

About this factsheet

This is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. The aims of these factsheets are to provide practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people. This factsheet describes different types of serious mental illness, and how and why they might affect you. It also offers some practical advice about how to get help.



Introduction

The term 'psychosis' is used to describe when a person loses touch with reality. Teenagers often worry that they may be 'going mad' when they are feeling stressed, confused or very upset. In fact, feelings like these are very rarely a sign of mental illness. They can often get a lot better if you talk them through with someone you trust.

'Psychosis' is much more serious and affects people of all ages, but becomes increasingly common as you reach young adulthood.

When a young person has a 'psychotic breakdown', not due to drug use, it can be difficult to know what the long-term effects will be, and a definite diagnosis may not be possible.

Psychosis

Schizophrenia is the most common form of psychosis. Symptoms include delusions, thought disorder and hallucinations (see Factsheet 21 on schizophrenia).

Delusions are unshakeable beliefs that are obviously untrue. For example, an ill person might strongly believe that there is a plot to harm them – that they are being spied on through the TV or being taken over by aliens.

Thought disorder is when someone is not thinking straight and it is hard to make sense of what they are saying. Their ideas may be jumbled up, but it is more than being muddled or confused.

Hallucinations are when someone sees, hears, smells or feels something that isn't really there. The most common hallucination that people have is hearing voices. In schizophrenia, hallucinations are totally real to the person having them. This can be very frightening and can make them

believe that they are being watched or picked on. People who are having these experiences may act strangely. For example, they may talk or laugh to themselves as if talking to somebody that you can't see.

The symptoms of schizophrenia are sometimes mistaken as moodiness or teenage rebellion. In young people, hearing voices is not necessarily a sign of schizophrenia, but may be due to anxiety, stress or depression.

Bipolar affective disorder

The main feature of bipolar affective disorder is extreme changes of mood (see Factsheet 22 on bipolar affective disorder (manic depression)). When someone is high, they can become very overactive and loud, and lose their inhibitions. They can also suffer from delusions, for example, that they are famous, or have special powers. Mania can alternate with periods of depression. Some people with bipolar disorder experience delusions and hallucinations.

What causes psychotic illness?

This is still not fully understood. In both schizophrenia and bipolar affective disorder, there are abnormalities in the chemistry of the brain. This causes changes in thoughts, feelings and behaviour.

There are a number of reasons that can make a person more likely to develop a psychotic illness:

- genetic factors play a part; probably by increasing the risk of an imbalance in brain chemistry. Having a parent or close relative with schizophrenia or bipolar disorder means that a person will have a slightly greater than normal chance of developing the condition.

Sources of further information

- The Manic Depression Fellowship supports people with a diagnosis of manic depression and their families. Castle Works, 21 St George's Street, London SE1 6ES; Tel 020 7793 2600; www.mdf.org.uk.
- Rethink offers help to people with severe mental illness (not only schizophrenia) and their carers. 30 Tabernacle Street, London EC2A 4DD. National advice line 020 8974 6814; e-mail advice@rethink.org; www.rethink.org.
- For drug-induced psychosis, see www.talktofrank.com.
- *Changing Minds: A Multimedia CD-ROM about Mental Health* is intended for 13–17 year olds; it talks about addiction, stress, eating disorders, depression, schizophrenia and self-harm. Further details from the Royal College of Psychiatrists: tel. 020 7235 2351, ext.146; www.rcpsych.ac.uk/publications/auvideo/cmindsd/index.htm.

Or you may like to look at these websites:

www.rethink.org

www.sane.org.uk

www.pendulum.org (manic depression)

- The *Mental Health & Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

- stress or extreme life events.
- physical illness.
- cannabis and mind-altering drugs such as LSD, ecstasy and speed (amphetamines).

Getting help

The person with the illness may not notice that there is a problem and deny that there is anything wrong. Your general practitioner or school nurse can give you good advice. They will be able to get you specialist help, if it is needed. A psychiatrist may need to visit the person to find out whether or not they are ill, and to offer the treatment required.

Medication is an important part of treatment and often needs to be taken for a long time in order to stay well. As with medication of any kind, there may be side-effects; the doctor will be able to advise on what they are and about what can be done to help.

Some of the medicines for the treatment of psychosis are 'unlicensed' in children and young people. This does not mean they do not work for young people, but simply that the drug company has not applied for a licence. If you are worried about this, you should speak to the doctor or

pharmacist. Further information is also available from the Royal College of Paediatrics and Child Health (www.rcpch.ac.uk).

If the psychosis is due to drug use, the young person may need help with this.

Other forms of treatment are also important. Both the patient and their family will need help to understand the condition, to cope successfully, and to prevent the illness recurring. Support is often needed to rebuild the confidence needed to continue with school, college or work.

The young person may need to be treated in hospital or in a specialist in-patient service. Talking treatments can be helpful, but need to be in addition to medication.

References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (eds) (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.