# **FACTSHEET**



# **Psychosis**

This factsheet explains what psychosis is and its possible causes and treatments. You will find it useful if you are affected by psychosis or if you have a friend or family member who is affected.

- Psychosis is a medical term used to describe hearing or seeing things, or holding unusual beliefs that other people do not share.
- Common examples include hearing voices or believing that people are trying to do you harm.
- You can experience psychosis for a wide variety of reasons. For example it can be due to having a mental illness such as schizophrenia or bipolar disorder. It can also be caused by drug use, brain injury or extreme stress.
- There is no one single cause of psychosis but researchers believe that genes, biological factors and environment may play a part.
- In the NHS, you should be offered medication and cognitive behavioural therapy (CBT) to help with your symptoms.
- To access treatment for psychosis, you usually need to have an assessment by specialist mental health services.
- If you are experiencing very severe psychotic symptoms you may need more urgent help such as going into hospital.
- If you are trying to communicate with a person experiencing psychosis there are communication methods you can try.
- There are different perspectives on how we should view and deal with psychosis. This includes listening to the voices or trying to understand the meaning of the unusual beliefs.



KEY POINTS

#### This factsheet covers:

- 1. What is psychosis?
- 2. What conditions are linked with psychosis?
- 3. What causes psychosis?
- 4. How is psychosis treated?

- 5. What if I am not happy with my treatment?
- 6. Different views on psychosis
- 7. Information for carers, friends or relatives

# 1. What is psychosis?

Psychosis is a medical term. If you have psychosis, you might see or hear things, or hold unusual beliefs, that other people do not. Some people describe it as a "break from reality". You may also hear terms such as "psychotic symptoms", "psychotic episode" or "psychotic experience".

In mental health care, these experiences are viewed as symptoms of mental illness which need treatment.<sup>1</sup> In many cases, if you experience these symptoms you are not aware of this and believe that the sensations are real. About 1 in every 100 people will experience a psychotic episode in their lifetime.<sup>2</sup>

Typical examples of psychosis include:

**Hallucinations**. These are when you see, hear or physically feel things which are not actually there.<sup>3</sup> For example:

- Hearing voices
- Seeing things which other people do not see
- Feeling someone touching you who is not there
- Smelling things which other people cannot

**Delusions**. These are strong beliefs which are unlikely to be true and may seem irrational to others.<sup>4</sup> For example:

- Believing that you are being followed by secret agents or members of the public
- Believing that people are out to get you or trying to kill you. This can be strangers or family members
- Believing that something has been planted in your brain to monitor your thoughts
- Believing you have special powers, are on a special mission or in some cases that you are a God

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#### 2. What conditions are linked with psychosis?

Psychosis is a set of symptoms, rather than a condition in itself. You might have symptoms if you have one of the following conditions:

#### **Schizophrenia**

You are likely to get a diagnosis of schizophrenia if you experience a mixture of 'positive' symptoms (so called because they are 'in addition' to your normal experience) and 'negative' symptoms (which detract from your normal experience).

Positive symptoms include:

- Hallucinations such as hearing voices or seeing things other people do not
- Delusions such as believing that you are being followed by secret agents or that you have special powers
- Disorganised thinking you might switch from one topic to another with no clear link between the two

Negative symptoms include:

- · Lack of motivation
- Not saying much
- Lack of eye contact
- Not interacting much with other people

Due to the combination of negative and positive symptoms, schizophrenia will probably affect your day-to-day life a lot until you access treatment. Although some people recover completely from schizophrenia, it is likely to be a long term condition. But you can manage it with the right treatment and support.<sup>5</sup>

#### **Bipolar Disorder**

This is a mood disorder where you switch from extreme highs such as elevated mood and increased activity (mania) to extreme lows, feelings of worthlessness and lack of motivation (depression). If you experience manic symptoms you may also experience psychosis. For example, you may believe you have special powers or are on a special mission. Not everyone with bipolar disorder will experience psychosis.

