

# A Conversation about Engaging and Affirming Students Living with Psychosis

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**NEOMED**

COORDINATING CENTERS  
*of* **EXCELLENCE**



**CRIMINAL JUSTICE  
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A NEOMED CCoE



OHIO PROGRAM *for*  
**CAMPUS SAFETY  
& MENTAL HEALTH**

A NEOMED CCoE



**BEST PRACTICES  
IN SCHIZOPHRENIA  
TREATMENT CENTER**

A NEOMED CCoE

# BeST CENTER AT NEOMED

## BeST CENTER'S MISSION:

- Promote recovery and improve the lives of as many individuals with schizophrenia as quickly as possible
- Accelerate the use and dissemination of evidence-based and promising practices for schizophrenia treatment and recovery
- Build capacity of organizations and systems to provide and sustain a continuum of treatment and recovery options for people affected by schizophrenia and their families

## BeST CENTER OFFERS:

- Expert Training, Consultation and Program Evaluation
- Advocacy and Public Education

## BeST CENTER ESTABLISHED:

- Department of Psychiatry, Northeast Ohio Medical University in 2009
- Supported by Peg's Foundation and other funders

# BEST PRACTICES IN SCHIZOPHRENIA TREATMENT (BeST) CENTER AT NEOMED

## The practices:

1. FIRST Coordinated Specialty Care for First Episode Psychosis
2. Cognitive Behavioral Therapy for Psychosis
3. Family-based Services
4. Integrated Primary and Mental Health Care
5. Cognitive Enhancement Therapy
6. Pharmacotherapy for Schizophrenia

# **EDUCATION & MENTAL ILLNESS**

# EDUCATION & MENTAL ILLNESS

- According to SAMHSA, in 2018, approximately 2.6 million emerging adults exhibited signs of severe and persistent mental illness in the previous year
- Suicidality and major depressive episodes have increased over the last decade
- 40 percent of college students are students of color



Ojeda, et al., 2020; The Steve Fund & JED, 2017

# EDUCATION & MENTAL ILLNESS

## Universities and Colleges

- Campus services are sometimes **challenged** with how to support students with severe psychiatric challenges
- ...due to the effects these disabilities can have on motivation, concentration, and social interactions
- ...as a result, many students have little contact with school personnel to coordinate supports to assist the students in meeting educational objectives



*Salzer, Wick & Rogers, 2008*

# BUILDING A BRIDGE...

When do the first signs of mental illness begin to manifest?



# **FIRST EPISODE PSYCHOSIS**

# FIRST EPISODE PSYCHOSIS BASICS

- Often begins when a person is in their late teens to mid-twenties – ***College-aged***
- Three out of 100 people will experience psychosis at some time in their lives
- About 100,000 adolescents and young adults in the United States experience a first episode of psychosis each year



NIH, 2015

# FIRST EPISODE PSYCHOSIS

- Refers to the first time someone experiences psychotic symptoms or a psychotic episode
- Commonly referred to as FEP
- The word **psychosis** is used to describe conditions that affect the mind, where there has been some change in perception of reality



# FIRST EPISODE PSYCHOSIS BASICS

- People experiencing a first episode of psychosis often do not understand what is happening
- Symptoms can be disturbing and unfamiliar, leaving the person confused and distressed
- Psychosis affects people from all walks of life



NIH, 2015

# RECOGNIZING EARLY PSYCHOSIS

- Social withdrawal or self-isolation
- Hearing, seeing, or believing things that other don't
- Sudden decline in grades or school performance
- Expressions of extreme fear, including sudden reluctance to attend specific events or leave a dorm-room or apartment
- Uncharacteristic and seemingly odd or bizarre actions or statements, including sudden aggressiveness or secrecy that cannot otherwise be accounted for

# RECOGNIZING EARLY PSYCHOSIS

- Sudden and pronounced obsession or preoccupation with narrow themes or topics, reflected in student's academic work;
- Clear changes in sleep patterns, personal hygiene, or eating habits;



NASMHD, 2016

- Over-dressing (i.e. wearing cold-weather clothes or multiple layers, in warm or hot weather);
- Difficulty getting to or staying in class, doing homework, completing assignments.



