

## WHAT IS PSYCHOSIS

Psychosis is a severe mental disorder. A psychotic episode affects brain activity which can be perceived as changes in the thought patterns, perceptions, emotions, and behaviour of an individual.

The underlying mechanism of psychosis is not definitively known; a number of adverse circumstances must coincide:

- A psychiatric disorder in the family – the likelihood of developing psychosis is greater with a prior family history of psychiatric problems. When both parents have been diagnosed with schizophrenia, then the likelihood of developing this disorder is about 50%;
- Various life crises and stressful events – the first episode of psychosis often takes place during the period of establishing independence from one's family. Psychosis can also be triggered by a stressful situation which is usually related to changes in life circumstances, increased workload, tension in relationships, etc.;
- Environment – it has been discovered that those who grew up in an urban environment and are second generation immigrants are more likely to develop psychosis;
- Use of psychoactive drugs – various narcotic substances, primarily cannabis, but also hallucinogenic mushrooms, amphetamine, cocaine, and alcohol can trigger psychosis;
- Brain and neurotransmitters – research into psychosis has linked it to dopamine (a neurotransmitter) and the changes in its level in the frontal lobe and other regions of the brain. Those who have suffered brain damage at early stages of development are at greater risk;
- Nature of family relationships – people who develop psychosis often come from families with a critical, derogatory, or even hostile style of communication and also where communication is characterised by disregard and lack of affection.

## Changes in the thought process

Thoughts can become incoherent and confused. The person can think and express themselves in a manner that is hard to follow. When expressing their thoughts, they can skip information, suddenly stop, or change the subject. The thought process can become slow, empty, and jumbled, or fast and disconnected. Thoughts can contain unusual connections and fixed false beliefs, i.e. **delusional ideas**, which are unrealistic to others. These could include a belief that the person is being followed, monitored, their behaviour or thinking is being controlled, they are special and feel chosen. The person could become suspicious and distrusting of others as a result.

## Changes in perception

The person develops **hallucinations**:

- Auditory hallucinations – the person hears voices that others cannot. Usually, the individual is convinced that the voices come from outside their head and are planted into their mind. Mostly, these voices say negative things, try to get the person to take certain action, or comment on their activities;
- Olfactory hallucinations – person senses smells that others cannot or unpleasant smells;
- Gustatory hallucinations – the person develops an unexpected taste in their mouth; everything could taste the same; they sense unpleasant flavours where others do not;
- Tactile hallucinations – the person senses touch or movement on their skin or in the body without a visible cause;
- Visual hallucinations – the person sees something that others do not;
- Proprioceptive hallucinations – the person feels like a body part or an internal organ has transformed or is different and others cannot sense it;
- Hallucinations related to self – the person feels like they are no longer themselves; they feel like they do not exist. The individual can feel like a robot. They can feel the same about their family members.

## Changes in cognitive abilities

Decreased attention span, memory, and ability to concentrate.

## Changes in will and motivation

The person finds it hard to motivate themselves, get started with an activity or initiate activities independently, or stay interested in a topic. The person can feel like they do not want to do anything. This is easily confused with laziness; however, it is a symptom of an illness and needs to be treated.

## Changes in emotions

Often, it might seem as if feelings disappear or the person becomes numb; nothing brings deep joy or sadness. Their mood could be evenly depressed or indifferent. The person can be easily irritable, tense, or anxious. In some instances, the feelings could be too intense or seem inappropriate.

## Changes in behaviour

The person might find it hard to cope with their day-to-day life. The grades could drop or there might be problems at work. The person might experience sleeping or eating disorders. Often, they have a hard time communicating because their behaviour is not understood by others or their thought processes have changed.

The activity level of the person could also change. It could decrease – the person becomes passive and withdrawn and neglects activities which they used to enjoy. The activity level could also increase – the person becomes overly active and energetic, starts doing uncharacteristic activities and loses sleep.

The behaviour could feature traits which are hard to explain to others and have not been characteristic of the person.

## Diagnoses

Following the first psychotic episode, the further course of the illness and the precise diagnosis of the patient are sometimes hard to determine. Time will tell if the person gets better, whether some of the symptoms persist, and whether the episodes are going to reoccur.

**Acute psychotic episode** – a condition where a person demonstrates various signs of psychosis to the extent that these are disruptive in their daily life. The symptoms develop quickly – in about two weeks; psychotic episodes can vary in length.

**Schizophrenia** – chronic (long-term; sometimes life-long) condition with reoccurring psychotic episodes. Often, the person's ability to show initiative is decreased between the episodes of acute psychosis; they are disinterested and their thought processes and activities might be inhibited.

