Brief Psychotic Disorder

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This information is not intended to replace qualified medical or professional advice. For further information about a condition or the treatments mentioned, please consult your health care provider.

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Introduction

The Mental Health Foundation's mission is to improve the mental health of all people and communities in New Zealand. Mental health is a positive sense of emotional, psychological and spiritual wellbeing. We define mental health as being the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

People who have information can make informed choices. It is up to each person to decide what mental health is and what it means for them. We believe that providing accurate and helpful information is vital to the process of enabling people to gain control over and enhance their mental health and wellbeing. This includes considering factors that determine our mental health status such as age, gender, ethnicity, income, education, housing, sense of control over life circumstances and access to health services.

The aim of this Mental Health Information New Zealand (MHINZ) project is to provide people with a range of information that can be a starting point for ongoing learning and personal development. It is primarily designed to meet the needs of people working with the discovery that they or those close to them may have a mental health problem sufficiently distressing to warrant medical intervention. This may carry with it some of the stigma associated with mental illness and a loss of personal power in the face of medical labelling and control. So while for some, being given a diagnosis may be a relief, for others it may be upsetting.

We have developed this resource for a range of people including those who have been given a diagnosis, family, whanau, friends and others involved in support and treatment. The information provided is largely from a clinical perspective as it includes psychiatric diagnosis and information on current medical treatment options. We acknowledge that this is one perspective and that different cultures define mental health and wellbeing in a variety of different ways. We invite people to use the resources, references and contacts listed in these booklets to find further information.

Fact sheets summarising information from some of the booklets are available from the foundation's resource centre or may be downloaded from the foundation's website.

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Brief Psychotic Disorder

Brief psychotic disorder is a serious condition where a person experiences a short period of losing contact with reality. This is known as a psychotic episode.

Brief psychotic disorder is quite rare. When it occurs, it is most often in adolescence or early adulthood. Such an episode may be experienced after a significant stress of some kind, such as the loss of a loved one, or a traumatic event, like an assault. It may also occur following the birth of a child. Intense confusing social interactions where people are subjected to intense emotional experiences and expected to conform to beliefs impressed on them such as in cults may also cause brief psychotic disorder. Brief psychotic disorder used to be called brief reactive psychosis. It is one of a number of psychotic illnesses which include delusional disorder, schizoaffective disorder and post natal psychosis.

A psychotic episode may develop over a number of days for someone who has previously been healthy and coped well with their usual activities and relationships. By definition, an episode of brief psychotic disorder is less than one month long - the person will have recovered fully and returned to their usual level of activity within a month. This is in contrast with other psychotic illnesses such as schizophrenia, where the symptoms continue for longer periods.

Recurrent episodes of this condition are rare. If a person goes on to have a number of episodes it may mean that they are in the early stages of a more lasting condition such as schizophrenia or bipolar affective disorder. This will only become apparent with time.

There is no medical test which can diagnose brief psychotic disorder. A diagnosis is made when the person has some or all of a set of symptoms similar to those of acute episodes of schizophrenia. For this reason it is very important for a health professional to get a full picture of the difficulties a person has had, from both the person and their families and whanau or others who know them well, if there is any indication of psychosis. In particular, it is important to be open about any history of illegal drug use, as this can also cause brief episodes of psychotic symptoms. In this case it is necessary to deal with drug use as the underlying cause of these symptoms.

Brief psychotic disorder should be diagnosed and treated as early as possible. This is because people can become very unwell during an episode, and may be at risk of harming themselves or others. Brief psychotic disorder can be effectively treated, and people always recover from it. However, the earlier effective treatment is started, the better the chances of full recovery without the person being harmed in any way.

Symptoms of brief psychotic disorder

Symptoms of brief psychotic disorder are the same as the symptoms of the acute phase of schizophrenia, except that they come on rapidly and resolve within a short time. When assessing a person with such symptoms is important to ensure that any unusual beliefs or experiences are not ones which are acceptable or normal within their religion or culture. Most mental health services have cultural consultants or services which understand the nature of the illness and address any specific cultural or spiritual concerns.

The symptoms of brief psychotic disorder include:

- **Delusions** are a particular type of unusual or altered belief, which seem quite real to the person, but are not shared by those around them. The person cannot be convinced that their beliefs are wrong. Examples of such beliefs are that someone is plotting to harm them; that the radio or television set have special messages for them; that events in the world happen because of them; that they are a special person such as the Queen or Jesus or that another person or force can control them.
- **Thought disturbances** are experiences of the person's thoughts being interfered with. They may feel that thoughts are put into or taken out of their head, broadcast so others know their thoughts or spoken aloud so that everyone can hear them. People with these experiences sometimes develop delusions to explain the experience, for example, that thoughts are put into their head by a computer.
- **Hallucinations** occur when a person hears, sees, feels or smells something which is not actually there. Hearing voices which others cannot hear or when there is no-one else in the room is very typical of psychosis. Sometimes these voices will talk about or to the person. They will sometimes command them to do things. For some people these voices can be inside their head; occasionally they may seem to come from within their body. They can be extremely distressing to the person.
- **Changed perceptions**. The person experiences things seeming to speed up or slow down. Sensations may take on a different quality from normal, for example, colours and sounds may seem unusually intense.
- **Confused talk** is when a person's speech is difficult for others to follow, or doesn't make sense.
- **Changed feelings**. A person may, for example, think that their feelings have disappeared, or they may feel cut off from the world. For some, feelings may seem uncontrollable, for example, the person may laugh or cry without knowing why.
- **Changed behaviour**. People with the above types of symptoms are likely to behave differently from how they usually do. They may, for example, preach and read the Bible continuously as a result of believing they are Jesus; or become agitated, jumpy and not sleep at night if they believe others are plotting against them. However, some behaviour changes are symptoms of the illness. For instance, a person may adopt unusual postures which look very uncomfortable. They may become very disorganised in their dress and care of themselves, or have times of seeming to do little or times when they are extremely active. They can behave in a very confused manner.
- **Loss of insight**. The person does not realise that these experiences are the result of being unwell. Loss of insight is a particular feature of psychotic illnesses.

