



Understanding psychosis

What is psychosis?

Psychosis is a condition in which the functioning of a person's brain is severely disrupted, affecting that person's thoughts, perceptions, emotions and behaviour. Typically, a person experiencing psychosis will have disordered thoughts and speech, and difficulty in distinguishing reality.

Three in every 100 people will experience a psychotic episode. One of these people will never experience another episode. Like any other illness, psychosis is treatable and can happen to anyone.

What are the symptoms?

Psychotic symptoms can occur in an isolated episode or as part of an ongoing diagnosed illness such as schizophrenia, bipolar disorder, depression or schizoaffective disorder.

Symptoms are generally described as either positive or negative:

<p>POSITIVE SYMPTOMS reflect an excess or distortion of normal functions (ie experiences and behaviours that have been added to a person's normal way of functioning).</p>	<ul style="list-style-type: none">• Hallucinations are distortions of the senses that are very real to the person. The brain hears, sees, smells, tastes or feels things that are not there in the external world eg hearing voices, food tasting strange, seeing things that are not real• Delusions are fixed and false beliefs eg 'I am Jesus Christ'• Disorganised thinking and speech• Disorganised behaviour eg dressing in an unusual manner.
<p>NEGATIVE SYMPTOMS reflect a diminution or loss of normal functions (ie something that has been taken away from a person's normal way of functioning).</p> <p>Negative symptoms are sometimes difficult to evaluate because they may be the result of a number of other factors such as a consequence of positive symptoms, medication side-effects and depression. The distinction requires sound clinical judgement.</p>	<ul style="list-style-type: none">• Diminished range of emotional expressiveness most of the time (flat affect)• Reduced speech (alogia)• Inability to initiate and sustain goal-directed activities (avolition).

In addition to these symptoms, about 50 percent of people who experience psychosis will not recognise that there is anything wrong (lack of insight).

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What causes psychosis?

Psychosis is caused by changes in the chemical environment in the brain. Our understanding of these changes is still limited, but is improving.

The stress-vulnerability-coping model of mental illness

The onset and course of psychosis can be viewed in terms of stress-vulnerability-coping. A variety of biological factors, personal attributes and environmental stress can influence vulnerability to psychosis as well as vulnerability to relapse. Together, these can be viewed as risk factors (see below). Psychotic disorders appear to result from an intersection of high stress and high vulnerability. Similarly, many of these risk factors, if not present, can be seen as protective factors and can interact to protect against psychosis.

Understanding the biopsychosocial factors

Biological factors:

- A family history of psychosis and certain personality disorders are associated with an increased risk of vulnerability to psychosis, eg the risk of developing schizophrenia is one percent in the general population versus 13 percent for children who have one parent with schizophrenia and 35-45 percent for children who have both parents with schizophrenia
- Brain abnormalities
- Neuro-developmental problems.

Psychological factors:

- Poor social skills
- Poor coping skills
- Poor communication skills

Social factors:

- Substance use
- Work/school problems
- Rejection by others
- Stressful relationships
- Poor social supports
- Major life events.

Protective factors are things that can contribute to reducing risk or onset of relapse and include:

- Good coping skills
- Good social supports
- Medication.

Other factors to consider include:

- None of the risk factors are the whole cause of psychosis
- When a number of risk factors occur in the one person then that person is more vulnerable to psychosis
- These risk factors are particularly relevant to recovery and the prevention of relapse – people and families can actively work to increase the protective factors and reduce the risk factors when a history of psychosis exists
- When someone has all possible risk factors there is still only a 40 percent chance that they will develop psychosis

First episode psychosis

Psychosis is a symptom of a variety of mental illnesses. However, psychosis can also be a diagnosis itself. A person can experience an episode of psychosis, which may or may not recur. This is referred to as a first episode psychosis. First episode psychosis is also known as schizophreniform disorder or schizophreniform psychosis.

Characteristic features include:

- Duration of one month to six months
- Approximately one third of people recover within six months and two thirds go on to receive a diagnosis of schizophrenia or schizoaffective disorder. While it is important to understand that drug use does not cause mental illness, it can trigger an episode of psychosis. Substance-induced psychosis includes the following features:

Substance-induced psychosis

- Triggered by the use of drugs or alcohol
- Occurs when withdrawing from the substance or soon after
- Person recovers when drugs are out of the body
- Increased vulnerability to psychosis in future if drug is re-used
- Caused by heroin, cocaine, alcohol, marijuana, amphetamines, benzodiazepines
- A diagnosis of substance-induced psychosis will not be altered until a significant drug-free period has elapsed.