# INTERPRETATION OF SIGNS & SYMPTOMS

- During a presentation at a Native American charter school:
- “You just described a medicine man in my culture.”
- Cultural Sensitivity
- Impact on functioning

Lynch et al., 2016 via Dr. Joseph DeLuca

# BEST PRACTICE INTERVENTIONS

- Coordinated Specialty Care for First Episode Psychosis (CSC)
- Family education and support
- Pharmacotherapy
- Cognitive Behavioral Therapy for psychosis
- Integrated Care
- Cognitive Enhancement Therapy
- Supported Employment and Education
- Peer supports

# **BARRIERS AND STIGMA**

# STIGMA

- Psychotic disorders have been considered one of the most highly stigmatized conditions
- Perceived discrimination continues to be a barrier to care – linked to poor physical and mental health outcomes
- Disclosure is relevant to a form of internal stigma - impact for delayed help-seeking in mental health more generally
- Most prominent and significant predictor of DUP (duration of untreated psychosis)

NOT DENIAL

# ANOSOGNOSIA

# ENGAGEMENT – ANOSOGNOSIA

- Impacts 50% of individuals living with schizophrenia
  - Do not know that they have an illness

- Focus on Motivational Interviewing
  - Acceptance of treatment not diagnosis

Arango & Amador, 2011

# CONCERNS WITH POLICE INVOLVEMENT

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Young adults expressed distress over police involvement

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A bad initial interaction reduces interest in following up in future mental health care

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An occurrence before May 25, 2020

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# CONCERNS WITH POLICE INVOLVEMENT

- “I went [to outpatient treatment] maybe one year steady, but I was still not in agreement from my diagnosis, especially the way it all happened—them arresting me and stuff.”



# BARRIERS

- APA's Apology to Black, Indigenous, and People of Color for Its Support of Structural Racism in Psychiatry - January 18, 2021
- <https://www.psychiatry.org/newsroom/apa-apology-for-its-support-of-structural-racism-in-psychiatry>

# MISDIAGNOSIS

- What we know:
  - Black individuals are significantly more likely than non-Latino white people to be diagnosed with schizophrenia
- Gara, et al. asked:
  - Would African Americans with a diagnosis of schizophrenia be more likely to than similarly diagnosed white people to screen positive for major depression?
    - African Americans were more likely than non-Latino white people to screen positive for moderately severe to severe depression.

**ON CULTURE &  
RACE  
CONSIDERATIONS**

# CULTURAL HUMILITY

*Psychiatry must learn from anthropology that culture does considerably more than shape illness as an experience, it shapes the very way we conceive of illness.*

