

# Psychosis Fact Sheet

Prepared by the UC Davis Behavioral Health Center of Excellence and EDAPT Clinics

## What is psychosis?

- Psychosis is an umbrella term describing a set of symptoms associated with having **difficulty distinguishing what might be real versus what might be your imagination** and is present in a wide range of psychiatric disorders.
- Examples of diagnoses that can include psychotic symptoms include: schizophrenia, schizoaffective disorder, bipolar disorder, depression, PTSD, and dementia.
- Symptoms can include paranoia, delusions, hallucinations, disorganized thoughts, lack of motivation, sleep problems, and difficulty functioning in previously meaningful roles.

## Who does it affect?

- Psychosis is found in approximately **2-3% of the world's population**.
- Psychosis has a peak onset in young adulthood and is rare before adolescence or after middle age. Onset also interacts with sex, such that on average, the onset of psychosis is earlier in men than women.

## What is psychosis NOT?

- Psychotic does not mean violent. People with a mentally illness are more often victims than perpetrators of violence. 25-50% of individuals with schizophrenia will attempt suicide and 10% will succeed.
- Schizophrenia is not due to bad parenting. The development of psychosis can be attributed to a combination of factors in a person's genetics and their environment. It is ultimately a brain-based disorder.
- Individuals experiencing homelessness are not necessarily psychotic and vice-versa. Individuals with psychosis lead meaningful lives and **recovery is possible**.

## Recovery is possible. So what does treatment look like?

- It has been shown that a longer duration of untreated psychosis is associated with a poorer treatment response. That's why **early intervention matters**.
- In 2008 the National Institute of Mental Health (NIMH) sponsored the Recovery After an Initial Schizophrenia Episode (RAISE) study to look at what works for people who are experiencing first episode psychosis. The Coordinated Specialty Care (CSC) model was shown to be effective both in terms of outcomes and cost.
- The CSC model includes a number of psychosocial treatments, including social skills training, family interventions, cognitive behavioral therapy, and cognitive training.
- There are only 24/58 counties in California with early psychosis programs, so collecting data and telling a statewide story can be difficult. UC Davis is working in collaboration with counties, programs, and their stakeholders to address this point and improve outcomes for people across the state.

## A Program Example

The UC Davis Early Psychosis Programs are nationally recognized as a leading provider of early psychosis care. Our program has a strong and diverse interdisciplinary team of physicians, clinicians, support staff, consumer and family advocates with unique expertise in state of the art assessments and evidence based practices for early identification and intervention for psychotic disorders. We provide coordinated specialty care (CSC) in an outpatient setting that incorporates targeted medication management, individual, family and group psychosocial interventions, case management services, and supported education and employment with the goals of early diagnosis, treatment, and disability prevention. [earlypsychosis.ucdavis.edu](http://earlypsychosis.ucdavis.edu)