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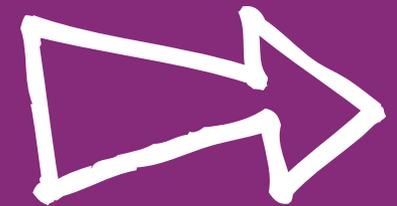
Getting **back** on **your** feet
Helping you cope with psychosis

Contents

| | |
|---|----|
| Part 1 – What is psychosis? | 5 |
| How it all starts | 7 |
| Case study: Des' story | 7 |
| Symptoms of psychosis | 8 |
| What causes psychosis? | 11 |
| Fact or fiction | 12 |
| Part 2 – Medication | 15 |
| Types of medication | 16 |
| How will medication help? | 18 |
| Side effects | 20 |
| Case study: Shamir's story | 23 |
| Part 3 – Helping yourself after a first episode of psychosis | 25 |
| Coping with symptoms | 26 |
| Increasing your confidence | 30 |
| Relapse and recovery | 34 |
| Staying well: preventing relapse | 35 |
| Case study: Matt's story | 36 |
| Case study: Serena's story | 39 |
| Relapse signature and relapse drill or plan | 40 |
| Index | 44 |
| References | 45 |
| Useful contacts | 46 |

1

WHAT IS PSYCHOSIS?



1.1 What is psychosis?

Psychosis is a word often used to explain a number of experiences or symptoms that happen together. These may include hearing voices, having jumbled thoughts, having frightening or unusual ideas and having too little or too much energy. These symptoms of psychosis may develop over weeks and months and can happen to anyone. It is most common for them to begin in young people between the ages of 14 and 35.

Most people at some stage in their life will experience a problem with their mental health. Depression, anxiety and stress can happen to anyone. Another problem that many young people may go through is psychosis.

1 in 100

experience psychosis.

14-35

is the most common age for people to start experiencing symptoms.

1.2 How it all starts

Psychosis is not always easy to spot. In its early stages, psychotic symptoms are often preceded by other problems which include difficulty concentrating, lack of energy, feeling depressed, disturbed sleep, feeling anxious and withdrawing from other people to name just a few.

Many of these changes are relatively common in young adults and in themselves do not indicate that someone is about to develop psychosis. However, if they persist or worsen it may be worth seeking professional help for example advice from your GP.

Psychosis is not always easy to spot in the early stages.

THE STORY OF DES



Des was a 22-year-old student studying engineering at university. At first he enjoyed college but after a while began to feel lonely and isolated.

He found it increasingly difficult to talk to people and began to miss lectures. He spent more and more time in his room smoking and drinking on his own. A neighbour encouraged him to smoke cannabis and over the course of two or three weeks, he became anxious and suspicious. He began to feel his family were against him and were trying to harm him because he had special powers. Des became increasingly irritable and aggressive. His family contacted their GP who referred him for specialist help.



1.3 Symptoms of psychosis

Clinically, symptoms are referred to as positive and negative. Positive symptoms describe experiences and behaviour that are not usually present, while negative symptoms describe what is missing that should normally be present.

Most experts agree that the most common positive symptoms of psychosis are:

Hearing voices also known as auditory hallucinations, which are noises heard when there is nothing there. They often sound like a person or a group of people talking about you or to you. Voices can be pleasant but are often nasty and may make the person distressed and uncomfortable.

A person experiencing a psychotic episode may also report other types of hallucinations although these are not as common as voices.

Thought withdrawal or insertion: A feeling or belief that your thoughts are either being taken away or put into your mind.

Visual hallucinations: The experience of seeing things that are not really there (visions).

Tactile hallucinations: The experience of being touched or touching something that does not exist.

Olfactory hallucinations: The experience of smelling something that is not really there.

Experience of control: A feeling or belief that you are under the control of an external force or power, for example aliens.

Thought broadcast: A feeling or belief that your thoughts are being broadcast out loud. This can often be very stressful leading to avoiding other people and not going out.

Thought disorder: Problems with thinking, for example having trouble linking thoughts together. This may make it difficult to concentrate, for example, when reading, watching the television or when having a conversation.

Delusions: Beliefs that you feel to be true but others do not. There may be many different types, such as delusions of reference (a belief that the behaviour and/or remarks of others on the street, on television, radio, newspapers and so on are meant for you) or paranoid beliefs (suspiciousness, feelings of being controlled, watched by people, harassed, followed or believing you are part of a conspiracy).

During a psychotic episode people may experience...

These are just a few examples of negative symptoms, there are lots of others not listed here.

A change in behaviour e.g. isolating yourself.

A loss of energy or drive.

A change in your sleep pattern (sleeping too much or hardly at all).

A loss of emotions like not laughing at something you used to find funny.

Feeling flat, for example feeling low and lacking emotion.

