

# SANE

FACTSHEET

# PSYCHOSIS

## QUICK FACTS

- People can experience psychosis as part of a range of mental and physical health issues.
- Psychosis includes delusions and hallucinations, across one or more episodes.
- Treatments for psychosis include medications, psychological therapies, and social supports.
- A person who has experienced psychosis can live a long and fulfilling life.

## ABOUT PSYCHOSIS

Psychosis impacts a person's sense of what is real and what isn't. This could be because of hallucinations (seeing, hearing, or sensing something that doesn't exist) or delusions (false beliefs that the person believes are true or real).

An estimated 0.5% of Australian adults experience a disorder involving psychosis (a 'psychotic disorder')<sup>1</sup>.

Psychosis occurs on a spectrum. A person can have just a single episode of psychosis or may have multiple episodes over a lifetime. Psychosis can occur as a symptom of mental health issues like [schizophrenia](#), neurocognitive conditions like dementia, or as a result of substance use. It can also occur in many other conditions that affect the brain (for example, Parkinson's disease, epilepsy, or migraines).

Other people experience psychosis in the context of other mental health issues, such as bipolar disorder (during a period of mania), depression, or personality disorders. Women may experience postpartum psychosis after childbirth.

## SYMPTOMS OF PSYCHOSIS

Psychotic symptoms vary from person to person, and even between one episode and another. Symptoms can include<sup>2</sup>:

- **Delusions:** false ideas or beliefs that can't be changed by evidence and aren't shared by other people from the same cultural background.
- **Hallucinations:** seeing, hearing, feeling, tasting or smelling something that isn't there.

- **Disordered thinking:** making up words or use them in strange ways, using mixed-up sentences or changing topic frequently.
- **Disordered behaviour:** seeming agitated, muttering, swearing, or otherwise acting inappropriately for the situation they're in. They may find it challenging to keep up their personal hygiene and housework. In severe cases, a person may become unresponsive to the world around them – this is sometimes referred to as 'catatonia'.
- **'Negative' symptoms:** these symptoms include reduced emotional expression (like a lack of eye contact, speech, or facial expression), irritable or depressed mood, low motivation, less talking, or struggling to experience enjoyment and pleasure.

In most cases, psychosis is experienced as an 'episode' – a period of short-term symptoms of delusions or hallucinations. The length of an episode varies from person to person and depends on factors such as the type and cause of the episode.

Episodes can be as brief as a few hours (in the case of some drug-induced episodes). But for some psychotic disorders, a person can experience symptoms for months.

Around 25% of people who experience psychosis have low 'insight' – meaning they believe their delusions or hallucinations are real<sup>1</sup>. Others will be aware that what they are experiencing is part of psychosis. Awareness can also change over time, and many people experience a high level of insight in between episodes.

It's important to note that people with psychosis are much more likely to have experienced violence than they are to be violent themselves<sup>3</sup>.

## EARLY SIGNS OF PSYCHOSIS

Early signs of psychosis can be subtle or hard to pinpoint. Some common signs to look out for are:

- **Changes in emotion:** depression, anxiety, irritability, suspiciousness, and flattened or reduced emotional responses.
- **Changes in thinking:** trouble with concentration or attention, changed sense of self or the world, and odd ideas or perceptual experiences.
- **Changes in behaviour:** changes in sleep or appetite, withdrawing socially, or having troubles at work, school, or socially.

If untreated, these symptoms can develop into a full episode of psychosis.

## CAUSES OF PSYCHOSIS

The causes of psychotic disorders are complex. Genetics, early-childhood development, traumatic life experiences, physical illness, injury or infection, and other factors can increase the chance of experiencing psychosis<sup>4</sup>.

Episodes of psychosis can be triggered by stress or trauma, medication changes, or sleep deprivation. Cannabis use can also bring on psychosis, especially for those who are already vulnerable to developing it<sup>5</sup>. Methamphetamine and alcohol-use can also induce psychosis<sup>6,7</sup>. Some types of psychosis are only experienced in certain time periods, like the perinatal

period.

## MANAGING LIFE WITH PSYCHOSIS

Some people who experience psychosis find the following strategies can help prevent episodes, help them feel better in between episodes, or help them feel more in control. It can take some time to figure out what is helpful – and it's a very individual process:

- learning more about psychosis
- looking after physical health
- [improving sleep](#)
- accessing [peer support](#)
- developing a [relapse prevention plan](#) – including identifying early warning signs, what to do when an episode occurs, and who to contact (and making sure family and a trusted health professional have a copy)
- [Advance care planning](#) can also be an option for times when a person may not be able to make decisions for themselves. The nature of these documents vary by state.

## TREATMENT AND SUPPORT FOR PSYCHOSIS

The best place to start in getting a diagnosis is a GP. They can make an assessment and provide a referral to a psychiatrist for full diagnosis and treatment if appropriate. Your diagnosis might change over time.

Early intervention can be helpful. During assessment, some people may be classified as at 'high risk' of developing psychosis. Although this can sound scary, identifying this risk early helps a person get supports in place. This may include case management, support for families and carers, group programs, and minimising disruptions to school or work<sup>8</sup>.

Although [antipsychotic medications](#) are usually the first line of defence, [psychological therapies](#), including cognitive behavioural therapy, psychodynamic therapy, and open dialogue, can also be helpful for psychosis<sup>9</sup>.

Community support programs can also help with social connection, physical health, accommodation, and work or school.

Treatment for mental health issues involving psychosis can span over many years and often involves a multidisciplinary team. During that time, treatments may change to improve the results and reduce any side-effects.

## HELP FOR FAMILY & FRIENDS

Those caring for someone living with psychosis need support too. It's okay for family and friends to prioritise their own mental and physical health while supporting someone else. Learning about psychosis and talking to a mental health professional about any concerns you have can be a good start.

Many other people out there share the experience of supporting someone with mental health

issues, and services designed to help carers. Check out our [Guide for family, friends and carers](#).

**Experiencing psychosis can be challenging, but with support it is possible to live a full and meaningful life.**

**To connect with others who get it, visit our online Forums. They're safe, anonymous and available 24/7.**

[VISIT FORUMS](#)

## RESOURCES

- [Early Psychosis treatment guide](#) (Orygen)
- [Relapse prevention plan example](#)
- Resources for family and friends: [Mental health first aid for psychosis](#), [SANE](#); [Mental Health Carers Australia](#) (formerly ARAFEMI)
- [Self-help when hearing voices](#) – SANE blog

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