remain or return. For some people, it may take months or even years before the psychosis is effectively managed. Most people recover from psychosis, lead satisfying and productive lives, and never have another psychotic episode.

People in recovery may feel impatient, depressed, alone and anxious about social situations. They may have lower self-esteem, may not have insight into their illness and may not want to work with the treatment team. Friends and family can help by trying to build the persons self-confidence and being there to listen. They can also help find activities to keep the young person busy and engaged with the community until they are ready to return to school or a job.



National Alliance on Mental Illness. NAMI,
Understanding Psychosis, Resources and Recovery
Tips for the Young Person, 32-33

Kentucky Suicide Hotlines

Region

Crisis Hotline Numbers

Region 1 Four Rivers

Ballard, McCracken, Carlisle,
Graves, Marshall, Hickman, Fulton,
Livingston and Calloway

Four Rivers
1-800-592-3980

Region 2 Pennyroyal

Crittenden, Caldwell, Lyon,
Hopkins, Trigg, Christian,
Muhlenberg and Todd

Pennyroyal Regional Mental Health
Hopkinsville Crisis Line
1-877-473-7766

Region 3 River Valley

Union, Henderson, Webster,
Daviess, McLean, Hancock
and Ohio

Daviess County -
270-684-9466

Hancock, Henderson,
McLean, Ohio, Union
and Webster Counties -
1-800-433-7291

Region 4 LifeSkills, Inc.

Butler, Edmonson, Hart, Logan,
Warren, Barren, Metcalfe, Simpson,
Allen and Monroe

LifeSkills, Inc.
1-800-223-8913
National Suicide Hotline
1-800-273-8255

Region 5 Communicare

Breckinridge, Meade, Grayson,
Hardin, Larue, Nelson,
Washington and Marion

Elizabethtown Crisis Line
270-769-1304
TDD - 1-888-182-8266

Region 6 Centerstone

Jefferson, Bullitt,
Spencer, Shelby, Oldham,
Henry and Trimble

502-589-4313 **502-589-4259**
1-800-221-0446 **1-877-589-4259**

Region 7 Northern Kentucky

Boone, Campbell, Kenton,
Gallatin, Carroll, Owen,
Grant and Pendleton

National Suicide Hotline
1-800-273-8255

Region

Crisis Hotline Numbers

Region 8 Comprehend

Bracken, Mason,
Robertson, Fleming and Lewis

**Comprehend Crisis Line
1-877-852-1523**

Region 9 - 10 Pathways

Montgomery, Bath, Rowan,
Menifee, Morgan, Boyd, Greenup,
Carter, Elliott and Lawrence

**Pathways, Inc. of
Ashland Crisis Service
1-800-562-8909**

Region 11 Mountain

Johnson, Martin,
Magoffin, Floyd
and Pike

**Mountain Comp Crisis Line
1-800-422-1060**

Region 12 Kentucky River

Wolfe, Lee, Breathitt, Owsley,
Perry, Knott, Leslie and Letcher

**National Suicide Hotline
1-800-273-8255**

Region 13 Cumberland River

Rockcastle, Jackson,
Laurel, Clay, Whitley, Knox,
Harlan and Bell

**National Suicide Hotline
1-800-273-8255**

Region 14 Adanta

Green, Taylor, Adair, Casey
Cumberland, Russell, Pulaski,
Clinton, Wayne and McCreary

**National Suicide Hotline
1-800-273-8255**

Region 15 New Vista

Anderson, Franklin, Scott, Woodford, Harrison,
Clark, Bourbon, Nicholas, Mercer, Boyle,
Lincoln, Garrard, Madison, Estill, Fayette,
Jessamine and Powell

**New Vista
1-800-928-8000**

Other Suicide Contact Options

Call 1-800-SUICIDE / 1-800-784-2433

Call 1-800-273-TALK / 1-800-273-8255

Text 741741 text suicide hotline

Text 1-800-799-4tty / 1-800-799-4889

Call 2-1-1 or go to 211.org/

Military Veterans 1-800-273-TALK/1-800-273-8255 Press 1

Spanish Hotline 1-800-273-TALK/1-800-273-8255 Press 2

LGBTQ Youth 1-866-4-U-TREVOR/1-866-488-7386

Suicide.org

Suicidehotlines.com

Suicidepreventionhotline.org

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