

# Psychosis

Psychosis is a mental health condition that can disconnect an individual from reality and present problems with thought, cognition, speech and behaviour. Psychosis can affect people in their teens or early years. It can also be experienced by older people as well.

## Psychosis Sub Types

### *Schizophrenia*

Schizophrenia is one of the subtypes of psychosis. It is a disorder that distorts one's thoughts, movements, expressions of feelings, perception of reality and disrupts one's relationship with others. Symptoms must persist for at least 6 months before a person is diagnosed with schizophrenia.

### Symptoms

#### Delusions

Delusion refers to the person having a belief in something which often seems implausible or unfounded to others.

- Persecutory Delusions: The person may believe an individual or an organisation is making plans to hurt them.
- Grandiose Delusions: The person may believe they have power or authority. For example, they may believe they are the God or that they have the power to bring people back from the dead.

#### Hallucinations

Hallucinations refer to the experience of seeing, hearing, smelling, tasting or feeling things that do not exist.

- Sight: Seeing colours, shapes or people
- Sounds: hearing voices or other sounds
- Touch: feeling touched when there is nobody there
- Smell: An odour that others cannot smell
- Taste: Tasting something when mouth is empty

#### Negative Symptoms

- Alogia: Not being able to contribute to a conversation and respond to questions.
- Anhedonia: Inability to experience pleasure and indifference to important aspects of life; leading to neglect of social, emotional, physical and cognitive aspects of life.
- Apathy: Incapability to care about something. A lack of sense of purpose.
- Asociality: Lack of motivation to participate in social interactions.
- Avolition: Not being able to initiate work towards goal-oriented activities. This may make productivity at school very difficult. No interest to participate in social activities for long periods of time.
- Blunted or Flat Affect: Incapability to feel any emotion.

## Negative Symptoms



- **Poor Rapport:** Inability to create any sort of emotional bond or connection with another person. This is evidenced in conversation and lack of social connections.
- **Emotional withdrawal:** Emotions are kept to themselves. This coincides with social withdrawal, therefore the individual does not share anything with the world.
- **Social withdrawal:** Absence of social contact.
- **Flat expressions:** Inexpressive face, flat or unemotional voice, unable to make eye contact. Absence of any production of facial-emotional response to any outside stimuli.
- **Lack of motivation:** Significant problems with motivation. Severe lack of personal hygiene and forms of self-care. No enthusiasm or inspiration to take action in a certain direction towards a certain goal.
- **Lack of relationships:** No relationships of any sort due to impaired cognitive functioning, as well as poverty of speech and lack of emotion.
- **Lack of spontaneity:** Difficulty with being spontaneous, especially in social conversations and making connections to the topic.

## Cognitive/Disorganised

- **Speech difficulties / abnormalities:** Difficulty speaking even when the individual is forced to interact. Speech may be confused. For example; poverty of speech, tangentially, perseveration and thought blocking.
- **Stereotyped thinking:** Repetitive thoughts that interfere with the ability to think. Inability to transition from one topic to another. The conversational ability is limited to very little topics or the conversation is highly repetitive.
- **Difficulty in abstract thinking:** Difficulty thinking with complexity. Difficulty solving complex problems, planning ahead or organizing thoughts.
- **Unawareness of environment:** Unawareness of current situation or environment. This results in a state of confusion and disorientation.

## **Risk Factors**

**Trauma:** Childhood trauma link to higher rates of schizophrenia.

**Stressful Family Environment:** Certain stressors that cause an unhealthy childhood environment have also been linked to the later development of psychosis.

**Psychosis and Marijuana Use:** In 2011, a research was published in the British Journal of Medicine which has found a link between teenagers who smoke marijuana and psychosis. The research analysed over 2,000 teenagers over 10 years' time. The results proposed that teenagers who have smoked marijuana at least five times were twice as likely to develop psychosis compared to teenagers who had never smoked marijuana.