Risks during a brief psychotic period

- The risk of suicide during an episode of brief psychotic disorder is significant, but good support and care can prevent this from happening. It is important that any suicidal thoughts or urges a person expresses are taken very seriously.
- When well, people with brief psychotic disorder are no more likely to be violent than the rest of the population. However, during an episode of brief psychotic disorder the risk of violence can be significantly increased. This is particularly so where people have delusions of being seriously threatened or controlled by others. The risk at these times is further increased by co-existing alcohol or drug abuse, or a past history of violent behaviour. Prompt and careful treatment can prevent the illness getting to a point where violence occurs.
- The experience of psychosis, and sometimes its treatment (especially if forced) can be traumatic. This can contribute to secondary complications such as anxiety, depression, or substance abuse problems. Early recognition and care are critical so that these complications will not become serious problems in their own right.

The myth about brief psychotic disorder

NOT TRUE *People who have had an episode of brief psychotic disorder are dangerous to others*

The main myth about psychotic illnesses is the image of the dangerous psychotic - the axe-wielding maniac perpetrated by the media. During a psychotic episode, there is an increased risk of violent behaviour if the person does not receive prompt assessment and treatment, and adequate support to monitor any risks throughout the time of illness. Outside these brief periods of increased risk, people with this condition are no more likely to behave in a violent manner than anyone else.

Causes of brief psychotic disorder

The exact cause of brief psychotic disorder is unknown. All psychotic illnesses remain a puzzle, with much known, but much yet to be discovered. Current theories about psychotic illnesses is that they are likely to have a range of possible underlying causes. Different causes may operate in different people. This may be why there is wide variation in the way that the conditions develop, in their symptoms, and in their course.

There is little research specific to brief psychotic disorder as it is less common and less serious than the other psychotic illnesses. The following outlines what is known about the possible causes of brief psychotic disorder, but can apply to any of the psychotic illnesses:

- There seems to be a genetic (inherited) involvement in the cause of the condition. Research is conflicting, but there is a suggestion of a higher rate of mood conditions such as bipolar affective disorder in the families and whanau of people who have brief psychotic disorder.
- A number of factors associated with the person's birth seem to carry a higher risk of the later development of a psychotic illness. These include such things as birth trauma, infections, and the season of birth.

- Changes in some of the brain chemical messenger systems occur in people with psychotic illnesses.
- Stressful life events or circumstances often trigger episodes of brief psychotic disorder.

The stress-vulnerability model suggests that the different causes together make a person more vulnerable to developing a psychotic condition. Stress added to this existing vulnerability acts to trigger episodes of illness. In the case of an illness such as schizophrenia or bipolar affective disorder, vulnerability is higher and less stress is required to tip a person from wellness into unwellness. However, with brief psychotic disorder, vulnerability may be lower, so it takes particularly stressful events to overwhelm the person's ability to cope and trigger an episode of illness. As the impact of the stress lessens, the person quickly returns to being well again.

People with brief psychotic disorder sometimes believe they developed their illness because of stress or things have gone wrong in their lives. Other people with brief psychotic disorder cannot so easily find things that have gone wrong in their lives. They may agree with the view that their illness is genetic or biological in origin. A lot of people with mental illness believe it is a combination of these things. Sometimes people think their illness is a punishment for their moral or spiritual failure. It's important to remember that it is not your fault you have experienced brief psychotic disorder.

Families and whanau, especially parents, can worry that they caused their relative to develop brief psychotic disorder. Sometimes they feel blamed by mental health professionals which can be very distressing for them. Most families and whanau want the best for their relative. It is important for them to understand what factors have contributed to their relative's problem and to be able to discuss their own feelings about this without feeling guilty or blamed.

Living with Brief Psychotic Disorder

Consumer views[1]

Living through a mental illness such as brief psychotic disorder is usually one of the most overwhelming, frightening, isolating and debilitating experiences a person can have. People in crisis may feel their world has fallen apart, that everything is black, that nothing makes sense or that they are in danger. Worse still, people experiencing mental illness often lose hope or the belief that they can recover and lead a worthwhile life. But those of us who have come through episodes of mental illness are able to look back and see how temporary our loss of hope was. Everyone with mental illness can lead a worthwhile life.

Discrimination and stigma

Many people feel ashamed of their illness and can sense other people's fear, prejudice and low expectations for them. Media coverage can give the wrong impression that

[1] Consumer: A person who experiences or has experienced mental illness, and who uses or has used mental health services. Also refers to service user, survivor, patient, resident, and client.

people with mental illness are likely to be violent. Employers and landlords frequently don't really want to know people who have a mental health problem. Workmates and friends may turn their backs on a person they know who has mental illness. Even families and whanau and mental health workers can be over-anxious, controlling and pessimistic about lives of people with mental illness. None of this helps. Sometimes the discrimination feels worse than the illness itself.