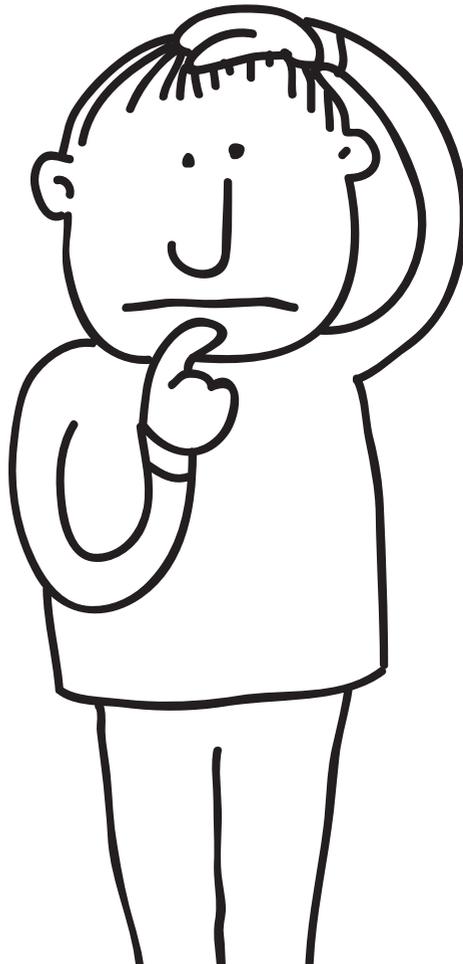
An inability to concentrate or pay attention, e.g. remembering what you have watched on TV.

After a psychotic episode

After a psychotic episode many people say that they do not fully remember their experiences. This is completely normal. Other people close to you may have a better idea of what was happening for you at this time and it is up to you whether you want to ask them more about it.

Even if you do decide you don't want to be told fully about what happened you may want to ask about your **early warning signs** so that in future you are able to recognise if problems begin to occur again.

You may want to ask about early warning signs.



1.4 What causes psychosis?

It is highly likely that there is not one but a number of complex reasons why people develop psychosis. Some people, for instance, may be more prone to developing psychotic symptoms under certain conditions than others. For example, having a family member with psychosis can increase your risk. However, it should be remembered that most people who go on to develop psychosis have no prior history of psychosis in their immediate family.

Things that may increase the risk of developing psychosis include:

- Stress and life events, such as starting college, break up of relationship, family problems and so on.
- Illicit drug use, for example cannabis, LSD, cocaine and so on.
- Abuse – physical, emotional or sexual.
- Trauma.
- A family history of psychosis.

Of course, these are things which many people have had experience of without developing psychosis. We still do not know why some people develop psychosis and others don't. More research is needed.

1.5 Psychosis: fact or fiction?

Psychosis is...

A change in thinking, feeling and behaviour that may be distressing and frightening.

A condition that people develop through no fault of their own.

Relatively common. In Britain every year over 100,000 people receive help for psychosis. Approximately one or two people in 100 experience psychosis.

Something that tends to start in people's late teens or early twenties.

Psychosis is not...

About having a split personality (for example Dr Jekyll and Mr Hyde). It is about having a different sense of reality to other people. People with psychosis do not have different personalities but may act slightly differently to how they were before they were unwell.

A condition that only affects certain types of individuals. Men and women from any country in the world could, in theory develop psychosis. Doctors, lawyers, sportsmen, DJs, shop assistants can all experience psychosis.

Always easy to spot. The early stages of psychosis are often confused with other difficulties that many young people experience when they're growing up.

Always linked with violent behaviour. Psychosis can cause a change in someone's personality but it does not mean they are violent. They may be anxious or frightened but they are no more a risk than anyone else.

2

MEDICATION



2.1 Medication

Medication is an essential part of the treatment of psychosis but many people are worried about taking it. Always talk to your doctor or care co-ordinator about which medication is right for you and any concerns you may have.

What sort of medication helps with psychosis?

Antipsychotic medication is the name given to the group of drugs used to treat psychosis and psychotic disorders. Medication is used to reduce any positive symptoms you may be experiencing such as hallucinations or delusions and helps you to think more clearly.

Medication works by changing the level of certain natural chemicals in our brains called neurotransmitters; these are messenger chemicals that pass signals from one brain cell to another. The main neurotransmitters that are involved in psychosis are dopamine and serotonin and antipsychotics work by altering the levels of these neurotransmitters.

Medication can be taken in a tablet form (usually daily) or can be via an injection every few weeks (this is done by a qualified professional and is useful if people find it hard to remember to take tablets daily). You may also have medication as a syrup or velotab (dissolvable tablet) in some cases. There are two main groups of antipsychotics and research suggests that they are equally effective.

1. Atypical antipsychotics (newer drugs)

These drugs are usually used as a first line treatment because research suggests that they cause fewer of the unpleasant side effects seen in typical antipsychotics (the other group). Many medications do have associated side effects and for this group side effects may include: weight gain, diabetes due to weight gain, tiredness and sexual problems.

