

I'm not a bot



























Treatment for psychosis includes a combination of medicines and talking therapies. Your care team Treatment is likely to involve a team of mental health professionals working together. If this is your first psychotic episode, you may be referred to your community mental health team (CMHT). What the CMHT does The CMHT works with people who have had their first psychotic episode. Depending on your care needs, the CMHT may give you: a full assessment of your needs; medicines; psychological therapies; social, occupational and educational support; family support. Treatment for psychosis will depend on what caused it. You'll get specific treatment if you have another mental health difficulty as well. Antipsychotics Your CMHT will usually recommend antipsychotic medicines as the first treatment for psychosis. They work by blocking the effect of dopamine, a chemical that sends messages in the brain. Antipsychotics are not suitable or may not work well for everyone. Talk to your GP or care team if you have: epilepsy - a condition that causes seizures or fits; cardiovascular disease - a condition that affects the heart, blood vessels and circulation. They will monitor you for any side effects. Antipsychotics can usually reduce feelings of anxiety and distress within a few hours of use. But they may take several days or weeks to reduce psychotic symptoms, such as hallucinations or delusional thoughts. Antipsychotics can be taken by mouth (orally) or given as an injection. There are several slow-release antipsychotics, where you only need 1 injection every 2 to 6 weeks. Side effects of antipsychotics Antipsychotics can cause side effects. Not everyone will have them. Their severity can differ from person to person. Side effects can include: drowsiness; shaking and trembling; weight gain; restlessness; muscle twitches and spasms - where your muscles shorten tightly and painfully; blurred vision; dizziness; constipation; loss of sex drive (libido); dry mouth. Tell your GP or care team if you have bad side effects. There may be a different medicine you can take that causes less side effects. Rarely, antipsychotics can trigger suicidal feelings or an urge to self-harm. you have thoughts about: ending your life; harming yourself. Do not stop taking medicine unless advised to do so by a GP or psychiatrist. Suddenly stopping prescription medicine could make you symptoms return (relapse). When it's time for you to stop taking your medicine, your care team will make a plan for you to do this gradually. Drinking alcohol can increase the sedative effects of antipsychotics. Doing this will make you dizzy or drowsy (sleepy). Talking therapies Talking therapies are psychological treatments. They can help reduce the intensity and anxiety caused by psychosis. Talking therapies Cognitive behavioural therapy Cognitive behavioural therapy (CBT) helps you manage difficulties by thinking more positively. It can help you change unhelpful patterns of behaviour. A CBT therapist may encourage you to consider different ways of understanding what's happening to you. The aim is to help you achieve goals that are important to you, such as: reducing your distress; returning to work, education or training; regaining a sense of control. Cognitive behavioural therapy Family intervention Family intervention is a way of helping both you and your family cope with your psychosis. After having an episode of psychosis, you may rely on your family members for care and support. A new or ongoing mental health difficulty can be stressful. Therapy can help you cope as a family. Family therapy involves regular meetings over weeks or months. Meetings may include: discussing your psychosis and how it might progress; talking about the available treatments; exploring ways of supporting someone with psychosis; deciding how to solve problems caused by psychosis, such as how to manage future episodes; helping all family members to think about their own needs and how they can support each other. Self-help groups It can be helpful to talk to people who have had similar experiences. Rehabilitation for psychosis If your treatment for psychosis is not working, you may be offered rehabilitation. The aim of rehabilitation is to build your confidence and skills. This is so you can cope with having psychosis and become as independent as possible. You'll be offered different types of support as your needs change. You can go through the rehabilitation process more than once if you need to. Your rehabilitation team will include people from different parts of the health and care system, such as: a rehabilitation psychiatrist; a mental health nurse; an occupational therapist; a social worker. Depending on your needs, you might also see other people who can help, such as a dietitian or exercise coach. Rehabilitation should happen close to where you live, but sometimes the services you need might be outside your local area. Your team will work with you to decide on the types of care you need for your physical and mental health. This is called your care plan. They'll also help you set goals you want to achieve, such as managing in your own cooking and shopping, or going back to work. Psychosis is not psychopathy Psychosis is very different to psychopathy (having psychopathic personality traits). It's not common for people with psychosis to be violent or aggressive. They're more likely to be victims of violence than to harm others. Involuntary admission In certain circumstances, you may have to be admitted to hospital even though you do not want to go. This is called an involuntary admission. What happens if you are admitted to hospital against your will Content supplied by the NHS and adapted for Ireland by the HSE The Coping Skills Workbook was originally developed by clinicians working in Kildare Mental Health Services. The National Clinical Programme for Early Intervention in Psychosis would like to thank the authors for giving the clinical programme permission to adapt their work and publish the workbook so that it can be used across the mental health services. How to use the Coping Skills Workbook The Coping Skills Workbook is divided into 14 modules. Each module can be completed by service users while working with a member of their mental health team. The modules can be accessed below. The workbook has received National Adult Literacy Agency (NALA) Plain English Mark. Who should deliver the Coping Skills modules? The Coping Skills Workbook should be used by clinicians who have completed training in its use and are attending supervision with a Cognitive Behavioural Therapist (CBT) and or Psychologist. Includes overview, advice for employees and advice for managers.