Support for psychosis

Psychotic illnesses include:

- schizophrenia and schizoaffective disorder
- bipolar affective disorder
- psychotic depression
- drug-induced psychosis
- psychosis brought on by other conditions, such as dementia or brain injury
- psychosis brought on by some medications, such as steroids

This is one of those times when a church should not try to manage things, but should look to the NHS for help. God has blessed us with this amazing resource that provides not only the expertise, but also the hospital care that may be needed. However, the church still has a huge and equal role – in providing support, community, friendship and prayer.

First signs

These illnesses usually start slowly: with hindsight, symptoms have often been grumbling for some months, even years. There may be others in the family who have the illness. It can start with social withdrawal, brief episodes of odd behaviour or sudden mood swings. Eventually, delusions and hallucinations will occur (in schizophrenia) or extremely elated mood (in bipolar affective disorder). The picture can be clouded by alcohol and drugs if the person is using these to control things. Part of the illness is 'lack of insight' – an inability to see that this could be due to a brain disorder.

How to get help

Sadly, most psychotic illnesses first get treated only when the person is admitted to hospital. The time prior to this can be extremely difficult, with escalating behaviour, substance misuse and a 'lack of insight' by the person affected. If someone is very unwell and in need of urgent help, the best thing to do is persuade them to go straight to A&E. If they are in touch with a service already, try to call that service first, as this can speed things up. If they refuse to get help and there are significant risks, you should call the police. The person may resent this, but you should explain that you had no choice given the circumstances.

Wherever possible, it's preferable to keep the person out of hospital. Even rapid illnesses that come on quickly can sometimes be managed at home: most parts of the UK have home treatment teams. A GP is the first port of call – without involving the person concerned, if necessary – and the GP can then make a referral to the local mental health service. Assessment appointments can be scheduled as needed, urgently if the situation is extreme. The Mental Health Act (a provision for compulsory powers) can be used by the GP, or more usually a psychiatrist, if the person is unable to recognise their condition.

What happens after referral?

The first contact with mental health services will be a mixture of trying to understand the story and doing a risk assessment. Ideally, the person will

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be persuaded of the need to seek help; however, choices may have to be made for them. Outpatient care or home treatment will be the preference. If hospital is needed, expect the person to be in hospital for some weeks and to be discharged slowly (after short periods off the ward) with a good package of community support.

Medication is a core part of treatment, as this reduces the symptoms and helps the return of 'insight' (awareness of their condition). However, it's not everything. Support of family and friends, physical exercise, having some of their familiar belongings around them (such as clothes, music, books) and also spiritual care are all important. These should be offered in due course, once the person is ready. A keyworker and talking treatments should also be discussed.

What can the church do?

This is a scary time: the rest of the church community can feel out of their depth. However, good mental health services realise the significance of the wider community. Prayer is tremendously important and it's at times like this we realise the power of prayer. Care for the rest of the family is also crucial.

If the person is in hospital, visiting and sending cards or flowers is vital. Many psychiatric patients receive nothing, which is amazing when you consider what most other hospital inpatients get. If the problem is more chronic and it takes them some time to get well, don't drift away or abandon hope – this is exactly when ongoing support is needed.

What if things are moving too slowly?

There are always people you can speak to. Ask to talk to the doctor or nurse. If you're a significant part of the person's life, you're entitled to be involved in discussions about future care, under the Care Programme Approach. Most NHS services have arrangements with advocacy services and carers' services who can support people struggling to make their views heard. If all else fails, your MP or MSP may be able to help.

Helpful link:

Do you need help now? Call one of these numbers:
https://tinyurl.com/get-urgent-help-article