

BEST PRACTICE

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@mhyfvic.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

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.

BP6a (iii) Psychotic Disorders

The general principles of clinical assessment and case planning mentioned in the preceding paragraph are modified in each of the subgroupings because of the need for specialist expertise in the management of specific disorders. This is described in the Project Evidence subsections.

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. 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'.

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)

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