



Psychotic experiences in the population: Association with functioning and mental distress



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ABSTRACT

Psychotic experiences are far more common in the population than psychotic disorder. They are associated with a number of adverse outcomes but there has been little research on associations with functioning and distress. We wished to investigate functioning and distress in a community sample of adolescents with psychotic experiences. Two hundred and twelve school-going adolescents were assessed for psychotic experiences, mental distress associated with these experiences, global (social/occupational) functioning on the Children's Global Assessment Scale, and a number of candidate mediator variables, including psychopathology, suicidality, trauma (physical and sexual abuse and exposure to domestic violence) and neurocognitive functioning. Seventy five percent of participants who reported psychotic experiences reported that they found these experiences distressing (mean score for severity of distress was 6.9 out of maximum 10). Participants who reported psychotic experiences had poorer functioning than participants who did not report psychotic experiences (respective means: 68.6, 81.9; OR = 0.25, 95% CI = 0.14–0.44). Similarly, participants with an Axis-1 psychiatric disorder who reported psychotic experiences had poorer functioning than participants with a disorder who did not report psychotic experiences (respective means: 61.8, 74.5; OR = 0.28, 95% CI = 0.12–0.63). Candidate mediator variables explained some but not all of the relationship between psychotic experiences and functioning (OR = 0.48, 95% CI = 0.22–1.05, $P < 0.07$). Young people with psychotic experiences have poorer global functioning than those who do not, even when compared with other young people with psychopathology (but who do not report psychotic experiences). A disclosure of psychotic experiences should alert treating clinicians that the individual may have significantly more functional disability than suggested by the psychopathological diagnosis alone.

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1. Introduction

Psychotic experiences are far more common in the population than psychotic disorder (Lin et al., 2011; Saha et al., 2011a; Laurens et al., 2012; Devylder et al., 2013; Cullen et al., 2014). Amongst young people, these experiences most commonly occur in the form of auditory hallucinations, which may be frankly psychotic in nature or, more commonly, attenuated (that is, hallucinatory experiences with intact reality testing) (Kelleher et al., 2011). Psychotic experiences have been found to be important from a number of clinical perspectives. In addition to a relatively increased risk for psychosis (Poulton et al., 2000; Welham et al., 2009;

Kaymaz et al., 2012; Fisher et al., 2013), young people with psychotic experiences are at high risk for a range of psychopathological diagnoses (Scott et al., 2009; Yung et al., 2009; Barragan et al., 2011; Werbeloff et al., 2012; Wigman et al., 2012a; Downs et al., 2013). We recently demonstrated in multiple independent samples that the majority of community-based adolescents who reported psychotic experiences met criteria for at least one (non-psychotic) DSM-IV Axis-1 psychiatric disorder (Kelleher et al., 2012b). Similarly, results from the Dunedin longitudinal study showed that the majority of young people who reported psychotic experiences at age 11 had a DSM IV Axis-1 psychiatric disorder at age 38 (Fisher et al., 2013). Whilst there has been some research on functioning in individuals at 'clinical high risk' for psychosis (Carrion et al., 2011; Corcoran et al., 2011; Grano et al., 2011), there has been little research to date on global functioning in community samples who report psychotic experiences. Therefore, we wished to investigate

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the relationship between psychotic experiences and functioning in a general population sample of adolescents.

At a mechanistic level, there are a number of factors that might contribute to poorer functioning in individuals with psychotic experiences. Aside from an overall increased risk of having a diagnosable mental disorder, psychotic experiences are a strong marker of risk for multimorbidity (that is, the presence of more than one disorder), with the prevalence of psychotic experiences increasing in a dose–response manner with the number of diagnosable disorders (Kelleher et al., 2012b), a finding that has been replicated in clinical (Kelleher et al., 2013b) and heterogeneous population samples (DeVylder et al., 2014). What is more, suicidality is highly prevalent amongst individuals with psychopathology who report psychotic experiences, even compared to individuals with the same diagnoses (but who do not report psychotic experiences) (Kelleher et al., 2012c, 2014). Neurocognitive deficits have been reported in individuals with psychotic experiences, most notably in processing speed (Blanchard et al., 2010; Cullen et al., 2010; Barnett et al., 2012; Kelleher et al., 2012a), a domain that has previously been highlighted as important more generally in terms of social/role functioning (Carrion et al., 2011). Furthermore, individuals with psychotic experiences have been shown to have significantly more exposure to childhood trauma (Janssen et al., 2004; Scott et al., 2007; Freeman and Fowler, 2009; Arseneault et al., 2011; Galletly et al., 2011; Saha et al., 2011b; Fisher et al., 2012; Wigman et al., 2012b; Kelleher et al., 2013c), something that might also contribute to long term dysfunction.

