Psychosis & Schizophrenia

Understanding Treatment Options



What is psychosis?

Psychosis is a state where you lose touch with reality. This might include things like hearing voices, seeing or feeling things that aren't there (hallucinations), feeling paranoid, or believing things that don't make sense (delusions). You might not be able to think logically and might struggle to communicate with other people.

Often these symptoms appear gradually, and they can become very distressing. For example, you might start struggling with your concentration or memory, have unusual ideas or behaviours, change how you communicate, experience mood changes, feel less social, or be less interested in your hobbies and other activities. There is no set time for how long this can last, and the symptoms can affect your school work and relationships with family and friends.

Experiencing the symptoms of psychosis is often referred to as 'a psychotic episode'. How often a psychotic episode occurs and how long it lasts can depend on what has caused your symptoms.

Psychosis can be related to certain mental health conditions or can be triggered by events or experiences. Mental health conditions which might cause you to experience psychosis include schizophrenia, bipolar disorder and severe depression. Events or experiences which might trigger symptoms of psychosis include trauma, stress, drug or alcohol misuse, medication side effects or certain physical health problems (such as severe infections or a brain tumour, although these would usually have other physical symptoms in addition to psychosis).

Often if you're experiencing psychosis you might not notice that you are becoming ill. You might also worry that you can't trust other people, which makes it difficult to ask for help. Because of this, it can often be your family and friends who will notice that you are becoming ill, and so they are often the ones who start looking for help for you.

Getting help early is important, because getting a diagnosis and starting treatment can help with your recovery. Because of this, if you might be experiencing psychosis then you should be referred to mental health services urgently and ideally start treatment within two weeks. Your treatment will be with specialist Child and Adolescent Mental Health Services (CAMHS), or in some areas by Early Intervention in Psychosis (EIP) teams.

If your psychosis symptoms are being caused by a physical health problem, then you will be referred for medical care that is suitable for your age and the type of physical health problem.

What is schizophrenia?

Schizophrenia is a mental health condition, with symptoms often described as:

- **Positive**: such as hallucinations (e.g. seeing things that aren't there) and delusions (strong beliefs that are not shared by other people)
- Negative: such as feeling emotionless and unmotivated, communicating less, withdrawing from the people around you and not taking care of yourself

Schizophrenia is rare in children and is usually noticed in young people who are over 15 years old. Asking for help early is important, because getting a diagnosis and starting treatment can help with your recovery. You might also have a mixture of symptoms of bipolar disorder or depression alongside symptoms of schizophrenia.

Planning treatment

Diagnosis and assessment

To help your professional understand the symptoms you're experiencing, they will ask you to have an assessment. During your assessment, your professional will ask about your symptoms, experiences and thoughts, as well as find out about your life, history, any other physical or mental health problems, and your family history.

Your professional should treat you with sensitivity and respect and be aware that you might be worried about speaking with people because of the symptoms you are experiencing or worried about stigma surrounding psychosis or schizophrenia.

Because of the nature of psychosis, you may not have noticed that you were becoming ill, and so your professional will usually need to talk to your parents or carers as well. You might also not know whether other people in your family have had similar illnesses, and so your professional will usually need to ask your parents or carers about this too.

Your professional will also need to find out about any particular risks, such as whether you have thoughts of harming yourself or anyone else, and whether you have acted on these. Your assessment might also involve a physical health check.

Psychoeducation

Psychoeducation involves teaching you and your family more about psychosis and/or schizophrenia and how it can be treated. As you can often be very unwell at the point of your assessment, it might be difficult to take in information or you

might not believe you are really unwell. If this is the case, your professional might plan to give you more information when you are better able to engage with it.

Making decisions about your treatment

Your professional should also talk with you and your parents or carers about:

- the benefits and risks of your treatment options
- any worries you have
- any other physical or mental health conditions you have
- how to stick to your treatment plan

You should be involved in planning and making decisions about your treatment. However, sometimes if you are at risk of harm because you are very unwell and do not believe you are ill, decisions about your treatment may need to be taken for you. This may involve your parents, carers or doctors making decisions for you, and they will have to follow specific legal rules to make sure any decisions are in your best interests.

If you're over 16, or you are able to make your own decisions about your care, then you can make decisions about whether and how you would like your parents or carers involved. Usually, it is helpful for your parents or carers to be involved, especially if you live with them. This doesn't mean that your parents or carers will know everything that happens in your individual sessions.

Your treatment for schizophrenia should be personalised to fit you, and should try to improve all the symptoms you experience. Schizophrenia can be a long-term condition, so your professional should also support you to help you manage your mental health alongside your everyday life.

Your professional should work together with you and your parents or carers to create a crisis plan.

What about my parents or carers?

Your professional should give your parents or carers information about psychosis or schizophrenia and the treatment options. Your professional should work together with you and your parents or carers (if appropriate) to make decisions about your care.

The wellbeing of your parents or carers is important, and they should be offered an assessment of their own needs and any support that might help them.

Transitions between services

In England there are Early Intervention in Psychosis (EIP) teams which work with people who are 14-65 years old. These teams often work across both CAMHS and mental health services for adults, so you might work with a CAMHS professional at first and then work with another professional from adult mental health services once you turn 18.