#### Schizoaffective disorder

People with schizoaffective disorder have symptoms of bipolar disorder (depression and/or mania) and schizophrenia (psychotic symptoms). Because some of the symptoms of bipolar disorder and schizophrenia overlap, psychiatrists often find it difficult to make a diagnosis of schizoaffective disorder.<sup>7</sup>

#### **Drug induced psychosis**

People who use or withdraw from alcohol and drugs can experience psychosis. Sometimes these symptoms will end suddenly as the effects of the alcohol or drugs wear off. In other cases, the symptoms may last longer and lead to a psychotic illness being diagnosed.<sup>8</sup>

#### **Psychotic depression**

If you have depression you can feel low, lack motivation and energy, have feelings of guilt and may experience a loss of appetite or sleep. If you have severe clinical depression, you may experience psychotic symptoms which are usually particularly pessimistic and self blaming, such as believing that you are responsible for something when you are not.<sup>9</sup>

# Postnatal (puerperal) psychosis

If you have psychotic symptoms after giving birth, this is known as puerperal psychosis. This can happen immediately and also up to three months after birth. The symptoms usually include insomnia, feeling

agitated, restless and irritated, feeling depressed or unusually happy, and swinging rapidly between these states of mind. Women with puerperal psychosis may behave strangely, feel very confused, and experience fleeting hallucinations. <sup>10</sup>

# Personality disorder

There are some personality disorders where you can experience psychotic symptoms such as borderline personality disorder (BPD)<sup>11</sup> and schizotypal personality disorder.<sup>12</sup>

# Organic psychosis

Head injury or a physical illness that affects how your brain works can also cause psychosis. People often have memory problems or feel confused as well as having psychotic symptoms.<sup>13</sup>

#### **Delusional disorder**

Psychiatrists might say you have a delusional disorder if you have a single firmly held belief that is not true but might not seem particularly bizarre either. For example, you may feel convinced that your partner is deceiving you even if they are not. Hallucinations and negative symptoms are not usually present.<sup>14</sup>

# Reaction psychosis/ Brief psychotic episode

You might have psychotic symptoms after a major stressful event in your life, such as a death in the family or change of living circumstances. Symptoms can be severe, but most people who have reaction psychosis make a quick recovery, which can take up to a month.<sup>15</sup>

Go to www.rethink.org for specific information about:

- Schizophrenia
- Bipolar disorder
- Schizoaffective disorder
- Depression
- Personality disorders
- Hearing voices

Or call 0300 5000 927 and ask for the information to be sent to you.

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#### 3. What causes psychosis?

There is no single cause of psychosis. Researchers believe genetic, biological and environmental factors all play a part: 16

#### **Genetic causes**

If you have a relative with psychosis, you are more likely to experience the condition as well. On average, around 1 in 100 people will experience psychosis. But 15 in 100 people with a parent with psychosis will themselves experience psychosis. People who have two biological parents

with a psychotic illness are even more likely to experience psychosis. To ucan find more information in our 'Does mental illness run in families?' factsheet, which you can download for free from <a href="https://www.rethink.org">www.rethink.org</a> or call 0300 5000 927 and ask for a copy to be sent to you.

Scientists have found many genes that play a role in psychosis, but no single gene is responsible.<sup>18</sup> Scientists believe that other factors may also play a part as many people who inherit these genes do not have psychosis.

#### **Brain Chemicals**

Dopamine is a neurotransmitter. This is a chemical that passes information from one brain cell to another. Too much dopamine can lead to hallucinations, delusions and disorganised thinking. We do not know exactly what causes the increase in dopamine in the first place. It could be due to a variety of any of the other factors, for example, genetics and/or environment.<sup>19</sup>

# **Childhood experiences**

There is some evidence that abuse or trauma in childhood can lead to psychosis. Research has compared people who have experienced psychosis with people who have not. There was a higher than average rate of physical, emotional or sexual abuse in childhood in the people who have experienced psychosis compared to people who have not. However, many people with psychosis have not experienced abuse in childhood and not everyone who has experienced abuse develops psychosis.<sup>20</sup>

#### Birth complications

People who had complications at birth, such as being born prematurely or who were starved of oxygen, have an increased risk of developing psychotic illnesses.<sup>21</sup> However, many babies who are born prematurely and have other complications at birth do not develop psychosis, and people who had normal births can develop psychosis.

# Drugs<sup>22</sup>

Using street drugs, particularly cannabis, increases the risk of developing psychosis. However, this may depend on whether you have a certain type of gene that makes you more vulnerable to these effects.

Researchers think that a particular ingredient in cannabis (known as THC) can trigger psychosis. Newer varieties of the drug contain much more THC.

Using other drugs, including amphetamines and cocaine, can also increase your chance of developing psychosis.

