

Over the last decade or so, evidence has begun to emerge which suggests that the early recognition and treatment of many mental illnesses can lead to substantial improvements in recovery and overall outcomes. As a consequence, there is now a growing impetus to identify mental illnesses at their earliest possible stage.

In addition to this emphasis on early detection, attention is also being focussed on identifying young people who appear to be at high risk of developing a mental illness. The theory is, that by assisting people who appear to be at increased risk, and/or those with very early symptoms, we may be able to prevent the illness episode from occurring, or at least reduce its impact on the person's life.

The PACE Clinic at ORYGEN Youth Health is currently involved in researching this very issue. Its focus is on psychotic illnesses, such as schizophrenia and mania (bipolar disorder) and in offering treatment to people who appear to be at high risk of a first psychotic episode.

What is an "at risk mental state"?

Psychotic disorders rarely arise 'out of the blue'. They are generally preceded by a gradual alteration in a person's sense of well-being and psychosocial functioning, often over a period of time. This period, which precedes the onset of clear-cut psychotic symptoms (such as delusions, thought disorder and hallucinations), is known as the prodromal phase. Given that most people who develop a psychotic illness will experience a prodromal phase, researchers have begun to look more closely at the possibility of assisting people in this "at risk" stage.

Who is at risk?

Much of our understanding of the early phase of psychosis has been derived from retrospective descriptions, gained from young people and their families after the person's entry into treatment. From this, two broad groups of people, who appear to be at increased risk of developing a psychotic illness, have been identified.

Group One: Young people with a parent or sibling with a psychotic or bipolar illness, who themselves have experienced a recent, persistent deterioration (> 4 weeks) in their ability to cope with life events and stressors, and who are experiencing symptoms of emotional distress such as depression, anxiety, withdrawal from family and friends, or poor performance at school/work.

Group Two: Young people who are exhibiting infrequent unusual/odd changes in their behaviour or thoughts such as:

- > A change in their perception of objects (things looking or sounding different) or brief "bursts" of hearing voices or seeing visions
- > Unusual/odd thoughts about themselves or people around them (eg worries about mind control, worries about people spying on them, reading "special/personal" messages into everyday events/situations, misinterpreting events/ comments)

Other possible changes include:

- > Symptoms of depression or anxiety
- > Reduced concentration and attention
- > Reduced motivation and energy
- > Sleep disturbance

It is important to note that "prodromal" changes are non-specific: they could be the result of a number of physical and psychiatric disorders, or reactions to everyday problems of life. Just because a young person experiences some of these difficulties – does not mean they WILL develop a psychotic illness, merely that they MIGHT.

Natalie was 17 years old and living in transitional housing when her accommodation worker became concerned about her. Natalie had stopped attending school because she did not like the teachers or students, and she had no motivation to find work. She had few friends, and due to past abuse, was not in contact with her family.

Natalie had become noticeably low in her mood and described a long history of frequent unexplained mood changes. She was becoming frustrated more easily and talked of having some suicidal thoughts.

For some reason Natalie had also been having some unusual experiences. For about 6 months she had been hearing muttering noises infrequently, but could not explain what they were. On a few occasions she had also thought she had heard her name being called even though she was all alone. However, what worried her most was her feeling that she was being watched sometimes, and she could not work out why this would be happening.

What can you do?

Workers in contact with young people may be able to notice changes in mental health and functioning that could suggest increased risk of psychosis. It is important to assist these young people to get appropriate help. As with “full-blown” psychosis, the diagnosis of an “at risk mental state” often develops from an initial “hunch” that something is not quite right. Therefore if you have a “gut feeling” that a young person has an at risk mental state, it is important to continue to assess the person over time, or refer to a service with an interest in this area.

Advice and Referral

Because access to mental health services, particularly with a new referral of a patient with vague possibly prodromal symptoms, can be quite difficult, ORYGEN Youth Health has set up a clinic specifically for young people at risk of developing a psychotic disorder.

The PACE clinic sees young people at Highpoint shopping centre, the Boroondara Community Health Service and also does some outreach work. The clinic offers assessment and treatment services for young people with an at risk mental state, as well as being a centre for research on this important issue. The PACE clinic is happy to discuss potential referrals over the telephone and

to assess young people in person where appropriate. The service is open to patients aged 14 to 30, from the whole of metropolitan Melbourne and can be contacted on 03 9317 6300 during office hours, or via the paging service on 03 9483 4556 (ask for the PACE Clinic).

For further information regarding mental health and information in other languages visit:

> www.betterhealth.vic.gov.au

> www.sane.org.au

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Bipolar disorder (previously known as manic depression) is a mental illness that is characterised by recurring episodes of depression (lows) and mania (extreme highs). It may begin with either an episode of depression, or an episode of mania, although it is more common for a depressive episode to occur first.

When does it occur?

