

About Psychosis in Children and Adolescents and Schools

Psychosis is characterized by overt disruptions in thought, perceptions, and behavior. Complex syndromes presenting with psychosis, including schizophrenia spectrum disorders, mood disorders, and medical illnesses, are differentiated by characteristic patterns of symptom presentation and course of illness. Accurate diagnosis is important to guide treatment and to avoid inaccurate labeling, because most youth reporting psychotic-like experiences do not have a true psychotic disorder.

Jon McClellan (2018)

As attention to the problems of children and adolescents has increased so have estimates for the prevalence of psychosis in the young (Stevens, Prince, Prager, & Stern, 2014). In this context, Sunshine and McClellan (2023) note:

Many children and adolescents describe psychotic-like experiences, which can be associated with other types of psychopathology and past experiences (e.g., trauma, substance use, suicidality). However, most youth reporting such experiences do not have, nor will ever develop, schizophrenia or another psychotic disorder. Accurate assessment is critical, because these different presentations have different diagnostic and treatment implications.

It is estimated that 1.5 to 3.5% of people will meet diagnostic criteria for a psychotic disorder, while many more will experience at least one psychotic symptom in their lifetime (Calabrese & Khalili, 2023). Incidence and prevalence rates for children are estimated to be low. For example, childhood-onset schizophrenia has been estimated at 0.04 percent in the United States. Early onset schizophrenia (EOS) presents during mid-late adolescence with an overall population prevalence estimated as roughly 0.7% (Sunshine & McClellan, 2023).

While antipsychotic medications are the mainstay treatment, Datta and colleagues (2020) report that, emerging evidence indicates that “psychological interventions such as cognitive remediation therapy, psycho-education, family therapy and group psychotherapy may be useful for adolescents with psychosis.” Hospitalization or residential treatment are common. The challenges of treating psychosis cannot be overstated, and all involved can benefit from expanded support systems.

Making reliable and valid diagnoses is a challenge. And it is far more difficult with youngsters than adults. As Stevens and colleagues (2014) have stressed: “Hallucinatory experiences and delusions are more common ... than we may realize and occur frequently in the pediatric population.” The difficulty in differentiating what are normative developmental behaviors and what are symptoms is a source of false positive and false negative conclusions. Experiences that arise in the absence of verifiable sensory stimulation can produce a form of reality that may manifest as “hallucinations” and may lead to behavior based on a person’s perceived reality.

During adolescence, some individuals are identified as at clinical high risk (CHR) for psychosis with the goal of intervening before the emergence of psychosis. Interventions based on risk calculations have shown promise for reducing the incidence of psychosis by targeting at-risk youth early. For example, research on early intervention with adolescents identified as at clinical high risk reports a transition rate to a full psychotic disorder in the range of 20-30% (Smucny, Wood, Davidson, & Carter, 2024).

*The material in this document builds on work done by Leo Bauerlein Kelly as a participant with the national Center for MH in Schools & Student/Learning Supports at UCLA in 2024.

The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA. Website: <https://smhp.psych.ucla.edu>

An Example of a Multifaceted Approach

NAVIGATE is a program developed as part of the Early Treatment Program of RAISE (Recovery After an Initial Schizophrenia Episode), an initiative of the NIMH. It is one of the options SAMHSA describes for implementing Coordinated Specialty Care (CSC). The program is a team-based, multifaceted approach for people with a first episode of psychosis (and their families). Designed for implementation in routine mental health treatment settings, it is an aid for accessing services and aims to guide participants toward psychological and functional well-being.

The approach has four components: personalized medication management, family psychoeducation, resilience-focused individual therapy, and supported education and employment.

NAVIGATE is described as embracing a shared decision-making approach with a focus on strengths and resiliency and on collaboration with clients and family members in treatment planning and reviews. The approach is reported to have been implemented in over 60 U.S. sites, as well as in China, Canada, and Israel, serving urban, suburban, and rural populations, and with people from diverse ethnic and cultural backgrounds. Reported findings indicate the program is better than standard treatment.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4490051/>

While this program provides a multifaceted response to first-episode psychosis, its nature and scope make it expensive and out of reach for many people.

The School's Role

School staff can support efforts to identify and intervene with students transitioning from normative development to a state of clinical high-risk. At the same time, care must be taken to not inappropriately label, stigmatize, and intervene.

As with all students manifesting learning, behavior, and emotional problems, the school's role is to establish an inclusive environment that supports, guides, and contributes to early recognition and, when necessary, appropriate referrals. Collaborations among school staff, families, and community resources are seen as improving outcomes for at risk students.

Minimally, schools need to take steps to avoid exacerbating students' problems. This includes personalizing school days to mitigate academic difficulties by supporting essential accommodations and minimizing stressors related to academic demands and social challenges (e.g., bullying, teasing, withdrawal). While such actions are mandated for diagnosed students under the Individuals with Disabilities Education Act (IDEA), they also are key to enhancing equity of opportunity for all students to succeed at school and beyond.

Schools that support students effectively can reduce student mobility which has been associated with increasing the risk of psychotic symptoms in early adolescence and a host of other problems. Relatedly, supportive school can provide the type of transition supports that minimize exacerbating a student's problems whenever they leave school.

Our Center at UCLA has developed prototypes for schools to improve their support systems for all students. For details and guidance, See

>[Student/Learning Supports: A Brief Guide for Moving in New Directions](#)

>[Transforming Student and Learning Supports: Starting the Process](#)

Concluding Comments

Fortunately, relatively few children and adolescents will experience psychoses. However, for those who do, the chronic severe neurodevelopmental disorder will require long-term treatment and psychosocial support. The challenge remains that the causes of complex neuropsychiatric disorders remain mostly unknown. To advance diagnostic and treatment, research continues to work on identifying unique biomarkers, including disruptions in genetic pathways and neurocircuitry.

Psychosis remains underrepresented in discussions of mental health, particularly in school-age populations. Implementing comprehensive, team-based support and care models is seen as fostering more effective prevention and intervention strategies. Ensuring schools play an appropriate role in identifying and supporting students is seen as essential to improving their well-being. In general, the need is for more proactive approaches to risk prediction and early intervention as promising avenues for improving outcomes for at-risk youth.

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