

GETTING BACK ON YOUR FEET



EarlyInterventionTeam

North Staffordshire **NHS**
Combined Healthcare
NHS Trust

HOW TO USE THIS BOOKLET

This booklet is designed to help YOU.

It contains information to help you understand more about psychosis, medication, and has tips/suggestions on relapse prevention and recovery that you may find useful.

We are not suggesting that you read the whole booklet in one go . . . it has been designed so that you can 'dip in and out' to read up on bits that you want to, at a speed that you are happy with . . . but we do suggest that you read it!

In order to help you find what you're looking for, general topics are listed in the contents page at the front. There is also an index at the back with page numbers of specific things you may be looking for.

If you have any problems reading this booklet, you can contact the literacy support workers – ask your care co-ordinator for details (your care co-ordinator may also be called a keyworker).



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PART 1

WHAT IS PSYCHOSIS?



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.

Psychosis is a word often used to explain a number of experiences or symptoms that happen together. These may include hearing “voices”, having jumbled thought, 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. There are, however, a lot of myths about psychosis and it is therefore important to know what is FACT and what is FICTION.

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 1 or 2 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 (i.e. Dr Jekyll & Mr Hyde).
- 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.

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 a 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 e.g. starting college, break up of relationship, family problems, etc.
- Illicit drug use e.g. cannabis, LSD, cocaine etc.
- 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.

PSYCHOSIS: 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.

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.

SYMPTOMS OF PSYCHOSIS

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

- 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 withdrawal or insertion: a feeling or belief that your thoughts are either being taken away or put into your mind.
 - Thought disorder: problems with thinking, eg having trouble linking thoughts together.
 - 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 TV, radio, newspapers etc. are meant for you) or delusions of paranoia.
 - Experience of control: a feeling or belief that you are under the control of an external force or power eg aliens.
 - “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”. These can include:
- 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.



DURING A PSYCHOTIC EPISODE, PEOPLE MAY EXPERIENCE . . .

- A change in behaviour eg isolating yourself.
- A loss of energy or drive.
- A loss of emotions like not laughing at something you used to find funny.
- Feeling “flat” eg feeling low and lacking emotion.
- A reduction in ability to concentrate or pay attention, like being less able to read a newspaper or remember what they have watched on TV.

This last list of symptoms are often referred to as “NEGATIVE SYMPTOMS”. This list does not include everything – people experience lots of other strange or peculiar feelings that are not mentioned here.

RELAPSE AND REMISSION

Many mental health professionals talk about REMISSION and RELAPSE.

REMISSION refers to the gradual disappearance of psychotic symptoms ie voices, delusions etc. 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.

When symptoms return or they become significantly worse, this is often called a RELAPSE.

Relapse can occur at anytime and often does in the first two years. Most people 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.



PREVENTING RELAPSE

- Take prescribed anti-psychotic medication on a regular basis. See Part 3 – Medication.
- Learn how to reduce and manage stress – ask your care co-ordinator and/or develop a personal plan.
- Seek out relationships that make you feel comfortable and happy.
- Avoid using illicit drugs such as cannabis, ecstasy, LSD etc. These can make things worse.
- Keep active – make your day meaningful and rewarding.
- Know your relapse signature and follow your relapse plan. See Part 4 – Helping Yourself.



PART 2

RECOVERING FROM PSYCHOSIS?



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 ie 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 whilst others take longer.

RECOVERING FROM PSYCHOSIS: WHAT HELPS, WHAT DOESN'T

What Helps?

- Taking anti-psychotic medication on a regular basis.
- See Part 3 – Medication.
- Getting help early.
- Talking to people you trust about your worries and anxieties.
- Support from family and friends.
- Understanding and taking control of your illness/psychosis.
- Good living conditions.
- Jobs and training that you enjoy and value.
- Keeping physical well, good diet and exercise.
- Hobbies and past-times that you enjoy.
- Talking to others that have experienced psychosis.
- Giving yourself time and space when you need it.

