What is psychosis?

*Psychosis* is a set of symptoms that involve a person’s mind “playing tricks on him or her.” The person experiencing psychosis may have difficulty telling the difference between their own thoughts and perceptions and those that come from the outside world. Although real to the person experiencing psychosis, psychotic experiences are not experienced as real to others. In fact, as a medical term, psychosis refers to a loss of contact with reality or difficulty telling what is real from what is not real.

Psychosis is more common than many people think. Symptoms may come and go, or be relatively constant. It is often associated with mental health disorders like depression, bipolar disorder, and schizophrenia. Psychosis can also occur for many other reasons, including substance abuse, brain injury, seizure disorders, or conditions of extreme sleep deprivation or isolation.

Although most people think of psychosis as appearing out of the blue, this is uncommon. Most often, there are warning signs months or years beforehand. Of course, these are easiest to recognize when looking back, but we are learning how to recognize warning signs when they first appear. Early recognition provides the best opportunity for early intervention and prevention of psychosis.
Think of symptoms as occurring on a spectrum

**Mild**: Noticeable, but not bothersome
“I’m not sure why, but I don’t trust my landlord.”

**Moderate, or Clinical High Risk**: Bothersome and/or affects daily life, but the person is able to consider that their mind may be playing tricks on them
“I think my landlord may have installed cameras in my apartment to watch me.”

**High, or Fully Psychotic**: Significantly interferes with daily life, and the person is 100 percent convinced that their symptoms are real
“I know my landlord is working with the FBI to gather information on me; they all want me arrested.”

What are common signs of psychosis risk?

- Drop in grades or work performance
- Having strange feelings or no feelings at all
- Trouble concentrating
- Decline in self-care
- Social withdrawal
- New sensitivity to sights or sounds
- Hearing whispers or seeing shadows
- Feeling “like my mind is playing tricks on me”
- Suspiciousness
- Unusual or intense ideas

These risk signs are especially significant when a person has a relative with psychosis, when signs are new or worsening, recurring, or beginning to affect functioning.

Psychosis risk

*Psychosis risk* refers to a set of clinical signs and symptoms that, when present, indicate that a person is at increased risk of developing a psychotic disorder within the next few years. Within the last two decades, there has been a growing worldwide movement toward earlier detection and intervention for psychosis, and clinicians have developed specialized assessments of risk for psychosis. Risk symptoms often involve the experience of milder, attenuated psychotic-like symptoms like in our example above of moderate, clinical high risk. These symptoms may include unusual thought content, suspiciousness or paranoia, grandiosity, perceptual abnormalities, and disorganized speech or behavior.
How else can I ask about psychosis risk symptoms?

Are you ever confused if something you have experienced is real or imaginary?

1. Have you ever felt that you are not in control of your own ideas or thoughts?
2. Are you feeling more sensitive to sounds or hearing things that other people don’t hear?
3. Are you feeling more sensitive to light? Do you ever see flashes, vague or shadowy figures, or movement out of the corner of your eye?
4. Are you having more trouble understanding what people are saying or getting your point across?

If a person answers yes to any of these questions, it’s often helpful to ask follow-up questions such as:

- What do you make of that thought?
- How often is it happening?
- Are you doing anything differently as a result of that thought?
- How certain are you about that thought, from 0 to 100?

What should I do if I’m concerned?

1. **Let the person know they are not alone.** Young people report a wide range of these experiences, and there can be a number of reasons why these experiences may be occurring. Letting the person know they are not alone can be extremely reassuring and helpful for them.

2. **Use neutral, normalizing language when discussing psychosis.** There is a lot we know about treating psychosis and there is much hope for recovery, especially when treated early. If you are comfortable talking directly about the symptoms and daily difficulties as treatable, the young person will often take your lead and feel reassured. Using everyday language such as “stress” and “changes in experiences or functioning” is also helpful in normalizing people’s experiences.

3. **Seek consultation or specialized support.** For individuals living in Massachusetts, the Center for Early Detection, Assessment, and Response to Risk (CEDAR) provides assessment and services for young people showing clinical signs of risk for psychosis and their families. Contact CEDAR Clinic — [www.cedarclinic.org](http://www.cedarclinic.org) / [Cedarclinic@brooklinecenter.org](mailto:Cedarclinic@brooklinecenter.org). For information about resources in other New England states, please visit [www.mhttcnetwork.org/newengland](http://www.mhttcnetwork.org/newengland).
What might this look like in practice?

A 17-year-old high school student is brought to a local community mental health center by her parents because she has been spending less and less time with friends and her grades have dropped from As and Bs to all Cs. The student has been reluctant to talk about this with her parents, or to express any of her feelings. When you meet with her, the student reports that she has been having weird thoughts and is feeling nervous around other people.

Resources

Additional resources, including a list of statewide first-episode psychosis programs, are available through the Massachusetts Psychosis Network for Early Treatment (MAPNET) at https://www.mapnet.online.

Do you have questions that you would like us to address in future clinical briefs?

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The Early Psychosis Learning Collaborative (EPLC) is part of an initiative by the Substance Abuse and Mental Health Services Administration (SAMHSA)’s New England Mental Health Technology Transfer Center Network (MHTTC), which provides training, technical assistance, and tool and resource development to enable states and mental health practitioners to provide recovery-oriented practices within the context of recovery-oriented systems of care. To learn more about us, please see: https://mhttcnetwork.org/centers/new-england-mhttc/eplc-landing-page