Phases of psychosis

First onset psychosis is described in three phases:

- Prodromal phase – the time between the first disturbance of normal thinking, feeling or behaviour and the onset of psychosis
- Acute phase – the period when psychotic symptoms are present (delusions, hallucinations, thought disorder)
- Stable phase – symptoms start to remit and recovery begins.

One in five Australians is affected by mental illness.

Five in five can help.

Understanding the prodrome

The prodrome is a period of non-psychotic disturbance in experience or behaviour that precedes the emergence of psychotic symptoms. Although the person may be aware of changes, he or she may find it very difficult to talk to anyone about them, or to seek help. Family and friends may notice differences in the individual, but may not be able to identify the cause. In many cases the stigma attached to mental disorders deters young people and their families from seeking advice and assistance at this early stage.

The following points are worth noting:

- Because the prodrome is usually identified retrospectively, it is difficult for the treating teams to recognise people experiencing prodromal symptoms, particularly as these are variable and non-specific
- If the prodrome is recognised early enough, it is possible to prevent progression of the mental illness. If psychotic symptoms start, early recognition can assist in accessing early treatment
- The features that are seen in young people experiencing the prodromal phase of psychosis are not only seen in those who will go on to develop psychosis. They are very common in adolescents and young people in general. One study found that 10 to 15 percent of high school students could have been regarded as prodromal.

- The prodromal features can include:
 - Mood changes – suspiciousness, depression, anxiety, mood swings, tension, irritability, anger
 - Changes in cognition – odd ideas, vagueness, difficulties with concentration, attention and recall
 - Changes in perception of self, others, the world at large
 - Physical and perceptual changes
 - Changes in sleep patterns and appetite, loss of energy, lack of self-motivation and drive
- Families report that individuals become withdrawn, isolated and unsociable and demonstrate peculiar behaviour and a reduction in personal hygiene.

Risk of developing a psychotic diagnosis

People with prodromal characteristics can be put into a risk category for developing psychosis in the future. The risk of psychosis is greater (but not inevitable) for:

- adolescents or young adults
- those with a family history of psychosis
- those who have already begun to show changes in mental state indicating impending psychosis
- people who use drugs and alcohol.

Early intervention and prevention

- Early assessment and treatment is helpful in preventing psychosis or in limiting the extent and impact of psychosis

- Initial contact with psychiatric services can cause distress and disruption to the person and his or her family. This can lead to depression, post-traumatic stress disorder and other problems for some people. Mental health professionals will be aware of these issues and will try to minimise the trauma and effects of stigma that the person and family might experience with their support and advice and by making the experience as non-threatening and user-friendly as possible
- Stress or trauma in susceptible people can trigger psychotic illness. For people identified as being at high-risk, particularly during vulnerable periods such as puberty, adolescence and young adulthood, early intervention is important to help prevent the development of schizophrenia or schizoaffective disorder. It is thought that if prodromal symptoms of psychosis can be identified, then treatment can begin earlier which leads to a better prognosis
- The duration of untreated psychosis is thought to be the single largest predictor of outcome: the longer the psychosis is left untreated, the greater the chance of a poor outcome and relapse. There are two possible explanations for this: first an acute psychosis has a toxic effect on the brain, second, psychosocial causes – there is a loss of social structures during periods of untreated psychosis which impact on the person's life.

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Insight into the experience of psychosis

Psychosis takes on many forms. It can show itself cognitively (in the way a person is thinking), affectively (in a person's mood) and in a person's behaviour. The following chart looks at various behaviours that might manifest as a result of the positive and negative symptoms of psychosis and interventions that may be helpful.