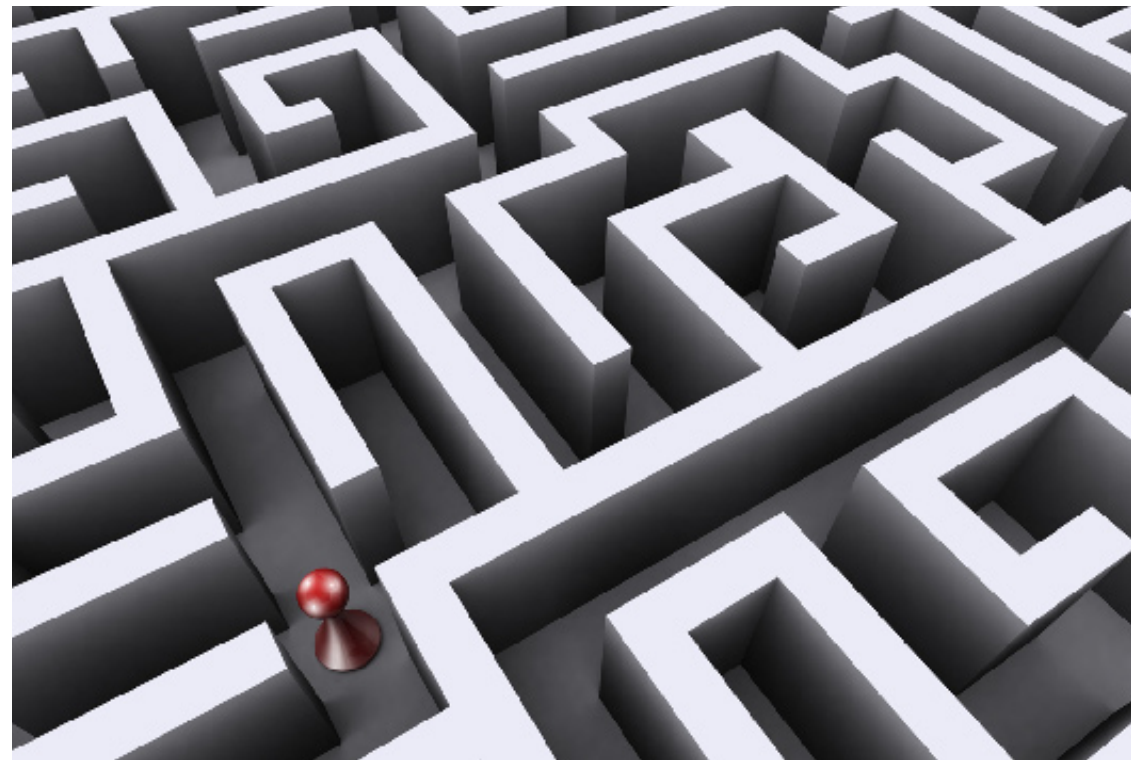
What Doesn't Help ?

- Illicit drugs such as cannabis, LSD, speed and cocaine; too much alcohol.
- Putting yourself under more stress than you need to.

- Not talking, keeping things to yourself.
- Avoiding contact with others.
- Negative relationships – where there are a lot of negative comments and criticisms.

DO PEOPLE RECOVER FROM PSYCHOSIS?

- About 20% (1 in 5) of the people who experience psychosis will have just one episode.
- Most people 60% (3 in 5) will have more than one episode ie they relapse. Between these relapses however, they will remain well and be able to live a perfectly normal life.
- For some people, around 20% (1 in 5) symptoms and other difficulties may remain. We now understand a lot more about how to help people with psychosis overcome these difficulties.