Another research has found that smoking marijuana may cause symptoms of psychosis to appear earlier. Researchers found that individuals who smoke marijuana are likely to experience psychosis two years sooner when compared with non-marijuana smoking counterparts.

Studies have indicated that teenagers may be particularly vulnerable to the effects of marijuana. One particular reason for this is marijuana could interfere with normal brain development. During adolescence, the emotional and reasoning centres of the brain are not yet fully formed and need to continue to make new connections. Research suggests that when teens use marijuana, it may increase their vulnerability to psychosis through this mechanism.

## How to help

<p><i>Communicate with students' and mental health providers</i></p>	<p>Effective, ongoing communication among teachers, school-based health professionals, families, and a student's mental health providers regarding the student's behaviour, symptoms, and functioning is a vital part of the educator's involvement with students experiencing psychosis. Additionally, with student and family consent, providers can convey to the school-based health professionals information about any changes in the student's care, such as new medications, modified treatment plans or safety concerns.</p>
<p><i>Be approachable and maintain consistent contact with young people experiencing psychosis</i></p>	<p>For all professionals in the school, remaining a familiar face and having regular, informal contact with students may help reduce a student's anxiety about seeking mental health support. All students, but especially those with psychosis who might be suspicious or withdrawn, benefit from knowing there are adults to whom they can turn and who continue to value them and their aspirations. Knowing students on an individual basis also allows school professionals to consistently monitor and observe potential warning signs of psychosis.</p>
<p><i>School-based counselling</i></p>	<p>Counsellors should address psychosis symptoms, review school related stressors, work collaboratively with the student on reaching his or her goals, and help with social well-being (e.g., social skills, reducing bullying). School-based counselling is usually provided to help the student access the school curriculum and engage meaningfully with peers at school; however, it is not intended to replace external, specialized mental health treatment.</p>
<p><i>Medication Accommodations</i></p>	<p>School nurses can help administer medication at school and teachers can allow students to leave class to receive medication or address side-effects (e.g., thirst, hunger, fatigue, jitteriness.).</p>
<p><i>Identifying triggers for distress</i></p>	<p>Certain people or situations can be triggers for hallucinations or other symptoms. Schools can identify these triggers and work to minimize their impact by helping the student develop effective coping skills.</p>
<p><i>Providing alternative environments in the school to decrease psychosis symptoms</i></p>	<p>Quiet spaces to complete work or exams can be identified, both inside (e.g., corner) or outside (e.g., library of the classroom).</p>

<i>Alternative content and assignments may need to be provided.</i>	For example, if a student is distressed by certain characters in English literature or in history, offering an alternative curriculum that will not trigger or worsen the distress may be appropriate.
<i>Preferential Seating</i>	Having the option of sitting away from distracting peers or noisy areas can help students address intruding noises that may increase their stress, psychosis symptoms, and inattention.
<i>Extra time to complete exams</i>	Students with psychosis may be distracted by delusions or hallucinations, as well as the sedating effects of antipsychotic medications, so extra time can be appropriate.
<i>Flexible deadlines on assignments</i>	Symptoms can come and go, so extra time may need to be provided, particularly for complex or long-term projects.
<i>Classroom assistance</i>	Teachers or teaching assistants can provide class notes or record classes to help the student stay focused on the relevant information, since psychosis symptoms may interfere with attention to the material presented by the teacher.
<i>Extra assistance in organization</i>	School staff can help students organize homework, review assignments and provide them with home-school communication sheets.
<i>One-to-one educational support</i>	Teachers/Teaching assistances can shadow students to help them reach their academic goals and serve as a calming and trusted adult.
<i>Safety</i>	Safety concerns come into play when symptoms are severe and a student loses touch with reality. Adolescents with psychosis may engage in suicidal or other dangerous behaviours. Establishing and maintaining their safety and ensuring a stable school environment should take priority, especially in an acute episode when symptoms are severe.
<i>Pupil Support Plan (PSP)</i>	Each pupil should have a Pupil Support Plan (PSP) which should identify triggers which school staff should be aware of. If school does not provide a PSP, this then could lead to members of staff working with the student not being aware of their triggers and needs and causing significant stress to the student. The PSP should also include strategies school staff should be using with the child at all times. Risk assessment is another item which