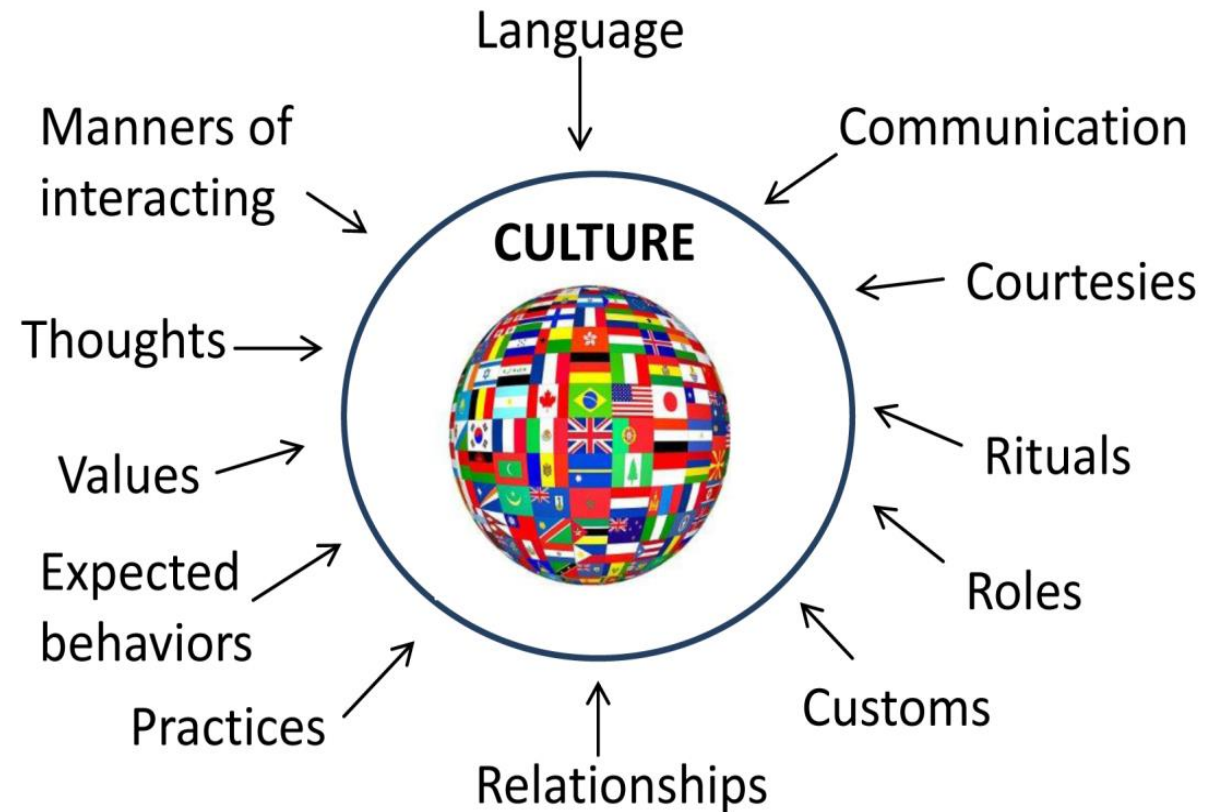
Arthur Kleinman, psychiatrist and anthropologist

(by way of Justin A. Chen, MD, MPH)



# CULTURAL HUMILITY

The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.



# CULTURAL HUMILITY

Three factors:

Lifelong commitment to self-evaluation and critique

Fix power imbalances

Develop partnerships with advocacy individuals and groups

# FIX POWER IMBALANCES



APA.org 2013

**Individual is the expert of their own life experiences**

**Provider holds a body of knowledge**

**Collaboration and learning from each other**

# DEVELOP PARTNERSHIPS

- **Cultural humility is larger than the individual self**
- Community and groups can have a profound impact on systems
- Advocacy within the larger organizations that you work in



## Advocacy & Humility

ALLILSA FERNANDEZ  
PEER ADVOCATE  
ISPS - US BOARD MEMBER

## Harmful

- Consistently being questioned about their gender and sexual identity
  - “Are you sure you are nonbinary?”
- Having to explain racism and how it impacts their life as a Latinx individual.
- “There was no healing happening in these sessions.”

## Healing

- Returned to school because of a peer support community
- Provided practical techniques
  - Listen to music
  - Touch a cold surface
  - Take notes
- Graduated magna cum laude

# HEALING SPACES



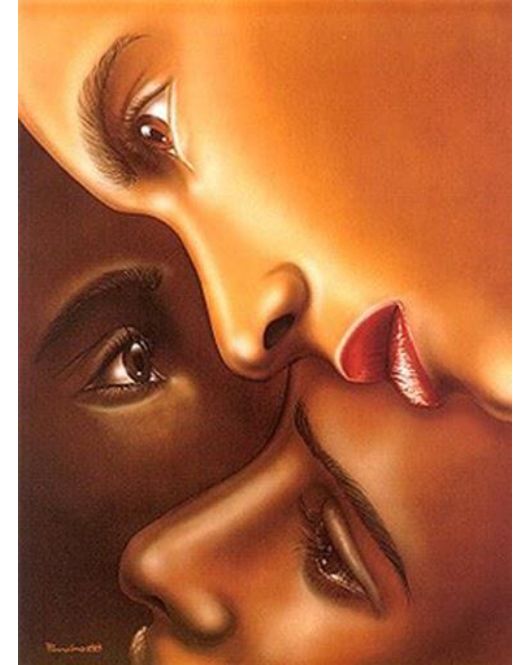
“A client of ours is of Pacific Island descent. The client believes in reincarnation. Her narrative involves a story of conflict with Japanese ancestors.”

