What is Psychosis?

Psychosis is a serious medical problem where a child or teen has trouble telling the difference between what is real and what is not real. Sometimes, it starts with small changes in behaviour, where children just don’t seem like ‘themselves’. Children or teens with psychosis often have delusions or hallucinations.

Psychosis is rare before puberty. And it starts at different times for men and women. For men with psychosis, hallucinations and delusions often begin in their late teens or early 20’s. These symptoms tend to appear later in women, in the mid 20’s to early 30’s. It is also rare for someone over 45 to develop psychosis for the first time.

What is ‘first episode’ psychosis?

First episode psychosis is the first time that a person outwardly shows symptoms of psychosis. These symptoms may be very distressing for youth and their families.

Delusions:
- Are fixed, false beliefs, not based in reality
- Can come in many forms, some are quite bizarre

‘Paranoid’ delusions are common, where children or youth become suspicious of others and worried about being harmed by others. They may also think they are being spied on or followed.

Hallucinations:
These happen when a child or teen sees (visual hallucinations) or hears (auditory hallucinations) things that aren’t there.

How common is psychosis?

Between 3 and 5 out of every 100 people will have some form of psychosis in their life time. But only a small number of people with psychosis will go on to have long term problems and may be diagnosed with schizophrenia. Close to 1 in every 100 people has schizophrenia. Schizophrenia is much less common in children and youth: only 1 out of every 1000 children and youth have it.

What causes psychosis?

Psychosis is very strongly linked to imbalances in certain brain chemicals called neurotransmitters, especially one called dopamine. It is also possible (but rare) for medical problems like brain tumours, Multiple Sclerosis, Huntington’s Disease or infections to cause psychosis.

Psychosis is a possible side effect of some prescription drugs. Street drugs are a big problem. Marijuana often leads users to feel paranoid. Other drugs like LSD, ‘shrooms’ or magic mushrooms, heroin, cocaine or ‘uppers’ (amphetamines) can trigger psychosis too.
If you suspect psychosis

If you suspect psychosis, bring your teen to a doctor (family doctor or pediatrician) as soon as possible. In most cases, the doctor will then refer your teen to more specialized mental health services. Some communities have ‘first episode psychosis’ clinics set up for these problems.

You can also try calling TeleHealth Ontario and speaking to a nurse for advice, at: 1-888-797-0000 (TTY: 1-866-797-0007)

If you are worried and if you can’t get services set up quickly enough, you can take your teen to a hospital emergency room for an assessment.

How is psychosis treated?

Recognizing symptoms early on is important, because treatment can be much more effective if it is started early. Because psychosis is linked to imbalances in brain chemicals (like dopamine), medications that help these imbalances can be very effective in controlling the symptoms of psychosis. These medications are called ‘anti-psychotics’ or ‘neuroleptics.’

Commonly used neuroleptics include:
- Risperidone (Risperdal ®),
- Olanzapine (Zyprexa ®),
- Quetiapine (Seroquel ®),
- Haloperidol (Haldol ®)
- Chlorpromazine, also known as “CPZ"

After the symptoms of psychosis are reduced enough by medications, it will be easier for your child or teen to benefit from counselling and therapy.

Will my child or teen get better?

Ongoing treatment and monitoring will give your child or teen the best chance of living without symptoms of psychosis. Medications and other treatments are very effective for most people who have had an episode of psychosis. We think that children and youth who have had an episode of psychosis should stay on medication for at least one year. Studies show that after one year, 7 out of 10 patients who stay in active treatment will be in ‘remission’ (not have any delusions or hallucinations). Most patients (about 65%) will not have any symptoms (or very few) with ongoing treatment.

When can my child stop taking medication?

If your child or teen has good symptom control in the first year of treatment and wishes to come off medication, we can give it a try. It will be very important for your child or teen to be followed closely by a doctor. Some people will be symptom free, even after medication is stopped. But most patients will tend to have periods of psychosis, or ongoing symptoms of psychosis after stopping medication.

If symptoms of psychosis continue, especially if they last longer than 6 months, then doctors make a diagnosis of schizophrenia.
Helping a child or teen with psychosis

Having a child or teen with psychosis can be difficult, but there are many things you can do to help.

1. Healthy living makes a difference.
   Make sure your child or teen eats healthy meals and snacks, gets enough sleep, and regular physical exercise ( Anything active is good, like dancing or playing “air-guitar”.) Street drugs should be avoided as much as possible.

2. Help your child or teen to get treatment.
   Help your child get to doctor’s appointments. If medications are prescribed, help your child to take them.

3. Give support:
   You might say something like “I want you to know that I’m here for you. How can I help you?” “Tell me what I can do to support you.”

4. Understand that your child can’t help it.
   Don’t laugh at hallucinations or delusions. Don’t tell your child or teen she is stupid or crazy for having delusions. This will make her less willing to confide in you. Don’t say “It’s just in your head.”

5. Get support from people your child trusts.
   If there is someone that you and your child or teen trust, ask that person for help.

   Stress can make psychosis worse. Help your child or teen figure out what is causing stress, and come up with a plan to handle each cause.

7. Figure out what helps.
   Help children and youth to keep track of what helps, and what doesn’t help their symptoms. Keeping a diary can help with this.

8. Keep things calm and avoid over stimulation.
   Psychosis makes people sensitive to being overloaded. If there is too much going on (for example, too many people around), help your child or teen to take a break by suggesting a quiet walk or having a nap...

