About CCOR™

Client-Centered Outcomes Research
in Public Mental Health (CCOR-PMH)

Felton's CCOR (see-core) Division, one of only a handful of public mental health-focused community-based research centers in the United States, grounds its work in the belief that stakeholder and community insights are fundamental to transformative change.

Felton CCOR aspires to leverage client- and community-centered research and program evaluation in the service of innovation, health equity and sustainable impact.

CCOR partners across the public and private sectors, pursuing research and research-driven program development with the agility and flexibility that a community-based organization affords. Attention to the intersection of culture/race/ethnicity, social adversity and access to quality services is at the forefront of all of CCOR's work.

CCOR works hand in hand with Felton Institute's award winning direct service programs and divisions as well as Felton Institute training and technical assistance initiatives throughout California and across the United States.

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Please visit our website:
www.felton.org/research

Interested in informing CCOR's research and program development in early psychosis? Felton is currently forming an early psychosis/early intervention stakeholder research advisory board. Please contact us for an application and additional information.

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Felton institute

Diagnosis & Early Psychosis

what you need to know about

STATE OF THE SCIENCE
PEER PERSPECTIVE
DIAGNOSIS FACTS

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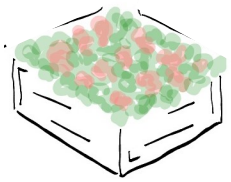
STATE OF THE SCIENCE

At the present time, no biological tests (such as blood tests or diagnostic brain scans) exist that allow us to diagnose particular psychiatric disorders such as 'schizophrenia' or 'bipolar disorder.'

Instead, the categorical diagnoses (such as schizophrenia or schizoaffective disorder) utilized in the DSM and International Classification of Diseases (ICD) are exclusively based on self-reported symptoms and behavioral observation.

In practice, this means that psychiatric diagnosis, unlike most other areas of medical diagnosis, revolves around the identification of clusters of seemingly similar self-reported symptoms rather than clear and identifiable underlying changes or abnormalities of the brain or central nervous system.

In recent years, many researchers, including the DSM-5's expert psychotic disorders committee, have proposed that single diagnoses such as "schizophrenia" in fact likely encompass multiple, distinct disorders or conditions that we do not yet have the technology or science to identify (Heckers et al., 2016).



PEER PERSPECTIVE

"In retrospect, I have very mixed feelings about specific diagnoses. On the one hand, sometimes you want to hear something clear about what's going on, but only if that diagnosis really means something, and has scientific validity. When it doesn't I certainly would rather just have an honest conversation about what clinicians and scientist do and don't know. And the same thing for my family.."

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DIAGNOSIS FACTS

Particular experiences associated with psychosis, such as hearing voices (auditory hallucinations) in fact occur at high rates across the general population and also within many different psychiatric disorders. The majority of individuals who hear voices would not/do not qualify for a diagnosis of schizophrenia.

For example:

- Between 5 and 16% of children and younger teens experience voices, including many with no other mental health problems or diagnosis (Van Os et al., 2009).
- Similarly, between 10 and 15% of otherwise healthy adults hear voices (Sommer et al., 2011).
- Approximately 40% of people with combat-related PTSD hear voices (McCarthy-Jones, 2012). About half of people with non-military PTSD may also hear voices (Anketell et al., 2010).
- Estimates of the prevalence of voices in depression have ranged from 5% to over 40% (Toh et al., 2015).
- Increasingly, treatments focus on specific symptoms or symptoms domains (e.g. auditory hallucinations/voices, paranoia, depressed mood, manic states, and so on) across diagnoses. What matters is the particular symptom, not any given diagnosis (such as schizophrenia, bipolar, or PTSD) (Barch et al., 2013).
- Background experiences such as trauma, social adversity and social anxiety may also be primary drivers of the distress and disability that individuals with early psychosis experience and psychotic symptoms may disappear or become less distressing if these other challenges or problems are adequately addressed (Read et al., 2005).