**Schizoaffective disorder** – mostly chronic (long-term; sometimes life-long) condition with more or less simultaneously occurring mood disorders and symptoms of psychosis (up to two days difference). The mood could be depressed (low) or manic (high).

**Psychotic episode with a mood disorder** – depression or mania are manifested the most; symptoms of psychosis are significantly less noticeable.

**Delusional disorder** – the main symptoms include unusual connections between ideas and irrefutable and unrealistic (for others) convictions. Delusional thoughts usually remain unchanged for a long period.

**Psychotic episodes caused by substance abuse** – the symptoms of psychosis develop directly due to having consumed narcotic substances. Cannabis, but also other substances, could trigger psychosis.

## Brain regions which are affected by psychosis the most

Frontal lobe: difficulties planning activities and organising thoughts.

Basal ganglions: subtle movements, emotions, and the integration of perception are affected the most. This is related to the development of paranoid thinking and hallucinations in case of psychosis.

Auditory system: hearing and understanding speech. Excessive activity in the Wernicke area could manifest itself as auditory hallucinations.

Occipital lobe: interpreting information received through vision, understanding the emotions of other people, and perceiving movement could be difficult.

Hippocampus: difficulties in learning, forming memories.

Limbic system: emotions could be unusually expressed.

## TREATMENT OF PSYCHOSIS

Psychosis is a treatable condition. Even if the illness turns into a chronic one, it is possible to find suitable treatment options which help cope well with daily activities and alleviate the symptoms of the condition. This means a long-term commitment to mental health, but efficient drugs and psychotherapy are available, as is support from the social system.

Research indicates that about 50% of the patients recover well. Recovery means coping in day-to-day life. Recovery does not mean that the person should stop taking the drugs and attending psychotherapy.

For the affected individual and their family members, recovery from psychosis is a long-term process that requires a big commitment. Suitable treatment makes the symptoms retreat little-by-little in a few months. The critical period when the person cannot cope well, has a diminished quality of life, and the episode could reoccur, lasts for a year or longer.

Treatment options depend on the condition of the person – the number of psychosis symptoms and how much they disrupt daily life. A psychotic disorder needs medication, which is usually started at the hospital. The sooner the treatment begins, the more likely the person makes a recovery.

The treatment of disorders involving psychosis is offered to **out-patients** (person has occasional appointments with a doctor, a psychologist, and other specialists) or **in-patients** (the person remains in a hospital for treatment). Hospitalisation could be necessary when starting the treatment or treating the person at home is not in the best interests of the patient. Most of the treatment takes place at home in any case.

**Involuntary care** – pursuant to Estonian laws, the person could be admitted to involuntary care if a severe mental disorder causes danger to their life or health or the life or health of other people. Psychosis is a severe mental disorder. A judge can order a person to be admitted to involuntary care that lasts more than 48 hours. This is not a judicial punishment and the involuntary care ends when the condition of the person improves or the person starts to understand that they need treatment.

In the case of first-episode psychosis, the hospital conducts several tests in order to diagnose the condition and plan care. Usually, this involves brain scans, blood analyses, and psychological examinations. Ask your treatment team about the precise goal, results, and process of the tests.

### Treatment team

**A psychiatrist** is a doctor whose task is to diagnose the psychiatric disorder based on the clinical picture, medical history, and the results of various tests. The psychiatrist recommends psychotherapy according to the symptoms and the diagnosis and prescribes medication. Psychiatric care is compliant with international treatment guidelines.

**A clinical psychologist** uses tests and examinations to determine whether a person has a mental disorder; their tasks also include the treatment of the mental disorder and alleviation of symptoms.

**A psychotherapist** is a specialist who has completed special psychotherapy training in addition to being trained as a psychologist or a psychiatrist, such as cognitive behavioural therapy, family psychotherapy, or psychodynamic therapy.

**A mental health nurse** has completed training in mental health nursing in order to counsel patients in mental health issues and participate in the treatment process.

### Medication

**Antipsychotics** are used for the treatment of psychosis. Antipsychotics primarily affect the dopamine system of the central nervous system, and through that, other neurotransmitters and systems. Antipsychotics are divided into typical antipsychotics (first generation) and atypical antipsychotics (second generation). Typical and atypical antipsychotics affect the receptors in the brain in different ways – typical antipsychotics mainly affect the dopamine system, atypical antipsychotics also affect the serotonin system in certain brain regions.

**Typical antipsychotics** haloperidol, flupentixol, zuclopenthixol, and chlorpromazine are mostly efficient in case of disorders in sensory perception and thought processes.