The first onset of bipolar disorder illness is typically in late adolescence or early adulthood, an important time for the development of identity, independence, personal relationships and long-term vocational plans. The onset of bipolar disorder at this time can therefore cause considerable disruption to a young person's development if left untreated.

What causes bipolar disorder?

Whilst the exact cause of bipolar disorder is unknown, it is believed that it is related to the interaction of a number of factors including, biological, environmental and individual psychological factors. However, young people with a family history of bipolar disorder are at moderately increased risk of developing the condition themselves, although other (as yet unknown) factors which may predispose or protect against this illness also play a part.

Depression

Depression produces a range of changes in a person's thoughts, feelings, behaviours and physical well-being. It usually occurs in episodes. A depressive episode tends to build up slowly over a couple of weeks or months. In young people major depression is most likely to manifest as a decline in school performance or performance at work, uncharacteristic moodiness, tension with family members, disruptive or aggressive behaviours, or withdrawal from friends and activities. It can also lead young people to behave in ways that are harmful or dangerous (eg binge drinking, cigarette smoking and other drug misuse, or involvement in other risky behaviours).

The typical symptoms of depression include:

- > Persistent feelings of unhappiness, or uncharacteristic moodiness and irritability.
- > Losing interest or pleasure in activities once enjoyed, which may present as complaints of boredom.
- > Losing appetite and weight (although some young people may turn to comfort foods and therefore put on weight)
- > Difficulty sleeping, or sometimes staying in bed well into the day
- > Tiredness, lack of energy and loss of motivation, or alternatively feeling anxious or uptight
- > Difficulty concentrating or in making decisions
- > Feeling bad, worthless or guilty, or generally being self-critical and self-blaming
- > Negative and pessimistic thoughts
- > Preoccupation with dark and gloomy themes and thoughts of death or suicide

The "diagnosis" of major depression requires that the young person has experienced several of the above "symptoms" or changes, for a two week period or more. Practically speaking, any uncharacteristic or prolonged change in a young person's behaviour at home, school or work may indicate the presence of depression. In such cases assessment for depression is warranted.

At first people thought that Sarah would just snap out of it. After all she'd split up with her first boyfriend without too many hassles. But her "grief" over this split-up just seemed to drag on for weeks and get worse.

Sarah had lost her spark and always seemed sad. Whenever her parents tried to talk to her about it, she became angry and told them to leave her alone. Bit by bit Sarah became more withdrawn from everyone. She began to miss school and would spend hours in her room alone, often skipping meals.



Mania

The early symptoms of mania are quite subtle and a person may just appear to be on a bit of a high. Gradually however, the typical symptoms of mania develop. As a manic episode progresses, the person may start to act in a more driven and/or disorganised manner. Indeed, during an episode of mania, a person may experience a distortion of, or loss of contact with reality, which may resemble that of other psychotic disorders. Typical symptoms include:

- > Elevated and/or irritable mood,
- > High levels of energy,
- > Reduced need for sleep,
- > Grandiose plans and ideas, such as a preoccupation with ideas of power or importance
- > Poor judgement

What is mental health?

According to the World Health Organisation, mental health is a state of emotional and social well-being in which a person can fulfil his or her abilities, cope with normal stresses of life, work productively or fruitfully and be able to make a contribution to his or her community.

With good mental health, we feel good in ourselves and are able to get on with our life smoothly. Whereas, mental health problems affect our feelings, thoughts and actions and can affect our performance and enjoyment in a range of life areas (eg school, work and relationships).

Mental health problems are common mental health complaints which cause distress and can interfere with our enjoyment of life – feeling down is a mental health problem, being tense and angry is a mental health problem, being anxious is a mental health problem. We will all suffer from mental health problems over our life. They are usually understandable reactions to personal and social problems. They are usually not too severe or long lasting.

What is mental illness?

When mental health problems continue for long periods of time and begin to severely affect people's daily life it is possible they may have a mental illness. Mental illness refers to a range of specific conditions, which affect a person's thoughts, feelings, actions and mental functioning (eg memory). They are usually more severe and longer lasting than mental health problems and cause more distress and disruption to the person's life. Where a mental health problem ends and a mental illness begins, is often hard to judge. There are many different types of mental illness and each has its own specific pattern of symptoms.

Although mental illness can occur at any age, anxiety disorders, depressive disorders and psychotic illnesses, often commence in adolescence or early adult life.

Most illnesses develop gradually over a period of

weeks or months, however, some develop quite quickly, usually as a result of a stressful life event. They may be one-off problems, occur on a recurring (episodic) basis through the person's life, or lead to on-going persistent symptoms.

What causes mental illness?

