

Psychosis

PROFESSIONAL RESOURCES

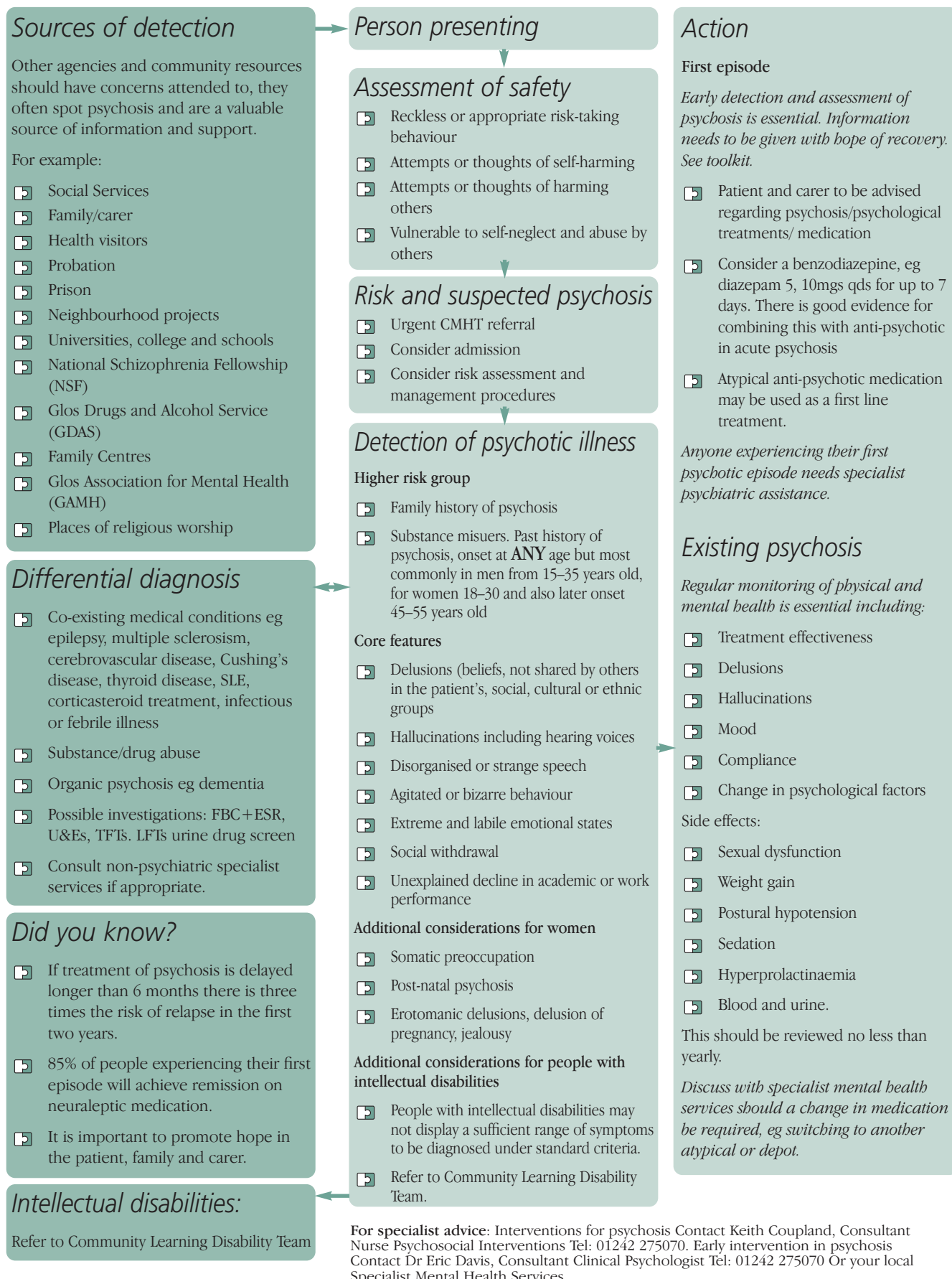
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Guideline for psychosis

This guideline gives general guidance only and cannot replace clinical judgement in individual cases.



Useful information

Useful telephone numbers

Hospitals

Wotton Lawn Hospital	01452 891500
Charlton Lane Centre	01242 272181

Mental Health Day Hospital/Resource Centres

Brownhil Resource Centre	01242 275070
Coleford Day Hospital	01594 529200
Denmark Road Day Hospital Gloucester	01452 891200
Lexham Lodge Day Hospital	01242 576585
Moreton In The Marsh Mental Health Base	01608 812636
Park House Stroud	01453 562090

Mental Health Day Centres

Gloucester Association for Mental Health:

Gloucester	01452 416575
Forest	01594 837691
Stroud	01453 767236
Cirencester	01285 650523
Gloucester Clubhouse	01452 766310
Grafton Road Day Centre	01452 311599
Milsom Street Day Centre	01242 512812
Phoenix Club Matson N'hood Project:	
Drop in Service	01452 521454
Weston Road Day Centre	01452 300631
White House Resource Centre	01608 652232
Worcester House Day Centre	01242 525320

Social Service Area Offices

Cheltenham	01242 532500
Forest	01594 820500
Gloucester	01452 426000
Stroud	01453 751691
South Tewkesbury	01452 410345
Tewksbury	01684 275852

Hearing Voices Groups

Milsom Street Day Centre	01242 512812
Worcester House Day Centre	01242 525320
Weston Road Day Centre	01452 300631
Apperley House	01684 293193
Memorial Centre, Cirencester	01285 640933
Gloucestershire Hearing Voices Information www.hearingvoices.org.uk	

Alcohol/Drug Services

GDAS-Alcohol:	
Cheltenham	01242 584881
Gloucester	01452 385757
GDAS Drugs:	
Cheltenham	01242 570003
GDAS-Drugs and Alcohol:	
Cinderford	01594 825656
Stroud	01453 755711

Useful Services

Community Learning	01452 891340
Disabilities Team	01242 272122
Cotswold Counselling	01285 885830
Domestic Violence Advice Line	01452 500115
Gay & Lesbian 'Friend' Helpline	01452 306800
Gloucestershire Counselling Service	01453 766310
Gloucester Survivors Forum	01452 310991
Guide	01452 331131
National Schizophrenia Fellowship	01452 330383
National Schizophrenia Fellowship Dursley & Mid Glos Group	01453 832228
National Schizophrenia Fellowship Cheltenham Outreach Project	01242 525417
Rural Minds	02467 414366
Samaritans	01452 300616
Survivors of Childhood Sexual Abuse	01452 309026
Cheltenham Community Projects	01242 228999

Cultural Ethnic Support Groups

African-Caribbean Association	01452 813736
Asian Women's Resource Centre	020 8696 0023
Bangladeshi Women's Association	01452 520571
Black Mental Health Team	01452 387744
Gloucestershire Bangladeshi Association	01452 520571
Roshini Women's Centre	01452 331506
Tapestry Translation & Interpreting	01452 396909
(Bengali Speaking)	01452 396909
(Chinese Speaking)	01452 396926
(Gujarati & Urdu Speaking)	01452 396928
Social Worker for Chinese Citizens	01452 426000

National Services

Hearing Voices Network	0161 2283896
Mind	020 8519 2122
Samaritans	0800 800 500
Saneline	0345 678000

Carers Groups

Crossroads-Caring for Carers:

Cheltenham	01242 584844
Cinderford	01594 823414
Minchinhampton	01453 884176
Gloucester Carers Projects	01452 386283

Child, Adolescent & Family Services

Gloucester CAMHS	01452 891300
Cheltenham CAMHS	01242 275015
Childline	020 7239 1000
Childline Helpline	0800 11 11000
Parentline	0800 800 2222
Chinese Parents & Children Association of Gloucester	01452 526170
Early interventions/young people affected by psychosis www.iris-initiative.org.uk	
Educational Psychology Service	01452 425441
Grapevine Gloucester	01452 500080
Share Young Peoples Counselling	01452 524019
Young Minds	020 7336 8445
Young Minds (Parent Helpline)	0800 0182138

Patient fact sheet

Psychotic illness

Notes for sufferers, families and friends.
(adapted from original material)

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Psychosis

These notes are an attempt to give you some information about schizophrenia and other psychotic illnesses, their effects, causes and treatment. In addition to the help and advice of your Family Doctor, Community Mental Health Nurse, Social Worker, Psychologist or Psychiatrist, you may find it helpful to contact the National Schizophrenia Fellowship or MIND.

We will try to describe what it is that has happened to you and what it is called.

In the past you or others may have found that you were not your usual self, that you do not talk as you used to, that you prefer to spend time alone, or that you see or hear things that others do not. If people try to talk to you about these things they cannot persuade you that they are not true.

You will probably have asked yourselves, 'What is the matter? Is it serious? What happens now?' You may have found out some of the answers already, but not know how to apply them. We hope these notes will help answer some of these questions.

The things that have worried you are the signs of well-recognised illnesses. We know quite a lot about them. We know that sometimes a person can see and hear things that are not there. Thinking can get muddled so that the person loses touch with what is really happening and then things he or she says or does can look odd or unusual. Also, feelings may change; they may become more intense making you feel very miserable or very excited, or they may diminish so that you lose interest in things around you or show less affection.