#### **Stress**

When you are stressed, your brain releases a chemical called cortisol which can increase the risk of psychosis.<sup>23</sup> However, some people are more likely to develop psychotic symptoms in stressful situations than others.

# Inner city living, social migration, social exclusion

You may have a greater risk of getting psychosis if you are born and brought up in a city than the countryside. This might be because people in cities are more likely to be isolated and/or use drugs.

Black people living in England have a higher risk of experiencing psychosis than white people. But black people living in Jamaica, Trinidad and Barbados are no more likely to develop psychosis than white people in England. Black people in England may be more likely to be poor, socially excluded and/or isolated.<sup>24</sup>

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# Who is at risk of experiencing psychosis?

Anyone can develop a psychotic illness, however some groups are more likely to experience psychosis than others. As mentioned above, black people are more likely to be affected than white people.<sup>25</sup>

You are more likely to have a first episode of psychosis when you are younger. 8 out of 10 people who experience psychosis have their first episode between the ages of 15 and 30.<sup>26</sup>

Men and women are affected equally. However, the average age for first experiencing psychosis is younger in men, often in their teens and early twenties. Women who develop psychosis are more likely to do so in their early twenties.<sup>27</sup>

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# 4. How is psychosis treated?

#### What treatment should I be offered?

The National Institute for Health and Care Excellence (NICE) has guidance on how the NHS should treat different health conditions. The NHS does not have to follow this guidance but is has to take it into account. There are guidelines on:

- young people with psychosis and schizophrenia<sup>28</sup>
- adults with schizophrenia, psychosis or schizoaffective disorder<sup>29</sup>
- young people and adults with bipolar disorder
- · adults with depression

You can find all of the NICE guidelines at www.nice.org.uk.

# Early intervention teams

If you have your first episode of psychosis, you should be referred to an 'early intervention team' for initial treatment. NICE guidance states this should be the case no matter what age you are. These specialist teams provide treatment and support, and are usually made up of psychiatrists, psychologists, mental health nurses, social workers and support workers. Early intervention services are run differently in different parts of the country. If there is not a service in your area, then you should have access to a crisis or home treatment team. You can find more information on these teams in our 'Early intervention teams – services for early psychosis' factsheet.

#### Medication

Medication known as 'antipsychotics' can help treat symptoms of psychosis. Your doctor should give you information about the benefits and possible side effects of different antipsychotics. You and your doctor should choose the medication together.<sup>31</sup>

Your medication should be reviewed at least annually. 32

You can find more information in our 'Antipsychotics' and 'Medication – choice and managing problems' factsheets.

# Cognitive behavioural therapy (CBT)

You should also have access to 'talking treatments' such as cognitive behavioural therapy (CBT). CBT can help you understand your hallucinations and any upsetting and worrying thoughts and beliefs, and discuss new ways of thinking about them and dealing with them. CBT doesn't necessarily get rid of the symptoms or upsetting experiences, but may help you cope better and lessen the distress that some symptoms can cause. Further information can be found in our 'Talking therapies' factsheet.

If you have bipolar disorder and experience psychosis, your treatment may be different. For example, your doctor may prescribe you a different medication to stabilise your mood rather offer you an antipsychotic.<sup>33</sup> You can find more information about bipolar disorder and mood stabilising medication in our 'Bipolar disorder' and 'Mood stabilisers' factsheets.

As well as specific treatment, you may also get support from mental health services through the Care Programme Approach (CPA). This usually involves having a care co-ordinator who will develop a care plan with you. You can find more information in our 'Care Programme Approach (CPA)' factsheet.

You can download our factsheets for free from www.rethink.org.

# Physical health

Research has found that people with severe mental illness, such as schizophrenia, are at higher risk of being overweight, having coronary heart disease and diabetes, among other health issues.<sup>34</sup> This may be due to genetic factors, lifestyle choices (such as smoking and diet) or side effects from medication.

Because of this, NICE recommends that<sup>35</sup>:

- When you start taking antipsychotic medication, you should have a full range of physical health checks, including weight, blood pressure and other blood tests. These checks should be repeated regularly.
- Mental health professionals are responsible for doing these checks

- for the first year of treatment. Responsibility may then pass to your GP.
- You should be offered a combined healthy eating and physical activity programme by your doctor or mental health team.
- You should be given help to stop smoking, and given support from a healthcare professional.

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# 5. What if I am not happy with my treatment?

