» Disorganised thinking: Manifests as disordered flow of speech, such that the person does not make sense.
» Grossly disorganised or abnormal motor behaviour (including catatonia).
» Negative symptoms: reduced emotional expression, apathy, avolition, lack of speech, lack of social interaction.

Psychosis occurs in psychotic disorders (which may be acute, transient, or chronic), other psychiatric conditions such as bipolar disorder or depression, medical conditions (e.g. certain types of epilepsy), or substance use (intoxication or withdrawal).

Psychosis is often accompanied by a lack of insight into the symptoms and poor judgement. The risk to self and others must always be assessed. It may be necessary to treat as an Assisted or Involuntary User under the MHCA.

16.5.1 ACUTE AND TRANSIENT PSYCHOTIC DISORDERS

F23.0-F23.9/F24/F28/F29 + (F10.0-F19.9/R45.0-8/Z65.0-5/Z65.8-9/Z81.0-4/Z81.8)

DESCRIPTION

Sudden onset of ≥ 1 psychotic symptoms (usually delusions, hallucinations, or disorganised thinking) which resolves spontaneously, usually within 1 month, with a full return to premorbid social or occupational functioning. Stressful events may precede the psychotic episode. Within 3 years, 40-50% will have a recurrent episode or develop schizophrenia or bipolar disorder.

LoE:IIb[22]

GENERAL MEASURES

» Refer all new onset psychosis to hospital for a medical, substance use, and mental health evaluation (see Adult Hospital STG Section 15.5.1: Acute and transient psychotic disorders).
» For agitated and acutely disturbed patients, manage as for the aggressive or disruptive patient. See Section 16.1.2: Aggressive disruptive behaviour in adults and 16.1.3 Aggressive disruptive behaviour in children and adolescents.
» Ensure the safety of the patient and those caring for them.
» Minimise stress and stimulation.
» Do not challenge what appear to be false statements or delusions.

<u>After hospital discharge/ on return to PHC:</u>

» Provide active follow-up with 6-monthly visits for three years with mental health and substance use screening and general health promotion.
» Psychoeducate the patient and their family regarding the condition and red flags to watch for if the psychosis worsens or recurs.
» Address psycho-social stressors – refer to social worker, counselling services.

<u>Women of childbearing potential:</u>

» Ensure family planning

» If the patient is a parent/guardian – refer to social worker to assess home functioning and childcare.

MEDICINE TREATMENT

» See Sections 16.1.2: Aggressive disruptive behaviour in adults and 16.1.3 Aggressive disruptive behaviour in children and adolescents.

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REFERRAL

» All patients with active psychosis.

16.5.2 SCHIZOPHRENIA SPECTRUM DISORDERS (SCHIZOPHRENIA)

F20-F20.9/F21/F22.0-22.9; F25.0-25.9 + (F10.0-F19.9/R45.0-8/Z65.0-5/Z65.8-9/Z81.0-4/ Z81.8)

DESCRIPTION

Schizophrenia is the most common, chronic psychotic disorder and is characterised by recurrent, severe, psychotic episodes which are accompanied by a marked deterioration in personal, social, and occupational functioning.

Onset is usually in adolescence or young adulthood. Prognosis is worsened with delay in initial treatment, repeated episodes, and comorbid substance use. Comorbid substance use and medical conditions (e.g., metabolic syndrome) are common.

The diagnosis of schizophrenia should be confirmed by a specialist. In stable patients with good insight and support, primary care facilities may continue treatment and social support.

GENERAL MEASURES

» See Section 16.6: Psychiatric patients - general monitoring and care.
» Supportive intervention includes:
  - Psychoeducation of the patient and their family regarding the nature of schizophrenia, the importance of treatment adherence, and early signs of recurrent episodes.
  - Supportive group therapy for patients with schizophrenia.
» Rehabilitation may be enhanced by:
  - Assertive community programs.
  - Occupational therapy.
  - Work assessment, and bridging programmes.
  - Appropriate placement and supported employment.
» Assessment of risk to self and others, and early signs of relapse should be performed at every review.