People who have these sorts of experiences suffer from a form of what is called psychosis. Psychosis is an illness. It affects people in different ways. The difficulty is, that the sort of experiences it gives rise to seem completely real to the people suffering from it but they are hard to explain. For instance, someone who hears voices may talk back to them because they think they are voices of people who are actually there. Someone who seems

to be very cold may not be able to be friendly because their feelings have been swamped by the illness. Someone, who is very awkward or does not want to do ordinary things with the rest of the family, may be like that because the illness has made them completely wrapped up in themselves and they do not realise that they are upsetting others.

Because the person cannot usually explain what is happening, it is not easy for those who live with them to realise that many of the odd or upsetting things are due to illness. It is especially hard because it is a mental and not a physical illness, so there are no outward signs of anything being wrong. For example, it is much easier to understand why someone with rheumatism can't do so much around the house, or perhaps can't get to work, than it is to understand why someone with psychosis may not be able to do these things.

Psychosis are not rare illnesses. More than one out of every hundred people will probably suffer from one form or another during their lifetime.

It can affect anyone. They are illnesses that starts mainly in young people in their twenties, when most people are getting married or moving out of home. Both men and women can suffer, although it tends to start some years earlier in men. Psychoses occur all over the world; it is not something that just affects people in Britain.

Symptoms

Now we would like to go into more detail about the sort of things that can happen to someone who has a psychotic illness.

Individuals suffering from psychosis can have very different experiences. However, certain things happen to almost everyone at some stage of the illness.

Disturbances of thinking are very common. People may have noticed you have said things that were unexpected or that they did not understand. It may not make sense or you

may lose the thread of what you are saying. This kind of thing can make communication between you and your family very difficult.

What happens is that you may lose your ability to think clearly and keep your thoughts in order. Thoughts can become jumbled, so they don't always make sense. Sometimes it may feel as if you have too many thoughts and that you can only get rid of them by sharing them with someone. You may talk endlessly, although others may find it hard to follow your meaning. On the other hand, you might suddenly stop talking because your mind seems to have gone 'blank'. All this can be very frightening, as it is hard to understand what has happened to your thoughts. You are likely to spend a lot of time worrying about it and trying to work out what is going on. For instance, you might think that the neighbours are to blame for what is happening, or that your family is being unfriendly towards you. You may have the feeling that you are someone special and whatever anybody says cannot be persuaded that this is not true. This can mean that the illness changes your whole world to a point where you can lose touch with what is really happening.

Another thing that often happens is that psychosis can cause a person to see or hear things that are not there. They may hear noises or voices. Sometimes they understand what they hear; at other times they can make no sense of it at all. They may hear voices talking to them or about them. When this first starts to happen it is often very frightening and people understandably search for an explanation. They are usually able to find some explanation that makes sense to them, for instance that the voices are coming from a transmitter or from the television, or that they are spiritual in nature, from God or angels. Less often, people realise that they come from their own mind. These voices can say unpleasant things and the person often talks or shouts back at them, even when other people are present. Occasionally, they might tell them to do things like opening the front

door at night, or to stay awake. They sometimes feel they must obey these voices and this can become very distressing.

Psychosis can also affect feelings. It can cause a person to lose the ability to feel the right emotion at the right time, so they may laugh about bad news, or cry when everyone else is laughing. Your family may have noticed that you do not seem to care for them as you did before, or show your love in the same way. There may be fewer and fewer times when you can really talk to each other and they may question whether you still feel anything for them at all. You can't help all of this. The illness can swamp your usual feelings and cause you to become wrapped up in yourself. There may be times when you threaten to smash things or harm someone you are fond of, being unaware of the effect this can have on other people. More often, though, a person with this illness will be shy and withdrawn rather than threatening and may be easily upset, particularly if others become irritated by the things he or she does.

From time to time the person may realise how much they have changed and how different their life has become. This can make them miserable or desperate and they may say that life is not worth living. Occasionally, they may become very excitable and overactive and say they have no problems at all.

Something else commonly affected by psychosis is the amount of energy the person has and their willingness to do things. What usually happens is that the person prefers to be by him or herself. They may sit in their own room for hours on end listening or talking to voices or pacing up and down. They may hurry through meals, hardly noticing what they eat and then go back to their room. At times they may refuse to eat at all with the family. This happens because they find they can no longer feel at ease with other people; they feel awkward and unable to do or say the right thing. They may even actively avoid other people's company, whereas before they

seemed to enjoy it. Some people feel that strangers in the street stare at them or pass remarks about them so they avoid going out.

Often, the person with this illness sleeps a lot of the time and may refuse to get up in the mornings. They may be asleep and awake at completely different times from the rest of the family and this can make it very hard for them to hold down a job.

A big problem can be when they show little interest in anything and have no idea how to fill their day. Their mind may seem a complete blank so they pester those close to them for things to keep them occupied. A lack of energy can cause them to take a long time over such things as housework or a job. This can be very hard to live with.

Finally, many arguments can arise over personal cleanliness, again due to a lack of interest and energy. They may neglect to comb their hair or wash it, refuse to bath or clean their teeth. They may dress unusually or refuse to change their clothes, not bothering about appearances.

Sometimes, being careless about some things, they become unusually fussy about others. They may insist that their room is kept in a certain way, or that you do not disturb their possessions.

These then, are the general ways in which psychosis can affect people, but as we have said before, each individual will be affected in a somewhat different way.

Cause and course of the illness

We have mentioned the sorts of things that can happen to someone with psychosis. Now we would like to tell you what is known about why it may appear, the likelihood of further attacks and how it might affect the future.

We know that inheritance plays some part in the development of psychosis but by no means explains fully why the illness appears in a particular person. Just because psychosis

occurs in one person in a family, it does not necessarily mean that other family members will develop it. Often there are no other relatives at all who have such attacks. Neither does it mean that a person with schizophrenia or other psychotic illness should not have children because they will be affected. All we do know, for example, is that there is an increased risk of schizophrenia for children if a parent has had schizophrenia; one out of ten of these children will develop it in later life.

There are factors that seem to influence the occurrence of psychosis. Research work has been done on many of these factors but at present we can hold no single cause to be responsible for psychosis; there seem to be a number of different contributory factors. We would like to look in detail at one of these causes that may be particularly important to you as members of the same family.

A lot has been written about the influence of the family on psychotic illness. We have no evidence that a family's influence on a child can cause schizophrenia or any other psychosis. But, once the illness has appeared the family can play an important part in helping the person stay well. Other features help to decide whether the person will do well, such as their personality and the progress they have made in life before the illness first appears. However, we will concentrate mainly on the part played by the family and will discuss this in more detail later.

Also, we know that the more things a person with this illness has to cope with in life, the more likely they are to have an attack. Increased stress can affect anyone badly, but people with psychosis seem to be particularly sensitive to it. Changes and conflicts in their lives can also bring on further attacks. We will talk about this later as well.

Well then, what happens to someone who has psychosis? It is important to stress that most people will get better with treatment. They will think more clearly and then many of the unusual ideas will go away. Unfortunately,

recovery is not always complete, some people being left with difficulties, but the overall response to treatment is good.

For example, with medication, nine out of ten people with schizophrenia stop hearing or seeing things that aren't there and lose their strange beliefs. About one in four people have an attack of schizophrenia from which they make a complete recovery and then stay well for many years. Others, luckily only a small number, do not respond to treatment at all. However, most people, although they recover from the attack are likely to have other attacks. These may occur within weeks of recovery, or may happen years later. During further attacks new kinds of odd behaviour can appear, but often the same pattern will repeat itself.

In between attacks others may notice you are not the same as you were before. For instance, you may take a long time to get things done. You may say very little when with other people. You may lose interest in things and be content to sit all day doing nothing. This can lead to difficulties in getting or keeping a job and you may remain unemployed for long periods.

If you do the housework you may find, or others may notice that you cannot manage as much as before. Chores remain undone and the house may get neglected. This means the rest of the family has to rally round and do more.

Finally, even when you are well, you may not be as involved in the family as before. You may stay aloof from family events and seem much less affected by them.

These things are not done to be annoying. They are partly the result of the medication, partly due to the illness itself and partly due to the person's own attempts to avoid becoming upset and ill again. However, some of these things improve with time, particularly if the family can manage to be supportive and encouraging.

Treatment

You have probably been given some sort of medication. This plays an important part in the treatment of psychosis. It may stop voices in your head and help you to think more clearly. It can make you feel less anxious and restless, protecting you from the stresses coming from your own experiences and everyday life.

If drug treatment is started the effects cannot always be seen straight away. It may take days or even weeks before you improve. Even so, the tablets have to be taken regularly. They are not like aspirins, which you just take when a headache comes on. Some people are not given tablets, but are put on injections. These have the same effect as tablets but can be given less often. This is because one injection lasts for several weeks. It is sometimes more convenient for people to have their drug treatment in this way, but again it is important to have these injections regularly.

