



Psychosis in Children and Adolescents

What is psychosis?

Psychosis refers to impaired interpretations of reality based on disordered thinking and false perceptions. Psychotic symptoms include hallucinations, delusions (false beliefs) and disorganized thinking. Individuals experiencing psychosis typically demonstrate observable impairments in thinking and behavior, including disorganized or unintelligible speech, confusion, unpredictable, odd or bizarre disorganized behaviors and/or evidence of responding to internal false beliefs or hallucinations (e.g., laughing to oneself, talking to oneself, acting paranoid). Approximately 1% of the population will experience psychosis.

Psychotic symptoms are characteristic of schizophrenia, which is defined by the presence of hallucinations, delusions and disorganized speech. Individuals with schizophrenia also typically experience negative symptoms, which include low motivation, social disinterest, and lack of self-care. Schizophrenia typically first presents during late adolescent or young adulthood. The onset of schizophrenia is rare before age 12 years. Most individuals with schizophrenia have problems prior to the onset of psychotic symptoms, including social withdrawal, odd beliefs and learning problems. However, the diagnosis should not be made until evidence of overt psychosis is present.

Schizoaffective disorder is diagnosed when a person meets criteria for schizophrenia, and also has distinct episodes of disturbed mood (mania or depression) throughout the course of the illness. Psychosis may also occur with other illnesses, including mood disorders, intoxication, alcohol withdrawal and medical disorders (e.g., brain tumors, infections).

Schizophrenia, schizoaffective disorder and mood disorders with psychotic features (either mania or depression) are serious psychiatric conditions that require medications in addition to psychosocial supports and therapies. Any person that presents with clinical evidence of psychosis requires a psychiatric evaluation. Antipsychotic medications are usually the first-line treatment, depending on the diagnosis. Other medications, such as mood stabilizers (e.g., lithium) and/or antidepressants, are also used to help address problems with mood or aggression.

Important Considerations

When a youth develops acute psychosis, a thorough medical work evaluation is indicated, both to determine the cause, and also to assess for other possible

contributing conditions (e.g., intoxication, medical illnesses) that require specific treatment.

Many individuals, especially children, report symptoms suggestive of psychosis, yet are not truly psychotic. Research studies have found that ~ 17 percent of children will report hearing voices, or other unusual beliefs; most of whom will never develop a psychotic disorder. Children often misunderstand questions regarding psychosis, and may describe their own internal thoughts, feelings, and imaginary beliefs as something external. Youth with histories of trauma, anxiety, behavioral problems, cognitive deficits, and autism-spectrum disorders are at particular risk to report symptoms that can be misinterpreted as psychosis.

Tips for Responding.

1. Children and adolescents with suspected psychosis should be evaluated by a qualified child psychiatrist; given the relative rarity of the diagnosis and the importance of providing effective specialized treatment.
2. Consider a second opinion by a qualified child psychiatrist for any child less than 12 years of age diagnosed with schizophrenia.
3. Actively monitor all youth diagnosed with psychosis to make sure they are being regularly monitored by a medical provider to check on the effectiveness of the medication regimen for symptom control and side effects. There is no set standard for how often youth should be monitored. Those with acute psychosis will need intensive monitoring, and may need to be hospitalized. Once the youth is stable, once per month is sufficient.
4. For youth prescribed anti-psychotic medication, confirm that the dosage is within the accepted range. This can be done by asking a qualified psychiatric consultant.
5. Caregivers should be knowledgeable about psychosis symptoms and course, and actively involved in the treatment.
6. Youth with schizophrenia will often benefit from support services designed to enhance their social and academic functioning, including special education and/or vocational programs

Helpful link:

http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Schizophrenia_In_Children_49.aspx