RECOVERING FROM A FIRST EPISODE OF PSYCHOSIS: CLIVE'S STORY

Clive 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 Clive's behaviour, contacted his GP who called around to see him. The GP immediately referred him to a psychiatrist who diagnosed Clive with psychosis and prescribed a low dose of anti-psychotic medication (See Part 3-Medication). At first he was looked after at home by a Home Treatment Team including Doctors, Community Psychiatric Nurses and Social Workers but later he was admitted to hospital as his symptoms worsened. He was eventually discharged from hospital after a month. Clive 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. Clive 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.

Clive was assigned a CPN (Community Psychiatric Nurse) who was his care co-ordinator from his local community mental health team. He began to visit him on a regular basis. Recognising Clive'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 themselves suffered from psychosis. Together they were able to help Clive and his girlfriend to sort out their accommodation problem, Clive's depression and low self esteem, and get him onto a computer course at the local college. Clive and his CPN then worked on how to prevent the psychotic symptoms from returning. He continued to take his anti-psychotic medication and eventually found a part time job in an architect's office.

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



PART 3

MEDICATION

Medication is an essential part of the treatment of psychosis but many people are worried about taking it. While it is essential to talk to your doctor or care co-ordinator about your concerns, the following chapter is designed to answer some of the most commonly asked questions.

What sort of medication helps with psychosis?

The most common medication used to treat psychosis is a group of drugs called ANTI-PSYCHOTICS you may also hear them called NEUROLEPTICS. They have been used in the treatment of psychosis throughout the world since the 1950s, although newer anti-psychotic drugs are being developed all the time. Written over the page is a list of the most commonly used anti-psychotics – in tablets and injection form showing both their generic name ie what the actual drug is called and its commercial name (what the drug company calls it).

TYPES OF MEDICATION

TABLETS:

Generic Name (also called)	Commercial Name
Amisulpiride	(Solian)
Chlorpromazine	(Largactil)
Clozapine	(Clozaril)
Haloperidol	(Serenace)
Olanzapine	(Zyprexa)
Quetiapine	(Seroquel)
Risperidone	(Risperdal)
Sulpiride	(Dolmatil)
Trifluoperazine	(Stelazine)

INJECTIONS:

Generic Name (also called)	Commercial Name
Fluphenazine Decanoate	(Modecate)
Haloperidol	(Haldol)
Flupenthixol Decanoate	(Depixol)
Pipothiazine	(Piportil)
Zuclopenthixol	(Clopixol)



SHOULD YOU HAVE AN INJECTION OR TABLETS?

Anti-psychotic medication can be taken in one of two ways: by tablet or injection. Both are designed to help reduce symptoms and prevent them from returning. Injections are often better for people who don't like tablets or who sometimes forget to take them – they give a slow release of medication and are sometimes called 'Depots'.

Which form medication is taken in, is something for the individual to work out with their doctor.

HOW WILL IT HELP?

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



REDUCING SYMPTOMS

There is now good evidence to suggest that anti-psychotic medication can help to control the positive symptoms of psychosis (ie 'voices', delusions) in most people. Although slower to respond, some of the negative symptoms of psychosis ie withdrawal, poor concentration, lack of energy can also be helped with this medication. This is especially true for some of the newer drugs.

PREVENTING SYMPTOMS RETURNING

Many people are unaware that anti-psychotic 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.

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.

HOW DOES ANTI-PSYCHOTIC MEDICATION WORK?

The brain is made up of millions of nerve cells that are constantly “talking” to each other. Such communication occurs when chemicals known as NEUROTRANSMITTERS move from one cell to the next, see the diagram below.

NEUROTRANSMITTERS



Nerve cells in the brain communicate by neurotransmitters travelling from one cell to another

In psychosis it is believed that there may be too many neurotransmitters travelling from one cell to the next. The two most common neurotransmitters linked with psychosis are DOPAMINE and SEROTONIN. It is believed that anti-psychotic medication “blocks” these neurotransmitters and thereby reduces the communication between cells. This will reduce the psychotic symptoms.

ARE THERE ANY SIDE EFFECTS?

All medications have side effects. Some side effects are helpful and some are unhelpful.