Support and information

People who have experienced brief psychotic disorder often do better if they get support people who are caring, non-judgemental and see their potential. Some get their best support from others who have been through the same kind of experience. Other people find a counsellor or another type of mental health worker who is supportive. Or their friends and families and whanau may offer good support. People who have experienced brief psychotic disorder can make more informed choices if they educate themselves about the condition and the types of treatment and support that are available. It's also useful to know about your rights.

Using services

Many people with a mental illness such as brief psychotic disorder, sooner or later, go to see their GP or a counsellor or are referred to mental health services. If you fear you might harm or kill yourself it is vital that you seek help immediately. Sometimes it is hard for people with mental illness to seek help because they feel ashamed and want to hide their distress. Acknowledging they have a mental health problem and need help can be very scary. People who have experienced brief psychotic disorder often say the best services are ones where they are listened to, treated as equals and are given support or treatment that works for them. Otherwise, the service is unlikely to meet their needs.

Recovery

Most people who have experienced brief psychotic disorder make a complete recovery. But even if you continue to have episodes of the illness you can still live a happy and worthwhile life. One person describes recovery like this:

> *"Recovery is not just about getting rid of symptoms. It is about getting back any lost rights, roles, responsibilities, potential, decisions and support.*
>
> *"The process of recovering is about beginning to hope or rekindling the hope you once had for a productive present and a rewarding future - and believing that you deserve it! It involves having your own vision of the life you want to lead, seeing and changing old patterns and discovering that symptoms can be managed. It means doing more of what works and less of what doesn't.*
>
> *"Recovery is about reclaiming your roles as a 'healthy' person, rather than living your life as a sick one. Recovery is about what you want in your life, how to get there and how others can support you in that journey."*

Important strategies for recovery

People with a brief psychotic disorder have found the following strategies important and useful for their recovery.

- Learn about brief psychotic disorder and the treatment options for the condition. Get information that helps make sense of what has happened. Health professionals and others involved in assisting recovery should provide information in a way and at a pace that is comfortable for you and your families and whanau.
- Have as active a part as possible in decisions about treatment and support. Being involved in decisions is the best way to ensure you make informed choices about what is best for you.
- Get treatment and support from people you trust, who expect the best for you and are able to accept how you are at any time. It is important to have the continuing support of families and whanau and friends, who know about the condition and understand what they can do to support recovery.
- Have the opportunity to receive support from others who have survived the experience of the condition and its treatment.
- Have the opportunity to receive support from culturally appropriate support groups organisations or advocates (trained supporters) who can help you to recover and stay well.
- Have the opportunity to recuperate, to sleep more, have time out, and relax after the psychotic episode and also feel encouraged to become more active as you are able.
- Have the opportunity to ensure that your physical and spiritual needs are met.
- Become familiar with early warning signs of relapse and be part of developing a plan to stay well. Staff involved in your care will help with this.
- Avoid or really cut down the use of alcohol and illegal drugs, as these may worsen the condition and increase your chances of relapse.
- Find the ways of coping that work best for you. These are different for each person, but are a critical first step on the path to recovery.

Families and whanau views

Families and whanau often experience real grief, isolation, powerlessness and fear as they witness their loved one struggling with a brief psychotic episode. During the crisis they may find that they cannot understand the person's behaviour or communicate with them any more. Even after a crisis they may find their relative withdrawn or hard to be around. Their feelings for their relative can swing from compassion for their pain, to grief at the loss of the person they once knew, to hostility towards their relative for disrupting their lives. Families and whanau often live through all this without support from their community or from mental health services.

Discrimination and stigma

Families and whanau may feel shame or embarrassment if their relative behaves in an unusual way when they are very unwell. They may shut themselves off from their friends and neighbours or feel that these people are avoiding them. Families and whanau hurt when they see their relative being discriminated against or treated unfairly. Families and whanau can also feel discriminated against themselves, especially by some health professionals who exclude them or appear to blame them for their relative's problems.

Support and information

Families and whanau often feel drained and stressed and need support to look after themselves as well as their relative with mental illness. Their other families and whanau relationships can get neglected when the needs of the person with mental illness have to take priority. There are several ways families and whanau can get support. They can get in touch with other families and whanau who have had similar experiences. Some mental health services provide good support options for families and whanau. Families and whanau need information on the person's condition, their options for treatment and their rights.

Experience with services

Families and whanau frequently find that services do not listen to their views about their relative. Professionals may not always give families and whanau any information about their relative, particularly if they are an adult and don't want their families and whanau to know the information. Ideally, families and whanau who are involved in caring for someone with mental illness need to be able to communicate freely with professionals about their relative. They may also need some professional help to mend any rifts in their relationship with their relative. Open communication between professionals, families and whanau and the person with mental illness means that families and whanau and their relatives are more likely to get the services they need.

Recovery

Most, if not all, families and whanau want to help their relative recover. Unfortunately, sometimes the person with mental illness blames their families and whanau and does not want them to be involved in their care. Research shows that if families and whanau can share information, skills and support with their relative and the professionals who look after them, the likelihood of recovery is much greater.

It is hard to imagine anything which could be a bigger blow to a person's confidence or sense of self than development of a psychotic illness. For families and whanau and friends, seeing a loved one change in such a puzzling way can result in feelings of shock, confusion, and guilt. It is important to realise that these responses are normal.

Important strategies to support recovery

Families, whanau and friends of someone who has a brief psychotic disorder have found the following strategies important and useful.