Most mental illnesses are caused by the interaction of a number of factors including:

- > Biological predisposition (genetic or acquired)
- > Adverse early life experiences (eg abuse, neglect, death of parents or other losses and traumas)
- > Individual psychological factors (self-esteem, thinking style)
- > Current social circumstances (financial, work, relationship or family stress, or adverse life events) A "single" cause is highly unlikely. Rather an episode of illness appears to occur in a biologically and psychologically predisposed individual, under the trigger of social/environmental stress.

How common are mental health problems?

The vast majority of adolescents and young adults will proceed through life with only a few problems in their mood or behaviour, or difficulties in relationships, work or study. However, a small, but significant minority (20%) will experience more serious problems.

What can be done?

Like physical health problems, the sooner a person gets help for a mental health problem or mental illness, the better the chances of recovery and the less the condition will interfere with their life. Most young people in need of help seek support from people they know and trust. This usually means their peers, family members or other adults they perceive as caring. They are generally reluctant to seek psychiatric help because of the stigma and myths associated with mental illness.



As a result young people are often more likely to seek psychiatric help through non-psychiatric settings, such as their own doctors, community health centres, youth workers, teachers and other non-government agencies. This means that professionals in these settings are extremely experienced in dealing with many of the young person's emotional difficulties and can, in many instances, be utilised to deal with the more high prevalence problems young people present with. Sometimes however, due to the severity of their symptoms, young people need specialist treatment from a mental health service.

Treatment for mental illness focuses on maximising the factors that protect against illness such as counselling, medication, social support and practical assistance for day to day stresses, and minimising the factors that will trigger illness, such as stress, social isolation or drug abuse.

Services at ORYGEN Youth Health

ORYGEN Youth Health provides mental health services to young people between the ages of 15-24 who live in Western or Northwestern Melbourne.

To make a referral or get some advice contact the ORYGEN Triage worker on 1800 888 320 or via the paging service on 03 9483 4556.

For children and teenagers under 15 years of age contact RCH Mental Health Service on 1800 445 511.

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The word psychosis is used to describe conditions that 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 young people will experience a psychotic episode - making psychosis more common than diabetes in young people. Most 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 that no one else can hear, or see things that 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 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 that determine the label remain unclear. Nevertheless, it is useful to be familiar with some of the labels that 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 that 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 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 that 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.

What can be done?

Effective treatments are readily available for psychotic illnesses. The earlier treatment is started, the quicker and better the recovery. With appropriate treatment the majority of young people who experience a psychotic illness will recover. However, for some young people, psychosis can become an episodic problem through their lives.

A person experiencing a psychotic illness will require specialist assistance. Treatment for psychosis involves the use of antipsychotic medication, individual counselling, family support and counselling, practical support, and involvement in a recovery program which focuses on helping people get back on track. The focus of treatment is to control symptoms, assist the person to make sense of and overcome the trauma of their illness, and prevent relapse through decreasing

risk factors such as stress, substance abuse, family conflict and stigma. Whilst promoting protective factors such as: secure accommodation and income; engagement in work or study; strong social networks and family supports; and adherence to medication.

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What can you do?

Young people experiencing a psychotic disorder are not always able to understand, or willing to explain what is happening to them. Most fear they will be labelled as “mad”. Many do not seek help on their own. Workers working with young people may be in a position to identify a young person experiencing a psychotic disorder and assist the young person to get the help they need.

Advice and Referral

If you are working with a young person who you think may have a psychotic disorder and you are not sure what to do, it is always best to contact someone with experience in this field and discuss the situation with them. Treatment of psychotic disorders should be carried out by workers with training and experience in dealing with mental health problems.

Services at ORYGEN Youth Health

ORYGEN Youth Health is able to assist young people with a psychotic disorder through the Early Psychosis Prevention and Intervention Centre (EPPIC). EPPIC assists people between the ages of 15-24 (inclusive), with first episode psychosis who live in Western or Northwestern Melbourne.

To make a referral or get some advice contact the ORYGEN Triage worker on 1800 888 320 or via the paging service on 03 9483 4556.

For children and teenagers under 15 years of age contact RCH Mental Health Service 1800 445 511. For further information regarding mental health and information in other languages visit:

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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 distressing experience for the individual and others. Changes in the person's behaviour can cause concern and distress because of a lack of understanding about what is happening.

This lack of understanding often leads to delays in seeking help. As a result, this treatable illness is sometimes left unrecognised and untreated. Even when help is sought, further delays may occur before the right diagnosis is made because recognition of first episode psychosis is not always straightforward.

Why Is It Important To Get Help Early?

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

The way that individuals feel about themselves can be adversely affected particularly if treatment is prolonged. Other problems may occur or intensify, such as unemployment, depression, substance misuse. 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.

If psychosis is detected and treated early, many problems can be prevented.

What Are The Early Signs?