Unfortunately, the drugs used for psychosis have a number of side effects. They often make the muscles stiff, or the person may start to shake or feel a physical restlessness, usually in the legs. Reducing the dose may get rid of these side effects, or the person may need to take another pill, which acts as an antidote. There are many different types of medicine, which help the person with schizophrenia, and sometimes changing from one type to another will relieve side effects.

When the person is first treated with drugs, the dose is usually increased until the illness begins to get a bit better. At this stage the drugs often have the effect of making the person quite sleepy. Once the person is recovering, it is possible to reduce the dose, and the sleepiness should improve. However, if it continues once you have returned home, you or your family should inform the doctor, who may then reduce the dose further.

Once medication has been found to be helpful, it has to be taken for a long time even

when you feel better. A lot of people find it very hard to stay on their drugs when they feel well, because it seems pointless.

Unfortunately, psychotic illness does not usually just go away. Like many of those with diabetes, who have to take a daily injection even when feeling well, people with schizophrenia often have to stay on drugs to prevent further attacks and to remain well.

In the same way that there is no sudden improvement when people start drug treatment, there is no sudden change if they stop it. When a person has not taken their tablets or if they have missed an injection, the illness does not return immediately. It can take months until symptoms reappear, depending on the amount of difficulty the person has to cope with.

Drug treatment is not the only thing that helps. The atmosphere in the home and the way daily problems are tackled are equally important.

This is because people suffering from psychosis are very sensitive to things happening around them. They are much more easily upset, than other people, by the ups and downs of daily life. Changes in routine can make them feel unsettled and things like moving into a new house or having to face an examination can bring on another attack. When such events can't be avoided it is a good idea to tell the person well in advance if any changes are expected. It is a good idea to try to manage only one change at a time if at all possible.

Life with a person with psychosis can be extremely difficult. They may behave oddly, talk to themselves, spend all day lying in bed and take hours to get things done. This can cause other members of the family to get angry or lose their temper. Or they may become intensely worried, wondering what will happen next. The inevitable questions arise, what happens in the future, how are you going to cope and you get angry and upset.

It is not surprising that you find yourselves reacting like this. Unfortunately, it is not helpful and can even make things worse. This is because the person with psychosis is easily upset as we have said, and may find arguments or being fussed over much more difficult than in the past.

The best thing for you to do in this situation is firstly, not to spend so much time together so that you don't get on each other's nerves. Sometimes the local mental health team will make arrangements for you to spend time at a day centre or college, or try to help you find a job.

It is important that the person with psychosis leads as independent a life as possible. It helps them to gain confidence, to begin to take responsibility and look after themselves again. Sometimes, if they live at home with parents, it is a good idea for them to start the normal process of leaving home and living elsewhere, perhaps in a hostel. It may be difficult to accept, but the person actually does better if they live their own life as much as possible. It is also important for relatives to look after their own needs. They need time away from the person to develop their own interests, relax and forget about illness for a while.

Secondly, if you HAVE to be together a lot of the time, it is best if you can try not to shout or get too annoyed by day to day problems. This is easier said than done, but it is helpful for all of you to try to keep a calm atmosphere and to keep difficulties in perspective. Talking with others in a similar situation to your own can help with this.

In some families, relatives and the person with psychosis get extremely involved with each other; both sides can become extremely worried and upset about everything. The best thing to do in this case is, to get your family to try to gradually let you make your own decisions. They might find this difficult to do, feeling that they are not caring enough, worrying that you will think they are not interested. However, in the long run, it is better for both of you: your relatives will feel less strain and you will find things easier if they care by being less involved.

Most people with psychosis and their families have solved similar problems. The purpose of these notes is to begin to give you some information, to let you know some of the things you can expect, and some ideas on what you can do to help.

What is psychosis? Factsheet 1

The word psychosis is used to describe conditions which affect the mind, where there has been some loss of contact with reality. When someone becomes ill in this way it is called a psychotic episode.

Psychosis is most likely to occur in young adults and is quite common. Around 3 out of every 100 people will experience a psychotic episode making psychosis more common than diabetes. Most people make a full recovery from the experience.

Psychosis can happen to anyone. Like any other illness it can be treated.

What are the symptoms?

Psychosis can lead to changes in mood and thinking and to abnormal ideas, making it hard to understand how the person feels. In order to try to understand the experience of psychosis it is useful to group together some of the more characteristic symptoms.

Confused thinking

Everyday thoughts become confused or don't join up properly. Sentences are unclear or don't make sense. A person may have difficulty concentrating, following a conversation or remembering things. Thoughts seem to speed up or slow down.

False beliefs

It is common for a person experiencing a psychotic episode to hold false beliefs, known as delusions. The person is so convinced of their delusion, that the most logical argument cannot make them change their mind. For example, someone may be convinced from the way cars are parked outside their house that they are being watched by the police.

Hallucinations

In psychosis, the person sees, hears, feels, smells or tastes something that is not actually there. For example, they may hear voices which no one else can hear, or see things which aren't there. Things may taste or smell as if they are bad or even poisoned.

Changed feelings

How someone feels may change for no apparent reason. They may feel strange and cut-off from the world with everything moving in slow motion. Mood swings are common and they may feel unusually excited or depressed.

People's emotions seem dampened – they feel less than they used to, or show less emotion to those around them.

Changed behaviour

People with psychosis behave differently from the way they usually do. They may be extremely active or lethargic sitting around all day. They may laugh inappropriately or become angry or upset without apparent cause. Often, changes in behaviour are associated with the symptoms already described above. For example, a person believing they are in danger may call the police. Someone who believes he is Jesus Christ may spend the day preaching in the streets. People may stop eating because they are concerned that the food is poisoned, or have trouble sleeping because they are scared of something.

Symptoms vary from person to person and may change over time.

What is first-episode psychosis?

First-episode psychosis simply refers to the first time someone experiences psychotic symptoms or a psychotic episode. People experiencing a first episode psychosis may not understand what is happening. The symptoms can be highly disturbing and completely unfamiliar, leaving the person confused and distressed. This distress is increased by negative myths and stereotypes about mental illness which are still common in the community. A psychotic episode occurs in three phases. The length of each phase varies from person to person.

Phase 1: Prodrome

The early signs are vague and hardly noticeable. There may be changes in the way some people describe their feelings, thoughts and perceptions.

Phase 2: Acute

Clear psychotic symptoms are experienced, such as hallucinations, delusions or confused thinking.

Phase 3: Recovery

Psychosis is treatable and most people recover. The pattern of recovery varies from person to person.

People recover from first-episode psychosis.

Many never experience another psychotic episode.

What are the types of psychosis?

Everyone's experience of psychosis is different and attaching a specific name or label to the psychotic illness is not always useful in the early stages.

However, when someone has a psychosis, a diagnosis of a particular psychotic illness is

usually given. Diagnosis means identification of an illness by a person's symptoms and the diagnosis will depend on what brought on the illness and how long the symptoms last.

When someone is experiencing a psychotic episode for the first time, it is particularly difficult to diagnose the exact type of psychosis, because many of the factors which determine the label remain unclear. Nevertheless, it is useful to be familiar with some of the labels which you might hear.

Drug-induced psychosis

Use of, or withdrawal from, alcohol and drugs can be associated with the appearance of psychotic symptoms. Sometimes these symptoms will rapidly resolve as the effects of the substances wear off. In other cases, the illness may last longer, but begin with drug-induced psychosis.

Organic psychosis

Sometimes psychotic symptoms may appear as part of a head injury or a physical illness which disrupts brain functioning, such as encephalitis, AIDS or a tumour. There are usually other symptoms present, such as memory problems or confusion.

Brief reactive psychosis

Psychotic symptoms arise suddenly in response to a major stress in the person's life, such as a death in the family or change of living circumstance. Symptoms can be severe, but the person makes a quick recovery in only a few days.

Delusional disorder

The main problem is strong beliefs in things that are not true.

Schizophrenia

Schizophrenia refers to a psychotic illness in which the changes in behaviour or symptoms

have been continuing for a period of at least six months. The symptoms and length of the illness vary from person to person. Contrary to previous beliefs, many people with schizophrenia lead happy and fulfilling lives, with many making a full recovery.

Schizophreniform disorder

This is just like schizophrenia except that the symptoms have lasted for less than six months.

Bipolar (manic-depressive) disorder

In bipolar disorder, psychosis appears as part of a more general disturbance in mood, in which mood is characterised by extreme highs (mania) or lows (depression). When psychotic symptoms are present, they tend to fit in with the person's mood. For example, people who are depressed may hear voices telling them they should commit suicide. Someone who is unusually excited or happy may believe they are special and can perform amazing feats.

Schizoaffective disorder

This diagnosis is made when the person has concurrent or consecutive symptoms of both a mood disorder (such as depression or mania) and psychosis. In other words the picture is not typical of a mood disorder or schizophrenia.

Psychotic depression

This is severe depression with psychotic symptoms mixed in, but without periods of mania or highs occurring at any point during the illness. This distinguishes the illness from bipolar disorder.

What causes psychosis?

A number of theories have been suggested as to what causes psychosis, but there is still much research to be done.