Positive symptoms	Associated behaviour (Remember, these behaviours are out of keeping with the person's normal value system)	Helpful interventions
Delusions and hallucinations	<ul style="list-style-type: none"> • Talking to voices that are not there • Talking about the content of the delusion or hallucination • Behaving in a way that is consistent with the delusion or hallucination eg avoiding water because the person thinks it is poisoned • Preaching because you believe you are Jesus Christ • Being distracted and unable to concentrate (see below as well) 	<ul style="list-style-type: none"> • Do not engage the person in an argument about their delusions. The delusions are extremely fixed and difficult to change • Connect with the emotion of the delusion or hallucination eg 'It must be frightening to believe that you are Jesus Christ' • Limit stimuli - reduce the number of people, surrounding noise • Show compassion for the content of the delusion and accommodate it where possible when the person is acutely unwell eg turn off the TV if they think it is talking to them
Paranoia (a delusion)	<ul style="list-style-type: none"> • Behaving as though they are being followed, tricked or spied on • Being overly sensitive and suspicious • Behaving in a way that is consistent with the content of the paranoid belief • Irritability • Aggression – the person could be afraid because of the delusion and may act out accordingly 	<ul style="list-style-type: none"> • Do not engage the person in an argument about their delusions • Validate the feeling of fear associated with the paranoid delusions • Avoid confrontational situations – sit beside rather than in front of the person • Stay calm • Consider the safety of yourself and the person
Disordered thinking and behaviour	<ul style="list-style-type: none"> • Reflected in disorganised speech • Not appearing to cooperate – 'vaguely out' • Difficulties in performing daily activities of living such as organising meals and maintaining hygiene • Dressing inappropriately or in an unusual manner eg lots of clothes on a hot day 	<ul style="list-style-type: none"> • Communicate in a clear and simple manner • If necessary, repeat things talking slowly and allowing plenty of time for the person to respond • Give step-by-step instructions

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Negative symptoms	Associated behaviour	Helpful interventions
Affective flattening or a reduced range of emotional expression	<ul style="list-style-type: none"> • A person's face may appear immobile and unresponsive • A person may display poor eye contact • A person may show reduced body language 	<ul style="list-style-type: none"> • Be aware that this is a symptom of the illness; don't take it personally • Try not to get frustrated or hurt by the lack of emotion that the person is displaying • Be aware that just because the person is showing a reduced range of emotions, it does not mean that they are not feeling anything
Poverty of speech (alogia)	<ul style="list-style-type: none"> • Reduced communication • Brief and empty replies • Decreased fluency of speech • The person appears to have a diminution of thoughts. 	<ul style="list-style-type: none"> • Keep verbal communication simple and accept simple communication in return • Keep communicating regardless of response <ul style="list-style-type: none"> – don't assume the person cannot understand your message, even if their response is limited
Inability to initiate and persist in goal-directed activities (avolition)	<ul style="list-style-type: none"> • Behaviour characterised by sitting for long periods of time doing nothing • Displaying little interest in participating in any sort of activity • Lack of motivation 	<ul style="list-style-type: none"> • Understand and acknowledge that these are again symptoms of the illness and not deliberate acts of the person • Try not to become frustrated with the behaviours • Provide gentle encouragement to the person to undertake activities

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Negative Symptoms	Associated behaviour Remember, these behaviours are out of keeping with the person's normal value system	Helpful Interventions
<p>Depression</p> <p>(NB. This is not a negative symptom of psychosis but is often secondary to psychosis. Also, psychotic symptoms can be part of depression.)</p>	<ul style="list-style-type: none"> • This is characterised by expressions of helplessness and hopelessness • The person is depressed most of the day • There is a loss of interest or pleasure in activities, and the person may not move much at all but just sit staring into space • Fatigue and loss of energy • Weight loss or gain • Insomnia and early waking (usually between 2 and 4 am) • Feelings of worthlessness/guilt, which, when at the psychotic level, may translate into the belief that the person has done something terrible and needs to be punished • Poor concentration and poverty of thought, where the person has difficulty putting sentences and thoughts together, may give monosyllabic responses and needs prompting • Recurrent thoughts of death • Skin may become coarse and dry, and hair limp and greasy or sparse 	<ul style="list-style-type: none"> • Be aware that depression is a very real condition reflecting changes in the chemicals of the brain and that it is not a reflection of being weak or that you cannot jolly the person out of this condition • Be aware of suicide risk. If you are concerned, do not be afraid to talk to the person about suicide – this will not make them act on possible thoughts of suicide. Communicate with their treating team about this issue. This issue may be a reason for hospitalisation • If the person expresses unexpected happiness and begins to give possessions away and organise their affairs, be aware that this is a risk factor for suicide and seek assistance immediately • Attend to safety issues that poor concentration can cause eg if someone works with knives, or drives a vehicle • Be aware of hydration and nutrition issues. Again, these issues may need to be attended to in hospital • Connect with the emotion of the experience rather than trying to change someone's mind eg 'It must be very hard feeling so low' • Reinforce your love for the person • Try to sit beside and be in the person's space – often people who are depressed do not like to make demands on others but they appreciate company. Likewise, you will need to do the talking rather than expecting the person to do so • Let the person know where you are going even if there is no response

Treatment and recovery from psychosis – a biopsychosocial approach

Psychosis is a treatable disorder and recovery is improved with medication, social support and psychological support.

