

# Early psychosis An information guide

Matthew Tsuda, MSc (OT), OT Reg. (Ont.)

Jori Jones, MSW, RSW

Sarah Bromley, OT Reg. (Ont.)

Monica Choi, MD, FRCPC

Yarissa Herman, CPsych

**camh**



# Early psychosis

## An information guide

Matthew Tsuda, MSc (OT), OT Reg. (Ont.)

Jori Jones, MSW, RSW

Sarah Bromley, OT Reg. (Ont)

Monica Choi, MD, FRCPC

Yarissa Herman, CPsych

**camh**

Library and Archives Canada Cataloguing in Publication

Title: Early psychosis: an information guide / Matthew Tsuda, Jori Jones, Sarah Bromley, Monica Choi, Yarissa Herman.

Other titles: First episode psychosis

Names: Bromley, Sarah, author. | Tsuda, Matthew, author. | Choi, Monica, author. | Jones, Jori, author. | Herman, Yarissa, author. | Centre for Addiction and Mental Health, publisher.

Description: Revised edition. | Revision of: Bromley, Sarah, 1969-. First episode psychosis.

Includes bibliographical references.

Identifiers: Canadiana (print) 20220420742 | Canadiana (ebook) 20220420777

ISBN 9781771144513 (softcover)

ISBN 9781771144537 (PDF)

9781771144520 (HTML)

Subjects: LCSH: Psychoses—Popular works.

Classification: LCC RC512 .B76 2022 | DDC 616.89—dc23

Printed in Canada

Copyright © 1999, 2007, 2015, 2022 Centre for Addiction and Mental Health

*No part of this work may be reproduced or transmitted in any form or by any means electronic or mechanical, including photocopying and recording, or by any information storage and retrieval system without written permission from the publisher—except for a brief quotation (not to exceed 200 words) in a review or professional work.*

For information about alternative formats of this booklet or about other CAMH publications, or to place an order, please contact CAMH Publications:

Toll-free: 1 800 661-1111

Toronto: 416 595-6059

E-mail: [publications@camh.ca](mailto:publications@camh.ca)

Online store: <http://store.camh.ca>

Website: [www.camh.ca](http://www.camh.ca)

Disponible en français sous le titre *La psychose précoce : Guide d'information*

This guide was produced by CAMH Publications.

7004h / 11-2022 / P6536

# Contents

|   |                                                                                                                                                                                                                                                          |    |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|   | Acknowledgments                                                                                                                                                                                                                                          | v  |
|   | Introduction                                                                                                                                                                                                                                             | vi |
| 1 | What is psychosis<br>What is early psychosis?                                                                                                                                                                                                            | 1  |
| 2 | Symptoms of psychosis<br>Positive symptoms<br>Negative symptoms<br>Other symptoms                                                                                                                                                                        | 3  |
| 3 | Phases of psychosis<br>Prodromal phase<br>Acute phase<br>Recovery phase                                                                                                                                                                                  | 7  |
| 4 | Causes of psychosis<br>Stress and psychosis<br>Substance use and psychosis<br>Factors that improve psychotic symptoms                                                                                                                                    | 11 |
| 5 | Types of psychosis<br>Schizophrenia<br>Schizophreniform disorder<br>Bipolar disorder<br>Schizoaffective disorder<br>Depression with psychotic features<br>Drug-induced psychosis<br>Organic psychosis<br>Brief psychotic disorder<br>Delusional disorder | 15 |

|   |                                 |    |
|---|---------------------------------|----|
| 6 | Treatment of psychosis          | 19 |
|   | Barriers to treatment           |    |
|   | Assessment                      |    |
|   | Diagnosis and treatment         |    |
| 7 | Family involvement              | 33 |
| 8 | The process of recovery         | 35 |
|   | Promoting recovery and wellness |    |
|   | A final word about recovery     |    |
|   | References                      | 37 |
|   | Resources                       | 38 |

# Acknowledgments

This guide has gone through several revisions over the years. We acknowledge Donna Romano and Kathryn Ryan, the authors of the original edition in 1999; Jean Addington, who updated the guide in 2007; and Sarah Bromley, Monica Choi and Sabiha Faruqui, who provided the 2015 revised edition.

We extend our thanks to the patients and families who gave feedback on this revision of the guide, and to those who were involved in previous editions.

## **Permission note**

Some material in this guide has been adapted with permission from Penn, D.L., Meyer, P.S. & Gottlieb, J.D. (2014). *Individual Resiliency Training (IRT): A Part of the NAVIGATE Program for First Episode Psychosis. Clinician Manual*. © 2014 National Institute of Mental Health.

# Introduction

This guide provides information about early psychosis, its treatment and recovery. It has been written for people experiencing early psychosis to help them better understand this illness. It is also for their families, friends and other people they identify as being in their circle of support. Knowing the signs and symptoms of psychosis promotes early awareness and appropriate treatment and, in turn, more successful recovery from the psychotic episode.

Early intervention for people experiencing psychosis has many benefits, including:

- reduced secondary problems, such as disruption of work, school and relationships
- retention of social skills and support
- less need for hospitalization
- rapid recovery and better prognosis (outcome of treatment)
- reduced family disruption and distress
- more openness to treatment and lower risk of relapse.