- Recognise that you may need your own period of recovery and time to understand what has happened. Many people go through a period of having all sorts of difficult feelings about what has happened to their loved one.
- Learn what you can about the disorder, its treatment and what you can do to assist recovery.
- See yourself as part of the treatment team and in particular learn about the signs of relapse and, with the help of health professionals, discuss with the person how you can help them stay well.
- Understand the symptoms for what they are and not take them personally or see the person as difficult.
- Communicate clearly, as people with this condition may have difficulty understanding exactly what others mean and can be very sensitive to the effects of intense emotion.
- Encourage the person to be as responsible as their condition allows. Often our natural response is to feel protective and want to do everything for the person. But for many people, reclaiming responsibility for themselves is a critical step to recovery.
- Learn to encourage the person to be more active and regain their skills without pushing or criticising them. Acceptance of how they are at any time and having realistic expectations for them is very important.
- Take the opportunity to contact an appropriate families and whanau support and/or advocacy group or organisation. For many people this is one of the best ways to learn how to support recovery, deal with problems and access services when needed.
- Encourage the person who has been unwell to continue treatment and to avoid alcohol and drug abuse.
- Find ways of getting time out for yourself and feeling okay about this.

Treatment of Brief Psychotic Disorder

Summary of treatment options

Treatment of brief psychotic disorder involves the availability of a number of important components, each of which can be tailored to the needs of the individual and the stage of the condition. The main components are:

Medication

The major aspect of treatment is antipsychotic medication. Other medicines may be used according to individual need and symptoms during the acute phase of the illness. If you are prescribed medication you are entitled to know the names of the medicines, what symptoms they are supposed to treat, how long it will be before they take effect,

how long you will have to take them for and what their side-effects (short and long-term) are. If you are pregnant or breast feeding no medication is entirely safe. Before making any decisions about taking medication at this time you should talk with your doctor about the potential benefits and problems associated with each particular type of medication in pregnancy.

Psychosocial treatments

Psychosocial treatments are non-medical treatments which address the person's thinking, behaviour, relationships and environment, including their culture. These come to the fore as the acute phase of the illness resolves. They may include psychoeducation, a process whereby the person and their families and whanau have the opportunity to learn about brief psychotic disorder, and about how to work together to communicate effectively, solve problems, deal with stress and make a plan for staying well. Psychological therapies (often referred to as therapy or psychotherapy) involve a trained professional who uses clinically researched techniques, usually talking therapies, to assess and help people understand what has happened and to make positive changes in their lives. Counselling may include some techniques used in psychological therapies, but is mainly based on supportive listening, practical problem solving and information giving.

All types of therapy/counselling should be provided to people and their families and whanau in a manner which is respectful of them, with which they feel comfortable and free to ask questions. It should be consistent with and incorporate their cultural beliefs and practices.

Complementary therapies

Complementary therapies which enhance the person's life may be used in addition to prescription medicines and psychosocial treatments.

The pace of treatment

Where possible, the acute phase of brief psychotic disorder is treated in the community, as people tend to get better more quickly outside hospital. The community is where people's natural supports are and where recovery occurs. However, this relies on having sufficient support to ensure the safety of the person and others, and to avoid over-stressing families and whanau or others involved in caring for them. Having access to a range of flexible and co-ordinated community services is the critical factor in the success of community-based care.

Inpatient or hospital care is reserved for those situations where the level of a person's symptoms and crisis is endangering their or others' safety or preventing treatment.

Medication

Antipsychotics

Antipsychotic medicines are the main group of medications used to treat brief psychotic disorder. Antipsychotics were first developed in the 1950s. While many new antipsychotics were introduced between the 1950s and 1980s, they were all of the same variety. These so-called conventional antipsychotics work by blocking the effects of dopamine, a brain chemical messenger. They all share the ability to reduce or stop psychotic symptoms. These older medicines have a range of common and distressing side effects which make them unpleasant for many people to take. The side effects, in

combination with the loss of insight which commonly occurs with brief psychotic disorder, can mean that people are reluctant to take them.

The traditional antipsychotics are either low-potency or high-potency, according to the size of dose required to give benefit. The low-potency drugs include chlorpromazine (Largactil) and thioridazine (Melleril). They mainly cause sedation (tiredness), dry mouth, constipation, dizziness, and various sexual function problems. It has recently been found that thioridazine (Melleril) is associated with a risk of heart rhythm abnormalities in some people. It is recommended that anyone taking thioridazine has an electrocardiogram (ECG) and blood tests to check this.

The high-potency drugs include haloperidol (Serenace), pimozide (Orap), thiothixine (Thixit), and trifluoperazine (Stelazine). They mainly cause muscle side effects such as shaking, muscle spasm, and restlessness. These muscle side effects can be blocked by the use of side effect medications such as benztropine (Cogentin) and procyclidine (Kemadrin).

In recent times a number of new or atypical antipsychotics which have significant advantages over the older ones have been developed. They also have a dopamine-blocking action (but to a lesser degree), and in addition they act on the serotonin neurotransmitter system.. They are more expensive, but generally cause fewer side effects, probably because of the different neurotransmitter systems involved. Some of the atypical antipsychotics may also be useful in people with brief psychotic disorder who experience intolerable side effects with the older antipsychotics.

There are currently four atypical antipsychotics available in New Zealand – clozapine (Clozaril), olanzapine (Zyprexa), quetiapine (Seroquel) and risperidone (Risperdal). Clozapine (Clozaril) is not used in the treatment of brief psychotic disorder because it has a serious and potentially life-threatening blood side effect and is only used for treatment of chronic, treatment resistant psychosis. Overseas a lot of work is being done to develop effective and better tolerated antipsychotic medicines.