There is some indication that psychosis is caused by a poorly understood combination of biological factors which create a vulnerability to experiencing psychotic symptoms during adolescence or early adult life. These symptoms often emerge in response to stress, drug abuse or social changes in such vulnerable individuals. Some factors may be more or less important in one person than in another.

In first-episode psychosis, the cause is particularly unclear. It is, therefore, necessary for the person to have a thorough examination to rule out known medical causes and make the diagnosis as clear as possible. This usually involves medical tests, as well as a detailed interview with a mental health specialist.

Psychosis has many forms. Course and outcome vary from person to person.

Further information

Other information sheets are:

- ❑ Recovering from Psychosis
- ❑ Getting Help Early
- ❑ How Can I Help Someone With Psychosis?

These are available from

<http://www.vicnet.net.au/epic/infosheets.html>

Recovering from psychosis: Factsheet 2

Sometimes people with psychotic symptoms are reluctant to seek treatment. Perhaps they believe there is nothing wrong, or hope the symptoms will go away without help. They may be concerned about the actual treatment or worried about what people may think.

An increased understanding of psychosis has led to new drugs and therapies being developed. People with psychosis are likely to be treated at home, usually visiting a local mental health clinic on a regular basis. Home visits by local mental health services can be arranged and if hospitalisation is required, this is usually only for a brief period.

Psychosis, like other illnesses, can be treated and most people make a good recovery.

Recovery is about seeing people and people seeing themselves as capable of recovery rather than as passive recipients of professional treatments. It is about working out strategies and taking control of our own lives. Within the recovery approach, developing in states in America, New Zealand and elsewhere, individuals are encouraged to learn more about their experience, and find ways to deal with their mental health experiences. People are actively supported to acquire the skills, knowledge and strength to reduce the prevalence or harmful experiences in safe, simple and effective ways. A key element to recovery is about people taking control and moving away from a negative mental health system. It is about people working out ways of helping themselves, taking responsibility and having hope. Each person's recovery is individual and there are differing views on it but there are also common themes:

Key Elements of Recovery: An individual belief and commitment that they can and will

recover. A shared belief and commitment from people helping them. A strategy for recovery; a recovery plan; adequate and appropriate resources which facilitate recovery; a willingness to share the journey of recovery with others; a process that is different from cure but the person begins to feel more in control of their 'illness' and life. Recovering is perhaps a better word.

What will treatment involve?

The first phase of treatment involves assessment. This means having a series of interviews with a mental health specialist, such as a psychiatrist, clinical psychologist or community psychiatric nurse. The specialist will spend time getting to know the person, as well as speaking with family and friends. Blood tests and x-rays will probably be organised to exclude a physical cause for the symptoms. This is a frightening and confusing time for everyone concerned and a great deal of reassurance and tolerance is needed. It is important to establish a good trusting relationship wherever possible.

Information obtained from the person with the psychosis and their family and friends, together with the test results, will provide some idea about the type of psychosis being experienced, the cause, and how the person can best be helped.

Sometimes psychotic symptoms go away rapidly and people resume a normal life immediately. Other people take several weeks or even months to recover. Like after any illness, they may want to spend some time convalescing or they may wish to use a variety of different treatment options. Determining the best treatment will depend on factors such as personal preference, how severe the

psychotic symptoms are, how long they have been present, and what the apparent cause is.

Medication

Medication can be a crucial treatment for psychosis. Along with other forms of treatment, it plays a fundamental role in recovery from a psychotic episode and in prevention of further episodes. There are a number of different types of medication which are very effective in reducing the symptoms of psychosis and the anxiety and distress these symptoms can cause. Treatment commences with a low dose of medication and details about how much to take and when to take it will be worked out with a doctor. Medication will be monitored and if side-effects develop the type of medication or the amount taken may be changed. This is critical in order to avoid distressing side effects which can lead to a person being unwilling to accept medication which is central to their recovery.

Counselling and psychological therapy

Having someone to talk to is an important part of treatment. The exact method may vary to suit the individual and the phase of the psychotic episode. A person with acute psychotic symptoms may simply want to know there is someone who can understand their experience and provide reassurance that they will recover. As the recovery phase progresses, people may ask why me and learn practical ways to prevent further episodes, such as stress management and early recognition of warning signs.

Counselling or therapy can take place on an individual basis or in groups.

Practical assistance

Treatment can also involve assistance with day-to-day things, such as getting back to school or work, arranging accommodation or obtaining finances.

When should hospital be considered?

Most people with psychosis can be supported at home by relatives or friends as long as they are provided with skilled and regular support from mental health professionals. First episode patients should be treated at home, if possible, to minimise distress and disruption to the young person.

Home-based care can be provided by your local community mental health service; crisis assessment and treatment (CAT) services, who provide intensive 24-hour support to the person and their family, are often a part of these community mental health services. Sometimes, however, there are benefits in spending a period of time in hospital before continuing with home treatment.

Hospitalisation allows symptoms to be observed more fully, assists investigations and helps with the start of treatment. Sometimes people request hospitalisation so they can rest and feel safe.

Today, hospitalisation is more commonly reserved for situations where psychotic symptoms are placing the person or other people at risk. For example, the person may be seriously considering suicide. In such cases, hospitalisation allows assessment and treatment to be continued and ensures that the person is safe. In some cases, admission may need to be arranged against the person's will or on an involuntary basis, at least at the beginning. However, treatment at home is resumed as soon as possible.

How can the person be involved?

People with early psychosis are encouraged to be actively involved in their own treatment. There is a need to learn about psychosis, about the recovery process, and what the individual can do to promote and maintain recovery. Sometimes there are secondary

problems to be dealt with, like how to catch up with missed school or work, or how to cope with feelings of depression and stress related to the experience. It is important for the person to know their rights and to ask questions when something is not clear.

What about recovery?

The pattern of recovery from psychosis varies from person to person. Some people recover quickly with very little intervention. Others may benefit from support over a longer period.

Recovery from the first episode usually takes a number of months. If symptoms remain or return, the recovery process may be prolonged. Some people experience a difficult period lasting months or even years before things really settle down. The important thing to remember is that psychosis is treatable.

Most people recover to lead satisfying and productive lives.

Further information

Other information sheets are:

- ▣ What is Psychosis?
- ▣ Getting Help Early
- ▣ How Can I Help Someone With Psychosis?

These are available from

<http://www.vicnet.net.au/eppic/infosheets.html>

Getting help early: Factsheet 3

Getting help early involves recognising psychosis at the earliest possible time and finding appropriate specialist treatment.

Don't delay

The initial episode of psychosis can be a particularly confusing and traumatic experience. The change in the person's behaviour causes concern and distress because no-one really understands what is happening.

This lack of awareness often leads to delays seeking help. As a result, these treatable illnesses are left unrecognised and untreated.

Even when help is sought, further delays may occur before the right diagnosis is made because recognition of these disorders can be difficult.

Why is it important to get help early?

Often there is a long delay before treatment begins for the first episode of psychosis. The longer the illness is left untreated the greater the disruption to a person's family, friends, study and work.

The way they feel about themselves can be affected, particularly if treatment is prolonged. Other problems may occur or intensify, such as unemployment, depression, substance abuse, breaking the law and causing injury to themselves may occur or intensify.

In addition, delays in treatment may lead to slower and less complete recovery.

Disruption need not occur. If psychosis is detected early, many problems can be prevented.

What are the early signs?

Usually there are some changes in a person before the obvious symptoms of psychosis develop. These changes are called early signs and this phase just before the psychosis is called the prodrome. The early signs are vague and hardly noticeable. The important thing to look for is if these changes get worse or simply do not go away.

Early signs vary from person to person. In the prodromal phase, there may be changes in the way some people describe their feelings, thoughts and perceptions. However, they have not started experiencing clear psychotic symptoms such as hallucinations, delusions or confused thinking.

Early signs

A person may become

- Suspicious
- Depressed, anxious
- Tense
- Irritable
- Angry

A person may experience

- Mood swings
- Sleep disturbances
- Appetite changes
- Loss of energy or motivation

A person may feel

- Their thoughts are speeded up or slowed down
- Things are somehow different

- ☐ Things around them seem changed

Often family and friends are the first to notice the changes.

Family and friends may notice when

- ☐ A person's behaviour changes
- ☐ A person's studies or work deteriorate
- ☐ A person becomes more withdrawn or isolated
- ☐ A person is no longer interested in socialising
- ☐ A person becomes less active.

Families often sense that something is not quite right even though they don't know exactly what the problem is.

These behaviours might be a brief reaction to stressful events like hassles at school or work or trouble with relationships. On the other hand they may be early warning signs of a developing psychosis. It is important that these behaviours are checked out.

The first step

When these prodromal or psychotic symptoms appear it is important that the young person gets help. A good place to start is with a local doctor community health centre or community mental health service. School counsellors might also be available.

Remember these changes in behaviour may not be early signs but it is a good idea to get them checked out. If a psychotic disorder is developing the sooner the young person gets help the better.

The earlier psychosis is recognised and treatment commences, the better the outlook.

Further information

Other information sheets are:

- ☐ What is Psychosis?
- ☐ Recovering from Psychosis
- ☐ How Can I Help Someone With Psychosis?