Usually there are changes in a person before the obvious symptoms of psychosis develop. These changes are called early warning signs and this phase just before the psychosis is called the prodrome. Early signs can be vague and hardly noticeable. The important thing to look for is if these changes intensify 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
- > difficulty in concentrating or remembering things

A person may feel :

- > their thoughts have sped up or slowed down
- > things are somehow different
- > things around them seem changed
- Family and friends may notice when
 - > a person's behaviour changes
 - > a person's studies or work deteriorates
 - > 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.

Remember these changes in behaviour may not be early warning 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.

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 GP, or a community health centre, or a community mental health service. School counsellors might also be available.

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 treatment. They may be concerned about the actual treatment or worried about what people may think.

In recent years, research has led to the development of improved medications and therapies. A person with psychosis can be treated at home, with regular appointments at a mental health clinic. Home visits by a local mental health service can be arranged and if hospitalisation is required, this is usually only for a brief period.

Psychosis is like any other illness, in that it is treatable. Most people make a good recovery.

What Will Treatment Involve?

The first phase of treatment involves assessment. This means having an interview with a mental health specialist, such as a psychiatrist, clinical psychologist, or community mental health nurse. The specialist will get to know the person, and will speak with family and friends to gain further information. Blood tests and x-rays can be performed to exclude a physical cause. The period of assessment can be a bewildering time and a great deal of reassurance and tolerance is needed. It is important to establish a trusting relationship wherever possible.

Information obtained from the person with the psychosis and their family and friends, together with any test results, will provide some idea about the type of psychosis being experienced, and how the person can best be helped. Sometimes psychotic symptoms resolve rapidly and people resume a normal life. Other people take several weeks or even months to recover. Like any major illness, they may want to spend some time recovering and they may

wish to use a variety of treatment options. Treatment options should be discussed with the person providing the treatment, as they probably have a good professional knowledge of what may or may not be helpful. Ultimately, 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 is 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 should commence with a low dose of anti-psychotic medication. Details about how much to take and when to take it will be worked out with the doctor. Medication should be monitored and if side-effects develop the type of medication or the amount taken may need to 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, a person may ask 'why me?'; and in doing so learn practical ways to prevent further episodes, such as stress management and early recognition of warning signs.

Practical and Psychosocial Assistance

Treatment can also involve assistance with day-to-day things, such as getting back to school or work, gaining assistance with accommodation, or obtaining financial help. Treatment also means working with the person to identify what is important to them in their recovery. Treatment should not only be recovery-focussed, but also goal-focussed. This will vary from person to person, but may mean the goal of returning to

school, getting a job, developing new interests, or meeting new people and making new friends. One-to-one counselling, group activities and activity based therapies can help a person to achieve these goals.

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 the local mental health service. 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, allows investigations to be carried out and helps with the start of treatment. Sometimes people request hospitalisation so they can rest and feel safe.

These days, 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 contemplating 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 in the beginning. However, treatment at home is always resumed as soon as possible, after the acute crisis has passed.

How Can The Person With Psychosis Be Involved?

People with first episode 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 they can do to promote and maintain their recovery.

Sometimes there are secondary problems to be dealt with, like how to catch up with missed

school or work, or hope 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.

The Course Of 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. If the young person resumes cannabis use, this will almost certainly prolong any hope of recovery. Cannabis misuse may become a problem that requires treatment in itself.

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 effective management of further episodes of psychosis is achieved. Most people recover from psychosis and lead satisfying and productive lives.

It can be very distressing to realise that someone close to you is experiencing psychosis. You may feel shocked, confused, bewildered, or 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 that young people go through. 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 young 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. These services are listed in your local phone directory. They will tell you what to do next and where treatment can be obtained. Initially, your biggest concern will be becoming clear about what is happening and getting the right sort of help.

If you have difficulty getting advice or help, or feel you are getting nowhere, feel free to contact advocacy and support agencies such as the Mental Illness Fellowship (formerly Schizophrenia Fellowship), or the Association of Relatives and Friends of the Emotionally and Mentally Ill (ARAFEMI). These services are listed in the business section of your phone directory.

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, which is to help the person with psychosis recover. It can be like a partnership between yourself and the treating team.
- > Find out who else is in the treating team – ask for their names and how to contact them by phone. Ask the staff specifically what their role is in the young person's treatment. Ask who is the best person to keep in contact with, and keep that information handy.
- > 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 down the answers 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 clearer explanations.
- > Ask where you can obtain additional information. For instance, are there specific information sessions you can attend about psychosis, and is there material available to read?
- > If cannabis or other substance misuse is a problem for the young person, ask the treating team what can be done about it, and most importantly, talk it over with the young person themselves.

Ask the young person if they think that substance misuse will delay recovery. Let them know where you stand about their substance use.

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 bewildered. 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 acutely ill to be the person 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 guidelines 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 the person will recover – even if it takes some time. Be patient.
- > When a person is in the midst of an acute episode 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 the person says hurtful words to you when they are unwell.