Whichever of these medicines (conventional or atypical) a person is prescribed, the approach taken to starting treatment is ‘start low, go slow’. This is to minimise side effects and establish the lowest effective dose. The full antipsychotic effect of the medicine takes one to two weeks. However, levels of secondary symptoms such as anxiety and agitation almost always reduce within a few days of starting medication.

Following the acute phase, medication is usually continued for a number of months and then gradually reduced. There is uncertainty about the length of time medication should be continued after an episode of brief psychotic disorder, but it is generally advised that if the person remains well it should be stopped after six to 12 months.

All of these medicines are available in tablet form, which is the main way of taking them. Some of the older medications as well risperidone (Risperdal) and olanzapine (Zyprexa) are available as syrups. A few, for example haloperidol (Serenace)and zuclopenthixol (Clopixol/Acuphase) are also available as an injection. Injections are sometimes used when a person is very agitated and needs rapid treatment.

Antipsychotic medications are not addictive. Apart from the risk of the underlying condition recurring, there are usually no withdrawal effects. Occasionally, if a person suddenly stops taking them they may have mild symptoms such as feeling shaky.

While not taking medication is obviously best during pregnancy, staying well during and after pregnancy is also very important. You and your doctor will need to weigh the risks and benefits in this situation. High-potency antipsychotics are not known to cause

birth defects. There is some evidence that low-potency medicines may be unsafe in pregnancy.

Side effects of antipsychotics

If given in low doses, a significant number of people will have minimal or no side effects from antipsychotics. If any side effects are experienced it is important to discuss these with a doctor, who may either reduce the dose or change to a more suitable medication. (A list of the common side effects is included at the end of this section.)

Unfortunately there are no ways to reliably predict which medication will work best for a person with the least side effects. It is a matter of making a best guess and using a trial and error approach.

Side effect medicines. Benztropine (Cogentin) and procyclidine (Kemadrin) are medicines used to reverse the muscle side effects of antipsychotic drugs. They can cause their own side effects (outlined under the heading 'Anticholinergic Side Effects' in the list of side effects included at the end of this section).

Benzodiazepines

The common tranquillisers or sedatives are benzodiazepines (the valium type of medicines). Benzodiazepines are used to treat agitation and sleep problems. They increase the activity of a chemical in the brain called GABA (gamma amino butyric acid) which regulates alertness. This lessens anxiety, induces sleepiness, and makes the muscles relax. Benzodiazepines work almost immediately and have few side effects. The main side effect of drowsiness or fatigue may be useful during the acute phase. This usually wears off.

Benzodiazepines are known to be addictive so they are usually only prescribed for up to two weeks at a time. If someone has been taking benzodiazepines for a longer period of time stopping them needs to be done gradually. Sudden stopping may produce withdrawal symptoms such as anxiety, insomnia, headaches, nausea and dizziness and, if severe, they may induce epileptic seizures. People with epilepsy must be careful as withdrawal can also make seizures more likely.

People taking benzodiazepines need to be aware that they may become too drowsy or relaxed to drive or operate machinery. Muscle relaxation can be a risk for older people whose muscles may be weak so they may have an increased risk of falling. Older people may also become confused. Those with severe breathing problems need to be careful as benzodiazepines can reduce breathing a little. Benzodiazepines are not advised in pregnancy especially near birth, as they can affect the baby and some of them get into breast milk.

Benzodiazepines are safe with almost all other medicines. The effects of alcohol are magnified by them, so this should be avoided.

(For more information about benzodiazepines see the medication section of the MHINZ booklet *Depression*.)

Medication interactions

Most psychiatric medicines tend to react with each other when taken in combination. Their sedative effect in particular may make you feel sleepy. You should not mix different types of medications unless instructed by your doctor, as this could be very dangerous. Your doctor will, where possible, limit the number of medications prescribed. It is important the doctor knows all the medications (including any herbal

medicines such as St Johns Wort) you are taking, as some taken together can be dangerous.

The effects of alcohol and many illegal drugs will also be heightened, so they should be avoided.

Psychosocial treatments

As the symptoms of psychosis resolve, aspects of psychosocial treatment are an important part of a plan for the best possible treatment with the aim of hastening recovery and significantly lowering the chances of future relapse. Such treatment may include:

Psychoeducation

Education by a health professional about brief psychotic disorder and its treatment is important to help the person and their families and whanau understand and come to terms with what has happened. It is also important as this information enables people to be active participants in decisions regarding treatment.

Psychoeducation may include helping the person and their families and whanau to identify early signs of relapse and develop a clear plan for staying well to reduce the risk of future relapse. Families and whanau will often be aware of the changes that suggest the person is becoming unwell. They can encourage the person to put their wellness maintenance plan into action. Stress management training, learning ways of managing stressful situations, can contribute to protecting the person from the effects of stressful times in the future and the risks of triggering another psychotic episode.

Psychological therapies (psychotherapy or therapy)

Supportive psychotherapy or counselling may be helpful to assist the person make sense of what has happened and to resolve any trauma which has resulted from the illness or its treatment. Psychotherapy or counselling is usually done on a one-to-one basis, but may at times include partners or other families and whanau members, or sometimes be held in a group.

Therapy may be available free of charge at a community mental health service. At a number of community service agencies charges are based on your ability to pay. Private therapists fees may range from $60 to $200 per session but many also have a sliding scale of fees.

Side Effects of Antipsychotic Medications

Conventional or typical antipsychotics

Generic name — Trade name	
Haloperidol	Serenace
Pimozide	Orap
Thiothixene	Navane & Thixit
Trifluoperazine	Stelazine
Zuclopenthixol	Clopixol
Chlorpromazine	Largactil
Methotrimeprazine	Nozinan
Thioridazine	**Melleril**

Muscle side effects

Shaking (tremor). Regular shaking of the hands or other parts of the body.