	<p>should be included in a PSP. The risk assessment should highlight the risks involved around the young person and their diagnosis. This then should be RAG rated – Red, Amber &amp; Green. Red will indicate high risk which will mean that there are current indicators of risk present, suggesting the risk outcome could occur at any time. Amber should be indicating medium level of risk; Current indicators are present but the risk outcome is unlikely to occur unless additional risk factors intervene/arise. Green should be indicating low risk; No current significant indicators of risk.</p>
<p><i>Social stigma around people experiencing psychosis often leads to delay in getting help along with shame and co-occurring depression.</i></p>	<p>School leaders can help minimize negative outcomes by creating cultures of inclusivity and non-judgment around diverse identities. All school staff members should be aware of stigmatizing words they may casually use, such as “crazy,” “psychotic,” or “bipolar” to refer to students who appear to be in a bad mood or who are acting irritable. This may leave any impressionable student who might be listening with a negative (and inaccurate) notion of what “psychosis” or “bipolar” actually mean. By being more precise and stating instead, “That student seems upset,” school staff members can alter the stigma that is often attached to mental health terms and disorders. Establishing and maintaining a supportive, non-stigmatizing environment will help all students feel safer and more comfortable in disclosing to educators any mental health concerns they might have about themselves or their peers. This might also increase early recognition of students with emerging mental health symptoms.</p>
<p><i>Violence and Aggression</i></p>	<p>People with psychosis are far more likely to be the victim of violence or bullying than to be perpetrators. It is important to look out for signs of bullying - whether that is physical aggression, taunting, or derogatory comments referring to a student with psychosis. Such vigilance is necessary because students with psychosis might not share with teachers their experiences at school. Additionally, it is common for individuals with psychosis to have feelings of shame regardless of others’ actions. School staff members can lessen this burden by encouraging these students and letting them know that they can reach their goals, regardless of their current setbacks.</p>
<p><i>Worry Box</i></p>	<p>Worry box is a small box which can be decorated with the young person. Ask the young person to write down or draw any of their worries and post them in the box. At the end of the day/week or month, the young person can sort through the box with a trusted adult and try to find solutions to solve those worries.</p>

### Further Reading

<https://youngminds.org.uk/find-help/conditions/psychosis/#what-to-do-about-psychosis>

<https://www.nice.org.uk/guidance/cg155/chapter/Recommendations#first-episode-psychosis>

<https://www.nhs.uk/conditions/psychosis/>



## How to get help

### YoungMinds Crisis Messenger

- Provides free, 24/7 crisis support across the UK if you are experiencing a mental health crisis
- If you need urgent help text YM to 85258
- All texts are answered by trained volunteers, with support from experienced clinical supervisors
- Texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT Mobile, GiffGaff, Tesco Mobile and Telecom Plus.

### Samaritans

- [www.samaritans.org](http://www.samaritans.org)
- If you're in distress and need support, you can ring Samaritans for free at any time of the day or night.
- Freephone (UK and Republic of Ireland): 116 123 (24 hours)
- Email: [jo@samaritans.org](mailto:jo@samaritans.org)

### childline

- [www.childline.org.uk](http://www.childline.org.uk)
- If you're under 19 you can confidentially call, email, or chat online about any problem big or small  
Freephone 24h helpline: 0800 1111
- [Sign up for a childline account](#) on the website to be able to message a counsellor anytime without using your email address
- Chat 1:1 with an [online advisor](#)

### The Mix

- [www.themix.org.uk](http://www.themix.org.uk)
- If you're under 25 you can talk to The Mix for free on the phone, by email or on their webchat. You can also use their phone counselling service, or get more information on support services you might need.
- Freephone: 0808 808 4994 (13:00-23:00 daily)