**Atypical antipsychotics** clozapine, risperidone, olanzapine, sertindole, quetiapine, aripiprazole, ziprasidone, amisulpride, paliperidone, and cariprazine in addition to sensory and thought process disorders also affect emotions and mental faculties and to a lesser extent motivation and will.

Antipsychotics could have various forms but their effect could remain largely the same. The pharmaceuticals are mainly in a **pill** form. Some of the medication can be administered in a liquid form; some pills dissolve in the mouth. Some drugs have **injectable pharmaceutical forms, i.e. depot medication**; their advantage is that they can be administered less frequently (once or twice per month) and sometimes have fewer side effects.

### **Side effects of antipsychotics**

Every drug has an effect and side effects. Developing side effects is unpredictable; some people do not have any, some can suffer from those from the first day. If you suspect that you have developed side effects, tell your psychiatrist or mental health nurse at the earliest opportunity. If the side effects of the pharmaceutical are severe, you can switch the medication.

#### **The most common side effects:**

- Drowsiness, sleepiness
- Increased appetite and weight
- Dry mouth
- Constipation
- Difficulties urinating
- Heart palpitations

In addition, the person might experience neurological side effects which are more common with typical antipsychotics: slowed movement, stiffness in joints and muscles, reduced facial expressions, shorter steps when walking and loss of automatic movements of arms, increased saliva production, physical restlessness, psychological restlessness, unwanted movements of muscles and muscle groups. There could be other side effects; for more information, please read the package leaflet.

### **Other pharmaceuticals**

If necessary, other drugs can be used in the treatment of psychosis in addition to antipsychotics. **Antidepressants** are used to alleviate the symptoms of depression and anxiety. **Mood stabilisers** can also be used in order to balance the mood. For short periods, **tranquillizers or sleeping pills** can also be used. In order to alleviate the side effects, cholinceptor antagonists can be added to the regimen.

### **Psychotherapy**

The form and frequency of psychotherapy depends on the condition as well as personal preferences and needs of the individual and the possibilities of the healthcare system. A suitable course of psychotherapy can be selected together with the treatment team and family members:

- **Family therapy and informing the family of the condition** – the most critical period for the family lasts about six months; during this time, the family adjusts to the illness and reorganises their daily life and earlier beliefs. The family must be supported through this time; they need access to relevant information and discuss the difficulties that they are facing. Sometimes, the family members also need psychiatric help or long-term family therapy;
- **Group psychotherapy** – group members support each other and discuss issues which are common in people who have developed psychosis. The support group can be attended during the hospitalisation, as well as following it;
- **Individual therapy** – individual therapy could be supportive psychotherapy which deals with issues and problems important in that moment. Cognitive behavioural therapy provides opportunities for choosing a specific problem to tackle.

#### **Additional options in the treatment of psychosis:**

- **Creative arts therapy** – provides ways to express oneself when describing or discussing your inner life feels too difficult;
- **Cognitive remediation (retraining the brain)** – brain activity can be strengthened and trained to show better form just like a physical body and muscles. Cognitive remediation allows to improve the areas of mental activity which have deteriorated due to the condition or even earlier, such as concentration and memory;
- **Occupational therapy** is important for increasing the activity level. Activities that are done as therapy as well as simply being active promote healing.

## **Supportive activities for healing and staying healthy**

Pay attention to the condition of your body – physical and mental health are strongly linked!

**Diet** – food should be varied and healthy and consumed at regular meals. You can ask about a healthy diet from your treatment team or visit the healthy diet website at [www.toitumine.ee](http://www.toitumine.ee).

**Sleep** – you should sleep for at least 8 hours every night. If you have trouble falling asleep or your sleep is intermittent or disturbed, then be sure to tell your treatment team.

**Physical activity** improves the mood, helps control weight, and feel calm. Find a suitable way to be physically active at least two hours per week or 20 minutes per day. The more active you are, the better!

**Maintain your relationships** – this will help with your mood, make you confident, and accelerate healing! Good relationships between the family members reduce tension and create a calm and steady environment at home. This is sorely needed in order to recover. If necessary, discuss relationships within the family with your treatment team.

**Friends and acquaintances** – after an episode, you must get used to various social situations again and renew your relationships with your friends. This increases your confidence and improves the mood.

**Treatment team** – take advantage of all opportunities offered by the members of your treatment team and try to cooperate and find common ground. During your discussions, you can talk about the problems that have emerged and ask questions that you have about your condition. Ask in detail about the condition and ask to be referred to relevant materials and information. You can also talk about what you can do to promote recovery and which means are available to you. The treatment team consists of specialists experienced in treating psychiatric problems and their goal is to help you recover.