Muscle spasms (dystonia). Sudden tightening of muscles like cramp, which can be quite painful. It commonly occurs in the neck and eye muscles.

Slowing of movements (akinesia). Finding it hard to get moving, feeling stiff.

Restlessness (akathisia). A feeling of being unable to keep still, of needing to move continuously. This can be quite uncomfortable especially when it is continual and interferes with sleep.

Rhythmic movements of parts of the body called tardive dyskinesia. These side effects are most common with the high potency medicines: haloperidol (Serenace), pimozide (Orap), thiothixene (Navane/Thixit), trifluoperazine (Stelazine), and zuclopenthixol (Clopixol).

Anticholinergic side effects

Dry mouth. Drinking water and chewing sugar-free gum help with this.

Constipation. Eating plenty of fruit and vegetables, and drinking plenty of fluids help and laxatives can be taken if necessary.

Trouble passing urine is mostly a problem for older men.

Blurred vision. There is nothing which reduces this. If it is a problem it may mean lowering the dose or changing to another medicine.

Conventional or typical antipsychotics, continued

Generic name — Trade name	Reproductive and sexual system side effects
Haloperidol ..... Serenace Pimozide ..... Orap Thiothixene ..... Navane & Thixit Trifluoperazine ..... Stelazine Zuclopenthixol ..... Clopixol Chlorpromazine ..... Largactil Methotrimeprazine ..... Nozinan Thioridazine ..... Melleril	**Irregular or absent periods** in women. **Milk production** and leakage from the breasts. Not usual in men. **Enlarged breasts**. Not common, and mainly an issue for men. **Reduced sexual desire**. This can be secondary to the condition, and is also caused by depression. **Difficulties with erection and ejaculation.** **Other side effects** **Drowsiness and sedation,** depending on the size of the dose. **Weight gain.**

New atypical antipsychotics

Generic name — Trade name	Side effects
Risperidone ..... Risperdal Olanzapine ..... Zyprexa **Quetiapine ..... Seroquel**	**Drowsiness** or **difficulty sleeping.** **Weight gain.** **Headache.** **Sexual problems.** **Blurred vision.** **Dry mouth.** **Constipation**. Eat lots of fruit and vegetables, and drink plenty of fluids. Use laxatives if necessary. **Agitated or jittery feeling.** **Dizziness** when standing up too suddenly. **Muscle side effects** In higher doses Risperidone can cause the same muscle side effects as the older typical antipsychotic medications.

Complementary Therapies

Health, healing and healing practices are varied and differ according to how people view illness. Any health-related practice that increases an individual's sense of wellbeing or wellness is likely to be of benefit. Talking things over with people you feel comfortable with can be useful and may help to define a problem and ways to begin to tackle it.

The term complementary therapy is generally used to indicate therapies and treatments which differ from conventional western medicine and which may be used to complement, support or sometimes replace it. There is an ever-growing awareness that it is vital to treat the whole person and assist them to find ways to address the causes of mental health problems rather than merely alleviating the symptoms. This is often referred to as an holistic approach. Complementary therapies often support an holistic approach and are seen as a way to address physical, nutritional, environmental, emotional, social, spiritual and lifestyle needs.

Many cultures have their own treatment and care practices which many people find helpful and which can often provide additional benefits to health and wellbeing. Rongoa Maori is the indigenous health and healing practice of New Zealand. Tohunga Puna Ora is a traditional healing practitioner. Traditional healing for many Pacific Islands' people involves massage, herbal remedies and spiritual healers.

In general, meditation, hypnotherapy, yoga, exercise, relaxation, massage, mirimiri and aromatherapy have all been shown to have some effect in alleviating mental distress. Complementary therapies can include using a number of herbal and other medicinal preparations to treat particular conditions. It is recommended that care is taken as prescription medicines, herbal and medicinal preparations can interact with each other.

When considering taking any supplement, herbal or medicinal preparation we recommend that you consult a doctor to make sure it is safe and will not harm your health.

Women who may be pregnant or breastfeeding are advised to take extra care and to consult a doctor about any supplements, herbal or medicinal preparations they are considering using, to make sure they are safe and that they will not harm their own or their baby's health.

For more information see the MHINZ booklet ***Complementary Therapies in Mental Health***.

Legislation

New Zealand has laws with specific implications for people who experience mental illness. The following information is a brief introduction to some of these Acts, and gives details on where to get specific information or assistance.

More information may be obtained from the local Community Law Centre or Citizen's Advice Bureau – look in a telephone directory for details. The local library is a useful place to obtain information or books and resources on the law. Copies of New Zealand legislation are available from government bookshops and can be seen at most public libraries, or on the internet at www.rangi.knowledge-basket.co.nz/gpacts/actlists.html

Recommended publication

Mental Health and the Law: A Legal Resource for People who Experience Mental Illness, Wellington Community Law Centre, 2002. Available from Wellington Community Law Centre, Ph 04 499 2928.

Government agencies can provide advice, information and publications in relation to mental health and the law.

Ministry of Health
133 Molesworth Street
PO Box 5013
WELLINGTON

Ph 04 496 2000
Fax 04 496 2340
Email EmailMOH@moh.govt.nz
Web www.moh.govt.nz

Mental Health Commission
PO Box 12479
Thorndon
WELLINGTON

Ph 04 474 8900
Fax 04 474 8901
Email info@mhc.govt.nz
Web www.mhc.govt.nz

Department for Courts
PO Box 2750
WELLINGTON

Ph 04 918 8800
Fax 04 918 8820
Email family@courts.govt.nz
Web www.courts.govt.nz/family

More contact details for government agencies are listed in the following sections.