Examples of atypical antipsychotics include:

- Amisulpride (Solian)
- Aripiprazole (Abilify)
- Olanzapine (Zyprexa)
- Paliperidone (Invega)
- Quetiapine (Seroquel)
- Risperidone (Risperidone, Risperdal Consta)
- Clozapine (Clozaril)

2. Typical antipsychotics (older drugs)

People taking typical antipsychotics often find that delusions and

hallucinations are reduced, although they can sometimes experience difficulty making decisions and remembering things. This older medication group is not usually what you would be treated with first as they may have more problematic side effects than the newer drug group (atypical antipsychotics).

Examples of typical antipsychotics include:

- Chlorpromazine (Largactil)
- Flupentixol (Depixol or Fluanxol)
- Haloperidol (Haldol, Dozic or Serenace)
- Pimozide (Orap)
- Trifluoperazine (Stelazine)

Psychosis can occur in many different forms and everyone responds to treatment differently. There are many antipsychotics drugs available so you may try several different medications to see what works best for you. Which medication you take should always be decided in partnership between you and your doctor.

2.2 How will it help?

1. Reducing symptoms

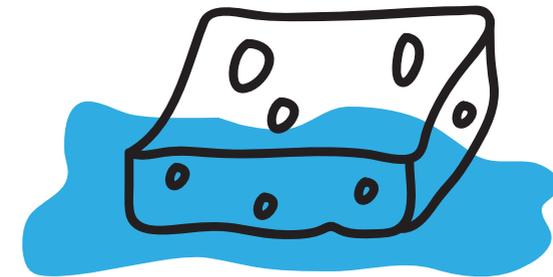
Research suggests that antipsychotic medication can help to control the positive symptoms of psychosis ('voices', delusions) in most people. Although slower to respond, some of the negative symptoms of psychosis (withdrawal, poor concentration, lack of energy) can also be helped with this medication. This is especially true for some of the newer drugs.

2. Preventing symptoms returning

Many people are unaware that antipsychotic medication can greatly help reduce the likelihood of symptoms returning or a so called relapse. This is why it is important to continue taking the medication even after the symptoms have significantly reduced or disappeared. A lower dosage will usually be prescribed to prevent relapse.

Antipsychotic medication is designed to help people with psychosis in two ways, to **REDUCE PSYCHOTIC SYMPTOMS** and to **PREVENT THOSE SYMPTOMS RETURNING.**

A way of understanding how medication may help prevent relapses is to think of it as a sponge that soaks up stress. We know that stress can make psychotic symptoms worse so by taking medication it means the person can cope more easily with life's stresses than if they are not taking any. Being able to cope better with stress reduces the chances of symptoms returning.



A way of understanding how medication may help prevent relapses is to think of it as a sponge that soaks up stress...

2.3 Side effects and common questions

Are there any side effects?

All medications have side effects. Some side effects are helpful and some are unhelpful. Not everyone will have unhelpful side effects. A lot will depend upon the type of drug and the dose you are taking. If you notice any side effects, it is important that you discuss this with your care co-ordinator. Some people get side effects with one medication or dose but not with another. A change in medication or dose usually improves this.

The table opposite will show you some of the main side effects you might get from an antipsychotic (taken from www.choiceandmedication.org)

How long will it take to work?

Antipsychotics drugs can take several weeks to take effect. If improvement is not seen within six to eight weeks, the medication needs to be reviewed.

Any side effects should be discussed with your doctor.

How long will I have to take the medication for?

Unless you are under the Mental Health Act you have the right to choose if you take medication or not. If you do take medication it is hard to give an exact answer as to how long you will need to take it for. Many antipsychotic medications should be taken over a long period as there is a **high risk of relapse** of psychotic symptoms if medication is stopped within the first two years.

Medication is usually recommended for a few years but this is dependent on you and how you respond. Some people may need to take it for less time than this and some may need to take it for longer; it depends on the individual and how much better they are feeling. Your doctor or care co-ordinator should be able to tell you more about this.

Don't stop the medication or cut it down by yourself when you are well – this may lead to symptoms returning.