COMMON ANTI-PSYCHOTIC SIDE EFFECTS

Helpful Side Effects

- Help to sleep
- Reduce anxiety
- Improve appetite

Unhelpful Side Effects

Not everyone will get these side effects. A lot will depend upon the type of drug you are taking and how much. For example, some of the newer drugs generally have fewer side effects, although they can cause weight gain in some people.

WHAT CAN YOU DO ABOUT THE SIDE EFFECTS?

- If you are stiff, shaky or restless it may help to take another type of medication called Procyclidine (Kemadrin) or Orphenadrine (Disipal) ask your care co-ordinator or doctor about this. These tablets do not work for other side effects.
- Maintaining a good diet to increase your fibre intake (fruit, cereals, vegetables etc) will help if you are constipated.
- Regular exercise eg walking, running, going to the gym, playing football etc will help prevent weight gain as well as making you feel good.
- If your medication makes you sleepy, you may be able to take it in the evening – speak to your doctor.

If you notice any side effects, it is important that you **DISCUSS THIS WITH YOUR CARE CO-ORDINATOR OR DOCTOR.**

Some people get side effects with one medication or dose but not with another. A change in medication or dose usually improves this.

Working out which medication and dose suits you best is something that can be achieved between you and your doctor.

HOW OFTEN WILL I HAVE TO TAKE THE MEDICATION?

If you are taking the medication in tablet form, you will usually have to take it every day. How many times a day will depend on the exact drug you have been prescribed and the recommended dosage, ie how much you have to take (see next question).

Injections are given by a nurse on a regular basis. The number of times an injection is given varies from person to person – some people have one once a week, others once a month, but most have one every two weeks. If you are unhappy with how often you have your injection you should discuss it with your doctor or care co-ordinator.

HOW MUCH MEDICATION WILL I HAVE TO TAKE?

This depends, different doses suit different people. Different anti-psychotic drugs are associated with different dosages. This does not necessarily mean that one drug is “stronger” or more powerful than the other, it simply means that the different drugs are measured in different ways. Doses of the most common anti-psychotic medication are given on the next page.

DOSAGES OF THE MOST COMMON ANTI-PSYCHOTIC MEDICATION (TABLETS ONLY)

(British National Formulary, 2001)

Generic Name (per day)	Commercial Name	Dose	
Trifluoperazine	Stelazine	10 – 30	mg
Haloperidol	Haldol	1.5 – 30	mg
Risperidone	Risperdal	2 – 8	mg
Olanzapine	Zyprexa	5 – 20	mg
Quetiapine	Seroquel	300 – 750	mg
Amisulpiride	Solian	400 – 800	mg
Clozapine	Clorazil	200 – 900	mg

It should be noted that figures given are what is called the ‘Therapeutic Range’ – some people may be on higher or lower doses according to individual requirements.

Other things that determine how much medication you take include the type and number of symptoms you have and how much distress they are causing. This is often related to the stage of the psychosis. For instance, in the acute stage when psychotic symptoms are at their strongest and most severe, higher quantities of the drug are needed to bring the symptoms under control. In the RECOVERY or REMISSION stage when symptoms are not as distressing or have gone altogether, much lower doses can be prescribed.

INJECTION: If you are to have a depot injection, you will first receive a “test” dose. This is a low dose of anti-psychotic medication designed to see how well the drug suits you. If it does suit you, the dose will then be gradually increased to a level where it will have the most beneficial effects while keeping any side effects to a minimum.



HOW LONG WILL I HAVE TO TAKE THE MEDICATION FOR?

It is hard to give an exact answer to this. Many anti-psychotics medications should be taken over a long period. After a first episode of psychosis, it is recommended that this should be at least 4 or 5 years. However, it is best to discuss this with your doctor and care co-ordinator – work it out together!

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

WHAT HAPPENS IF I FORGET TO TAKE IT?

Don't worry. Most anti-psychotic 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 clorazil – if you miss one dose, contact your care co-ordinator.