# 1 What is psychosis?

The word psychosis describes conditions that affect the mind, in which people have trouble distinguishing between what is real and what is not. When this occurs, it is called a psychotic episode.

Psychosis usually first appears in a person's late teens or early twenties. Approximately three out of 100 people will experience an episode of psychosis in their lifetime. Psychosis occurs across all cultures, ethnicities, gender identities, abilities and socioeconomic groups.

Psychosis is treatable and many people with the condition go on to lead full, meaningful lives.

## What is early psychosis?

Early psychosis is the first time a person experiences a psychotic episode. It is often very frightening, confusing and distressing, particularly because it is an unfamiliar experience. Unfortunately, there are also many negative stereotypes and misconceptions associated with psychosis that can add to the person's distress.

Although an episode of early psychosis can be distressing for the person and for their family and friends, recovery is possible.

*There are many treatment options for psychosis. Many people recover from early psychosis and never experience another psychotic episode. For those who continue to experience episodes or symptoms, treatment and support can promote recovery.*

## 2 Symptoms of psychosis

Psychosis affects the way a person thinks, feels and behaves. The experience of psychosis varies greatly from person to person. Symptoms can come on suddenly or develop very gradually.

The symptoms of psychosis are often categorized as either “positive” or “negative.” People may also experience cognitive difficulties and other symptoms. Family members and friends may notice specific symptoms or they may sense a change in their relationship with the person.

### Positive symptoms

Positive symptoms are those that add to or distort the person’s usual functioning. There are various types of positive symptoms.

#### DELUSIONS

Delusions are firmly held false beliefs that are out of keeping with the person’s cultural environment. The person may be truly

convinced of a belief that is not shared by others, and even the most logical argument cannot change their mind. Common delusions include:

- being followed by others
- being monitored by cameras
- having special abilities or powers
- receiving hidden messages through certain songs or comments
- having one's thoughts controlled by an outside force.

## HALLUCINATIONS

During psychosis, a person may hear, see, smell, taste or feel something that is not actually there. For example, they may hear voices or noises that no one else hears, see things that are not there, or experience unusual physical sensations. These changes in perception are called hallucinations.

## DISORGANIZED SPEECH, THOUGHTS OR BEHAVIOUR

Disorganized speech might involve switching rapidly from one subject to the next, or being so garbled that speech is difficult to understand.

A person experiencing psychosis may have changes in their thinking patterns and may find it hard to concentrate and follow a conversation. Their thoughts may speed up, slow down or become jumbled, or their thoughts may not connect in a way that makes sense.

Behaviour also may be disorganized. For example, the person may have difficulties performing regular activities of daily living, such as cooking or self-care. They may display inappropriate behaviours or emotions, such as laughing while talking about a tragic event.

## Negative symptoms

Negative symptoms involve a decrease in or loss of normal functioning. These symptoms are often not as obvious as positive symptoms. They may include:

- restricted emotional and facial expression
- restricted speech, with loss of words or difficulty remembering words
- difficulty with generating ideas or thoughts
- reduced ability to begin tasks
- reduced social interaction
- decreased motivation.

## Other symptoms

Other symptoms or difficulties often occur alongside psychotic symptoms. They include:

- cognitive symptoms, such as difficulties with attention, concentration, memory and executive function (e.g., planning, organizing and carrying out tasks)
- mood changes—the person may be unusually excited, depressed or anxious, or have highly changeable moods
- suicidal thoughts or behaviours
- substance use problems
- sleep disturbances
- difficulty completing activities of daily living and tasks that were once manageable.

Some people experiencing a psychotic episode may feel very depressed or confused. They may think that life is not worth living or that suicide is the only option. People experiencing suicidal thoughts may make plans to hurt themselves. If a person is having suicidal thoughts, it is important to encourage them to connect

with a health care professional or crisis service for support. It may also be a good idea for family members and friends to seek support and assistance to cope in such situations.

*Remember, with treatment and support, symptoms of psychosis can become more manageable.*

## 3 Phases of psychosis

Psychosis has three phases. However, not all people who experience a psychotic episode will have clear symptoms of all three phases—each person's experience will differ.

### Prodromal phase

The prodromal phase usually lasts several months, though the duration can vary. This first phase of psychosis involves symptoms that may not be obvious, such as changes in feelings, thoughts, perceptions and behaviours.

Some common prodromal symptoms are:

- reduced concentration and attention, disorganized thoughts
- reduced motivation, changes in energy level, less interest in usual activities
- social withdrawal
- sleep disturbance
- suspiciousness
- irritability, anxiety, depressed mood
- absence from school or work, or deterioration in performance
- intense focus on ideas that may seem odd or disturbing to others.

These symptoms are very general, and may not necessarily be a sign of psychosis. For example, they could represent typical adolescent behaviour. Family members and friends can track these changes over time—if they persist, this may suggest a prodromal phase.

## Acute phase

In the acute, or active, phase, the person typically experiences positive psychotic symptoms, such as hallucinations, delusions and disorganized thinking. Some negative symptoms may also emerge. This phase is the easiest to recognize and diagnose, and so it is when most people begin treatment. The earlier treatment starts, the greater the chance of recovery.