These are available from

<http://www.vicnet.net.au/eppic/infosheets.html>

How can I help someone with psychosis? Factsheet 4

It can be very distressing to realise that someone close to you is experiencing psychosis. You may feel shocked, confused, bewildered and guilty. There is no right or wrong way to feel.

Recognising the problem may have been difficult, as it is easy to mistake early psychosis for the normal ups and downs of young people. You have lots of questions and may not know what to do next. You want to help, but are not sure how.

Where can I get help?

It can be very confusing to know where to get help. Families, partners or friends find it hard to make the decision to obtain help for lots of reasons. The person experiencing a psychotic episode may not wish to get help or even acknowledge that they are unwell. It can be extremely hard to cope alone with a person who is in a psychotic state.

Help is needed for the unwell person to find out exactly what is happening and what type of treatment is required. Help is also needed for families, partners and friends so they can understand what is happening and find out how to be involved in the assessment, treatment and recovery process.

A good place to start is with your local doctor, community health centre or mental health service. They will tell you what to do next and where treatment can be obtained. Initially, your biggest concern will be understanding what is happening and getting the right sort of help.

If you have difficulty getting advice or help, or feel you are getting nowhere, you may need to shop around. Talk to your local doctor about

the possibility of psychosis or contact advocacy and support agencies, such as National Schizophrenia Fellowship.

How can I help during treatment?

Once you have found a professional or service experienced in dealing with psychosis you may find it useful to:

- ❑ Try to think of yourself and the professional as having the same goal to help the person with psychosis and work towards recovery. It is like a partnership between yourself and the treating person or team.
- ❑ Find out who else is in the treating team – ask for their names and contact numbers. Ask the staff specifically what their role is now and what it will be in the future.
- ❑ Ask who is the best person to contact and make a note of all this information.
- ❑ Ask for a meeting with the key people in the team and prepare a list of questions to take with you. Feel free to write the answers down at the meeting. Ask for regular meetings and obtain an appointment time for your next meeting.
- ❑ Ask for specific information. If you don't understand what you are being told, say so and ask for a clearer explanation.
- ❑ Ask where you can obtain additional information. For instance, are there specific education sessions you can attend or is there material available to read?

How should I relate to the person who is ill?

If you are with a person when they are psychotic and behaving strangely, you may feel frightened or frustrated. It is important to remember that they are still your son, daughter, brother, sister; wife, husband, partner or friend. It is very difficult for a person who is ill to be how they usually are.

Often families and friends ask how they should behave and talk to a person who is psychotic. There are no set rules, however, some general guide lines can be helpful.

Be yourself

Gain information and understand that the person may be behaving and talking differently due to the psychotic symptoms.

Understand that psychotic symptoms are stressful for everyone and that you may have a range of feelings – shock, fear, sadness, anger frustration, despair

Talking with other people will help you to deal with these feelings. Believe a person will recover-even if it takes time. Be patient.

When a person is in an acute stage they may seem child-like. Sometimes they need to be in a safe, comforting environment and sometimes they need others to help with decisions.

Try not to take it personally if a person says hurtful words to you when they are unwell. When a person has acute psychotic symptoms they may be fixed in their beliefs and ideas. Don't get involved in a long disagreement, but listen with interest to gain an understanding of their current reality show sympathy and for future reference, to discuss when they are better.

Take care of yourself. It is a balance between care and concern and not getting too run down yourself.

How can I help recovery?

Family, partners and friends are very important in the process of recovery. When a person is recovering from their psychotic episode you can provide love, stability, understanding and reassurance, as well as help with practical issues.

However, you may need your own period of recovery and adjustment to all that has happened. It can be useful to understand some of the stages you may have gone through.

Common stages

It is quite common for families and friends to go through the following stages:

- ❑ Initially you may be in crisis as you become aware that something serious is happening and your family member or friend is unwell. You may feel very anxious, worried and frightened at this time.
- ❑ As it becomes clear that something is not quite right you start to seek help. This is also a time where you may be adjusting to the fact that your family member or friend is unwell and the situation cannot be left to clear up by itself
- ❑ As you find help you will probably have lots of questions and worries – ‘What is happening? What is psychosis? What causes it? Will this happen again? How is it treated? What can we do to help? What will we tell other people? Will our family member or friend understand why help was needed? Should we have got help earlier?’ You will have mixed emotions and reactions during this time. Any feeling you have is appropriate.

As the person begins to recover and starts to show signs of being well, you may experience great relief and pleasure. You may also have started to understand the illness more by this time and start to feel more hopeful about the future.

As recovery progresses you may find your anxiety questions or worries start to increase again as your family member partner or friend starts to reintegrate back into the family and community. Often family members find themselves watching the person for signs of relapse or strange behaviour. You may feel protective and anxious, wanting the patient to be well as quickly as possible and not do anything that may cause a relapse. It can be difficult balancing the needs for independence and care.

As recovery continues, there is a gradual adjustment by everyone concerned. You feel reassured that recovery is occurring and some normality returns to your life. You speak with the patient about psychosis, what it was like for everyone and how to help each other in the future.

Remember that families, partners and friends also need a period of recovery and time to understand and accept what has happened. Don't keep things a secret – talking with others, whether it be with family members, friends or professionals, can be very helpful.

Further information

Other information sheets are:

- What is Psychosis?
- Recovering from Psychosis.
- Getting Help Early.

These are available from

<http://www.vicnet.net.au/eppic/infosheets.html>

Resources on psychosis for carers

Early diagnosis and treatment leads to significantly improved recovery and outcome in psychosis.

- 80% of first-episode patients with psychosis are aged between 16–30 at onset with a median age of 19 years in males and 22 in females.
- If treatment of psychosis is delayed longer than 6 months there is three times the risk of relapse in the first two years.
- 85% of people experiencing their episode will achieve remission on anti-psychotic medication and two thirds recover.
- Anyone experiencing their first psychotic needs specialist psychiatric assistance.

The word psychosis is used to describe conditions that affect the mind, where the individual finds it hard to tell what is real from what is not real. When someone becomes ill with this problem it is called psychotic episode. There are different types of psychotic illness. For example, a psychotic episode may be associated with the use of, or withdrawal from alcohol or drugs. This is known as Drug-Induced Psychosis. Sometimes psychotic symptoms arise suddenly in response to a major stress in the person's life and the person makes a quick recovery. This is known as Brief Reactive Psychosis. Schizophrenia refers to a psychotic illness in which the changes in behaviour or symptoms have been continuing for a period of at least 6 months. Contrary to previous beliefs, many people with schizophrenia lead happy and fulfilling lives, with many make a full recovery. A separate leaflet, What is Schizophrenia is available. When someone is experiencing a psychotic experience for the first time, it is difficult to diagnose the exact type of

psychosis because many of the diagnostic factors need time to become clear. Everyone's experience of psychosis is different.

When someone in the family has symptoms of psychosis, it can be frightening, confusing and distressing for the family. In this time it can be helpful to learn what to expect and what to do.

A psychotic illness makes it hard to tell what is real from what is not real. The illness also makes the person feel overwhelmed by things going around them, especially social contact.

Individuals may feel very confused, distressed, afraid, and lacking in self-confidence. This sometimes persists for a long time. They may feel they have been through a frightening experience. The illness has probably caused them to lose control of their thoughts and feel overwhelmed by the world around them, or they may also hear voices and feel depressed.

The person you may care for may on occasions talk in ways that you may find difficult to follow. The talk may be seem incoherent or irrelevant to the conversation at times. Or your relative may make unexpected remarks that do not make sense. This odd conversation happens because the balance of the brain chemicals makes it hard on occasions to think clearly. Sometimes it is because the person is hearing voices that seem very real to them, although you cannot hear them.

They may have unusual patterns of sleeping or eating.

They may on occasions appear to be behaving in unusual or embarrassing ways. These behaviours are also part of the disorder and

do not mean that they are stupid or trying to embarrass you.

It is important to remember that the person with a psychotic illness often acts and speaks quite normally as well. Symptoms often get better and may re-appear only under stress. It is helpful to treat the person normally, except when you are dealing with fairly severe symptoms.

- ❑ Try to understand the feelings and experiences the person is trying to express.
- ❑ Keep calm and reassure the person.
- ❑ Allow the person to do as much as they can for themselves.
- ❑ Be careful to look for signs of depression such as lack of motivation, hopelessness and suicidal ideas.

- ❑ Be gently encouraging and not be critical or hostile.
- ❑ Avoid direct confrontation unless there are issues of safety.
- ❑ Look after yourself and keep fit as this is good for both of you.
- ❑ Be hopeful as most people recover and the affected person needs to understand this to prevent feelings of hopelessness.

This has been adapted from Vistonia & Piatkowska (1988). Mental illness

Information Manual: a self-help guide for relatives and carers. Sydney: Dept of Health, NSW, quoted in Andrews G & Jenkins R. eds. Management of Mental Disorders (UK Edition). Sydney: World Health Organisation collaborating Centre for Mental Health and Substance Abuse.

