

Take to your health care provider  
to see what's right for you

#### **Safety First**

- Emergency services required if suicidal or aggressive/violent thinking/behaviour or if person unable to safely care for themselves (e.g., clothing, food, elements)
- Emergency room, police, crisis phone line, justice system intervention, if required

#### **Substance Use/Abuse**

- Can cause or worsen psychosis/hallucinations/delusions/odd behaviour
- Ideally stop or limit-LSD, mushrooms, cocaine, ecstasy, crystal-meth, marijuana
- Review supplements, herbal products, and medications that may cause psychosis

#### **Get a good assessment to figure out the diagnosis and direct treatment**

- A skilled mental status examination, general medical history, physical examination, lab tests, toxicology, neurologic, cognitive exam may be indicated
- Severe mood disorders like Major Depression or Bipolar Mania can cause psychotic symptoms as a secondary feature; need to treat the mood disorder
- Family or primary care physician, psychiatrist, psychologist good place to start

#### **Antipsychotic Medication Treatment**

- Antipsychotic medications are almost always required to control symptoms
- Can often prevent further episodes of psychosis with maintenance treatment
- Usually start with “second generation” antipsychotic medications

- Can be given as pills, melt in your mouth, liquid or injection
- Have possible physical and metabolic side effects that must be monitored with physical and lab tests-glucose, cholesterol, lipids, prolactin; ask your provider
- Antidepressants and mood stabilizers may also be used or combined
- Sometimes medications for side effects are required

#### **Counselling and Talk Treatment**

- Education about treatment helps you understand the benefits and risks of taking medication regularly to improve functioning, quality of life and reduce relapses
- Build a good, collaborative, participatory relationship with you care providers
- For families and caregivers: education and support about course of illness and ways to reduce relapse; develop a crisis plan and support to be heard, prevent caregiver burnout, and a realistically hopeful attitude for the future
- Vocational, skills interventions: forming goals and supported employment helps
- Peer support, self help and recovery oriented programs – for hope and know how

#### **Accessing and Understanding Services**

- Continuity of care – find a provider to oversee your care-safety, medication, physical and lab tests, family counselling, information, crisis and community referrals
- Assertive community treatment (ACT) programs can be very helpful if available
- Case management, day hospitals, and mobile crisis services may be helpful

**Seek emergency/urgent help if thoughts/plans to hurt yourself/suicidal**