| Side effect | What is it? | What to do about it? |
|--|--|---|
| Common (more than about one in 10 people might get these) | | |
| Drowsiness | Feeling sleepy or sluggish. It can last for a few hours after taking a dose. | Don't drive or use machinery. Ask your doctor if you can take your antipsychotic at a different time. |
| Movement disorders (extra-pyramidal side effects) | Having shaky hands. Your eyes and tongue may move on their own. You may feel very restless, or stiff. | It is not usually dangerous but is a well-known side effect. If it is distressing or worries you, tell your doctor. He or she may be able to give you something for it e.g. an anticholinergic medicine. |
| Less common (less than about one in 10 people might get these) | | |
| Hypotension | Low blood pressure - this can make you feel dizzy. | Try not to stand up too quickly. If you feel dizzy, don't drive. |
| Headache | When your head is painful. | Try paracetamol. Your pharmacist will be able to advise if this is safe to take with any other medicines you may be taking. |
| Restlessness | Being more on edge. You may sweat a lot more. | Try and relax by taking deep breaths. Wear loose fitting clothes. |
| Raised prolactin (hyper-prolactinaemia) | It can affect breasts (including milk being leaked) and periods in women, or cause impotence and chest changes in men. | It can be very distressing. Discuss with your doctor when you next see him or her as it may possibly even affect your bones if prolactin is raised for a long time. |
| Constipation | Feeling bunged up inside. You can't pass a motion. | Make sure you eat enough fibre, cereal or fruit. Make sure you are drinking enough fluid. Make sure you keep active and get some exercise, for example walking. If this does not help, ask your doctor or pharmacist for a mild laxative. |

2.3 Side effects and common questions

What happens if I forget to take it?

Don't worry. Most antipsychotic medication will remain in your body for more than a day after you have taken it. If you've missed a couple of days, this won't matter too much. Just start taking them again as prescribed. Don't try and make up the missed dose. The exception to this is Clozaril – if you miss one dose, contact your care co-ordinator.

Can I drink or take other drugs when on antipsychotic medication?

Alcohol

Alcohol and antipsychotic medication often interact to cause increased levels of sedation or drowsiness. Try to drink no more than the healthy daily alcohol limit:

Men = four units

Women = two or three units

(One unit = ½ pint of lager, one small glass of wine, one shot of spirits.)

Always avoid binge drinking
If you are driving on antipsychotic medication it is best not to drink at all.

Other medication

It is generally safe to take medication bought over the counter, for example painkillers, paracetamol, aspirin and so on, when taking most antipsychotic medications. If in doubt, check with your doctor, care co-ordinator or the pharmacist.

It is also not unusual to be taking more than one medication. People with psychosis may also take other medications in addition to antipsychotics such as antidepressants (to help your mood) or anticholinergics (to help some side effects).

Illegal street drugs

Drugs, such as cannabis, ecstasy, LSD and so on, can increase the symptoms of psychosis as mentioned earlier. They can also counteract the benefits of your antipsychotic medication so it is best to avoid these completely.

Tell your doctor, care co-ordinator or chemist about all the drugs you are taking in order to keep safe.

THE STORY OF SHAMIR

Shamir was a 26-year-old woman who was working in a factory making clothes. She lived with her mum and brother. Last year Shamir experienced her first episode of psychosis when she heard voices in her head and believed that others could read her mind.

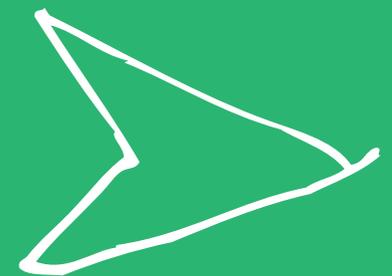
She found this very distressing and after contacting her GP was referred to an early intervention team. After a long chat with Shamir in order to get to know her and find out about her symptoms, the team psychiatrist prescribed an antipsychotic medication. At first Shamir felt little change but after a couple of weeks her voices became less frequent and quieter. Despite this she was unhappy with her medication because it made her feel drowsy. She also believed that it was making her put on weight. Shamir decided to stop taking her antipsychotic medication but did not tell her family or care co-ordinator.

Eight weeks later she started to hear voices again and believed that others could read her mind. She told her mum who contacted her care co-ordinator. Another appointment was arranged for Shamir to see the team psychiatrist who asked Shamir whether she wanted to reduce the dose or change to another medication. Shamir chose to try a new antipsychotic medication that she found did not seem to cause the same side effects of drowsiness and weight gain. She returned to work and started to go to the gym on a regular basis. She continued taking the medication for the next four years during which time the dosage of her tablets was gradually reduced. When she thought her symptoms were returning she spoke to her doctor about increasing her medication as part of her relapse plan.



3

HELPING YOURSELF AFTER A FIRST EPISODE OF PSYCHOSIS



3.1 Coping with psychotic symptoms

Often, the key to good recovery following a first episode of psychosis is how you help yourself. Although preventing relapse and overcoming other problems such as controlling psychotic symptoms, depression, anxiety and low self esteem, often require the help of mental health professionals, there are many things you can do yourself.

A few people continue to experience symptoms of psychosis even after taking medication regularly over a few weeks. These are often referred to as residual or treatment resistant symptoms and can be troublesome and distressing.

Often these symptoms are in the form of voices or delusional beliefs. Although different people cope with these symptoms in different ways, listed on the next few pages are some helpful and unhelpful approaches.

Voices auditory hallucinations

Many people may continue to hear voices, which are often, but not always, abusive and upsetting. Voices can often seem powerful, can disrupt every day activities and cause distress.