CAN I DRINK OR TAKE OTHER DRUGS WHEN ON ANTI-PSYCHOTIC MEDICATION?

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

Men = 4 units

Women = 2 or 3 units

One unit = ½ pint of lager, 1 small glass of wine,
1 shot of spirits.

ALWAYS AVOID BINGE DRINKING. If you are driving on anti-psychotic medication it is best not to drink at all.

- It is generally safe to take MEDICATION BOUGHT OVER THE COUNTER eg painkillers, paracetamol, aspirin etc when taking any of the anti-psychotic medication listed on page 18. If in doubt, check with your doctor or care co-ordinator.
- ILLEGAL STREET DRUGS such as cannabis, ecstasy, LSD etc can increase the symptoms of psychosis as mentioned on page 8. They can also counteract the benefits of your anti-psychotic medication.

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 for dolls. 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 a Community Mental Health 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 anti-psychotic 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 anti-psychotic medication but did not tell her family or care co-ordinator.

8 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 th team psychiatrist who asked Shamir whether she wanted to reduce the dose or change to another medication. Shamir chose to try a new anti-psychotic 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 4 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' (see part 4).

PART 4

HELPING YOURSELF AFTER A FIRST EPISODE OF PSYCHOSIS



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 systems 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.

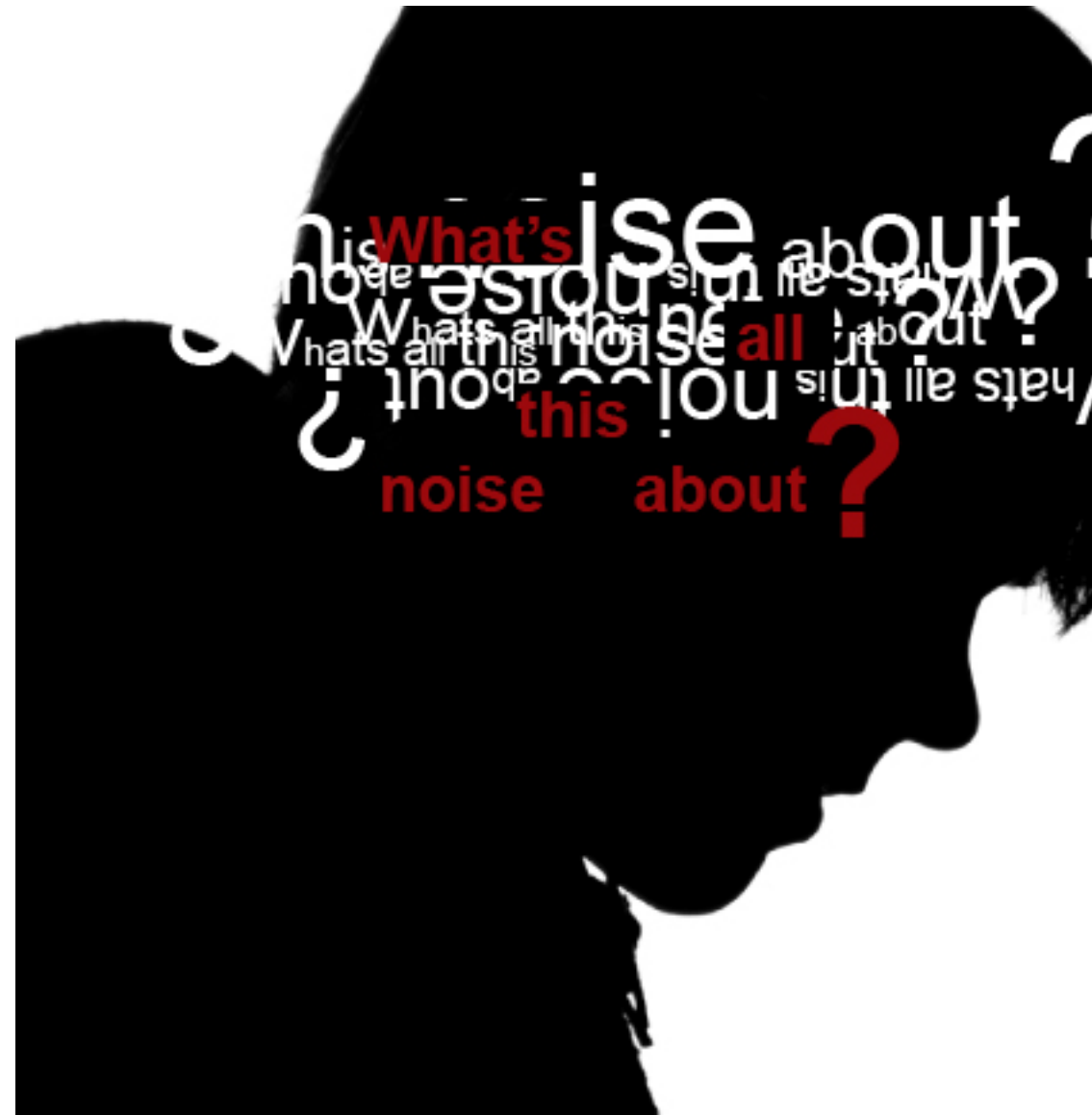
COPING WITH VOICES

What Helps? . . .

- Remember that these voices are not real and come from your own mind.
- Some voices often seem powerful and can appear threatening. They cannot actually harm you.
- 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 ie doctor, nurse, psychologist, etc.