**What can we do?**

# RESPECTFUL AND CURIOUS ENGAGEMENT



- Open-ended questions and follow-up
- Willingness to learn from the individual
  - Learn their stories
  - Recognize how their understanding of psychosis fits into their experiences and expectations



**Ask what their experience is living in this current culture – but do your homework first.  
Don't make your student be the teacher for all things in their culture**

# HEALING SPACES

Validate the student's experience

Approach with cultural humility and openness

Create healing spaces within the context of their belief system

# HEALING SPACES

- **Minimum use of diagnostic criteria**
  - **Minimal is the key**
  - Diagnostic interviews are imperfect but necessary at times
- Open communication
- Be responsible for arousing your genuine curiosity
- Unlock the potential for you and your student to connect though you each have different lived experiences



# STUDENT STORIES

“I don’t anymore, I used to fight it (prior apprehension to apply for accommodations) , like I said, when I was younger, I would fight everything, and now it’s like no – if you’re going to give me something, to make it better, do it, because I want to be as successful as everyone else. There’s no reason I can’t be.”

Timmerman and Mulvihill, 2015

# STUDENT STORIES

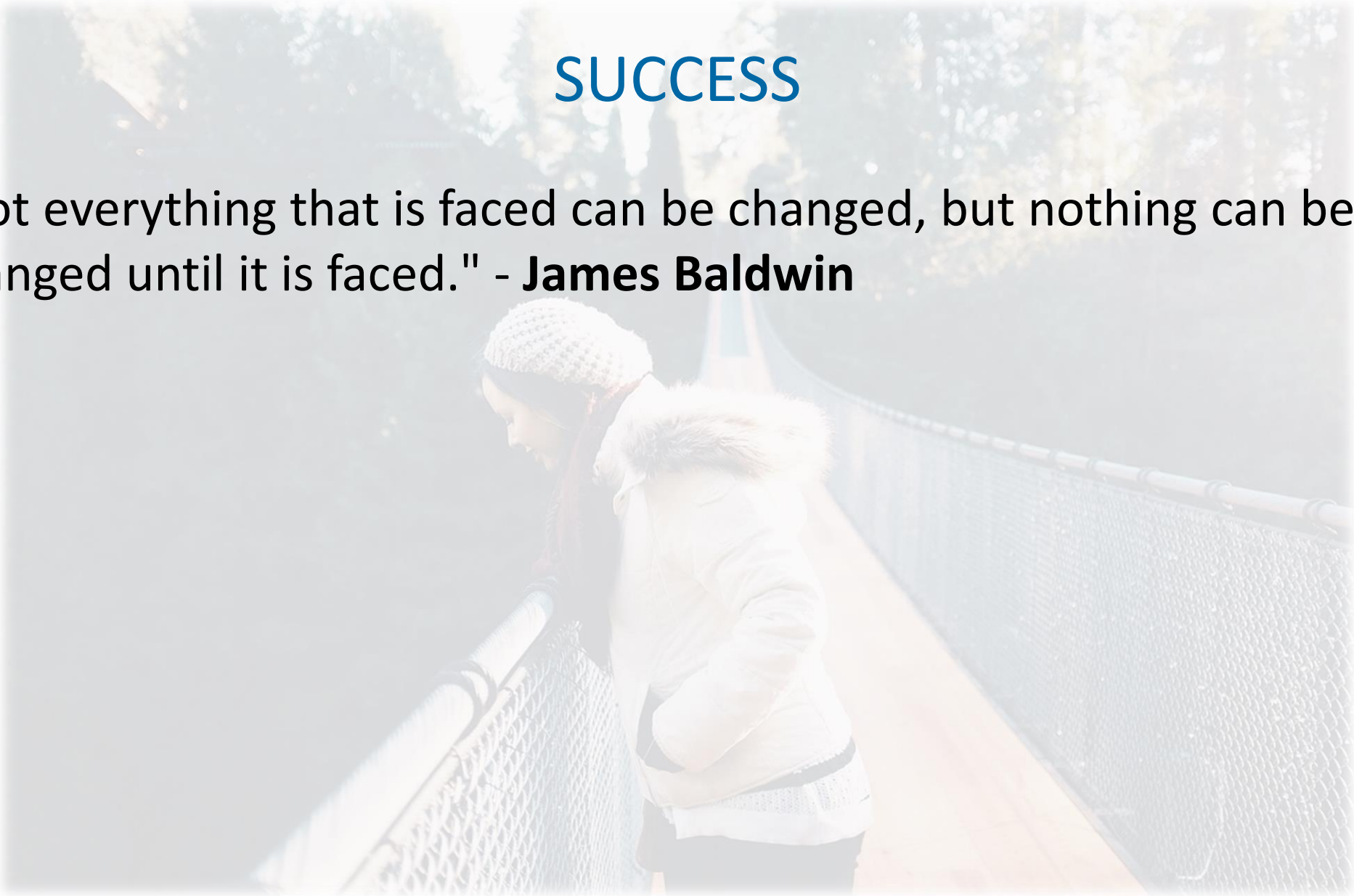
A woman with dark hair, wearing a white lab coat, is seated at a table. She is holding a pen in her right hand and has her left hand near her chin, appearing to be in deep thought or listening intently. The background is slightly blurred, showing other people and what appears to be a clinical or educational setting.