If you ever feel unhappy with how your treatment or care is being handled, or feel that the relationship between yourself and a professional is not working well, you could call the Patient Advice and Liaison Service (PALS) at your NHS trust. They can try to resolve any problems or questions you have. You can find your local PALS' details through the website listed in the 'useful contacts' section of this factsheet or by contacting us on 0300 5000 927.

You might find a general/community advocate helpful if you are unhappy with your treatment. Advocacy can help you understand the mental health system and enable you to be fully involved in decisions about your care. An advocate is someone independent from mental health services who can help to make your voice heard when you are trying to resolve problems. They may be able to help with writing letters for you or attending appointments or meetings. You can find more information about advocacy in our 'Advocacy' factsheet.

There may be a local advocacy service in your area which you can contact for support. You can search online for a local service or the Rethink Mental Illness Advice Service could search for you.

If you are not happy with your treatment, you can refer to the NICE guidance to see if you are being offered the recommended treatments.

You can find out more about getting a second opinion, having a choice in your medication or making a complaint at <a href="https://www.rethink.org">www.rethink.org</a>.

It might also help to contact one of our specialist advisers to discuss problems you are having with your care and treatment. You can call us on 0300 5000 927 between 10 and 2pm Monday to Friday or email <a href="mailto:advice@rethink.org">advice@rethink.org</a>.

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# 6. Different views on psychosis

Some people think that what is considered a psychotic belief depends on the society around us. They feel that people with delusions and hallucinations are being targeted because their beliefs are out of step with the rest of society. For example, in some cultures hearing voices is seen as a normal part of life. However, in most western countries it is associated with mental illness. Also, beliefs in aliens, ghosts and conspiracy theories are widely held throughout the world by people who are not considered mentally ill.

Some encourage people with psychosis to embrace their symptoms and understand their meanings. The psychologist Rufus May believes that delusions can be symptoms of deeper psychological distress which people should work through.<sup>37</sup> For example, if someone feels their being is being controlled by outside forces, this might stem from feelings of lack of control in their life.

The Hearing Voices Network believes that voices are not just symptoms but can be messages about how a person is feeling. For example, critical voices are suggestive of someone with very low self-esteem. They believe it is possible for people to accept and learn to live with voices by understanding what they mean.

These sorts of approaches are not as widely accepted as alternatives to the medical approaches we have described above.

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# 7. Information for carers, friends and relatives

If you think that your friend, family member or loved one is experiencing psychotic symptoms it can be difficult to get them to see a doctor if they do not believe they are ill (this is called 'lacking insight'). Our 'Are you worried about someone's mental health?' factsheet looks at possible options to help if you are in this situation. If the person's psychotic symptoms are serious and you think they may be a risk to themselves or others you may want to read our 'Getting help in a crisis' factsheet.

As a carer, friend or family member of someone living with psychosis, you might find that you also need support.

You can find information on dealing with delusions, risky behaviour and withdrawing from other people in our 'Dealing with unusual thoughts and behaviours' factsheet. Our 'Supporting someone with a mental illness' factsheet may also be useful.

It is important to seek emotional support for yourself if are struggling to cope. You could check whether there are any local support groups for carers, friends and relatives in your area.

If you feel you need additional support to care for your loved one you could ask for a carer's assessment. You can find more information in our 'Carers' assessments' factsheet.

Mental health services should offer you an assessment of your needs. Together, they should develop a care plan and share a copy with your GP.<sup>38</sup>

If your loved one is supported by a mental health team and you are their carer, you should be involved with decisions about care planning. There are particular rules regarding confidentiality and carers. Unless the person you care for consents, you cannot receive confidential information about them. The team should seek permission from them and ask what they are

happy for you or others to know. This would also include any care plans that are drawn up. You can find more information in our 'Confidentiality and information sharing – for carers, friends and relatives' factsheet.

You can download our factsheets for free from www.rethink.org.

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**Back to Life, Back to Normality: Cognitive Therapy, Recovery and Psychosis** by Douglas Turkington et al. (Cambridge University Press, 2009) is a self-help guide for people who have psychotic symptoms and their carers. It helps readers use Cognitive Therapy techniques to control their symptoms and delay or prevent becoming unwell again.

The First Episode of Psychosis: A guide for patients and their families by M. Compton & B. Broussard (OUP USA, 2010) is a book covering a range of illnesses as well as issues such as stigma and a glossary of medical terms.



