

This fact sheet provides brief information on psychosis and psychotic disorders, written for pre-service teachers and educators. You will find other fact sheets about mental health and illness on the Education section of the Response Ability site www.responseability.org

What is Psychosis?

Psychosis is a cluster of symptoms that occur in certain illnesses or physiological states, due to a disturbance in the functioning of the brain. A person may experience a single episode of psychosis, or it may occur more than once as part of a recurrent illness. Approximately 3% of people will experience some form of psychosis during their lifetime. Features of psychosis include:

Disturbed thinking and cognitive skills - people's thoughts may jump suddenly from one subject to another, or they may have a 'mental block' when thoughts are interrupted completely. Conversation can be difficult to understand and may seem fast and pressured. Thoughts and speech are often muddled and disjointed. People can also experience problems with memory, attention, learning, problem-solving, decision-making and abstract thinking.

Disturbed mood - in psychosis, a person can experience marked changes in mood. They may find it hard to express feelings, or may respond inappropriately, such as laughing at sad news. People can feel numb and depressed, or sometimes be prone to bursts of intense emotion. These mood changes can cause a person's motivation to drop and they may neglect day to day tasks such as personal hygiene, household chores, work or study.

Hallucinations - hallucinations occur when someone senses or feels something that is not there, even though it seems very real to the person experiencing it. This can affect any of the five senses: sight, hearing, touch, taste or smell. Examples include hearing voices, seeing colours or visions, or feeling a crawling sensation on or under the skin. Hallucinations often cause feelings of confusion, worry or fear and can trigger unusual behaviour.

Delusions - a delusion is a false and sometimes bizarre belief, not shared by others in that culture or environment. A person may feel the need to defend the belief, even if there is evidence against it. Delusions include ideas of persecution or conspiracy; getting special messages through radio, TV or newspapers; feeling that one has a special relationship to a religious figure or famous person; or believing that private thoughts are being broadcast aloud.

Psychotic Disorders

Symptoms of psychosis can occur in a range of circumstances, including physical or mental illness, or certain physiological states such as starvation. There are a number of mental illnesses which may feature psychosis – such as schizophrenia, bipolar mood disorder, or (less commonly) severe cases of depressive illness such as major depression or postnatal depression. Those types of illness in which psychosis is a common feature are sometimes grouped together and called psychotic disorders.

Treatment of the active symptoms of psychosis usually requires a stay in hospital, combined with medication (either short-term or long-term). Some people who experience psychosis will have only a single episode, while others experience repeated episodes interspersed with periods of being well. Some people do experience longer and more disruptive periods of psychosis and illness, particularly if they decline to take medication or have difficulty accessing health care (for example through homelessness).

Those with recurrent or cyclic illness such as schizophrenia and bipolar disorder can often manage their condition in a community setting rather than needing hospitalisation, through working with a GP and/or mental health professionals. They will not be psychotic all the time. However if their symptoms worsen or active signs of psychosis develop, they may benefit from a stay in hospital to stabilise their condition.

What triggers psychotic disorders / psychosis?

This is not fully understood and is still an area of active research. Factors that have been associated with the onset of psychosis include:

Biological Factors

There is some evidence that psychosis is caused by a combination of biological factors that create a vulnerability to experiencing psychotic symptoms during adolescence or early adult life. A psychosis may be due to impairment of the nervous system in its early development, or possibly a chemical imbalance in part of the brain.

Genetic Factors

Studies of familial patterns of illness suggest that some psychotic disorders, such as schizophrenia and bipolar disorder, may involve a genetic predisposition to the illness. People who have a family history of these illnesses should consider avoiding or limiting their exposure to possible environmental triggers such as stress and substance use.

Stress

In those who are vulnerable to a psychotic illness, stress may trigger the onset of symptoms or a relapse of the illness. Such stresses can include lack of sleep, busy lifestyle, school or work stress, family problems, trauma or psychological stress.

Substance Use

The use of marijuana and other drugs can trigger psychosis in some people. This may be temporary, resolving with treatment and avoidance of the drug. However, some people go on to develop a recurrent psychotic illness such as schizophrenia. Research suggests that drug use doesn't cause these mental illnesses as such, but may uncover symptoms or bring them on earlier in people who were already vulnerable to the illness. Substance use can also trigger a relapse in those with a past history of mental illness.

Common Misconceptions about Psychosis and/or Schizophrenia

MYTH: Schizophrenia / psychosis occurs because of drug use

Symptoms of psychosis or a relapse of an existing disorder can occur with substance use. However the association is not straightforward. People can develop psychosis without having a history of problematic substance use. Many people who use legal and illicit substances never develop psychosis.

MYTH: Schizophrenia is caused by bad parenting and family problems

There is no evidence that this is a cause of schizophrenia; many people with this disorder come from supportive and nurturing families. This myth probably arises from the fact that changes in a

young person's behaviour can result in family problems and/or the fact that stress can trigger the onset of symptoms in an already vulnerable person.

MYTH: Schizophrenia involves a split personality

Schizophrenia does not involve a split personality – people with this illness do not shift from one personality to another. The closest concept to the split personality is Dissociative Identity Disorder (DID), but this diagnosis is rare and there is controversy among experts about whether it really exists. Schizophrenia is characterised by disordered mood and thinking, with delusions and hallucinations, and affects about 1 in 100 people. There is a strong implication of genetic and biological factors in the onset of schizophrenia.

MYTH: People with schizophrenia are intellectually impaired and can only do low level jobs
There is no association between schizophrenia and intellectual impairment, or lack of intelligence. This myth probably arises because when they are unwell, people's thoughts may seem disorganised or bizarre and their behaviour may be unusual. As with other illnesses, people may be temporarily unable to manage study and work commitments when they are unwell, but may choose to return to these tasks on recovery.

MYTH: People with schizophrenia / psychosis are violent and unpredictable
Most people with these conditions are not violent toward others, nor are they psychotic all the time. There is a heightened risk of violent behaviour in less than 10% of these people, usually associated with a previous history of violence (when well or unwell), frightening delusions or hallucinations, or severe mental illness coupled with use of drugs or alcohol.

Psychosis in young people

Psychotic illnesses frequently occur for the first time in adolescence or early adulthood. Sometimes they take time to emerge and early symptoms can be easily interpreted as relating to other conditions or situations. This means that there may be a lengthy period of behaviour change or difficulties prior to a diagnosis.

Early changes associated with the development of psychotic disorders could include: difficulty concentrating, changes in thinking, preoccupation with odd ideas, mood swings or lack of emotional response, changes in behaviour or an increase in unusual behaviour, loss of energy and loss of interest in activities, withdrawal from friends and family, decline in academic performance.

Several of these signs would also be consistent with unresolved personal problems, depressive illness, anxiety, substance abuse or a range of other difficulties. A teacher who notices these signs over a prolonged period should encourage the young person to speak with a school counsellor or other support worker. This professional can then arrange for further referral if needed.

If the student does not seem willing to seek help and the situation doesn't improve, ask for advice from your school counsellor, welfare officer or principal. The school can then approach the young person's family and/or arrange a formal referral to a professional.

Useful Web Sites

The following Australian sites provide information about schizophrenia and psychosis:

The Mental Illness Fellowship of Australia: <http://www.schizophrenia.org.au>

Sane Australia: <http://www.sane.org/>

Neuroscience Institute of Schizophrenia and Allied Disorders: <http://www.nisad.org.au/>

The Early Psychosis Prevention and Intervention Centre: www.eppic.org.au

Additional Sources

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