What is bipolar disorder? (Also called manic depression)

We all experience minor changes in our mood from one day to the next or from one week to the next. Sometimes we may feel happy and sometimes we may feel sad. There is usually a good reason for these changes in mood. Perhaps we may be happy because we have just had a nice meal with a close friend. Or maybe we are sad because we have lost something or someone that was very important to us.

Generally our mood is appropriate for what is happening in our lives at the time. However, people who have bipolar disorder tend to have major changes in mood for no obvious reason. They may be extremely excited and happy when there is no reason to be. At other times they may feel very upset or sad even though lots of good things are happening in their lives. When a person has repeated mood swings which are very severe and which do not seem to occur for any good reason, it is likely that the person has a bipolar disorder.

People who have bipolar disorder tend to have major changes in mood for no obvious reason.

The mood changes involved in bipolar disorder range from one extreme to another. At one extreme the person may feel excessively happy and excited with a huge increase in energy and activity. This extreme mood swing is called 'mania'. At the other extreme the person may be severely depressed with a great loss of interest or energy. These mood swings usually last anywhere from a few weeks to a few months.

Frequency of illness

A person who has bipolar disorder does not always feel manic or depressed. Each episode

of mania or depression lasts for a while and then stops. The person usually then feels completely well again.

People are usually completely well between episodes of mania and depression.

The length of time that a person remains well between episodes of illness varies from one person to the next. Some people may have only two or three episodes of illness in their entire lives. Other people may have four or more episodes of illness per year (referred to as 'rapid cycling'). The good news, however, is that with regular medication you can reduce or even prevent further episodes of illness.

This disorder can be controlled with regular medication.

The severity of the illness

Although everyone feels very happy at times and quite sad at other times, it is usually possible to keep up our normal tasks. However, in bipolar disorder these mood swings may be so severe that they interfere with normal activities and everyday living. Behaviours may change completely and may disrupt the person's work or relationships.

Mood swings may be so severe that they disrupt work and relationships.

The severity of illness differs from one person to another. Some people may have frequent and severe episodes of mania and depression. Other people may only rarely become unwell. Also, for each person the severity of illness differs from one episode of illness to another. Some episodes may be so severe that the person needs to spend time in hospital. However, other episodes could be very mild and may not need hospital care. If you think

you are becoming unwell again, seek medical attention immediately.

With early treatment the episode of illness is likely to be less severe and hospital admission may be avoided.

How common is bipolar disorder?

Bipolar disorder is quite a common illness. About one person in 100 will develop this disorder at some time in their lives. The disorder usually starts before the age of 30 but may occur at any time in the life span. Women and men are equally likely to be affected.

There is some suggestion that many of the people who develop this disorder have an I.Q. that is higher than average. Certainly there are many successful people who have had bipolar disorder. These people include American statesman Abraham Lincoln, painter Vincent Van Gogh, writer Virginia Woolf, and actresses Vivien Leigh and Frances Farmer. These people all led productive and creative lives.

What causes bipolar disorder?

No one knows exactly what causes bipolar disorder. However, most people now believe that this disorder is caused by a number of factors.

Heredity

We know that this disorder can be inherited and runs in families. These findings suggest that there is likely to be some kind of faulty gene in the body. If someone in the family has bipolar disorder, other family members are more likely to develop this disorder than people who do not have a relative with bipolar disorder. However, just because one member of the family has this disorder does not mean that all family members will develop this disorder. Other risk factors may add to the likelihood of developing this disorder.

Chemical disturbance

People with this disorder seem to have a disturbance of the chemicals in the brain. It is likely that the faulty gene causes the body to produce the wrong balance of chemicals.

Personality factors

It seems probable that personality factors may influence the onset of this disorder. Many people who have probably inherited the faulty gene from their parents do not go on to develop bipolar disorder. It is possible that, among people who carry this gene, those who tend to have a moody personality and who do not handle stress very well may be more at risk of developing the disorder.

Stress

Stressful life events (such as the loss of a loved one or childbirth) may increase the chance of developing bipolar disorder among those who are at risk. Stressful events such as these may also make further phases of mania and depression more likely among those who already have this disorder. Stress alone, however, does not seem to be enough to cause the disorder among people who have no other risk factors.

Bipolar disorder is caused by a number of factors including heredity, brain chemicals, personality factors, and stress.

Mediation for bipolar disorder

Bipolar disorder involves a disturbance of the chemicals in the brain. This disturbance can be treated with medication. Ask your doctor for information about the medication used to treat bipolar disorder.

Coping with mood swings

Although medication is very useful for managing mood swings, a lot of people have found that sensible life changes can also help.

Some useful tips are listed below:

Learn to recognise the onset of mania or depression

Very few people go high or low overnight. If a mood swing is developing you will usually have time to notice it. The signs of depression and mild mania are widely known. The important thing is to find out what your warning signals are. You can then seek medical help straight away – quick action can often stop the illness from becoming too severe. The key thing is to **catch the mood swing early. The longer you leave it, the harder it will be to control.**

Recognising depression

Think back to the last time you were depressed. You probably felt a number of these:

- tiredness
- poor concentration
- low self-image
- social withdrawal
- suicidal thoughts
- loss of interest in sex
- loss of self-confidence
- changes of appetite
- feeling sad or guilty
- waking early feeling anxious
- lack of interest in things you used to enjoy

My signs of beginning to feel depressed are:

Coping with depression

Ask your doctor for a leaflet on ‘Depression Factsheet1’. There are a wide variety of methods and not all work for everybody. You need to find out which ones work best for you.

Recognising mania

The signs of hypomania (mild mania) are quite different. Here are some common signs:

- feeling unusually excited, happy and optimistic OR feeling cranky and irritable if others don’t share your enthusiasm and ideas
- sleeping poorly and waking early
- poor concentration and short attention span
- rapid, pressurised speech
- poor judgement (eg overspending; reckless behaviour such as dangerous driving)
- self centredness – being rude or insensitive to other people
- increased interest in sex, with sexual behaviour that is unusual for you
- grandiose ideas

My signs of beginning to get high are:

Coping with a high

Reduce stimulation

If you suspect you are becoming unwell again, it will be useful to reduce excess stimulation.

By doing your best to remain calm and relaxed you may be able to reduce the severity of the manic phase. The following tips may be useful:

- ❑ Seek a quiet and restful place to spend your time. This place may be a room in your house, your garden, or a park.
- ❑ Avoid crowds, busy streets, shops, and parties.
- ❑ Avoid games and group activities.
- ❑ Avoid making important decisions about your life while you are unwell.
- ❑ Spend time with a friend who is calm and relaxed.
- ❑ Listen to relaxing music.
- ❑ Ask your friends to try and stay calm when you are unwell. It will help if they try to ignore silly jokes or comments you may make, or inappropriate behaviour. Keep things low key, noncompetitive and relaxing. Friends can try to slow you down by example rather than by demand (eg, they can speak slowly, walk slowly, and engage in calm activities).
- ❑ Avoid arguments wherever possible.
- ❑ Household members can set clear limits for your behaviour. They can show firm, calm disapproval for inappropriate behaviour (eg, spending money, sexual harassment or comments, aggressive or irritable behaviour, being a 'show-off'). It also helps if they avoid laughing about your behaviours, or joining in with your excitement.
- ❑ Spend nights in your bedroom even if you are not sleeping. Lie down and relax as best you can. (Your health worker can teach you some relaxation techniques.) Do not play music or the radio at this time. A simple repetitive task may also be useful at night-time (eg, a solo card game such as Patience).
- ❑ Avoid drinking tea, coffee, cola, or other drinks that contain caffeine (a stimulant).

- ❑ Avoid alcohol or any drugs other than those prescribed by your doctor.

Exercise regularly

Regular exercise can help you cope with stress. If you are fit your anxiety level and blood pressure will stay lower when you are under stress. Thirty minutes of fast walking three to four times per week is good exercise. Swimming is also very good for keeping fit.

Learn to relax

Take regular time out to walk, look at the trees and birds, take a hot bath, or go for a swim. If work makes you tense, stop off at the park on the way home, play with your dog, or do an activity you enjoy like gardening or painting. Take time to unwind and be kind to yourself.

Another way to reduce tension and stress is through progressive muscle relaxation. This technique allows you to control your breathing rate while you slowly relax all the muscles in the body. You will be surprised at how much tension and stress you carry around in your body every day. By relaxing your body and your mind (daily and when needed) you handle everyday stress more easily. Ask your health worker for a leaflet on progressive muscle relaxation.

Use structured problem solving techniques to reduce stress

By increasing your ability to solve everyday problems (large and small) you will lower your stress levels. The first step in structured problem solving is to define a specific problem that is worrying you. In the next stage you think about all possible ways of solving this problem. After weighing up the pros and cons of each possible solution you then decide which solution is the best one. Having made this decision you then write down exactly how you will put this solution into action. Finally, you come back and review how well the solution worked. You may need to try another solution if the one you chose

did not work. Ask your health worker for a leaflet about the structured problem solving technique.

Increase useful activities

It is important that family members do not try to stop all your activities. If you are stopped from being active during a manic phase you are likely to become frustrated, irritated, and even violent. You will usually benefit more from spending your time doing useful and relaxing activities. These activities will need to be carefully planned and clearly defined.