# **Patient Advice and Liaison Service (PALS)**

Website: <u>www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363</u>

The Royal College of Psychiatrists has a website with information about a variety of mental illnesses that are associated with psychotic symptoms. Website: <a href="https://www.rcpsych.ac.uk">www.rcpsych.ac.uk</a>

The Hearing Voices Network supports those who experience hallucinations, looks at alternative models of understanding the experience, and raises awareness of these issues.

Website: www.hearing-voices.org

**Voice Collective** is a website with information about voices, visions, coping, recovery, getting help in a crisis and peer support groups for young people aged 12 to 18. It also contains useful information for carers. Website: www.voicecollective.co.uk

**Rufus May** is a psychologist who has alternative perspectives on the cause and management of psychosis. His website contains articles, useful resources and further reading.

Website: www.rufusmay.com



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www.mentalhealthcare.org.uk/what\_is\_psychosis (Accessed Feb 2014)

<sup>2</sup> Kent and Medway NHS and Social Care Partnership Trust, 2009. *Information about* psychosis for brothers and sisters. A guide to understanding psychosis in young people. [Online] Available at: www.kmpt.nhs.uk/Downloads/Understanding-Mental-Health/leaflets/EIS%20Psychosis%20for%20Siblings.pdf (Accessed Feb 2014)

<sup>3</sup>See reference 1

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<sup>5</sup> Roval College of Psychiatrists. Schizophrenia [online] Available at: www.rcpsvch.ac.uk/mentalhealthinfoforall/problems/schizophrenia/schizophrenia.aspx (Accessed November 2012).

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<sup>14</sup> World Health Organization. International Classification of Diseases-10. Geneva. 2010. Available at: http://apps.who.int/classifications/icd10/browse/2010/en#/F22.0 (Accessed

<sup>15</sup> Emedicine. Brief Psychotic Disorder [online] Available at:

http://emedicine.medscape.com/article/294416-overview (Accessed Feb 2014)

Mental Health Care. What Causes Psychosis? [online] Available at:

www.mentalhealthcare.org.uk/what causes psychosis (Accessed Feb 2014)

See reference 2

<sup>18</sup> See reference 16

<sup>19</sup> See reference 16

<sup>20</sup> See reference 16

<sup>21</sup> Reveley, A., 2006. Your guide to schizophrenia. London: Hodder Arnold

<sup>22</sup> See reference 16

<sup>23</sup> See reference 16

<sup>24</sup> See reference 16

<sup>25</sup> See reference 16

<sup>26</sup> See reference 9

<sup>27</sup>Centre for Addiction and Mental Health. Women and Psychosis: A Guide for Women and Their Families [online] Available at:

www.camh.net/About\_Addiction\_Mental\_Health/Mental\_Health\_Information/Women\_Psy chosis/women psychosis about.html#women (Accessed Feb 2014)

<sup>28</sup> National Institute of Health and Care Excellence. Psychosis and schizophrenia in adults: treatment and management CG178 (2014)

<sup>29</sup> See reference 28

<sup>30</sup> See reference 28

<sup>31</sup> See reference 28

32 See reference 28

<sup>33</sup> National Institute for Health and Clinical Excellence. The management of bipolar disorder in adults, children and adolescents, in primary and secondary care. CG38 (2006) London: National Institute for Health and Clinical Excellence.

<sup>34</sup> Disability Rights Commission (2006) Equal Treatment: Closing the Gap, London, Disability Rights Commission pgs 35-36 and throughout.

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37 See reference 34

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#### **Rethink Mental Illness**

Phone 0300 5000 927 Monday to Friday, 10am to 2pm

Email advice@rethink.org



Go to **www.rethink.org** for information on symptoms, treatments, money and benefits and your rights. Or talk to others about your problem at **www.rethink.org/talk**.

#### Don't have access to the web?

Call us on 0300 5000 927. We are open 9am to 5.30pm, Monday to Friday and we will send you the information you need in the post.

# Need to talk to an adviser?

If you need practical advice, call us between 10am and 2pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

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# Did this help?

We'd love to know if this information helped you.

Drop us a line at: feedback@rethink.org

#### or write to us at Rethink Mental Illness:

Feedback PO Box 68795 London SE1 4PN

or call us on 0300 5000 927.

We're open 9am to 5.30pm, Monday to Friday.



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