## Recovery phase

In the recovery, or residual, phase, active symptoms become less intense, though some may not disappear altogether. After recovery from early psychosis, some people never experience a relapse (another episode). To reduce the risk of relapse, it is very important to continue medication and other treatments as recommended by the physician and clinical team.

The recovery process—how long it takes and how much improvement there is—varies from person to person. Once the active symptoms of psychosis have responded to treatment, the person may still need help with issues such as depression, anxiety, decreased self-esteem, social problems and school or work difficulties.

Family members and friends may also need help with coping and navigating supports for the person experiencing psychosis. It is helpful for them to be involved in the person's recovery and safety plans. In urgent situations, such as when there is potential harm to the person experiencing psychosis, family members or friends should bring them to the nearest emergency department so they can get care.



## 4 Causes of psychosis

Psychosis occurs in a variety of mental and physical disorders, so it is often difficult to know what has caused the early psychosis. Research shows that a combination of biological factors, including genetic factors, create a situation where a person is vulnerable to (at a greater risk of) developing psychotic symptoms. For such a person, a psychotic episode may be triggered by many different environmental factors, such as stressful events or substance use.

An imbalance in certain neurotransmitters (brain chemicals), including dopamine and serotonin, can also be a factor in the development of psychosis.

### Stress and psychosis

Different types of life stress may play a role in triggering an episode of psychosis. The table on page 12 provides examples.

#### THE STRESS BUCKET MODEL AND PSYCHOSIS

One way of thinking about the effect of stress is to picture a “stress bucket” (Brabben & Turkington, 2002). In a person who

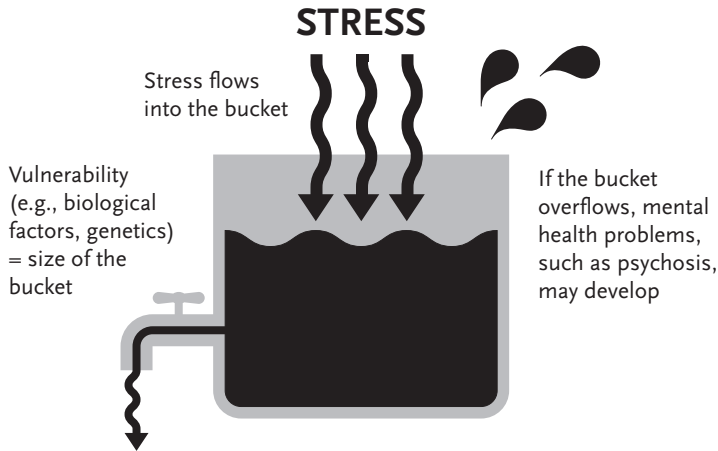
| Type of stress             | Examples                                                                                                            |
|----------------------------|---------------------------------------------------------------------------------------------------------------------|
| Physical stress            | Irregular sleep, binge drinking and other substance use, lack of routine, inadequate diet, physical illness         |
| Environmental stress       | Inadequate housing, lack of social support, unemployment, major life changes (e.g., starting a new school or job)   |
| Emotional stress           | Difficulty relating to family or friends                                                                            |
| Life events and trauma     | Bereavement, pregnancy or childbirth, accidents, illness, trouble with the law, physical or sexual assault or abuse |
| Chronic stress             | Trouble with housing or money                                                                                       |
| Bullying or discrimination | Racism, homophobia, cyber-bullying                                                                                  |

has a biological vulnerability to psychosis, accumulated stress can eventually cause their stress bucket to overflow. This overflow increases the risk that psychosis will develop. The diagram on page 13 illustrates this stress vulnerability model of psychosis. It shows how stress can add up and trigger a psychotic episode.

## Substance use and psychosis

Using alcohol and other substances is a common human behaviour that dates back thousands of years. However, it can also cause problems. People who have recently experienced psychosis are especially sensitive to the effects of substances.

## Stress bucket model



Good coping = tap working—lets stress out in a healthy way.

Reduced coping = tap not working as well—water fills the bucket and is at risk of overflowing.

Image developed from an idea by Brabban & Turkington (2002). Adapted from [www.rootsofchange.co.uk/blog/stress-bucket](http://www.rootsofchange.co.uk/blog/stress-bucket)

Alcohol and other substances can trigger symptoms and relapses of psychosis. The stress vulnerability model helps to explain why using even small amounts of a substance can make symptoms worse and lead to relapses and hospitalization.

Using substances can lead to symptom relapses in a few ways:

- Alcohol and other substances can affect the biological factors in the brain (brain chemicals or neurotransmitters) that cause psychosis, making symptoms worse.
- Substance use can interfere with the protective effects of medication.
- Substance use can affect sleep in a way that can lead to psychosis or changes in mood.

- Substance use can cause stress through negative consequences of using and through its impact on factors that usually protect mental health (e.g., social support, structured daily activities, work, school).

Treatment and support are available for people with both substance use issues and psychosis. Getting help for both issues can reduce further risks of relapse and promote recovery.

