

PROJECT EVIDENCE

PROJECT EVIDENCE for Treatment of Mental Disorders. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvc.org

[6] Standard Treatment

- a) Outpatient psychotherapies, medication and procedures
- b) Inpatient psychotherapies, medication and procedures
- c) Ancillary support services

[6 a] Outpatient psychotherapies, medication and procedures

Specialist mental health services should offer a range of therapeutic programs for disabling mental health problems in the community. Service provision, clinical research and training are closely linked in the Tier Three facilities but the practice guidelines published by those services should be implemented at all levels of their service delivery facilities.

These are grouped under nine headings: (i) organic brain disorders, (ii) substance abuse disorders, (iii) psychotic disorders, (iv) mood disorders, (v) anxiety disorders, including stress-related, somatoform and obsessive-compulsive disorders, (vi) physiological disorders, including eating, sleeping and sexual, (vii) personality disorders, (viii) intellectual disability and developmental disorders including autism spectrum disorders, (ix) behavioural and relationship disorders of childhood.

All disorders in childhood require wholistic management involving caregivers. See PE4 for a general outline of case identification and assessment and PE2a(i) for infant mental health. See PE6a(ix) for a general outline of case management for young people.

PE6a (iii) Psychotic Disorders

Psychotic disorders are uncommon in young children but about 50% of people who develop a psychotic disorder will do so by the time they are in their early 20s. Psychosis refers to a spectrum of symptoms where the person's thoughts, beliefs, feelings, senses and behaviours are altered. This means that the person can misinterpret or confuse what is happening around them and accordingly they behave in ways that are considered odd by others. Self -neglect and/or social withdrawal may be present. The person may see and hear things that others do not, causing them to act differently.

Most people have a period of time when these symptoms are experienced at different levels of intensity and/or frequency. An episode of psychosis is identified when the individual has more intense or severe symptoms which last more than a week and which interfere with daily living. These symptoms may include

- Significant behavioural change without apparent cause,
- Deteriorating self-care
- Deteriorating academic performance
- Bizarre ideas
- Confusion of fantasy with reality
- Emotional inappropriateness, including excessive suspicion
- Confused thinking; thoughts may speed up or slow down, difficulty concentrating, following a conversation
- Delusions or false/ fixed beliefs which are not in line with the person's usual beliefs
- Hallucinations, where the person hears, tastes, feels or smells something that is not there.

- Mood swings, increased or reduced excitement or depression

An important thing to note is that there is no single cause of psychosis, and the factors involved will be different for all people. These are primarily biological but psychosocial factors can increase a young person's vulnerability to experiencing symptoms of psychosis. Symptoms can be triggered in response to stress, such as traumatic experiences, substance use, or social changes in vulnerable individuals. Some factors may be more or less important in different individuals. Looking at what contributed to a person developing an episode of psychosis plays a big role in planning and supporting a person's recovery.

Various types of psychoses include:

- Substance or medication-induced, often associated with using or withdrawing from medication, alcohol or drugs. Symptoms will disappear as the drug effects wane
- Schizophrenia: symptoms vary for different people and usually diagnosed when symptoms persist for at least six months.
- Schizophreniform Disorder, where the person has schizophrenia-like symptoms but they have not been present for six months.
- Bipolar Disorder, characterized by extreme mood changes, behaviour and thinking. Usually includes several periods of depression and at least one episode of mania, with increased energy, poor judgment, inappropriate behaviour and thoughts, inability to sleep.
- Major Depressive Disorder with symptoms of psychosis
- Schizoaffective disorder, schizophrenia and mood disorder (Major depression or bipolar)
- Psychotic disorder due to another medical condition, may occur in conjunction with a head injury or other condition which affects brain function.
- Delusional Disorder, firmly held beliefs which are not true, but other symptoms such as hallucinations are not present.
- Brief Psychotic Disorder. Symptoms of psychosis develop suddenly and not due to another medical condition or substance abuse. Symptoms can be severe but the person makes a rapid recovery and the person returns to normal functioning within one month.

If psychosis is detected and treated early, many problems can be prevented and the effects of psychosis on the young person's life can be minimised. Getting professional help allows the nature of the problem to be clarified and identifies the type of treatment required. Professional input will also help friends and carers understand what the young person is experiencing and how to help and support them.

Psychosis can be treated and many people make a good recovery. They can learn to live with an ongoing condition by using appropriate medication coupled with awareness of their condition, markers for when the medication needs reviewing, open communication with family members or community workers and a trusting relationship with their treating professionals.

It is a risk factor if a person with psychosis wants to try to stop or change their medication. A possible resurgence of symptoms can be overwhelming for the person and/or family /support network.

What is the first step in seeking help?

Seek help when the early warning signs appear. A good place to start in with your local GP, school counsellor, community or community mental health care service such as 'headspace'. Changes in behaviour may not necessarily be early warning signs of psychosis; they could be signs that you are struggling or not coping and need extra support. But if they are signs of psychosis the earlier you receive help the sooner you can work towards recovery.

The management of acute behavioural disturbance

The management of the acutely disturbed psychotic person requires calm strategies that protect the safety and dignity of all concerned. The first step should be to try to engage the person and understand what is driving their agitation. Sometimes simple measures such as orienting and explaining what is happening can be enough to defuse the situation. The opportunity should be taken to perform a cognitive screen to exclude delirium/intoxication and also, where possible, physical examination, blood tests, urinary drug screen and an electrocardiogram (ECG).

Attention should be paid to the physical environment, such that stimulation is reduced and safety ensured. Objects that might be thrown or used as weapons should be removed, where possible.

There is a growing evidence base to support the use of psychotherapy and psychosocial strategies for psychosis. These should be provided along with optimal antipsychotic medication. There is clear evidence for CBT for psychosis and cognitive remediation, with an emerging evidence base for other therapies. This trend is likely to continue, given clinicians' appreciation of the limits of pharmacotherapy in addressing all the domains of schizophrenia and the current focus on person-centred, individualized care.

The therapeutic relationship is the cornerstone of effective treatment. Persons seeking help should seek out clinicians with appropriate psychological skills. People living with psychosis may have experienced many losses, traumas and hardships, and rejection by others and by society. The clinician they work with must be able to acknowledge these painful aspects of the person's life and respond empathically. A promising new possibility is to draw on techniques from positive psychology to enhance positive mental health and wellbeing.

Family support and psychoeducation.

Families of people with psychosis experience tremendous distress, grief and chronic day-to-day stress, which can be extreme and result in significant risks to their health and wellbeing. These issues have generally been neglected by services and by many health professionals - yet effective support for families is crucial, since for many people survival and recovery depend on their family relationships.

Resources:

www.orygen.org.au

www.headspace.org.au

www.betterhealth.vic.gov.au

www.sane.org

For a discussion of children of parents with mental illness, see PE3b(ii)

[\[To go to Best Practice Model BP6a close this file and go via Best Practice Index\]](#)

[\[To go to Policy POL6a close this file and go via Policy Index\]](#)

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