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Identifying Youth at Clinical High Risk: What's the Emotional Impact?

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Identifying Youth at Clinical High Risk: What’s the Emotional Impact?

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BACKGROUND

• Early intervention in major mental illness promises to improve the lives of those identified.
• But could identifying youth as at clinical high risk (CHR) for psychosis also do harm given that the majority never develop a psychotic disorder?1,2
• Could telling someone they are at risk for psychosis activate internalized stigma that has been associated with increased emotional distress, social withdrawal, non-engagement in treatment, and suicide risk in CHR youth?1,3
• Within the context of a larger study of stigma in CHR, we compared emotional responses to the CHR concept assessed before and after clinical feedback by study clinicians.
• Some participants had been told of their risk prior to study entry, others had not.

RESULTS

Emotions “about being told [one] was at risk for psychosis/schizophrenia”

- Negative emotions: decreased significantly (p < 0.001, Figure 2)
- Positive emotions: no significant change (Figure 2)

Privacy

- Better got to tell people? No change
- 68% said “yes” before feedback – 67% after

Could Negative Emotions Lesson just with Time?

- YES. Time between Pre and Post Interviews predicted decline in negative emotions (p = 0.012).
- But there was a significant Pre-Post change in Emotions even parsing out that accounted for by time...

Did those first TOLD respond differently?

- There were no significant differences in emotion responses between those who had been told about their CHR status prior to study entry and those first told by study staff.

Did what they TOOKTHINK make a difference?

- Of those already told they were at risk, 17% did not think they were at risk.
- Of those not told, 33% still thought they were at risk and 4% thought they already had schizophrenia or psychosis.
- Those who did NOT think they were at risk reported more negative (and less positive) emotions about this label.
- But the change in their emotions was similar to those who did think they were at risk.

What did they say about hearing CHR feedback?

“Felt as though I was told some things I already knew. It came as a surprise to hear psychosis… I probably won’t smoke as much and will take time off from smoking pot…”

“I don’t want to be as focused on it.”

“Unsure this is the right place to be. [Experiences understood?] Not really – you couldn’t explain them to me.”

“...hard to describe. Down.”

“I will feel the same. I know I have a mental illness.”

“I think it was very beneficial. It was like a self reflection with assistance…It lessens my worry, but at the same time I wonder.”

CONCLUSIONS

- Being told or thinking one is at risk for psychosis/schizophrenia carries stigma – understanding the sources and development of stigma may help us reduce it.
- People have their own ideas about their mental health status that are often independent of what they’ve been told. They don’t always register that they are at risk even after told about their risk. Some assume that they already have an illness even if told they are *only* at risk. How, when, by whom varies a lot.

Providing feedback about CHR in the context of a specialized program is generally associated with a reduction of negative emotions about being at risk (or less negative emotion than expected). This appears to be true whether participants have been previously told or are hearing this for the first time.

This may be because feedback within specialized programs is individualized and typically includes psychoeducation and treatment options that offer hope.

Understandably, feedback may not lead people to feel more positive about being at risk.

REFERENCES