- Hospitalisation will be considered to keep the person safe, others safe and to reduce stimulation
- Medications will be used to treat distress and psychotic symptoms
- Psychosocial supports (Counselling, Day Programs, Home Based Outreach) will commence when the immediate issues of the acute phase are on the way to resolution or resolved.

The stress-vulnerability-coping model is proven to be the most effective framework to assist the recovery process from mental illness. The approach is particularly helpful in understanding how recovery can be enhanced and relapse prevented.

The following chart depicts the Biopsychosocial Model's relevance to understanding the causes of mental illness and the treatment and recovery processes.

The approach as an explanation for mental illness	The approach as a guide to treatment and recovery
<p>Biological vulnerability cannot be directly measured, because its causes are not yet fully understood, but it refers to physical factors including:</p> <ul style="list-style-type: none"> • Genetically linked imbalances in brain chemistry • The effect of some earlier illness or injury 	<p>Reducing biological vulnerability</p> <ul style="list-style-type: none"> • Medications to treat acute episodes • Maintenance medications to enhance recovery and reduce the risk of relapse • Dealing with any substance use issues
<p>Coping style (psychological) refers to how people cope with stress and life generally:</p> <ul style="list-style-type: none"> • Effective social skills helps resolve conflict, which reduces stress in relationships and enhances social connection • The ability to relax can help people cope with stresses such as increased work demands <p>It is important to note that coping skills can be learned</p>	<p>Improving coping (psychological)</p> <ul style="list-style-type: none"> • Reduce responsibility and stimulation in acute episodes • Stress reduction techniques are important – exercise, yoga, social activity, time out • Support with social skills • Develop strategies to cope with particular symptoms – develop and adhere to a wellness recovery plan • Talking therapies can assist people to develop appropriate psychological coping skills
<p>Environmental/social stress generally refers to negative aspects of the environment or situation</p> <ul style="list-style-type: none"> • Some life events involving loss – divorce, death of a loved one, losing a job – are stressful for most people and can lead to recurrence of symptoms in people already diagnosed with psychosis • Living with major conflict, criticism or negativity is also stressful and can increase the risk of relapse <p>(NB. All major life changes are potentially stressful, including some 'positive' events such as the birth of a baby. Each major change adds to the stress experienced)</p>	<p>Reducing environmental/social stress</p> <ul style="list-style-type: none"> • By improving family members' and friends' skills at communicating and resolving problems • By appropriate job placement (having meaningful structure without excessive demands) • By increasing social connection and community support • Moderate activity and responsibility to a level that is manageable and appropriate

What can family and friends do to help?

In addition to the specific interventions in the tables, there are many things friends and family can do to help:

- Always remember that psychosis is a medical condition that requires medical treatment. Just as you cannot stop a person's leg bleeding by talking to them, you cannot stop psychosis without medical intervention.
- Find out as much about psychosis as you can. Knowledge is power and gives you a much better chance of developing good coping strategies.
- Be patient. People experiencing psychosis need to come to some insight regarding their illness. This is not always easy and takes time.
- Know what to expect of the mental health system and be prepared to be assertive in seeking appropriate care.
- Link in with community organisations that offer supports and services that complement the mental health service system. They often provide educational programs, counselling and local support groups.
- Stay healthy yourself. Do not underestimate the impact of the illness on you. Psychotic episodes often involve trauma and grief and have an impact on whole families. Be prepared to seek support to develop strategies that keep you well.
- Keep yourself safe at all times. If you think you might be at risk of harm, remove yourself from the situation.

Useful references

Mental Illness Fellowship of Australia
www.mifa.org.au

Mental Illness Fellowship Victoria
www.mifellowship.org

Mental Health Services Website (Vic)
www.health.vic.gov.au/mentalhealth

National Alliance of the Mentally Ill (NAMI) (USA)
www.nami.org

Mental Health Council of Australia
www.mhca.com.au

SANE Australia
www.sane.org

Beyond Blue
www.beyondblue.org.au

Mental Illness Fellowship of Australia fact sheets

Stress-vulnerability-coping model

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