Coping with voices,
what helps?

If you are out in public and need to respond to the voices you could try talking into your mobile phone.

Some voices often seem powerful and can appear threatening. Remember that however real they seem, voices can never hurt you physically.

Keeping calm and questioning the evidence of their power may help reduce the distress they cause you. You may need to do this with the help of a mental health professional such as a doctor, nurse or psychologist.

Remember that these voices are not real and come from your own mind.

Keep busy – go out, visit friends, do jobs around the house, exercise.

Talk to others who have heard voices, they often have good tips on how to cope.

Some people are able to gain some control over their voice by distracting themselves for example, by listening to music, humming, playing computer games or talking to someone.

It can be useful to experiment with different strategies as the first one you try may not work.

Relax. Learn some techniques such as deep muscle relaxation or breathing techniques.

3.1 Coping with psychotic symptoms Worrying ideas and beliefs

Sometimes people have beliefs and ideas which not everyone agrees with, for example, believing that there is a group of people trying to harm or kill them. These can often be very distressing and may affect how the person behaves, for example, by staying indoors and going outside less often. Sometimes however, beliefs can make the person feel good about themselves, for example, by believing that they have superhuman powers which may make them behave out of character.

What helps?

- Keep calm. Just because you think or feel something to be true, it doesn't mean it is.
- Often things that we have had strong beliefs about turn out not to be correct. For example, many people believed the world was flat many years ago.
- Talk about your idea with someone, but only someone you trust. This may be a mental health professional, a friend or a member of your family. They will help you distinguish what is real and unreal if you are having difficulty.

- Try not to let the idea affect your day-to-day living.
- Try to take your mind away from the ideas by keeping as active as possible.

What doesn't help?

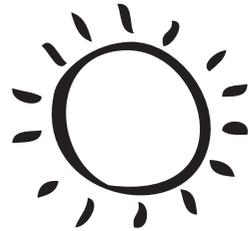
- It is unhelpful to respond to your beliefs directly, like doing something because you think you have special powers or because you're in danger, without checking them out with someone you trust.
- It is unhelpful to believe your ideas without questioning them.



Keep calm and try
to help yourself.



3.2 Confidence



INCREASING CONFIDENCE AFTER A FIRST EPISODE OF PSYCHOSIS

Talk, if you can, to someone you can trust about how you feel.

Many people, following a first episode of psychosis lose some or all of their confidence. While some people lack motivation and energy to work towards their goals (work, training, social life), others will find it difficult to socialise and mix with others.

It is common for some people to feel uncertain about the future and fear that the psychotic symptoms will return. As people recover, many of these feelings will disappear with time and support from friends, family and

professionals. In some cases, however, they may actually worsen leaving some people feeling depressed, hopeless and socially anxious. It is important that the person seeks professional help to learn how to cope and deal with these feelings. If this happens, there are many things you can do, and avoid, which will help increase confidence after a first episode of psychosis.

What helps?

- Talk, if you can, to someone you can trust about how you feel.
- Give yourself time – it often takes a while to get back on your feet – don't be in a rush.
- Set yourself goals. Start with small ones like getting yourself out of bed or doing the washing up, and build up to the larger ones such as getting a job or going back to college.
- Do things that mix pleasure with a sense of achievement. Don't just watch television – tidy up, go to the gym, then watch television.
- Start socialising again, if you can, with people you know quite well. If you're worried about what to say, choose activities which allow you to take the focus off the conversation such as playing cards or football or going to the cinema until your confidence returns.
- Have a number of goals, not just one, so if one isn't working out, you can achieve others. For example, don't put your life on hold until you get a job. Have a go at music, sports, a new hobby, an old hobby and so on.
- Treat yourself with kindness.

What doesn't help?

- Avoiding things such as going out – this will never allow you to build up your confidence. Plan small things to work towards, you may not necessarily feel like a massive night out but socialising a bit can help build up your confidence.
- Alcohol and street drugs are often used as a form of avoidance, particularly when taken regularly or in large quantities. Again, these can prevent you building up your confidence.
- Don't compare yourself unfavourably with others (for example, thinking "my brother is more successful than me").

3.2 Confidence

Our confidence is often affected by how we see ourselves in comparison to other people.

This is very natural and often difficult to avoid. If you are going to compare yourself, compare yourself with someone who is most like you. For example, maybe with someone who has had an episode of psychosis, who is from a similar background and with the same kinds of opportunities.

Don't kick yourself when your down

Don't give into your negative thinking. Psychologist Paul Gilbert refers to this as listening to the inner bully – thoughts which pass judgement upon you in the form of mild criticism or hatred.

These may also come in the form of voices. The inner bully can set up a self-defeating spiral (Gilbert, 1997), which may lead to poor motivation and loss of energy.



3.2 Relapse and recovery

Many mental health professionals talk about recovery and relapse.