## Factors that improve psychotic symptoms

In the same way that factors such as stress and substance use can trigger a psychotic episode, there are factors that can improve symptoms of psychosis. They include:

- taking medication
- learning strategies for coping with stress and psychotic symptoms
- having good social support
- engaging in meaningful activities, such as work or school
- avoiding alcohol and other substances.

## 5 Types of psychosis

There are a number of mental illnesses that can include psychosis as a symptom. In the early phases of a psychotic episode, it is usually difficult to diagnose the exact type of psychotic disorder that is happening. This is because the factors that determine a specific diagnosis are often unclear during the psychotic episode.

It is important to recognize and understand symptoms, and to communicate them to the treatment team. Any concerns or questions about diagnosis should be discussed with a mental health professional. A thorough medical assessment may be needed to rule out any physical illness that may be the cause of the psychosis.

### Schizophrenia

The term schizophrenia refers to a diagnosis in which a person experiences some psychotic symptoms for at least six months, with a significant decline in their ability to function. The symptoms and length of the illness vary from person to person.

## Schizophreniform disorder

This type of psychosis is the same as schizophrenia except that the symptoms last for at least one month and no more than six months. The illness may completely resolve, or it may persist and progress to other psychiatric diagnoses, such as schizophrenia, bipolar disorder or schizoaffective disorder.

## Bipolar disorder

With bipolar disorder, the symptoms of psychosis relate more to a mood disturbance than to a thought disturbance. The person will experience elevated mood (mania) and sometimes depression, which may persist or fluctuate in intensity. When psychotic symptoms arise, they often reflect the person's mood. For example, someone who is depressed may hear voices that put them down. Someone who is experiencing an elevated mood may believe they are special and capable of doing amazing things.

## Schizoaffective disorder

A person with schizoaffective disorder will experience a combination of schizophrenia symptoms (e.g., hallucinations, delusions) and mood disorder symptoms (e.g., depression, mania) at some point in the illness.

## Depression with psychotic features

Sometimes a person will experience a severe depression with symptoms of psychosis, without the mania associated with bipolar disorder. This type of depression is referred to as a psychotic depression or depression with psychotic features.

## Substance-induced psychosis

The use of substances such as marijuana, cocaine, ecstasy, ketamine, LSD, amphetamines and alcohol can sometimes cause psychotic symptoms. In substance-induced psychosis, the symptoms of psychosis can spontaneously resolve once the effects of the substance wear off, but other times they may require medical treatment.

## Organic psychosis

Symptoms of psychosis may appear as a result of a physical illness or head injury. A thorough medical examination is needed to rule out or confirm this type of psychosis. This examination may involve tests or investigations such as a brain scan.

## Brief psychotic disorder

Sometimes symptoms of psychosis come on suddenly and, in some cases, are triggered by a major stress in the person's life, such as a death in the family. This type of psychosis lasts less than a month.

## Delusional disorder

This type of psychosis features very strong and fixed beliefs in things that are not true. For example, a person may believe they have made an important discovery, despite there being no credible evidence to support this belief. Changes in perception, such as hallucinations, are not seen in this illness. Delusional disorder does not usually affect a person's ability to function.

*It may be difficult to make a diagnosis in the early stages of psychosis. Often, patterns of symptoms must be assessed over many months, and determining a diagnosis may take time. This means that initially it may be more helpful to focus on the symptoms and how they affect the person's functioning rather than focusing on a particular diagnosis. Remember that everyone's experience of psychosis is different—the course and the outcome will vary from person to person.*

## 6 Treatment of psychosis

It is important to treat psychosis as early as possible after symptoms appear in order to reduce the person's distress and limit disruptions to their life. There are various types of treatment that promote the best recovery possible for each person.

### Barriers to treatment

Sometimes people with symptoms of psychosis are reluctant to seek treatment. Some may not realize that what they are experiencing are symptoms of an illness and may believe that there is nothing wrong. Others hope that the symptoms will go away on their own.

There are also social and situational factors that can make it difficult to access treatment. They include being an immigrant or refugee, experiencing homelessness or housing challenges, facing discrimination or stigma (e.g., related to mental illness, sexual/gender identity, ethnic identity), being involved in the criminal justice system, having multiple health conditions and having experienced trauma in the health care system. A person may also come from a cultural group that has different views about mental

health and treatment, and there may be stigma associated with seeking treatment.

These barriers to care are complex and each person's situation is unique. The resources section on page 38 lists supports people can turn to for help with overcoming some of these barriers and finding a service that meets their needs.

Ideally, the treatment team works with the person to identify and consider their diverse and unique needs and to ensure they get the right type of support.

## Assessment

Before a specific treatment is recommended, a thorough assessment is completed by mental health professionals—a group that can include psychiatrists, psychologists, psychiatric nurses, occupational therapists and social workers. Part of this evaluation is an in-depth interview to help the team understand the person's experience of psychosis. If the person gives consent, the team can meet with their family or friends to gather information that may provide a richer understanding of the person and their episode of psychosis.

Blood tests and other investigations, such as a brain scan, may be recommended by the psychiatrist to rule out physical causes of the symptoms. The person may also undergo neurocognitive testing. This test assesses areas such as memory, attention, reasoning, problem solving and speed of processing information, which can help highlight cognitive changes resulting from early psychosis. Neurocognitive testing may also show the person's potential to return to typical functioning.