If you transition to another EIP service (e.g. if you move house), then your professional should work with you to make sure that your treatment continues smoothly, and that your new service has all the information they need.

Antipsychotic medication



Strong evidence

Antipsychotic medication can help to reduce your positive symptoms (e.g. hallucinations or delusions), reduce anxiety and agitation and reduce your negative symptoms (e.g. feeling unmotivated or withdrawn). Antipsychotic medication is the main treatment for schizophrenia, and it is unlikely that you will recover without it.

There are different types of antipsychotic medication. Some antipsychotic medications can work better for some people than others, and they all have slightly different side-effects. Antipsychotic medication for young people is usually prescribed or overseen by a consultant child and adolescent psychiatrist.

If you are prescribed an antipsychotic medication this will usually be at the lowest dose possible, to balance the positive effects of the medication with any sideeffects. Sometimes, if an antipsychotic medication doesn't suit you (e.g. because of side-effects or it doesn't help with your symptoms), your psychiatrist will suggest that you try a different antipsychotic medication.

Antipsychotic medications are sometimes called 'typical' or 'atypical', and the difference is related to how they work in the body. The side-effects of antipsychotic medication can be different for each type, with 'atypical' antipsychotic medication usually recommended to help with psychosis for young people.

Commonly used antipsychotic medications include aripiprazole, olanzapine and risperidone.

Family therapy



Some evidence

Family therapy for people with psychosis focuses on understanding how your symptoms affect you and finding the best way of supporting you and your family together. This involves the needs of all the people in your family and their relationships with each other. Family therapy should include you and empower you and your family to help and support each other.

You should have at least 10 sessions of family therapy, which could take between three months and one year. You and your family should help to decide whether to have therapy as a single family, or in a group with other families. Your professional should also help you with any other support you need, such as education about psychosis or schizophrenia, problem solving or crisis management support.

Your professional should monitor the outcomes of your family therapy, including what you thought of the therapy.

Most research on family therapy to help with schizophrenia has only involved adults. Family therapy is a common treatment for children and young people with mental health problems as children and young people usually live with their families, and things that affect one person in a family can have an impact on others. Family members can also be a good source of support, so it is likely to be a helpful treatment option even if there isn't much research involving children and young people.

Cognitive behavioural therapy



Some evidence

Cognitive behavioural therapy (CBT) is a talking therapy which focuses on how your thoughts, beliefs and attitudes can affect your feelings and behaviour. It aims to teach you how to cope with problems by changing the way you think about them.

You should have at least 16 sessions of individual CBT and your sessions should be tailored to your experiences and symptoms. Your CBT should help you to:

- monitor your thoughts, feelings and behaviours (especially those that are related to your symptoms)
- help you to understand your experiences and learn how to manage experiences such as hearing voices
- reduce your distress and make your daily life easier to manage

It's important for you to try to attend all your sessions regularly, so you can get the most out of the treatment.

There isn't much evidence about whether CBT is helpful for psychosis or schizophrenia in young people, but it has been found to be helpful for adults so it's likely to be helpful for young people too.

Arts therapies



Some evidence

Arts therapies aim to help you express yourself, and involve a variety of different ways to use psychotherapy techniques alongside creative activities. Arts therapies include therapies such as art therapy and music therapy.

Arts therapies can help you to express yourself in different ways, particularly if you find talking about your thoughts and feelings difficult. Arts therapies can be individual or as part of a group.

There isn't much evidence about whether arts therapies are helpful for psychosis or schizophrenia in young people. However, arts therapies have been found to be helpful for adults with psychosis or schizophrenia so it is likely that they will also be helpful for children and young people.

Dietary interventions



Some evidence

There isn't much evidence that dietary interventions (e.g. following a special diet or taking supplements) are helpful as a treatment for psychosis or schizophrenia. However, a healthy diet is generally helpful for good overall health.

If you have psychosis or schizophrenia you could be at risk of having a poorer diet and doing less exercise because of your symptoms. Also, some of the antipsychotic medications can cause weight gain, so your professional should talk to you about your diet and exercise. They should help you to find ways of managing any problems, including referring you to a dietitian.

There are some rare physical health conditions which can cause psychosis and where following a special diet is an essential part of the treatment. However, this is not needed for most people with psychosis or schizophrenia.

Inpatient care



Some evidence

In some circumstances you may need to stay in hospital. Exactly where you stay will usually depend on your symptoms, your age and the kind of care you need. If you're offered inpatient care, this should be somewhere that your parents or carers can visit often. Your professional should discuss all these things with you when talking with you about inpatient care.

Your professional should give you clear information (and talk this through with you) about the inpatient care you would receive. This includes information about:

- the hospital
- the ward where you would be staying
- the treatments you could be offered
- visiting arrangements

Your professional should also give you plenty of time to ask questions and talk about any concerns.

Inpatient wards for children and young people often have websites and written information packs so you and your parents or carers should have a chance to look through these before you are admitted. Inpatients wards for people aged under 18 usually offer education and a range of other activities, and as soon as you are able to you should be able to join these.

You should be supported when you leave inpatient care to help you adjust. Your professional should also help you to plan for recovery and your care in the future.