- Some people are able to gain some control over their voice by distracting themselves for example, by using a walkman, 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.
- Keep busy – go out, visit friends, do jobs around the house, exercise.
- Relax.
- Talk to others who have heard voices, they often have good 'tips'.

What doesn't Help? . . .

- Street drugs such as cannabis, amphetamines, LSD etc
- Doing as the voices tell you.
- Sometimes voices get worse when there is a lot of noise around you.



WORRYING IDEAS AND BELIEFS

Sometimes people have beliefs and ideas with which not everyone agrees 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 they behave ie wanting to stay indoors. Sometimes they can make the person feel good about themselves believing that they have superhuman powers etc and make them behave out of character.

COPING WITH WORRYING IDEAS AND BELIEFS

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 of us believed Father Christmas was real when we were children.
- 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.
- 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.

What Doesn't Help?

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

CONFIDENCE

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.

INCREASING 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 ie don’t just watch TV – tidy up, go to the gym then watch TV.
- 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 eg playing cards or football, 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 etc.
- Treat yourself with kindness.

What Doesn’t Help? . . .

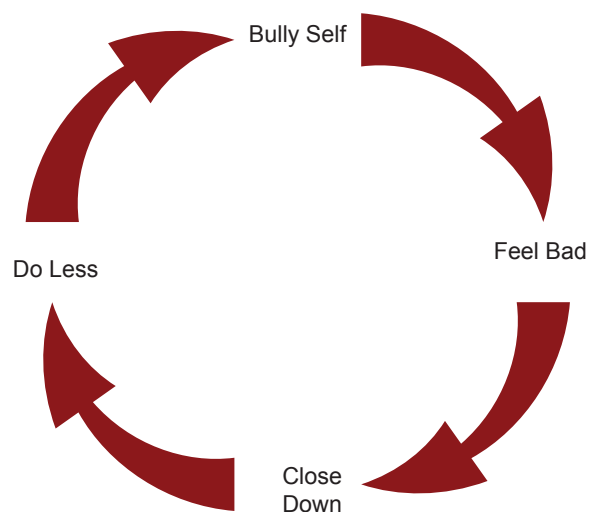
- Avoiding things such as going out – this will never allow you to build up your confidence.
- Alcohol and street drugs are often used as a form of avoidance, particularly when taken regularly or in large quantities. Again, these can prevent you building up your confidence.
- Don’t compare yourself unfavourably with others (eg my brother is more successful than me).