## Diagnosis and treatment

Information from the assessment helps the treatment team determine the type of psychosis the person is experiencing, understand possible triggers for the psychotic episode and decide the best way to help the person. Treatment is provided either on an outpatient basis or in hospital. It usually consists of medication and psychosocial interventions (see below).

The outcome of treatment is best if the person is involved with the treatment team in developing a treatment plan. This includes identifying recovery goals, finding ways to be most actively engaged in treatment and monitoring progress. If the person agrees to it, family members and friends can also get involved.

### MEDICATION

Antipsychotic medication is the mainstay of treatment for psychosis. It plays an important role in reducing or eliminating the positive symptoms of psychosis and in preventing their return.

Antipsychotic medication is generally divided into two categories: typical (first generation) antipsychotics and the newer atypical (second generation) antipsychotics.

Atypical antipsychotics are increasingly replacing typical antipsychotics as first-line treatments because they have a lower risk of movement-related side effects (see page 25). However, atypical antipsychotics are more likely to cause metabolic side effects such as weight gain, changes to blood glucose (sugar) levels and changes to lipid (fat) levels.

## Commonly used antipsychotic medications

| Typical antipsychotics    | Atypical antipsychotics  |
|---------------------------|--------------------------|
| Haloperidol (Haldol)      | Aripiprazole (Abilify)*  |
| Loxapine (Loxapac)        | Risperidone (Risperdal)* |
| Flupentixol (Fluanxol)    | Paliperidone (Invega)*   |
| Zuclopenthixol (Clopixol) | Quetiapine (Seroquel)*   |
|                           | Ziprasidone (Zeldox)     |
|                           | Lurasidone (Latuda)      |
|                           | Asenapine (Saphris)      |
|                           | Brexipiprazole (Rexulti) |
|                           | Cariprazine (Vrylar)     |
|                           | Olanzapine (Zyprexa)     |
|                           | Clozapine (Clozaril)     |

\* Commonly used in early psychosis

The side effects of any medication can vary from one person to the next, depending on how the person responds to the particular medication and on the dose. The person and their treatment team should discuss which medication to use. A trusted friend or family member could also be part of this discussion.

Treatment begins with a low dose to minimize side effects. The dose gradually increases until the symptoms are under control and the dose is well tolerated. Antipsychotic medication may take days

### **Taking medication as prescribed**

People with a first psychotic episode tend to respond well to the first medication they try. There are different strategies that can help you take your medication consistently to make sure you are getting the best response. Here are some strategies you can use:

- Set an alarm as a reminder or ask a family member or friend to give you a gentle reminder.
- Use cues to remind yourself to take your medication; for example, taking your medication with meals or after brushing your teeth.
- Speak with your prescriber about ways to simplify your medication schedule, such as taking medication once a day instead of twice a day.
- Organize your medication in a pill box or have it blister-packed by the pharmacy.

or sometimes a few weeks to produce an improvement in symptoms. If side effects develop, options are to lower the dose, add a medication that reduces the side effects or try a different medication altogether.

Some people continue to have difficulty taking their medication consistently for various reasons. The treatment team should explore medication options with the person and their family or friends so they can make an informed decision about what will work best for their recovery.

Some antipsychotic medications are available in dissolving tablets, which is a good option for people who have difficulty swallowing pills. Some antipsychotics are available as a long-acting injection that slowly releases the medication. Typically, the injection is given

every two to four weeks. Long-acting injections can be particularly helpful for people who sometimes forget to take their medication or who prefer not having to take medication every day.

### Examples of long-acting injectable antipsychotic medications

| Medication                      | Time between injections |
|---------------------------------|-------------------------|
| Risperidone (Risperdal Consta)  | 2 weeks                 |
| Paliperidone (Invega Sustenna)  | 4 weeks                 |
| Paliperidone (Invega Trinza)    | 12 weeks                |
| Aripiprazole (Abilify Maintena) | 4 weeks                 |

The details of a specific medication program are worked out between the person and their doctor or prescriber. If the first medication does not produce satisfactory results, it is common to try one or two other antipsychotics.

Clozapine is an antipsychotic medication that may be effective for people who have not responded well to other antipsychotics. It is only used after at least two standard antipsychotics have not produced a good response because it carries special risks, including possible harm to white blood cells. These risks are low, but people who take clozapine need to have weekly blood tests to check their white blood cell count.

With the right treatment, positive symptoms of psychosis can decrease or go away. It is important to continue taking the antipsychotic medication to prevent symptoms from returning. If a person stops taking the medication, there is a very high risk that symptoms will return. This does not necessarily happen right

away, and can occur a few months after medication is stopped. For many people, remaining on antipsychotic medication helps them to continue functioning without experiencing the disruptions that are often associated with psychosis. It is important to talk with the physician to know how long to remain on medication.

## **Side effects**

As with any medication, the goal is to find an effective treatment with the least side effects. Many side effects improve with time. It is very important to report them to the treatment team so they can explore options that may provide relief. Family members and friends may be able to help the person track their side effects or describe them to the treatment team.

