Psychosis in Children and Youth: Information for Parents and Caregivers

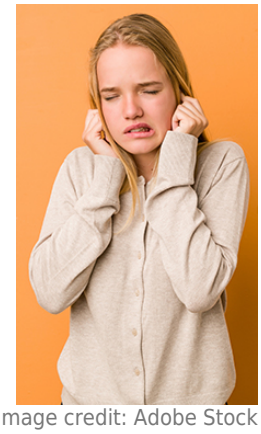

Image credit: Adobe Stock

Summary: Psychosis is a condition in which a person has trouble telling the difference between what is real and what is not real, typically with symptoms such as delusions (e.g. believing they are being watched or followed) and/or hallucinations (e.g. seeing or hearing things that aren't there).

What Is Psychosis?

Psychosis is a serious medical condition in which a person has trouble telling the difference between what is real and what is not real, typically with symptoms such as delusions and/or hallucinations:

Delusions:

- Delusions are fixed, false beliefs which do not have a basis in reality.
- Types of delusions include
    - Paranoid delusions, where a person may become suspicious of others and worried about being harmed by others. It may include fears of being spied on or being followed.
    - Bizarre delusions are delusions that are strange and completely impossible, e.g. believing that one is controlled by a dead person.
    - Non-bizarre delusions, which are delusions that are possible, but which are not actually happening, e.g. being spied upon by the CIA, which is possible but very unlikely.

Hallucinations

- Hallucinations are seeing things (visual hallucinations) or hearing things (auditory hallucinations) that aren't there.

Behaviour changes

- Psychosis may also present initially with more subtle changes in behaviour, such that a person "just doesn't seem to be acting like their normal self."

First episode psychosis

- First episode psychosis refers to the first time that a person outwardly shows symptoms of psychosis.
- Symptoms may be very distressing for both the individual and their family.

How Common Is It?

About 3-5% of the population will experience some form of psychosis in their lifetime (World Health Organization). A small proportion of people experiencing psychosis will go on to have longer-term problems with psychosis and may acquire a diagnosis of schizophrenia.

- 0.1% of children and youth have a diagnosis of schizophrenia
- 1% of adults have a diagnosis of schizophrenia (Hafner, 1997).

In other words, most people who have symptoms of psychosis do not have schizophrenia.

What age does it occur?

- In males, psychosis mainly occurs in men in their late teens and early 20s.
- In females, it occurs in the mid-20s to early 30s.
- It rarely occurs before puberty or after age 45 (National Institutes of Mental Health, 2007).

Do You Suspect Psychosis? Getting Help for a Loved One

Do you suspect psychosis in a loved one?

- If so, they should be seen **as soon as possible** by a healthcare provider (such as a family physician, nurse practitioner or pediatrician). If necessary, they can refer your child to more specialized mental health services.
- In some communities, there are ‘first episode psychosis' clinics set up to specifically assist with these types of difficulties.

Is your loved one so distressed that there are safety concerns, or they cannot function?

- If so, you can also take your child to a hospital emergency room for an assessment.

How Is Psychosis Treated?

A lot of emphasis is placed on identifying the first onset of symptoms because treatment can be much more effective if it is given early. (Malla 2006). Psychosis is linked to chemical imbalances of neurotransmitters in the brain, especially dopamine. Various medications which address these chemical imbalances can be very effective in controlling the symptoms of psychosis. Such medications are known as ‘anti-psychotics' or ‘neuroleptics.'

Commonly used neuroleptics include:

- Risperidone (trade name Risperdal),
- Olanzapine (trade name Zyprexa),
- Quetiapine (trade name Seroquel),
- Haloperidol (trade name Haldol)
- Chlorpromazine.

After the symptoms of psychosis are reduced enough by medications, then the person will be better able to benefit from other interventions such as counselling/therapy.

Prognosis

If a person has an episode of psychosis and is treated with antipsychotic medication, then it is normally recommended that they remain on antipsychotic medication for at least one year.

After one year, 70% of patients who remain in active treatment will be in remission (Malla et al 2002).

If a patient has had good symptom control in the first year of treatment and wishes to come off medication, then this can be arranged, provided it is under close medical supervision.

Some people will be symptom-free even after medication is withdrawn.

A majority of patients, however, are at risk of having recurrent episodes of psychosis or may even have continuing symptoms of psychosis.

If symptoms of psychosis tend to be continuous, particularly for a period of longer than six months, then the diagnosis of schizophrenia can be made.
The vast majority of such patients, however, i.e. greater than 65%, will get complete or near-complete resolution of their symptoms with ongoing treatment.

Helping Someone With Psychosis In General

There are numerous things that caregivers can do.

Ensure physical health. Help the person to eat properly (three nutritious meals a day with healthy snacks), get enough sleep, and get regular physical exercise (anything active is good, including dancing to favourite music or playing "air-guitar".)

Avoid recreational drugs. Marijuana, hallucinogens (e.g. mushrooms), and stimulants can all worsen or trigger psychosis, and should be avoided as much as possible.

Help your loved one get treatment. Help your loved one get to doctor's appointments. If medications have been prescribed, then support the person in taking their medications.

Emotional support: caregivers might say something like "I want you to know that I'm here for you. How can I help you?" "Tell me what I can do to support you."

Don't invalidate the other person. Don't laugh or tell the other person that s/he is stupid or crazy, as this will make the other person less interested in confiding with you. Don't say "its just in your head."