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, 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 YOU'RE 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.

See diagram below:



STAYING WELL: PREVENTING RELAPSE OF PSYCHOTIC SYMPTOMS

Part 1 looks at the possibility of psychotic symptoms returning ie a relapse, even after a lengthy period of recovery. Unfortunately, relapse is very common in the early years after a first episode with 50% (1 in 2) of people having a relapse within 2 years. Previously in this booklet it was suggested that the chances of having another 'major' relapse ie admission to hospital or home treatment may be reduced by doing a number of things. Some of these things are listed below:

- Take prescribed anti-psychotic medication on a regular basis. See Part 3 – Medication.
- Learn how to reduce and manage stress, ask your care co-ordinator and/or develop a personal plan.
- Seek out relationships that make you feel comfortable and happy.
- Avoid using illicit drugs such as cannabis, ecstasy, LSD etc. These can make things worse.
- Keep active – make your day meaningful and rewarding.
- Know your RELAPSE SIGNATURE or early warning signs and follow your RELAPSE PLAN (see next page).

WHAT IS A RELAPSE SIGNATURE?

Before symptoms of psychosis ie 'voices', thought withdrawal, delusions etc 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.

SOME TYPICAL EARLY WARNING SIGNS

- Feeling more tense, afraid, anxious.
- Racing thoughts (too many thoughts at once, not able to focus on one thought).
- Feeling more quiet and withdrawn.
- Feeling depressed, low, irritable.
- Feeling restless.
- Feeling puzzled about strange experiences.
- Having poor appetite, losing weight.
- Becoming forgetful.
- Losing sleep suddenly.
- Neglecting your appearance.

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 example on page 45). This is usually done by looking back at your last episode and seeing what the early signs were then.



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 on page 46. 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 THAT I AM HAVING SOME EARLY WARNING SIGNS OR 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!**

See overleaf for an EXAMPLE of a relapse signature and action plan.



EXAMPLE OF A RELAPSE SIGNATURE

RELAPSE SIGNATURE

NAME: Lee

'I'M FEELING DOWN'

Increased feelings of inadequacy.
Pre-occupied about self-improvement including constantly monitoring yourself for faults. Increased feelings of anxiety and restlessness.

'I'M OVERACTIVE'

Racing thoughts/intrusive thoughts.
Feelings of elation/spirituality. Do not need to sleep (1 night or more).
Suspicious of people close to you.
Not wanting to eat.

'I'M A TERRIBLE PERSON'

Beliefs of being punished by God.
Repossessed by the Devil.
Horrific thoughts of being persecuted.

CARE CO-ORDINATOR:
PRESENT MEDICATION:
CARER CONTACTS:
TRIGGERS:

RELAPSE DRILL

STEP 1 – Stay calm – Yoga, medication.
Contact care co-ordinator/services to go out and discuss feelings.
Make time for yourself, use partner and relatives for support.
Try to cope with thought problems.

STEP 2 – Use distraction techniques. Take tablet from emergency supply. Make daily contact with care co-ordinator/services if necessary (discuss feelings, reality testing).
Contact doctor about recommencing or increasing medication.

STEP 3 – Admission to hospital or respite care.

Hours of contact:
Mon-Fri (9.00-5.00)
Tel: xxxx xxxxxx
Sat-Sun (10.00-5.00)
Tel: xxxx xxxxxx
Out of hours contact: xxxx

HELPING YOURSELF – THE STORY OF SERENA

Serena was a 29 year-old woman who lived with her 7 year-old son in a 2 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. 6 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 TV 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 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 pleasure and/or achievement; c) a relapse prevention plan; and d) meeting with others who had been through similar experiences.

Serena worked through the plan with her care co-ordinator and psychologist. Much of the plan however was about how she could help herself. She started to go to salsa classes twice a week instead of just watching TV. She also telephoned an old friend who was pleased to hear from her and arranged to go for a drink.

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