### **MOVEMENT-RELATED SIDE EFFECTS**

Some people experience severe restlessness, slower motor movements, muscle stiffness and rigidity, tremors and sudden muscle spasms. Solutions include using side-effect medications, reducing the antipsychotic dose or switching to a different antipsychotic.

Tardive dyskinesia (TD) refers to involuntary, spontaneous movements of the face and body. For every year that a person is on the older, typical antipsychotic medication, there is a five per cent chance of developing TD. This rate adds up over the years of treatment so that after two years the risk is 10 per cent, and after five years, it is about 25 per cent. It is believed that this rate is lower for atypical antipsychotics. There are ways to identify TD at an early stage and to modify treatment. This will reduce the risk that the condition will persist or get worse.

## **METABOLIC SIDE EFFECTS**

Antipsychotics can cause weight gain, elevated blood glucose and elevated lipids. Atypical antipsychotics as a group are more likely to cause these side effects. In general, clozapine and olanzapine have the greatest metabolic risk, followed by risperidone and quetiapine. Aripiprazole, ziprasidone, lurasidone and asenapine are thought to have a lower risk.

These metabolic side effects can be minimized with prevention strategies, such as engaging in regular physical activity, following a healthy diet and going for regular blood work to monitor blood glucose and lipids.

## **ANTICHOLINERGIC SIDE EFFECTS**

This category of side effects includes dry mouth, constipation and blurred vision. Many of these side effects improve with time, though keeping hydrated and eating plenty of fibre can be helpful.

## **HORMONAL AND SEXUAL SIDE EFFECTS**

Antipsychotics can cause sexual dysfunction, changes in the menstrual cycle and abnormal production of breast milk (in both sexes). These side effects are reversible and can be addressed by reducing the dose of medication or changing to a different medication under the physician's guidance.

## **Other medications**

Other medications may be used along with antipsychotics, depending on what other symptoms the person has.

- Benzodiazepines (sedatives) manage agitation, insomnia and anxiety, and may be used while the person works toward the best dose of their antipsychotic medication.
- Antidepressants treat co-occurring depression or anxiety disorders.
- Mood stabilizers can help with bipolar disorder.

## PSYCHOSOCIAL INTERVENTIONS

Treatment for people with psychosis includes a combination of medication and psychosocial interventions. Treatment programs for early psychosis aim to improve the person's functioning in the community, decrease symptoms and reduce the risk of relapse and long-term disability.

Early psychosis usually emerges during late adolescence or early adulthood at a time marked by significant educational, vocational and social milestones. Early intervention programs typically address common issues associated with this developmental stage and the vulnerabilities that go with it.

The types of psychosocial interventions that are available vary, so it is important to talk with the treatment team about what services are available and which one is the best match for the person.

### **Case management**

People experiencing early psychosis often benefit from the services of a case manager or primary clinician. A case manager coordinates care during a psychotic episode and during recovery. This person can be a nurse, occupational therapist or social worker who has specialized training and experience in mental health. A case manager can provide emotional support to the person and their family or friends. Going through early psychosis can feel frightening, confusing and overwhelming. Meeting regularly with a case manager can help the person cope with these feelings and is an important part of recovery.

Case managers can also help set goals, provide psychoeducation about the illness and how to manage it, and offer practical assistance with day-to-day living. This can help the person re-establish a routine, return to work or school, find suitable housing or get financial assistance. Case managers may suggest that the person

meet with other team members and community-based service providers to deal with specific concerns. They may also recommend programs in the community that promote recovery and provide a stepping stone to longer-term goals involving work or school.

A case manager or another member of the team with specialized expertise may provide the interventions that are described below. These interventions can be delivered in a one-on-one or group format. Groups are an excellent way to help a young person who has experienced early psychosis begin to socialize again. Groups can also help them feel less alone in their experience and learn coping and life skills.

### **Psychoeducation**

Psychoeducation provides information about psychosis, including symptoms and how to manage them. It offers strategies for managing stress and preventing or minimizing symptom relapses, and helps the person to develop social skills and supports. It also involves learning about the recovery process, maintaining a sense of well-being, following a healthy lifestyle and developing other life skills.

### **Supported employment and education**

Some people with early psychosis experience disruptions in work or school. They may worry about their ability to pursue jobs or education, or need help with career options. Supported employment and education can provide services to meet the person's goals in these areas. They focus on the person's strengths and preferences and address challenges or barriers to meeting these goals. A supported employment and education professional can also provide or coordinate follow-along supports to help the person maintain and progress with their work and school goals.

People experiencing psychosis may have impairments in cognitive functioning, and further testing may be beneficial. These tests evaluate the person's cognitive strengths and limitations, and can identify academic and work accommodations that may help the person to succeed.

## **Cognitive interventions**

### **COGNITIVE REMEDIATION**

People with psychosis often have difficulty with thinking skills, such as those related to memory, attention, planning and processing information. Cognitive remediation is a set of techniques that teaches those skills, with the goal of improving real-world functioning, such as at work or in social situations.

Often cognitive remediation is done through repeated practice on a computer, where the person engages in simulated real-life situations and explores cognitive strategies they can use to deal with those situations. They can then apply those new skills to similar situations in their daily lives.