We also wished to investigate the relationship between psychotic experiences and subjective mental distress. Whilst young people who report psychotic experiences are at increased risk for a range of distressing outcomes (Yung et al., 2006), there has been little research to examine whether psychotic experiences are, in themselves, distressing to the young people who experience them. Notably, Armando et al. found a strong correlation between the frequency of psychotic experiences in a population sample and reported levels of distress (Armando et al., 2010). However, their methodology did not allow them to report the proportion of individuals with psychotic experiences who were distressed by them, nor whether this distress impacted on overall functioning. Therefore, we also investigated what proportion of young people in the population reported feeling distressed by their psychotic experiences and whether distress was related to overall functioning.

Specifically, our hypotheses were:

- (i) Individuals with psychotic experiences would have poorer global functioning than individuals without psychotic experiences.
- (ii) Individuals with psychopathology who reported psychotic experiences would have poorer global functioning than individuals with psychopathology who did not report psychotic experiences.
- (iii) Multimorbid psychopathology, suicidality, neurocognitive dysfunction and trauma exposure would at least partly explain the relationship between psychotic experiences and poorer global functioning.
- (iv) Psychotic experiences would be distressing for the majority of individuals.
- (v) The level of distress associated with psychotic experiences would be inversely related to global functioning.

2. Method

2.1. Recruitment

The study was carried out in Dublin, Ireland and neighbouring counties, with testing conducted over three consecutive years during school summer breaks. The study methodology has been previously reported (Kelleher et al., 2012b). However, briefly, a total of 1131 pupils

from 16 schools in the 5th and the 6th class (that is, the two most senior years in the Irish national/primary school system), aged 11 to 13 years, participated in a survey of psychiatric symptoms, using the Strengths and Difficulties Questionnaire (SDQ) (Goodman et al., 2000), which is a validated self-report instrument that assesses emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour. This sample was also assessed for psychotic experiences, using the Adolescent Psychotic Symptom Screener (APSS), which is a validated self-report instrument that assesses hallucinations and delusions (Kelleher et al., 2011). These instruments were completed in school, with a member of the research team present in the classroom. Data from these instruments were not used as part of a selection process; rather, these instruments provided baseline data on psychopathology and psychotic experiences in the total school-based population. Written informed consent was obtained from the parent or guardian of participants. Of the total 1131 adolescents, 656 indicated an interest in taking part in a more in depth study and a random sample of 212 were brought for clinical interview and neurocognitive testing. Amongst the first 20% of the sample who attended for interview we enriched at a rate of 2:1 for adolescents with a score of 2 or more on the Adolescent Psychotic Symptom Screener (APSS). For the majority (80%), however, the sample was a random sample representative of the overall larger surveyed sample. A frequency weight was applied in STATA for the statistical analyses to account for enrichment at a rate of 2:1 in the first 20% of interviewed participants. All percentages reported are based on the weighted prevalence.

2.2. Assessment of psychotic experiences

Psychotic experiences were assessed using a modified version of the Psychosis section of the Schedule for Affective Disorders and Schizophrenia for School-aged Children (K-SADS) (Kaufman et al., 1996). The K-SADS is a well-validated semi-structured research diagnostic interview for the assessment of Axis-1 psychiatric disorders in children and adolescents. The psychosis section contains questions designed to assess a range of hallucinations and delusional thinking. Children and parents were interviewed separately, both answering the same questions about the child. Interviews were conducted by two psychiatrists and four psychologists with extensive training on the assessment of psychotic experiences. All interviewers recorded detailed notes of potential psychotic phenomena in this section of the interview. On completion of the interview stage of the study, a clinical consensus meeting was held in which two of the investigators (IK and MC) were presented with information on all potential psychotic experiences and rated these experiences as psychotic in nature or not. The investigators were blind to all other information regarding the participants.

2.3. Assessment of functioning and distress

Functioning was assessed using the Children's Global Assessment Scale (CGAS), which is a validated measure of global functioning adapted from the Global Assessment Scale for Adults (Shaffer et al., 1983). The CGAS is divided into ten levels, with the lowest (scored between 1 and 10) indicating very severe impairment ('needs 24-hour care/supervision') and the highest (scored 91 to 100) indicating a very healthy level of functioning ('superior functioning in all areas'). With regard to distress, participants were asked the following question: "When you experienced [reported experience], did you find it distressing or did it not bother you"? Participants who reported that they were distressed by their experience were then asked to rate their level of distress on an analogue scale from 1 to 10, where 0 was 'not worried at all' and 10 was 'the most distressed you could ever possibly be'. Where more than one psychotic experience was reported, participants were asked to rate the most distressing of their experiences.

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