- ❑ Arrange a list of activities for each day. Choose simple activities that do not need much concentration. Avoid tedious, lengthy, or possibly frustrating activities. Good activities include such things as gardening, handy work, cleaning, mopping floors or vacuuming, drawing or painting, writing letters to friends, or watching films.
- ❑ Go for a walk. Plan to walk in a peaceful area. Take a calm and relaxed friend with you. Do not take the dog – an added distraction.

See the humour in life

Try not to take yourself too seriously. Even the most embarrassing or stressful moments often have a funny side when you think about them later. If you feel low or sad do something that you enjoy. If you feel excited and high remember that you do not have to save the world today! Relax for a while.

Sources of further help and information

Manic Depression Fellowship

020 8974 6550

May have a group in your area. It provides advice, support and publications list for people with manic depressive illness.

Further reading

Inside Out: A Guide to Self-Management of Manic Depression, *Manic Depression Fellowship*, 1995

Living without Depression and Manic Depression: A Workbook for Maintaining Mood Stability, *Mary-Ellen Copeland*. New Harbinger Press (USA), £11.95.

Summary

- ❑ People who have bipolar disorder tend to have major changes in mood for no obvious reason.
- ❑ People are usually completely well between their phases of mania and depression.
- ❑ This disorder can be controlled with medication.
- ❑ Mood swings may be so severe that they disrupt work and relationships.
- ❑ With early treatment the episode of illness is likely to be less severe and hospital admission may be avoided.
- ❑ The mood swings in bipolar disorder involve phases of mania and phases of depression.
- ❑ Bipolar disorder is caused by a number of factors including heredity, brain chemicals, personality factors, and stress.
- ❑ Medication can help you control your mood swings.
- ❑ Simple changes in lifestyle can also be helpful.

World Health Organisation Collaborating Centre for Research & Training for Mental Health, eds. *WHO Guide to Mental Health in Primary Care*. London: Royal Society of Medicine Press, 2000.

Lithium toxicity

What is lithium toxicity?

Lithium toxicity occurs when the level of lithium in the blood becomes too high.

What are the signs of lithium toxicity?

- ❑ Shaking and trembling
- ❑ Confusion
- ❑ Slurred speech
- ❑ Nausea and vomiting
- ❑ Diarrhoea
- ❑ Abdominal pain
- ❑ Unsteadiness on the feet
- ❑ Coma
- ❑ Seizures

People who have lithium toxicity usually look sick, pale, grey and weak. Lithium toxicity is very serious; however, it can nearly always be prevented.

How can lithium toxicity be prevented?

- ❑ Have regular blood tests as advised by your doctor. These tests will allow your doctor to see how much lithium is in your blood. If you have a high level of lithium in your blood, your doctor may reduce your dose of medication for a while to prevent lithium toxicity from developing.

- ❑ Drink plenty of fluids – at least 6 glasses of water (or milk, fruit juice, soft drink) each day. If you become dehydrated, the level of lithium in your blood will increase. Also, hot sweaty weather, strenuous exercise, and vomiting or diarrhoea all increase water loss. It will be important to drink extra water if these events occur.
- ❑ Do not start a salt-reduced diet while taking lithium. A low salt intake can increase the level of lithium in the blood. (Note also that a high salt intake can lower the level of lithium in the blood.)

What to do if you notice the signs of lithium toxicity?

- ❑ Contact your doctor immediately or go to a hospital casualty department.
- ❑ Drink a few glasses of water if possible while waiting to see the doctor.
- ❑ Do not take any more lithium until you have seen the doctor.

Reprinted, with permission, from Andrews G and Jenkins R, eds, 1999, Managing Mental Disorders (UK edition) Sydney, World Health Organization Collaborating Centre for Mental Health and Substance Abuse.

Treatments for problems with mood

Drugs known as: Mood Stabilisers

Sometimes known as anti-manics and mood normalisers.

Drug: Lithium

Drugs available	Lithium carbonate	Lithium citrate
Brand name(s)	Camcolit Liskonum Priadel	Litarex Priadel Li-liquid
Forms available		
Tablets	✓	✓
Capsules		Sugar free
Liquid		✓
Injection		

What is lithium used for?

Lithium is most often used to help to normalise or even-out mood swings. It can help if you get either low or high. It can also help to prevent mood swings in the future in people who suffer from manic-depression (known as bipolar mood disorder or bipolar affective disorder). It is one of a number of drugs which can help to stabilise moods. Lithium is also used to help treat many other conditions e.g. aggression.

How does lithium work?

It is not known exactly how lithium works. There are many theories, but it probably evens-out or stabilises the speed at which the brain passes messages around, and stabilises cells and nerves and 'secondary messengers'. Lithium itself is similar to the sodium in salt.

How should I take it?

Tablets

Tablets should be swallowed with at least half a glass of water whilst you are sitting or standing so that they reach the stomach and do not stick in the throat.

'Litarex', 'Liskonum', 'Camcolit 400', and 'Priadel' tablets should be swallowed whole and not chewed. These tablets are made so that they release the lithium over a longer period of time. This can help to reduce side-effects or reduce the number of times a day you need to take this medicine. If you cannot swallow them whole they can be broken. Do not crush, chew or dissolve them as this will cause the drug to be released too quickly and you may get more side effects.

Liquids

Your pharmacist should give you a medicine spoon or oral syringe. Use it carefully to make sure that you measure the correct amount. Ask your pharmacist for a medicine spoon if you do not have one.

When should I take it?

Take the doses as directed on the medicine label. You should take it at regular times or a regular time each day. Taking a dose at mealtimes may make it easier to remember as there is no problem about taking lithium with or after food. If the instructions say to take lithium ONCE a day this is usually best at bedtime.

How long will lithium take to work?

It may take several weeks before you begin to feel better. For people who suffer from manic depression it may take many months before the depressive part of this illness improves.

How long will I need to keep taking lithium for?

You should talk about this with your doctor as people respond differently. People usually need to take lithium for quite some time after it has been started. As well as treating the illness, lithium also helps to prevent the symptoms returning. Once you have started lithium, you may need to take lithium for a long time, probably for at least two or three years and quite possibly much longer. For it to continue keeping you well, lithium must be taken each and every day.

Is lithium addictive?

Lithium is not addictive as such but a some people do get some short-term effects if lithium is stopped suddenly (but see below).

Can I stop taking lithium suddenly?

It is very unwise to stop taking lithium suddenly, even if you feel better. Recent studies have shown that if you stop lithium suddenly (ie over 1 to 14 days) you have a 1 in 2 (50%) chance of becoming ill again within six months and a 90% chance of becoming ill again within 3 years. If you need to stop lithium, it should be gradually over at least three weeks, preferably four. (See also 'How long will I need to keep taking lithium for?' above)

What should I do if I forget to take a dose?

Start again as soon as you remember unless it is almost time for your next dose, then go on as before. Do not try to catch up by taking two or more doses at once as you may get more side-effects. You should tell your doctor about this next time you meet. If you miss several doses start again when you remember and tell your doctor. You may need a new blood test to check that there is enough, but not too much, lithium in your blood. If you miss an occasional dose (e.g. a day or two every few weeks) it is unlikely that you will become ill again.

If you have problems remembering your doses (as very many people do) ask you pharmacist, doctor or nurse about this. There are some special packs, boxes and devices which can be used to help you remember.

What sort of side-effects might occur?

Common

Side effect:

Tremor

What happens:

Fine shaking of the hands

What to do about it:

This is not dangerous but can be irritating. If it annoys you, your doctor may be able to give you something for it (e.g. propranolol). If it gets worse and spreads to the legs or jaw, stop taking the lithium and see your doctor.

Side effect:

Stomach upset

What happens:

This includes feeling and being sick and getting diarrhoea.

What to do about it:

If it's mild, see your pharmacist. If it lasts for more than a day, see your doctor

☒ Side effect:

Polyuria

What happens:

Passing a lot of urine.

What to do about it:

Don't drink too much alcohol. Tell your doctor about it. Some blood and urine tests may be needed.

☒ Side effect:

Metalic taste

What happens:

Your mouth tastes as if it has had metal or something bitter in it.

What to do about it:

This should wear off after a few weeks. If it does not, mention this to your doctor next time you meet. A change in dose may help.

☒ Side effect:

Polydipsia

What happens:

Feeling very thirsty. Your mouth is dry and there may be a metallic taste.

What to do about it:

Drink water or low calorie drinks in moderation. Suck sugar-free boiled sweets.

Less common

☒ Side effect:

Weight gain

What happens:

Eating and drinking more and putting on weight.

What to do about it:

A diet full of vegetables and fibre may help prevent weight gain. See also a separate question in this section. Seek help from a dietician.

☒ Side effect:

Hypothyroidism

What happens:

Low thyroid activity – this makes you feel tired.

What to do about it:

This is not serious. Tell your doctor the next time you see him or her. It may be necessary to take some thyroid replacement.

Rare

☒ Side effect:

Skin rashes

What happens:

Blotches seen anywhere.

