

“At-risk mental state” and Young People

Over the last decade or so, evidence has begun to emerge which suggests that the early recognition and treatment of many mental illnesses can lead to substantial improvements in recovery and overall outcomes. As a consequence, there is now a growing impetus to identify mental illnesses at their earliest possible stage.

In addition to this emphasis on early detection, attention is also being focussed on identifying young people who appear to be at high risk of developing a mental illness. The theory is, that by assisting people who appear to be at increased risk, and/or those with very early symptoms, we may be able to prevent the illness episode from occurring, or at least reduce its impact on the person’s life.

The PACE Clinic at ORYGEN Youth Health is currently involved in researching this very issue. Its focus is on psychotic illnesses, such as schizophrenia and mania (bipolar disorder) and in offering treatment to people who appear to be at high risk of a first psychotic episode.

What is an “at risk mental state”?

Psychotic disorders rarely arise ‘out of the blue’. They are generally preceded by a gradual alteration in a person’s sense of well-being and psychosocial functioning, often over a period of time. This period, which precedes the onset of clear-cut psychotic symptoms (such as delusions, thought disorder and hallucinations), is known as the prodromal phase.

Given that most people who develop a psychotic illness will experience a prodromal phase, researchers have begun to look more closely at the possibility of assisting people in this “at risk” stage.

Who is at risk?

Much of our understanding of the early phase of psychosis has been derived from retrospective descriptions, gained from young people and their families after the person’s entry into treatment. From this, two broad groups of people, who appear to be at increased risk of developing a psychotic illness, have been identified.

Group One: Young people with a parent or sibling with a psychotic or bipolar illness, who themselves have experienced a recent, persistent deterioration (→ 4 weeks) in their ability to cope with life events and stressors, and who are experiencing symptoms of emotional distress such as depression, anxiety, withdrawal from family and friends, or poor performance at school/work.

Group Two: Young people who are exhibiting infrequent unusual/odd changes in their behaviour or thoughts such as:

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

Other possible changes include:

- Symptoms of depression or anxiety
- Reduced concentration and attention
- Reduced motivation and energy
- Sleep disturbance

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

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

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

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

What can you do?

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

Advice and Referral

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

The PACE clinic sees young people at Highpoint shopping centre, the Boroondara Community Health Service and also does some outreach work. The clinic offers assessment and treatment services for young people with an at risk mental state, as well as being a centre for research on this important issue. The PACE clinic is happy to discuss potential referrals over the telephone and to assess young people in person where appropriate. The service is open to patients aged 14 to 30, from the whole of metropolitan Melbourne and can be contacted on 03 9317 6300 during office hours, or via the paging service on 03 9483 4556 (ask for the PACE Clinic).

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

- www.betterhealth.vic.gov.au
- www.sane.org.au
- www.healthinsite.gov.au