**Participate in life!** Participation in social activities improves your mood and gives hope. If possible, join a support group or go to a day centre. Look for an opportunity to volunteer in your area; e.g. [www.vabatahtlikud.ee](http://www.vabatahtlikud.ee). If the state of your health allows, then be sure to work, study, or join a course and learn something new.

**If you develop dark thoughts, then do not keep them to yourself; instead, tell someone!**

**Train your brain**, read newspapers, magazines, and books and go to a cinema, a concert, and other events. Try finding activities which are manageable and pleasant; in addition to a positive experience, these would help improve attention, concentration, memory, and mood.

**Reduce the possibility of your condition worsening!** Do not consume alcohol or narcotic substances. Consuming alcohol with medication can lead to unpleasant and frightening states of mind that are dangerous to your health. The effect of drugs can increase or decrease due to the effect of alcohol. Narcotic substances can easily cause your condition to deteriorate and reduce the effect of medication too much.

**Take the medication prescribed by your doctor!** The dosage and frequency of medication can only be changed if agreed with your attending physician. If your medication has unpleasant side effects, then discuss this with your attending physician in order to find a suitable solution. If you fail to take your medication according to the regimen prescribed by your doctor, then your symptoms may return and condition deteriorate. After each episode (relapse), the recovery becomes more and more time consuming and challenging.

## Relapse and having another episode

During your recovery, you may experience relapses and your condition might worsen. In case of psychosis, the perception of reality is disturbed so the person might not notice changes in their condition that their family members can spot. If the possible symptoms of a relapse could be discussed by everyone involved (the patient, their family, and the treatment team), then this would be best.

Symptoms of a relapse can include:

- Changes in sleep habits; the need for sleep is considerably smaller or greater. Even one night with no or little sleep is one too many;
- Changes in the diet; the person eats very little or is unusually selective towards food;
- Neglecting personal hygiene or appearance;
- Becoming withdrawn and less social;
- Significant decrease or increase in the mood and energy level;
- Person is easily agitated; conflicts are more frequent;
- All of the earlier symptoms of the condition.

Although there is hope that the severe episodes will not reoccur or are less frequent, it would be best to have a plan for a crisis:

- Keep the phone number of the attending physician or the emergency room of the nearest psychiatric clinic in a place where it can be easily found in order to contact them immediately if necessary. Save it in your phone or write down in a notebook. Do not wait for the condition to become serious; you can also call or write as soon as you suspect that your condition is becoming worse;
- Think about the people who you can trust and who can help you go to a hospital if necessary or support you in practical or psychological ways;
- Discuss the probability of a crisis and the action plan with your family and treatment team. A crisis is less frightening if you know how to behave in this situation.

## ADVICE TO FAMILY MEMBERS

- Learn about the condition of your family member. Check the available information about the condition and recovery. The more you learn about the subject, the easier it is to solve problems that might arise. Better awareness also helps to fight fears and anxiety created by ignorance and prepares you for possible hardships.
- You can ask for information from your treatment team and Peasi.ee portal and participate in the support groups or seminars for family members.
- Be sure to take care of yourself in order to avoid fatigue and exhaustion. Take care of your own health, adopt a healthy lifestyle, stick to a healthy diet and regular meals, stay physically active, and get enough sleep. Plan activities for every day that are not related to taking care of your family member or other obligations; do something that you find enjoyable. If possible, take a break for a few days or hours to take care of yourself.
- Avoid blaming yourself and futile self-criticism. No one is at fault if someone falls ill; this is a coincidence of unfortunate circumstances.
- Talk about your problems and sorrows with people who sympathise.

## FREQUENTLY ASKED QUESTIONS

### **How long do I have to stay in the hospital?**

The duration of your hospitalisation depends on the course of the illness, symptoms, and the suitability of the treatment. The efforts of the team are directed at you continuing your treatment at home as soon as possible. As a rule, the duration of hospitalisation is at least a month. You should ask your treatment team which symptoms must disappear in order to be allowed to go home to continue your treatment and what you can do to alleviate them yourself.

### **How long is the treatment?**

According to the current valid treatment guidelines, tablet regimen or treatment with depot injections lasts for a long time – in case of a psychotic disorder, usually several years. The exact duration of treatment depends on the person. The decision for ending the treatment is made jointly by the treatment team and the patient, and it depends on many different circumstances.

### **Can I have another episode?**

Everyone can develop a psychotic disorder, and once developed, the likelihood for a repeat episode is high. However, it is not an inevitability and we recommend that you take care of your mental health and treat your condition.

### **Can I work or study in the future?**

Yes, staying actively involved in daily life supports recovery.