Recovery (remission)

Remission refers to the gradual weakening and disappearance of psychotic symptoms. Voices may start to feel less powerful, occur less often or delusional thoughts may start to feel less real. After an episode of psychosis, remission can take anywhere between a few days and a few months and may be influenced by a number of factors – how long the person has been unwell for, their willingness to take medication, the environment they're in etc.

Relapse

Relapse is when symptoms have been in remission for a time and then return or become significantly worse. Relapse can occur at anytime and often does in the first two years after a psychotic episode. Most people (around 50 per cent) will experience a relapse at some time unless they do something to prevent one.

There are a number of ways that you can cut down on your chances of relapsing.

After an episode of psychosis, remission can take anywhere between a few days and a few months.

3.3 Staying well, preventing relapse and maintaining recovery

- Take prescribed antipsychotic medication on a regular basis.
- Get help early if you do feel unwell.
- Learn how to reduce and manage stress – ask your care co-ordinator and/or develop a personal plan.
- Avoid using illicit drugs such as cannabis, ecstasy, LSD and so on. These can make things worse.
- Keep active – make your day meaningful and rewarding.
- Know your relapse signature and follow your relapse plan.
- Try and keep to a set routine including bed times as lack of sleep can lead to you being unwell.
- Go easy, don't take on too much, you could end up feeling overwhelmed and stressed.
- Talk to people you trust about your worries and anxieties.
- Get support from family and friends.
- Understand and take control of your illness or psychosis.
- Try and create good living conditions.
- Be involved in jobs and training that you enjoy and value.
- Keep physically well, with a good diet and regular exercise.
- Talk to others that have experienced psychosis.
- Give yourself time and space when you need it.
- Socialise, don't avoid contact with others.
- Break free of negative relationships – where there are a lot of negative comments and criticisms. Seek out relationships that make you feel comfortable and happy.



THE STORY OF MATT

Matt was a 21-year-old factory worker. He lived with his girlfriend and dog in a rented two bedroom apartment and enjoyed a good social life.

Just before Christmas he began to feel pressure at work after a number of people at his factory were made redundant. He started to worry about losing his job. He began to drink more and smoke more cannabis. At first he felt anxious and depressed then started to think that the TV and radio were talking about him. He also believed that others were reading the content of his mind. He gradually became more agitated and smashed the windows in his apartment. At this point his girlfriend, who had become increasingly worried about Matt's behaviour, contacted his GP who called around to see him. The GP immediately referred him to a psychiatrist who diagnosed Matt with psychosis and prescribed a low dose of antipsychotic medication.

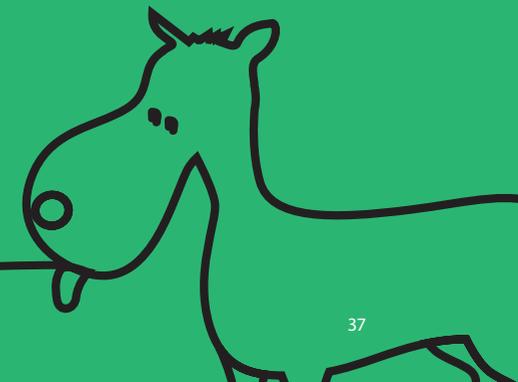
Just before Christmas Matt began to feel pressure at work after a number of people had been made redundant...

At first he was looked after at home by a home treatment team including doctors, community psychiatric nurses (CPNs) and social workers but later he was admitted to hospital as his symptoms worsened. He was eventually discharged from hospital after a month. Matt took a while to get back into the swing of things. He just wanted to forget about what had happened. He had lost a lot of confidence and no longer felt able to mix with his friends as he had before. His girlfriend also found it difficult to talk to him. Matt could not face going back to work. As a consequence he could not pay his rent and they were asked to leave the apartment. He felt depressed and hopeless. To make matters worse, intrusive memories of his first episode started to come into his mind when he was alone.

Matt was assigned a CPN who was his care co-ordinator from his local community mental health team. He began to visit him on a

regular basis. Recognising Matt's ongoing problems, which were a setback to his recovery, the CPN arranged for him and his girlfriend to see other members of the team: doctors, psychologists, occupational therapists, social workers and people who had suffered from psychosis. Together they were able to help Matt and his girlfriend to sort out their accommodation problem, Matt's depression and low self-esteem, and get him onto a computer course at the local college. Matt and his CPN then worked on how to prevent the psychotic symptoms from returning. He continued to take his antipsychotic medication and eventually found a part time job in an architect's office.

On two occasions his psychotic symptoms returned but Matt was able to put his relapse plan into action and stop himself from returning to hospital.



3.3

Staying well/ Preventing relapse and maintaining recovery

Recovery often refers to not one but a number of changes that a person will experience following an episode of psychotic symptoms. It may refer to a lessening of the symptoms of psychosis or a return to activities that they were doing prior to becoming unwell such as attending college, going to work, going out with friends etc.