9. Take care of yourself.
   Caring for a child or teen with psychosis is tough and can be stressful. Make sure that you have someone to talk to who understands your experience. Try to take some time for yourself, so you don’t get burned out.
Helping a child or teen with delusions

**Show that you are listening, without reinforcing delusions.** You might say something like “You’re telling me that you’re worried about the CIA spying and following you. How does that feel?” Then, after your child or teen shares his feelings, ‘validate’ that feeling by showing you understand. “I can completely see how you might feel scared. I’d feel scared too, if I felt that I was being followed.” In this way, you can empathize with how your teen feels, without saying that you agree with the delusion.

**Help your child or teen challenge unhelpful thoughts.** In a gentle way, you can try to show your child or teen that there is no evidence for the delusion. You might say, “I hear what you’re saying. Tell me - what have you noticed that leads you to think that you’re being followed?” “Why would they follow you?” “Are there any other possibilities?” Ask for permission before telling your child that her thoughts might not be correct. “I care about you - would you be okay if I gave you my thoughts?” “Based on what you’ve told me, you have done nothing wrong, so there is no reason for the police to be following you.”

**Help your child or teen replace unhelpful thoughts with more helpful ones.** “You told me you don’t want to feel so scared all the time. Instead of thinking, ‘everyone is out to get me’, are there other, more helpful thoughts that would make you feel safer?”

Helping your child or teen to cope with hallucinations

Here are some ideas to share with your child or teen to avoid hallucinations, or handle them when they happen.

**Avoid things that worsen hallucinations.** Help your child or teen stay away from stimulants (like caffeine), alcohol and street drugs (especially marijuana, hallucinogens and stimulants).

**Keep busy.** Hallucinations often happen when youth are bored. They can keep busy by doing things that require attention, like listening to music, reading a book or talking to someone. Or they can get a change of scenery—go inside if they are out, or go out if they are inside.

**Talk to yourself.** Many people say that talking aloud helps. Try humming or singing quietly to yourself. Repeat a calming phrase, like “I am safe, I am okay.” Try reading aloud.

**Use affirmations.** Using affirmations means replacing negative or criticizing voices with more positive voices.
- Say to yourself “I am a good person” or something along those lines.
- Ask people to write down good things about you on a piece of paper so you can read it when the negative voices start.
- Tape record what people like about you and also what you feel are your positive qualities. Listen to it.
Your role in your child’s recovery

You have an important role to play in supporting your child or teen through ongoing treatment. You can enhance your child’s treatment by:

Record keeping. Recovering from psychosis can have many ups and downs. You can help by keeping a record of changes in behaviour, symptoms, reactions to medications, medication trials, and important contact information.

Being an active member of the treatment team. Be ready to talk with doctors, nurses, social workers and therapists. A child or teen with psychosis may not be thinking clearly. Your point of view is important, and we need to hear about your concerns. Sometimes issues of confidentiality may prevent a service provider from giving you information, but it is still very helpful for you to give as much information as you can to help your child or teen.

Staying hopeful. Recovery is a process that is different for each person. Your child or teen may become impatient or discouraged. Be supportive and try to stay positive. Understand that small steps forward may be huge accomplishments for your child or teen.

Where to find help in Eastern Ontario

In a crisis? Child, Youth and Family Crisis Line for Eastern Ontario, 613-260-2360 or toll-free, 1-877-377-7775

Looking for mental health help? www.eMentalHealth.ca is a bilingual directory of mental health services and resources for Ottawa, Eastern Ontario and Canada.

Where to Find Help: Ottawa

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<tr>
<th>Ages Served</th>
<th>Service</th>
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<tbody>
<tr>
<td>0-16 years</td>
<td>Children’s Hospital of Eastern Ontario, <a href="http://www.cheo.on.ca">www.cheo.on.ca</a>, 613-737-2496</td>
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<tr>
<td>16-18 years</td>
<td>First episode psychosis program at the Royal Ottawa Mental Health Centre, <a href="http://www.rohcg.on.ca">www.rohcg.on.ca</a>, 613-722-6521</td>
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<tr>
<td>Age 16 and older</td>
<td>First episode psychosis program at the Ottawa Hospital (On Track Program) <a href="http://www.ottawahospital.on.ca">www.ottawahospital.on.ca</a>, 613-737-8899 ext. 73062</td>
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Support and Advocacy Groups

- Schizophrenia Society of Ontario Ottawa-Carleton Chapter, 613-722-6521, ext. 7775, [www.schizophrenia.on.ca](http://www.schizophrenia.on.ca)
- PLEO (Parent’s Lifelines of Eastern Ontario), a support group for parents of children and youth with mental health difficulties, [www.pleo.on.ca](http://www.pleo.on.ca)
- Parent’s for Children’s Mental Health, a province-wide organization for parents supporting children and youth with mental health issues, [www.pcmh.ca](http://www.pcmh.ca)
**Want more information?**

**Useful websites**
- The Schizophrenia Society of Canada, www.schizophrenia.ca
- The Schizophrenia Society of Ontario, www.schizophrenia.on.ca
- Psychosis Sucks is a website about first episode psychosis with a focus on youth, by a first episode psychosis program in British Columbia, www.psychosisucks.ca

**Useful books**

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**Disclaimer:** Information in this fact sheet may or may not apply to your child. Your health care provider is the best source of information about your child's health.

**References**

