Why Screen for Psychosis?

Early detection of psychosis is key to initiating care as quickly as possible. Earlier treatment is correlated with better long-term outcomes such as less severe symptoms and better functioning.1 Psychosis symptoms tend to develop in adolescence or young adulthood. Prior to the development of full psychosis, there is often a period of attenuated symptoms. Once criteria for full psychosis is met, consider referral to a Coordinated Specialty Care (CSC) program.

Attenuated Psychosis is when symptoms are psychotic-with reshold of a full psychotic disorder. The person retains awareness that their symptoms (hallucinations, delusions, and/or disorganized communication) are not real and tend to be less severe and more transient. A person may qualify for an Attenuated Psychosis Syndrome (APS) diagnosis if they have never met criteria for full psychosis. For full criteria, see DSM-V-TR.2



Why is it important to distinguish attenuated from full psychosis?

with attenuated psychosis will go on to develop a full psychotic disorder.3 A conservative approach should be taken with attenuated symptoms, and antipsychotic medication is NOT recommended. Antipsychotics have not been shown to prevent conversion to full psychosis, and risks often outweigh benefits in attenuated symptoms. Treatment should focus on co-morbid conditions (e.g., depression/anxiety) and psychotherapy while monitoring for potential conversion to full psychosis.



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whether something you experienced was real or imaginary?

Do familiar surroundings sometimes seem strange, confusing, threatening, or unreal to you?

To learn more about early signs of psychosis visit: med.unc.edu/psych/ epi-nc/about-psychosis



To learn more about Coordinated Specialty Care programs in North Carolina, scan the QR code or visit: med.unc.edu/psych/epi-nc/ clinic-locations



Helpful screening tools:

Prime Screen-Revised-5: initial screening tool for psychosis **PB-Q:** initial screening tool for psychosis Mini-SIPS: can differentiate full psychosis from attenuated psychosis



Clinical Pathways Guide for Patients Aged 15–30

Safety Concerns?

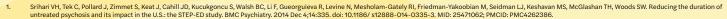
No matter the diagnosis, acute safety concerns like suicidal ideation require a same day assessment: consider mobile crisis, referral to emergency room, or call 988 for local resources

Recommend consultation with a mental health clinician when concerned for psychosis. See NNCPAP for a psychiatry consultation resource for health care providers nncpap.org/map

Medical work-up is indicated.
See here for guidance:
psychosisscreening.org/medicalworkup-considerations.html

Contact E-PROMPT for training and mentoring on how to deliver early psychosis care: go.unc.edu/E-Prompt

Clinical Concerns for Psychosis Screen for Psychosis go.unc.edu/PsychosisScreen Positive screen or **Negative Screen** high clinical concern Consider other mental Assess for attenuated health diagnoses psychosis syndrome (APS) vs. full psychosis Refer for mental health with Mini-SIPS treatment if indicated Meets neither APS or full psychosis **Meets APS Criteria** Meets criteria for a full psychosis diagnosis Refer to Coordinated **Specialty Care Program** Consider hospitalization if indicated Recommend conservative approach, and do not start targeted anti-psychotic Initiate antipsychotic treatment medication for attenuated symptoms Focus treatment on co-occuring symptoms (mood, anxiety, trauma) Monitor for potential conversion to full psychosis Conversion to full psychosis



American Psychiatric Association. (2022). Conditions for Further Study. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.). dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions for Further Study. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.). dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions for Further Study. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.). dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions for Further Study. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.). dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions for Further Study. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.). dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions for Further Study. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.). dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions for Further Study. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.). dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions for Further Study. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.). dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions for Further Study. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.). dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions for Further Study. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.). dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions for Further Study. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.). dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions for Further Study. In Diagnostic and statistical manual of mental di