Get support from people that your relative trusts. If there is a particular person that your relative trusts (and if you trust that person as well!), enlist that person's help.

Reduce stress. Psychosis is made worse if the person is under a lot of stress. Help the person identify what stresses they are under, and come up with a plan to deal with each one of them.

Figure out what helps. Assist the person to keep track of what helps, and what doesn't help their symptoms. Keeping a diary can help with this.

Keep things calm and avoid over stimulation. Psychosis makes people sensitive to being overloaded. If there is too much going on (e.g. if too many people are around), help the person with psychosis to take a break by suggesting a quiet walk or having nap...

Care for the caregiver. If you are looking after someone with psychosis, make sure that you have someone to talk to who understands your experience, and that you take a break too! If you get burnt out, then who will look after your loved one?

Helping Someone Who Has Delusions

Validate the other person, but without reinforcing any delusions. Caregivers might say something like "You're telling me that you're worried about the CIA spying and following you. How's that feel?" Then, after the other person talks about how s/he is feeling, it is important to validate that feeling. "I can completely see how you might feel scared. I'd feel scared too, if I felt that I was being followed." In this way, you can empathize with how

the person is feeling, without necessarily needing to say that you agree with the delusion.

Help the other person challenge unhelpful thoughts. In a gentle way, caregivers could try to show the other person the evidence for and against the delusion, in an attempt to help the person see that there is no evidence for the delusion. Caregivers might say, "I hear what you're saying. Tell me - what have you noticed that leads you to think that you're being followed?" "Why would they follow you?" "Are there any other possibilities?" Ask for permission before telling the other person that their thoughts might not be correct. "I care about you - would you be okay if I gave you my thoughts?" "Based on what you've told me, you have done nothing wrong, so there is no reason for the police to be following you."

Help the other person replace unhelpful with more helpful thoughts. "You told me you wanted to not feel so scared all the time. Instead of thinking, ‘everyone is out to get me', are there other, more helpful thoughts that would make you feel safer?"

Coping Strategies For Hallucinations

Avoid things that worsen hallucinations. Avoid chemicals such as stimulants (like caffeine), alcohol and street drugs (especially marijuana, hallucinogens and stimulants).

Keep busy. Hallucinations often happen when people are bored. Keep busy by doing things that require attention such as

- Listening to music
- Reading a book
- Talking to someone.

Talking to yourself. Many people say that talking aloud helps. Try humming or singing quietly to yourself. Repeat a calming phrase, such as "I am safe, I am okay." Try reading aloud. You can get something called a "whisper-phone" if your talking disturbs others -- a whisper phone is a plumbing joint, where you speak into it and you can hear the sound, but it doesn't disturb others.

Use affirmations. Using affirmations is essentially replacing any negative or criticizing voices with more positive voices.

- Say to yourself "I am a good person" or something along those lines.
- Ask people to write down good things about you on a piece of paper so you can read it when the negative voices start.
- Tape record what people like about you and also what you feel are positive qualities that you have. Listen to it.

Your Role in Your Loved One's Recovery

Recordkeeping. Recovering from psychosis may be complicated - you can help by keeping a record of changes in behaviour, medication trials, important contact information etc.

Part of the Treatment Team - Be prepared to interface with doctors and service providers**.** A person experiencing psychosis may not be thinking clearly - you, as a caregiver, have a role to play by sharing important information and specific concerns regarding the health of your relative. Even if issues of confidentiality may prevent a service provider from giving you information, it is still very useful for you to provide them with information.

Importance of Hope - Recovery is a process that is different for each person. Your relative may become impatient or discouraged. Be supportive and positive. Understand that small steps forward may be huge accomplishments for the person with psychosis..

Further Readings

Useful Websites
The Offord Centre has information about a variety of mental health conditions in parent-friendly language.
http://www.knowledge.offordcentre.com/

Useful Books
Coping with Schizophrenia: A Guide for Families, by E. Kelly, 2001.
Learning about Schizophrenia, Rays of Hope, A Reference Manual for Families & Caregivers, 2006 - Available online at: http://www.schizophrenia.ca/szreference.html
Schizophrenia: A Journey to Recovery -Consumer and Family Guide to Assessment and Treatment- Available online at: http://www.schizophrenia.ca/mysql/CPAGuidelinesFinalE.pdf

References

Hafner et al.: Epidemiology of schizophrenia. Canadian Journal of Psychiatry vol 42:139-51, 1997.

Malla et al.: Status of patients with first-episode psychosis after one year of phase-specific community-oriented treatment. Psychiatric Services, 53: 458-463, April 2002.

Malla et al: Predictors of rate and time to remission in first episode psychosis: a tow year outcome study. Psychological Medicine, 36(5):649-58, May.2006.

Schizophrenia, National Institutes of Mental Health (NIMH), retrieved Oct 25, 2007 from www.nimh.nih.gov/health/publications/schizophrenia/ complete-publication.shtml#pub3.

About this Document

Written by the eMentalHealth Team.

Disclaimer

Information in this pamphlet is offered ‘as is' and is meant only to provide general information that supplements, but does not replace the information from your health provider. Always contact a qualified health professional for further information in your specific situation or circumstance.

Creative Commons License

You are free to copy and distribute this material **in its entirety** as long as 1) this material is not used in any way that suggests we endorse you or your use of the material, 2) this material is not used for commercial purposes (non-commercial), 3) this material is not altered in any way (no derivative works). View full license at http://creativecommons.org/licenses/by-nc-nd/2.5/ca/