Recovery may also include a sense of psychological wellbeing, i.e. good self-esteem. Everyone is different and the way people recover following an episode of psychosis will vary from person to person. Some people get better quickly while others take longer.

Social recovery

While medication can help you to cope with the symptoms of psychosis (as well as reducing the chance that they will return), being involved in meaningful social and work based activities (often referred to as vocational training) can also have a positive effect on your mental health.

This may be in the form of further education, employment, voluntary work, training or other social activities. Research shows that being involved with social and vocational activities can aid your recovery (social) as it

helps provide structure to your day, improves your self-esteem by giving you a sense of achievement and for some people, can actually distract them from their symptoms. Engaging in social and vocational activities can also bring benefits such as: improved concentration, better interpersonal skills, increased confidence when dealing with difficult situations and, most importantly, feeling part of your community. Talk to your care coordinator about what vocational and social activities are available in your service.

Do people recover from psychosis?

A single episode: About 20 per cent (one in five) of the people who experience psychosis will have just one episode.

Several episodes: Most people, 60 per cent (three in five), will have more than one episode, for example they relapse. Between these relapses however, they will remain well and be able to live a perfectly normal life.

Continuing symptoms: For some people, around 20 per cent (one in five), symptoms and other difficulties may remain. We now understand a lot more about how to help people with psychosis overcome these difficulties.

THE STORY OF SERENA

Serena was a 29-year-old woman who lived with her seven-year-old son in a two bedroom flat near the city centre. Before her first episode of psychosis Serena had been doing a part-time computer course at the local college. Six months later her psychotic symptoms had almost completely gone (she still felt a little paranoid when going into large crowds), however, her main problem was a lack of confidence.

Since her first episode of psychosis she felt low and depressed and unable to mix with her friends. She did not want to return to college to complete her course because she was worried what people would think of her.

She was also finding it difficult to concentrate. When her son was at school, most of her day was spent watching television and listening to the radio – life felt somewhat pointless. She also worried that her psychotic symptoms would return and she would end up in hospital again. Serena felt powerless to do anything about a relapse. For a while Serena kept her feelings to herself and did not discuss them with her care co-ordinator because she thought that they would go away on their own. Eventually however, she built up the courage to tell her care co-ordinator who sat down with Serena and discussed how to get her back on her feet again.

The recovery plan they developed between them included a) challenging her negative thinking; b) doing more things that gave her a sense of how she could help herself. She started to go to salsa classes twice a week instead of just watching television. She also telephoned an old friend who was pleased to hear from her and arranged to go for a drink.



3.4 Relapse signature and relapse drill or plan

Before symptoms of psychosis such as 'voices' and unusual thoughts return, they are often preceded by other signs or symptoms. These are known as early warning signs. Much the same as a sore throat or a blocked nose may come before full blown flu, psychosis often follows a number of different signs or symptoms. These may occur days or sometimes weeks before.

Even though these changes happen over a few weeks, people often notice a definite change in their mental health. These changes will seem to build up with time and may affect thoughts, feelings and behaviours.

It's important to learn to recognise your own early warning signs in order to help prevent relapse. This will help you control your illness, rather than feeling as if it controls you.

Different people will have different early warning signs in different orders. It may help to sit down with your care co-ordinator or another professional and work out your own relapse signature (see next section). This is usually done by looking back at your last episode and seeing what the early signs were then.

Some typical early warning signs



3.4 Relapse signature and relapse drill or plan

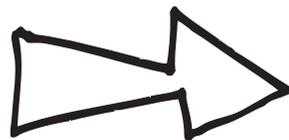
What is a relapse drill or plan?

Having established what your relapse signature is and how your symptoms may build up over time, it is always a good idea to have a plan or drill to help you deal with your early warning signs. This will allow you to have some control over relapses and hopefully prevent them from happening. If you do relapse, it doesn't mean that you have failed – making use of a relapse drill can often make relapses shorter, or less disruptive.

A relapse plan, again, should be individual to that person and may include a mixture of psychological and practical coping strategies as well as medical treatments. It is best to work out a relapse plan with your care co-ordinator or another mental health professional at the same time you do your relapse signature. An example of a relapse plan (next to the relapse signature) is given here. Some people put them onto small cards and keep them in their wallets, purses, pockets etc so they can refer to them when they need to, ask your care co-ordinator, psychologist or doctor about this.

What happens if I think I am having some early warning signs of relapsing?

Don't panic. Look at your relapse signature and see whether you've had similar signs prior to your last episode. If you did, look at the relapse plan and try to do what it suggests. If you are uncertain or still worried, tell your care co-ordinator or someone you trust. Don't ignore early warning signs and hope that they go away on their own. Better safe than sorry.