The Health and Disability Commissioner Act 1994

This Act governs all actions taken by the Health and Disability Commissioner, the office and advocacy services. It is the legal document which gives the authority to ensure the rights are delivered. The purpose of the Act is

> *"To promote and protect the rights of health consumers and disability services consumers, and, to that end, to facilitate the fair, simple, speedy, and efficient resolution of complaints relating to infringements of those rights" (Section 6).*

The Act's objective is achieved through

- the implementation of a Code of Rights (see below)
- a complaints process to ensure enforcement of those rights, and
- ongoing education of providers and consumers.

Code of Health and Disability Services Consumers' Rights

There are ten rights set out in the code and these rights apply to all health and disability support services in New Zealand, both public and private services. The code gives rights to all people who use health and disability services and describes the obligations of all providers of health and disability services. The Health and Disability Commissioner contracts advocates in each region to ensure the code is upheld.

To make a complaint to the advocate in your region, contact the office of the Health and Disability Commissioner.

The Health and Disability Commissioner

Freephone 0800 11 22 33
E-mail hdc@hdc.org.nz
Web www.hdc.org.nz

AUCKLAND
Level 10, Tower Centre
45 Queen Street
PO Box 1791
Auckland

Ph 09 373 1060
Fax 09 373 1061

WELLINGTON
Level 13, Vogel Building
Aitken Street
PO Box 12 299
Wellington

Ph 04 494 7900
Fax 04 494 7901

The Human Rights Act 1993

Discrimination on the basis of disability is illegal under the Human Rights Act. If you feel you have been discriminated against you can make a complaint to the Human Rights Commission.

Human Rights Commissioner
Freephone 0800 496 877
TTY (teletypewriter) access number 0800 150 111
Email infoline@hrc.co.nz
Web www.hrc.co.nz

AUCKLAND
4th Floor, Tower Centre
Corner Queen & Custom Streets
PO Box 6751, Wellesley Street
Auckland

Ph 09 309 0874
Fax 09 377 3593

WELLINGTON
Level 8, Vogel Building
8 Aitken Street
PO Box 12411, Thorndon
Wellington

Ph 04 473 9981
Fax 04 471 0858

CHRISTCHURCH
7th Floor, State Insurance Building
116 Worcester Street
PO Box 1578
Christchurch

Ph 03 379 2015
Fax 03 379 2019

The Privacy Act 1993

The Privacy Act sets out general rules about the protection of our personal information. Extra rules have been developed to protect health information. These rules are set out in the Health Information Privacy Code, which is contained within the Privacy Act.

The Health Information Privacy Code sets out 12 rules that agencies must follow when dealing with health information. These rules cover the collection, storage, use and disclosure of health information, and give you the right to access and correct your health information.

The code applies to you whether you are receiving health services voluntarily or under the Mental Health Act.

Under the code, health services can develop their own policies for dealing with health information. You are advised to ask for a copy of their policies. Health services must appoint a Privacy Officer, so find out who that person is in the service you are dealing with. You may request information from or make a complaint to the service's Privacy Officer.

The Privacy Commissioner.
Freephone 0800 803 909

Office of the Privacy Commissioner
PO Box 466
AUCKLAND

Ph 09 302 8655
Email privacy@iprolink.co.nz (Auckland)
privacy@actrix.gen.nz (Wellington)
Web www.privacy.org.nz

Further information

On the Record: A Practical Guide to Health Information Privacy, Office of the Privacy Commissioner, 2nd edition, July 2000.

Protecting Your Health Information: A Guide to Privacy Issues for Users of Mental Health Services. Mental Health Commission, 1999.

The Mental Health (Compulsory Assessment and Treatment) Act 1992

For a person to be compulsorily assessed and treated it must first be determined that they have a mental disorder. The definition of 'mental disorder' is described in the Act.

The Act sets out clear procedures that must be followed when a person is compulsorily assessed and treated. People under the Act lose their right to choose and consent to assessment and treatment. All other rights as described in the Health and Disability Commission's Code of Rights remain.

To ensure a person's rights are upheld and correct procedures are followed the Minister of Health appoints District Inspectors for each area. They are lawyers and you may request information from or make a complaint to them. You can find out who the District Inspector for your area is by contacting the Ministry of Health or your local community law centre. (Contact details are at the front of this section)

In general, the Act gives young people (16-19 years) the same rights as adults. For people under 16 there are additional protections.

The Ministry of Health publishes helpful user information guidelines on the Mental Health Act. Contact details for the Ministry are at the front of this section.

Further information

The Mental Health Act: Information for Families and Whanau, Schizophrenia Fellowship.

The Schizophrenia Fellowship (SF)
Freephone 0800 500 363

National Office
PO Box 593
Christchurch
Ph 03 366 1909
Fax 03 379 2322
Web www.sfnat.org.nz
Email office@sfnat.org.nz

Look in your telephone directory for the local Schizophrenia Fellowship.

The Children, Young Persons and Their Families Act 1989

This Act applies in two situations.

- When it is decided that children and young people are defined as needing care or protection and,
- where children or young people offend against the law.

This Act defines a child as someone under the age of 14, and a young person as someone who is 14 or over but under 17 years of age. If concerns have been raised about a child or young person's care or protection in the first instance, an informal meeting is usually called with the family and a social worker.

Formal options available through this Act are:

- family group conference
- application to the Family Court
- removal of the child or young person.

