# LET'S TALK ABOUT PSYCHOSIS

## Well... what is it, exactly?

Psychosis is a brain disease. Just like any other organ in your body, your brain can be affected by disease. Is it serious? Yes, it is. But it's also *treatable*. And the earlier you treat it, the better of you will be.

Anyone can be affected by psychosis. It occurs equally throughout the world regardless of:

- race
- culture
- intelligence
- background
- religion
- gender
- socio-economic class.

Approximately 3 out of every 100 people will experience a psychotic episode at some stage during their lifetime. Usually, though, a first episode of psychosis happens in late adolescence or early adulthood.

Psychosis can manifest itself through a range of symptoms. Some people may experience a few of them, while others may have just one. Symptoms include changes in perception, thinking, and behaviour. Let's break those down one-by-one.

### Changes in perception

A person with psychosis may have hallucinations. They may hear voices or sounds that no one else can hear, see things that are not actually there, or smell things that others can't smell. For the person with psychosis, these experiences feel very real and can be very distressing.

### Changes in what we think

A person may begin to experience delusions. This is a strongly held thought or belief for which there is little proof and that seems illogical to others. Regardless of what you may say or do, the person will believe it. There are different types of delusions, but the most common are:

- paranoid delusions: not trusting others or thinking that they're out to get you. People with paranoid delusions may think that they're being watched, or plotted against.
- referential delusions: thinking that a TV show host is talking specifically to them, or taking special personal meaning from the mass media - as though a famous song was written to send you a message. Someone with referential delusions might also feel personally responsible for important world events, like perhaps a natural disaster was caused by their thoughts.

It's important to recognize that these beliefs are very real to the person experiencing them and they can be frightening. It becomes very isolating and frustrating for the person with no one to talk to, or who believes them.

### Changes in how we think

Psychosis can cause our thoughts to spiral out of control, as if you can't stop them. On the flip side, it can make your thoughts come too slow. Some find it harder to pay attention in school or at work and many say they can't remember, plan things, complete tasks or follow conversations the way the used to when they were well.

It's often hard for people with psychosis to stop the frightening thoughts they're having, and they spend all day detached from others thinking about it, making it difficult to carry on with regular daily activities.

#### Changes in behaviour

People with psychosis may behave differently that they usually do. This is often a reaction to symptoms like hallucinations or delusions. Some common changes in behaviour are things like:

- becoming extremely active or agitated
- laughing or conducting themselves inappropriately
- becoming guarded or untrusting
- isolating themselves
- holding their body in strange postures or making odd gestures

- having difficulty organizing themselves to perform regular daily activities like cooking or showering
- having low energy or appearing slowed down
- showing little or no expression or joy in activities they used to like
- avoiding conversation and eye contact
- appearing bored, uninterested or cold

The symptoms described above are the more common symptoms seen in people with psychosis, but it's not exhaustive. To the same effect, these same symptoms can be caused for other reasons, like thyroid problems, infection, a drug addiction or withdrawal states. Because of that, part of the process of diagnosing someone with psychosis involves checking to see if there may be another medical cause for their symptoms.

The Reality MindCheck screening questionnaire is used with permission from Dr. Paul Bebbington, London, UK.