### **COGNITIVE ADAPTATION TRAINING**

People with psychosis often experience cognitive symptoms, such as difficulty solving problems, which can make everyday functioning difficult. Cognitive adaptation training helps the person to work around their cognitive difficulties to improve their daily functioning, including taking medication and engaging in self-care.

An assessment determines what cognitive difficulties the person is experiencing. That information is then used to develop practical environmental supports (such as signs and checklists) to help the person function in their daily lives.

## **Psychotherapeutic interventions**

### **COGNITIVE-BEHAVIOURAL THERAPY**

Cognitive-behavioural therapy (CBT) explores the connection between thoughts, feelings and behaviours. The way a person thinks can affect how they feel and behave. CBT can help a person to develop healthier ways of thinking, which can lead to a change in feelings and behaviour. CBT helps people recovering from psychosis to understand the impact of the illness, cope better with stress and recognize the effects of alcohol and other substances on symptoms.

CBT can also help with finding alternative, healthy ways to cope with illness, reduce symptoms and prevent relapse. CBT methods include skills training, cognitive restructuring and self-monitoring skills. CBT is offered in a one-on-one or group format.

### **COGNITIVE-BEHAVIOURAL SOCIAL SKILLS TRAINING**

Cognitive-behavioural social skills training (CBSST) combines CBT and social skills training techniques to help the person achieve their social, behavioural or vocational goals. This approach helps the person to recognize, examine and change unhelpful thoughts that interfere with achieving their goals. It also teaches communication and problem-solving skills.

### **DIALECTICAL BEHAVIOUR THERAPY**

Dialectical behaviour therapy (DBT) helps a person manage overwhelming emotions and strengthens their ability to cope with distressing situations. It may include individual sessions as well as group therapy. Skills that are taught include coping with distressing situations, focusing on the present moment, avoiding getting overwhelmed by emotions and developing effective interpersonal skills.

## **MOTIVATIONAL INTERVIEWING**

It can be difficult for anyone to make changes in their life. People often have mixed feelings, or ambivalence, about change. Motivational interviewing is an approach to helping a person who is thinking about making a change. It is a collaborative process that helps the person explore their motivation and ambivalence about making the change, and strengthen or enhance their commitment to the change.

## **ACCEPTANCE AND COMMITMENT THERAPY**

Acceptance and commitment therapy (ACT) helps a person who may feel stuck on certain thoughts to notice and accept their thoughts and to view them as separate from their sense of self. It also helps the person to focus on the present moment. In this way, ACT promotes greater psychological flexibility, enhances the person's commitment to key values and helps them take actions toward doing the things they value.

## **MINDFULNESS MEDITATION**

Mindfulness is defined as “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience” (Kabat-Zinn, 2003). It is a skill that can be learned, and it can be helpful in increasing self-awareness, relaxation and the ability to cope with difficult situations or overwhelming emotions.

## **Treatment for substance use issues**

People with psychosis are more sensitive to the effects of substances than those without psychosis. Research shows that when a person with psychosis also has substance use issues (known as concurrent disorders), it is most effective to treat them together. For this reason, early psychosis programs treat both substance use issues and symptoms of psychosis.

Substance use treatment may be delivered within the program or provided by an external agency. It typically involves assessment; group or individual counselling; and education about substances, the impact on symptoms of psychosis, medication management, stress management and relapse prevention.

### **Other psychosocial interventions**

Many other interventions and supports have been shown to help people with early psychosis. They include:

- crisis support and safety planning
- social support networks
- leisure activities and other meaningful activities
- relapse prevention planning
- group therapy (activity-based groups and psychotherapeutic groups).

The person's treatment team can provide more information about these options.

## 7 Family involvement

Many partners, family members and friends may find the onset of psychosis extremely distressing and feel worried, helpless and confused. Their involvement is important in the overall plan toward recovery. They can be an important part of the treatment team. People in the person's circle of support can provide information about the person's symptoms, how they developed and how the person functioned before the onset of psychosis, which can be very helpful information for the treatment team.

It is also important that family and friends pay attention to their own well-being and reach out for support if they need it. Ideally, the treatment team works with the person's family and friends to ensure they are supported and engaged in the care planning process.

By working with the treatment team, family and friends can learn about the nature of the illness, treatment options, patient rights and the mental health system. They can also get guidance on how to relate to and support the person experiencing psychosis. For example, it is best to communicate in a calm, clear manner and to avoid overwhelming the person with too much information. It is also important to be aware that the person may need time to recover and may not be able to fully engage in all activities of daily living right away. A step-by-step approach to gradually taking on tasks and activities usually works best.

Many family members and friends find that they need to develop coping strategies and effective communication skills to help them support the person experiencing psychosis. Individual family counselling, psychoeducation workshops and support groups can help those in the person's circle of support develop and practise these strategies and skills.

These groups and workshops can also provide emotional and practical support, as well as education about psychosis. It is important that family and friends find a balance between supporting the person in recovery and taking care of their own personal needs. This can help prevent exhaustion and decrease feelings of shame and guilt.