What to do about it:

Stop taking and see your doctor.

☒ Side effect:

Blurred vision

What happens:

Things look fuzzy and you can't focus properly.

What to do about it:

Your lithium level may be too high. Stop taking and contact your doctor now.

☒ Side effect:

Drowsiness

What happens:

Feeling sleepy and sluggish in the daytime.

What to do about it:

Your lithium level may be too high. Stop taking and contact your doctor now.

☒ Side effect:

Confusion

What happens:

Your mind is all mixed up.

What to do about it:

Your lithium level may be too high. Stop taking and contact your doctor now.

☒ Side effect:

Palpitations

What happens:

A fast heart beat.

What to do about it:

Your lithium level may be too high. Stop taking and contact your doctor now.

Adapted from UK Psychiatric Pharmacy Group leaflets, with kind permission (www.ukppg.org)

Do not be worried by this list of side-effects. You may get none at all. There are other rare side-effects. If you develop any unusual symptoms ask your doctor about them next time you meet.

The following side-effects may show that the level of lithium in your blood is too high:

- Blurred vision
- Diarrhoea and vomiting
- Unsteadiness
- Difficulty in speaking
- A bad tremor
- Clumsiness
- Much increased thirst or passing water
- Severe drowsiness, confusion or sluggishness.

If you get any of these side-effects do not take any more tablets and contact your doctor as soon as possible.

You should avoid exercise in hot weather or other things that cause heavy sweating (e.g. having a sauna). If your dose and blood is monitored well, lithium does not really have any major long term side-effects.

Will lithium make me drowsy?

Lithium may make you feel drowsy at first. You should not drive (see below) or operate machinery until you know how it affects you. You should be careful as this may affect your reflexes or reaction times.

Will lithium cause me to put on weight?

It is not uncommon for people to put on some weight when taking lithium. This may in part be because a common side-effect of

lithium therapy is feeling thirsty, and drinking large amounts of high calorie drinks can cause people to put on weight. If this happens, try drinks which are low in calories e.g. low calorie squash or water, and cut down on sugar and milk in your tea and coffee. It is impossible to know what the effect on your weight may be because each person will be effected differently. It is important that you do not ignore feelings of thirst as this can lead to lithium poisoning. This is very important especially if you go on holiday to a hot country where you may be sweating heavily too (see side-effects above).

If you do start to put on weight or have problems with your weight, your doctor can arrange for you to see a dietician for advice. Any weight you put on can be controlled while you are still taking this medication, with expert advice about diet. In some people weight gain can be a serious problem. If it causes you distress make sure your doctor knows about this. A change in your dose may be necessary in extreme cases.

Will lithium affect my sex life?

Drugs can affect desire (libido), arousal (erection) and orgasmic ability. Lithium has not been reported to have a major adverse effect on these three stages. However, if this does seem to happen, you should discuss this with your doctor, as a change in dose may help minimise any problem.

Can I drink alcohol while I am taking this?

There is not a complete ban on drinking alcohol if you are taking lithium, try not to take more than about one or two drinks a day as this may affect the level of lithium in your blood. It may also cause you to feel more drowsy. This is especially important if you need to drive or operate machinery as it can affect your reaction times. You should seek advice on this.

Are there foods or drinks that I should avoid?

It is important that you do not drink too much or too little fluid (e.g. do not ignore feelings of thirst) as this can lead to lithium poisoning. Drinking lots of high calorie drinks can, however, cause you to put on weight (see weight gain above).

- ❑ Drinks containing caffeine e.g. coffee, tea, cola etc. can cause an increased lithium effect, so having some decaffeinated drinks is a good idea.
- ❑ Do not take a low-salt diet. Lithium is closely related to sodium salts in the body and this can lead to lithium poisoning.

Will lithium affect my other medication?

There are a number of drugs which can affect the lithium levels in your blood. You should tell your doctor before stopping or starting any other medication. You should also show your lithium card to any doctor, dentist or pharmacist who may treat you.

If you get a headache or pain, you should take paracetamol rather than aspirin or ibuprofen ('Nurofen' etc.) if you need to. Aspirin and ibuprofen can cause the lithium level in your blood to rise which can lead to lithium poisoning. Some of the other drugs which can 'interact' with lithium include treatments for high-blood pressure (e.g. diuretics), arthritis, asthma and infections. This does not necessarily mean the drugs can not be used together, just that you may need to follow your doctors instructions very carefully.

If I am taking a contraceptive pill, will this be affected?

It is not thought that the contraceptive pill is affected by lithium.

Will I need a blood test?

The aim of treatment with lithium is for the amount of lithium in your blood to reach the level needed to help your symptoms, but not to get high enough to give you side-effects. Everybody is different and so your lithium dose needs to be exact for you. It will depend on your age, weight, height, etc. To do this, a blood sample needs to be taken and checked. This will need to be done about every week at the start of treatment but later on only about every three months. When you are stable, make sure that you have a blood test at least every three months. You may need to have extra tests if you get any increase in side effects (see previous pages for a list of these), if you get diarrhoea (the 'runs'), you have to take any drugs which might interact with the lithium or if the weather is very hot. All these things can upset your lithium level and give you side-effects.

The level of lithium in your blood needed to give you the right balance between positive effects and side-effects will be a personal thing. In general, the accepted wisdom is that:

- ❑ **Below 0.4mmol/L** – generally accepted as below the effective level, although some people still seem to do well
- ❑ **0.4-0.6mmol/L** – low side-effects but some evidence of slightly higher rates of relapse
- ❑ **0.6-1.0mmol/L** – the usual effective range, although side effects will increase with increased level
- ❑ **1.0-1.2mmol/L** – sometimes used with people for whom mania or hypomania is more of a problem
- ❑ **1.2 and above** – generally accepted to be higher than needed, with increased risk of side-effects

Please note that these are general comments for advice only, and your individual case may be different. Please discuss this with your

doctor or other carer if you have any questions about this.

If you normally have a dose in the morning and a blood test within about four hours, you should delay this morning dose until after your blood test or it will upset the result.

Can I drive while I am taking lithium?

You may feel drowsy and/or confused at first when taking lithium. Until this wears off, or you know how your drug affects you, do not drive or operate any type of machinery. You should be careful as this may affect your reaction times or reflexes.

It is against the law to drive or attempt to drive when unfit through drugs or to be in charge of a vehicle when unfit through drugs.

It is a good idea to let your insurance company know if you are taking lithium. If you do not, and you have an accident, it could affect your insurance cover.

Additional information

You should not take lithium if you are, or are planning to become, pregnant. You should not breast-feed.

Your pharmacist or doctor should give you a lithium card when you collect your first course of lithium unless you are on a very low dose. You should carry this with you all the time. Show the card to your doctor and pharmacist each time you get a new supply. You should also show it to any doctor, dentist or pharmacist who may treat you. If you lose the card, ask for a new one. Your pharmacist should be able to give you one.

Resources for psychosis

National organisations

Hearing Voices Network

Dale House, 35 Dale Street,
Manchester M1 2HF
Tel: 0161 228 3896 (Mon, Tues, Wed, Fri
10am–3pm – answerphone at all other times.)

National Schizophrenia Fellowship (local groups)

28 Castle Street, Kingston-upon-Thames,
Surrey KT1 1SS
Tel: 020 8547 3937

Manic Depression Fellowship

Castleworks, 21, St Georges Road,
London SE1 6ES
Tel: 020 7793 2600

Local organisations

National Schizophrenia Fellowship

1 Park Road, Gloucester GL1 1LH
Tel: 01452 330383/330735

National Schizophrenia Fellowship

Dursley & Mid Glos Group, Highclere,
Watledge, Nailsworth, Glos GL6 OAY
Tel: 01453 832228

NSF Cheltenham Outreach Project

5 Pakistan House, Marsland Road,
Cheltenham GL51 0HU
Tel: 01242 525 417

Gloucestershire Hearing Voices Network Groups

Cheltenham Tel: 01242 512812
Gloucester Tel: 01452 300631

Cirencester Tel: 01285 640933

Tewkesbury Tel: 01684 293193

Gloucestershire Association for Mental Health

1 Brunswick Square, Gloucester
Tel: 01452 540001

Gloucester Clubhouse

17 St Marys Square, Gloucester
Tel: 01452 766310

Crossroads – Caring for Carers

Cheltenham Tel: 01242 584844
Cinderford Tel: 01594 823414
Minchinhampton Tel: 01453 884176

Gloucestershire Carers Project

15 College Green, Gloucester
Tel: 01452 386283

Phoenix Club

Matson Neighbourhood Project
Tel: 01452 521454
Mental health drop in service.

Suggested reading

Healthy Living with Schizophrenia by the
Health Education Authority, 0207 4131991

Working with Voices by R Coleman & M
Smith. Handsel, 1997

**Living with Schizophrenia: A Holistic
Approach to Understanding, Preventing &
Recovering from Negative Symptoms** by John
Watkins. Hill of Content, 1996.

**The Voice Inside – A Practical Guide to
Coping with Hearing Voices** by Paul Baker,
Handsel Publishing/Mind, 1997.