### **Would my discussions with my treatment team remain confidential?**

Yes, nothing you talk about with mental health specialists is discussed outside your treatment team.

### **Can I tell my acquaintances, friends, fellow students, or colleagues about my condition; how should I approach this?**

Discussing mental health issues can sometimes cause embarrassment or people are ashamed to do it. Generally speaking, it benefits you if people do not have to figure out what is happening to you but can get their answers from you. In this case, they can offer support and consider your needs better. Your opinion and trust should determine who you tell and how much. If you have difficulties with finding the right words, discuss this with your treatment team.

### **Should I tell a child about mental health problems and how?**

A child definitely worries about their family member. Even if they do not know that someone is ill, they can deduce from the behaviour of adults that something serious has happened and start to invent explanations. Children feel guilt and fear easily and have active imaginations. Therefore, they should receive an age-appropriate explanation. It may benefit the child if they can participate in some of the discussions with the treatment team and meet the people who are involved in the treatment of their family member and ask them questions.

## MYTHS AND REALITY OF PSYCHOTIC DISORDERS

### **Myth: schizophrenia means a split personality**

Reality: this definition is not the most accurate; rather, it is a rift between the person and reality – the person has lost their usual grip on reality.

### **Myth: schizophrenia means low intelligence**

Reality: people with less than average intellect and cognitive abilities can develop a psychotic disorder; however, the majority of people who suffer from this disorder have normal cognitive abilities, although it can be difficult to use these abilities in an acute state.

### **Myth: psychosis means violence**

Reality: research indicates that violence among people with psychotic disorders is not higher than in the general population. Usually, people in a psychotic state are scared and confused and can harm themselves.

### **Myth: antipsychotics turn people into zombies**

Reality: taking antipsychotics are frequently associated with drowsiness and lack of motivation and energy, lack of thoughts. This is actually caused by the symptoms of schizophrenia or a dosage that is too high. Ideally, person who takes medication should not particularly notice their effect in their daily life. Antipsychotics do not cause addiction or change the personality of someone.



**Myth: in order to recover from a psychotic disorder, one must simply get their act together**

Reality: some symptoms of psychosis can seem like ordinary laziness or eccentricity to others. Unfortunately, willpower alone is not enough to get rid of those; other means must also be used, such as medication, suitable therapy, support of others, and healthy lifestyle.

**Myth: all people with psychotic disorders see visions or hear voices**

Reality: Psychotic disorders have many different symptoms. As every person is unique, the set of displayed symptoms is also distinctive. Some people are more delusional, other exhibit a lack of motivation and problems with the thought process; moreover, the symptoms can change in time.

**Myth: people with a psychotic disorder can never live a normal life again**

Reality: A remarkable percentage of people recovers well from psychosis; they might not experience any new episodes, and a year from the crisis, only some vague memories remain. In many instances, the recovery does not go smoothly, but it does not mean that life revolves solely around the condition. People who have experienced several psychotic episodes can continue with their studies, work, have families, and make friends.

**The members of my treatment team are:**

Name:  
Phone: E-mail:

Name:  
Phone: E-mail:

Name:  
Phone: E-mail:

**Questions that the members of the treatment team ask frequently:**

- What do you consider important; what would you like to discuss?
- Does something bother you (difficulties in the thought process, pain, feelings of stress, etc.)?
- How well are you sleeping, eating; how is your mood?
- How is your relationship with your family?
- Describe your life so far, your hobbies and interests, studies and activities; have you had problems before?

**IMPORTANT CONTACTS**

Counselling and information: mental health portal [www.peaasi.ee](http://www.peaasi.ee)

Estonian Psychosocial Rehabilitation Association information for people in recovery: [www.epry.ee](http://www.epry.ee)

**24/7 Crisis helplines**

Psychiatric clinic emergency reception in Tallinn:	617 2586
Psychiatric clinic emergency reception in Tartu:	731 8764
Psychiatric department emergency reception in Pärnu:	516 0379
Psychiatric clinic emergency reception in Viljandi:	435 4255
Emergency medicine department in Ahtme:	331 1074
Emergency medicine department in Narva:	357 1795

**Ambulance 112**  
**State helpline 1247**

**Mental health centres, support groups, and day centres:**

- In Tallinn: [www.vaimnetervis.ee](http://www.vaimnetervis.ee)
- In Tartu: [www.tartuvthk.ee](http://www.tartuvthk.ee)
- In Pärnu: [www.ph.ee/et/kliinikud/psuhhiaatriakliinik](http://www.ph.ee/et/kliinikud/psuhhiaatriakliinik)
- In Viljandi: [www.viljandimaasingel.eu/teenused](http://www.viljandimaasingel.eu/teenused)

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