Care and protection issues may mean the involvement of The Child Youth and Family Service (CYFS). Look in your telephone directory under Government Agencies for contact details for your local CYFS.

For more information, it may be helpful to contact:

The Office of the Commissioner for Children
PO Box 5610
WELLINGTON

Ph 04 471 1410
Fax 04 471 1418
Email children@occ.org.nz
Web www.occ.org.nz

Youthlaw Tino Rangatiratanga Taitamariki
Provides free, confidential legal information and advocacy for young people under 25, anywhere in Aotearoa New Zealand.

PO Box 7657
Wellesley Street
AUCKLAND

Ph 09 309 6967
Fax 09 307 5243
Email youthlaw@ihug.co.nz
Web www.youthlaw.co.nz

The Criminal Justice Act 1985

This Act sets out rules that apply to people who have been charged with, or found guilty of committing some kind of criminal act.

One part of the Act applies to situations where a person is experiencing a mental illness AND has been charged with or found guilty of committing some kind of criminal act. A person in this situation can become a 'special patient' under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

The Protection of Personal Property Rights Act 1988

This Act describes what can happen legally when a person is unable to make all or some of their own decisions about their personal and property matters. This is called a lack of capacity. The Family Court decides if a person lacks capacity.

In some cases, the Family Court may appoint a welfare guardian for someone who is unable to make these decisions. A welfare guardian has the power to make a wide range of decisions, such as where a person lives and how they should be cared for. A welfare guardian can act and consent to treatment on that person's behalf.

Family Court contact details are listed at the front of this section.

Further Information

Groups and organisations

Schizophrenia Fellowship NZ Inc. (SF)
SF is a national organisation with branches through out New Zealand. It provides support, information and education for families and individuals affected by mental illness.
P O Box 593
CHRISTCHURCH
Freephone: 0800 500 363
Ph 03 366 1909
Fax 03 379 2322
Email office@sfnat.org.nz
Web www.sfnat.org.nz

GROW
Mutual help mental health movement provides support to people with mental health problems friendship is the special key to mental health. Groups meet weekly and are open to all. Consumers run a 12 step programme of self- help / mutual help.

AUCKLAND
Ph 09 846 6869
Email national@grow.org.nz

CHRISTCHURCH
Ph 03 366 5890

DUNEDIN
Ph 03 477 2871
Email growdunedin@actrix.co.nz

Websites

The Mental Health Foundation's website has information about the mental health sector and mental health promotion, news of upcoming conferences both here and overseas, links to other sites of interest and the Foundation's on-line bookstore. It also contains the full text of all the MHINZ booklets which can be downloaded as pdf or Word files.
www.mentalhealth.org.nz

The Early Psychosis Prevention and Intervention Centre
www.eppic.org.au

The Prevention and Early Intervention Program for Psychoses (PEPP)
www.pepp.ca

Trippin, a website created by Taranaki youth for youth. 'Trippin' can help you figure out what's going on when life feels a bit 'out of it'.
www.trippin.co.nz/psychosis

Internet Mental Health
www.mentalhealth.com/fr20.

Books

Family Education in Mental Illness by Agnes B Hatfield. Guilford Press, 1990.

An Unquiet Mind: a Memoir of Moods and Madness by Kay Redfield Jamieson. Picador, 1996.

Contemporary treatment of Psychosis: Healing Relationships in the Decade of the Brain by Jon G Allen and Dean T Collins. Jason Aronson, 1996.

Early Intervention in Psychosis: a Guide to Concepts, Evidence and Interventions by M J Birchwood and others. John Wiley, 2001.

The Recognition and Management of Early Psychosis: a Preventative Approach by Patrick McGorry and Henry Jackson Carlo Perris. Cambridge University Press, 1999.

Unimaginable Storms: a Search for Meaning in Psychosis by Murray Jackson and Paul Williams. Karmac Books, 1994.

The Mental Health Foundation Resource & Information Centre

The Mental Health Foundation Resource and Information Centre is at the Foundation's Auckland offices and is open to the public. Information and resources are available in a range of formats including pamphlets, books, journals videos, research papers and directories. Anyone living in Auckland may borrow books and videos are lent throughout New Zealand. The extensive collection includes resources on

· Mental Health · · Mental Illness · · Mental Health Services ·
· Depression · · Discrimination · · Workplace Wellbeing ·
· Stress · · Maori Mental Health · · Support Groups ·
· Recovery · · Relaxation · · Self-Help ·
· Older People's Mental Health · · Young People's Mental Health ·

The centre is open Monday to Friday, 9am to 4.30pm.

Mental Health Foundation of New Zealand
PO Box 10051
Dominion Road
Auckland

81 New North Road
Eden Terrace
Auckland

Ph 0064 9 300 7010
Fax 0064 9 300 7020
Email resource@mentalhealth.org.nz
Web www.mentalhealth.org.nz

Titles in the MHINZ series of booklets

Attention Deficit / Hyperactivity Disorder
Alcohol Problems
Anorexia Nervosa
Attachment Disorder
Autism
Bipolar Affective Disorder
Brief Psychotic Disorder
Bulimia Nervosa
Cannabis Problems
Conduct Disorders
Complementary Therapies in Mental Health
Dementia
Depression
Depression in Children and Young Adults
Obsessive-Compulsive Disorder
Panic Disorder
Personality Disorders
Phobias
Postnatal Depression & Psychosis
Problems with Tranquilliser Use
Schizophrenia
Separation Anxiety Disorder
Solvent and Inhalant Problems

Delusional Disorders	*Tourette Disorder*