Example of a relapse signature...

| Relapse signature | Relapse drill |
|---|---|
| <p>"I'm feeling down."</p> <p>Increased feelings of inadequacy. Pre-occupied about self-improvement including constantly monitoring yourself for faults. Increased feelings of anxiety and restlessness.</p> | <p>Step 1 – Stay calm, use yoga, medication.</p> <p>Contact care co-ordinator or services to go out and discuss feelings. Make time for yourself, use partner and relatives for support. Try to cope with thought problems.</p> |
| <p>"I'm overactive."</p> <p>Racing thoughts or intrusive thoughts, feelings of elation or spirituality, do not need to sleep (one night or more), suspicious of people close to you, not wanting to eat.</p> | <p>Step 2 - Use distraction techniques. Take tablet from emergency supply. Make daily contact with care co-ordinator or services if necessary (discuss feelings and reality testing). Contact doctor about recommencing or increasing medication.</p> |
| <p>"I'm a terrible person."</p> <p>Beliefs of being punished by God. Repossessed by the devil.</p> <p>Horrific thoughts of being persecuted.</p> | <p>Step 3 – Contact care co-ordinator straight away. Admission to hospital or respite care.</p> |
| <p>Care co-ordinator: Jack</p> <p>Present medication: Risperidone 2mg</p> <p>Carer contact: Phone number</p> <p>Triggers: Stress, arguments at home</p> | <p>Hours of contact: Monday-Friday, 9am-5pm Tel: xxxx xxx xxxx</p> <p>Saturday-Sunday, 10am-5pm Tel: xxxx xxx xxxx</p> <p>Out of hours contact: xxxx xxx xxxx Local A&E is xxx</p> |

Index

| | |
|---|--|
| Alcohol | Page 22, 31 |
| Antipsychotic medication | Page 16, 23, 35, 36 |
| Auditory hallucinations (see also voices) | Page 8, 26 |
| Confidence | Page 30-34, 36, 38 |
| Contact numbers | Page 46 |
| Coping with symptoms | Page 26-28, 42 |
| Delusions | Page 9, 16-18, 26 |
| Dopamine | Page 16 |
| Dosages of antipsychotic medication | Page 20-22 |
| Early warning signs | Page 10, 40, 42 |
| Experience of control | Page 8 |
| Fact or fiction | Page 12-13 |
| Helping yourself | Page 25 |
| Illicit drugs | Page 11, 22, 31, 35 |
| Injections | Page 16, 45 |
| Inner bully | Page 32-33 |
| Medication | Page 15-23, 26, 34-37, 43, 45 |
| Negative symptoms | Page 8, 9, 18 |
| Neurotransmitters | Page 16 |
| Olfactory hallucination | Page 8 |
| Preventing symptoms from returning | Page 18, 26, 35, 38 |
| Racing thoughts | Page 41, 43 |
| Recovery | Page 26, 34-35, 38 |
| Reducing symptoms | Page 18 |
| Relapse | Page 18-20, 26, 34-43 |
| Relapse prevention | Page 18-19, 26, 34-43 |
| Relapse signature and relapse drill or plan | Page 40-43 |
| Remission | Page 34 |
| Residual symptoms | Page 26 |
| Serotonin | Page 16 |
| Social recovery | Page 38 |
| Side effects | Page 17, 20-23 |
| Staying well | Page 35-38 |
| Symptoms | Page 6-11, 16, 18, 20-23, 26-28, 34, 37-43 |
| Tablets | Page 16, 17, 23, 43, 45 |
| Tactile hallucinations | Page 8 |
| Thought broadcast | Page 9 |
| Thought disorder | Page 9 |
| Thought withdrawal or insertion | Page 8 |
| Treatment resistant symptoms | Page 26 |
| Visual hallucinations | Page 8 |
| Voices | Page 6, 8, 18, 23, 26, 27, 32, 34, 40 |

Types of medication

TABLETS:

| Generic name | Commercial name |
|-----------------|-----------------|
| Amisulpiride | (Solian) |
| Aripiprazole | (Abilify) |
| Chlorpromazine | (Largactil) |
| Clozapine | (Clozaril) |
| Haloperidol | (Serenace) |
| Olanzapine | (Zyprexa) |
| Quetiapine | (Seroquel) |
| Risperidone | (Risperdal) |
| Sulpiride | (Dolmatil) |
| Trifluoperazine | (Stelazine) |

INJECTIONS:

| Generic name | Commercial name |
|------------------------|-----------------|
| Fluphenazine Decanoate | (Modecate) |
| Haloperidol | (Haldol) |
| Flupenthixol Decanoate | (Depixol) |
| Pipothiazine | (Piportil) |
| Zuclopenthixol | (Clopixol) |

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Acknowledgements

John Blick, Sarah Butterworth, Dr. Helen Campbell, Jason Evans, Dr Chris Jackson, Tim Newbold, young people from the Youthspace youth board, BEN PCT for funding contributions.