*It can be challenging to be part of a person's recovery journey, but it can also be a powerful and rewarding experience.*

The CAMH book *Promoting Recovery from First Episode Psychosis: A Guide for Families* is another valuable resource for families and friends.

## 8 The process of recovery

Psychosis is treatable and many people will make excellent gains in their recovery. Recovery looks different for each person, and like with any illness, there can be setbacks along the way. The key piece to remember is that recovery is possible, and there are treatment options that promote recovery.

Part of recovery is learning that a person's experience with psychosis is merely one part of who they are. It does not have to define their entire identity. The recovery flowers below show what it can feel like when the illness defines someone (left image) and what recovery can feel like when they have many meaningful life roles that are all part of their identity (right image).



## Promoting recovery and wellness

It is a good idea for people with early psychosis to be actively involved in their treatment and recovery. Ideally, they work together with mental health professionals and the people in their circle of support to learn about their illness, treatment options and ways to prevent further episodes. The recovery process may be more successful if the person recognizes warning signs or symptoms, practises how to manage stress, builds a social support network and engages in activities that are meaningful to them, such as work, school or leisure.

## A final word about recovery

The course of recovery from early psychosis varies from person to person. Sometimes symptoms go away quickly and people are able to resume their daily lives right away. For others, it may take several weeks or months to recover, and they may need support over a longer period of time.

*Remember, psychosis is treatable and many people make an excellent recovery!*

# References

Brabban, A. & Turkington, D. (2002). The search for meaning: Detecting congruence between life events, underlying schema and psychotic symptoms. In A.P. Morrison (Ed.), *A Casebook of Cognitive Therapy for Psychosis* (pp. 59–75). Hove, England: Brunner-Routledge.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10 (2), 144–156.

National Institute of Mental Health. (n.d.). Fact sheet: First episode psychosis. Retrieved from [www.nimh.nih.gov](http://www.nimh.nih.gov)

NAVIGATE (early treatment program for people with first episode psychosis): [navigateconsultants.org](http://navigateconsultants.org)

## Resources

Canadian Consortium for Early Intervention in Psychosis:  
<https://epicanada.org>

Canadian Mental Health Association: [www.cmha.ca](http://www.cmha.ca)

Centre for Addiction and Mental Health (CAMH) Office of  
Family Engagement: [www.camh.ca/en/your-care/for-families](http://www.camh.ca/en/your-care/for-families)

Connex Ontario: [www.connexontario.ca](http://www.connexontario.ca)

Early Psychosis Intervention (EPI) – British Columbia:  
[www.earlypsychosis.ca/about-us](http://www.earlypsychosis.ca/about-us)

Early Psychosis Intervention Ontario Network (EPION):  
<https://help4psychosis.ca>

Institute for Advancements in Mental Health:  
[www.iamentalhealth.ca](http://www.iamentalhealth.ca)

Martens, L. & Baker, S. (2009). *Promoting Recovery from  
First Episode Psychosis: A Guide for Families*. Toronto, ON:  
Centre for Addiction and Mental Health.

Schizophrenia Society of Canada: <https://schizophrenia.ca>

Slaight Centre Early Intervention Service: <https://www.camh.ca/en/your-care/programs-and-services/slaight-centre-early-intervention-service>

**Substance use and psychosis resources**

Cannabis and psychosis: <https://cannabisandpsychosis.ca>

Cannabis and mental health: <http://cannabisandmentalhealth.ca>

Psychotic disorders and substance abuse: [www.therecoveryvillage.com/mental-health/psychosis/substance-abuse](http://www.therecoveryvillage.com/mental-health/psychosis/substance-abuse)

## Other guides in this series

*Addiction*

*Anxiety Disorders*

*Bipolar Disorder*

*Borderline Personality Disorder*

*Cognitive-Behavioural Therapy*

*Concurrent Substance Use and Mental Health Disorders*

*Depression*

*Dual Diagnosis*

*The Forensic Mental Health System in Ontario*

*Obsessive-Compulsive Disorder*

*Schizophrenia*

*Women, Abuse and Trauma Therapy*

*Women and Psychosis*

To order these and other CAMH publications, contact

CAMH Publications:

Toll-free: 1 800 661-1111

Toronto: 416 595-6059

E-mail: [publications@camh.ca](mailto:publications@camh.ca)

Online store: <http://store.camh.ca>







A first episode of psychosis is confusing and frightening for those who experience it, and for their family and friends. This distress is heightened when those involved don't understand what is happening, and what can be done to help. This guide outlines the symptoms, phases, causes and types of psychosis, and also describes treatment and support. This knowledge can help to increase understanding, and to promote recovery.

For information about alternative formats of this booklet or about other CAMH publications, or to place an order, please contact CAMH Publications:

Toll-free: 1 800 661-1111

Toronto: 416 595-6059

E-mail: [publications@camh.ca](mailto:publications@camh.ca)

Online store: <http://store.camh.ca>

Website: [www.camh.ca](http://www.camh.ca)

Disponible en français sous le titre : *La psychose précoce :  
Guide d'information*

# camh

A Pan American Health Organization /  
World Health Organization Collaborating Centre

ISBN 978-1-77114-451-3