“No one expected me to go to college. No one expected me to do any of this, and a lot of people ask why I am doing it, but it’s what I want to do. And it’s what I know I can do it.”

Timmerman and Mulvihill, 2015

# SUCCESS

- "Not everything that is faced can be changed, but nothing can be changed until it is faced." - **James Baldwin**



# Linking Individuals with Psychosis with CSC

Is the individual:

- Between 15-35?
- Showing signs of psychosis?
- Or are his or her family and friends sharing information that indicates possible psychosis?

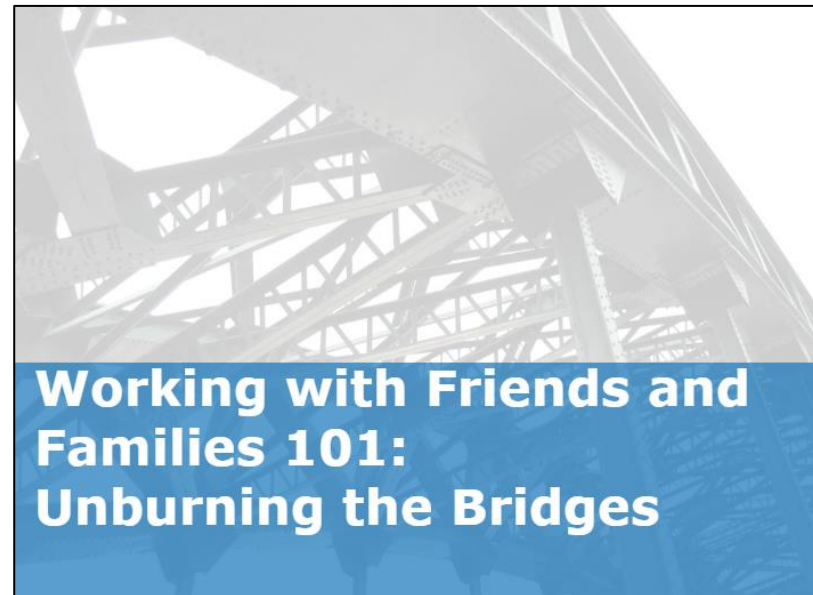
If yes, sharing this information as part of a mental health referral will help link the individual with CSC



# First Episode Psychosis: Working With Friends and Families 101: Unburning the Bridges

An online training resource

- Self-paced convenience
- Practical information and skills
- Stories of hope and inspiration
- Information-sharing guidelines



- Free continuing education
- Interactive learning opportunities
- Real-life case examples
- Downloadable resources



**Register for this two-part course:**  
<http://www.ebasedacademy.org/lms/>



*Promoting Innovation. Restoring Lives.*  
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# MORE INFORMATION

For further information about FIRST and other best practices for schizophrenia treatment contact:

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