

# Condition Insight Report (CIR)

## Psychosis

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# Overview

## Brief overview of the condition

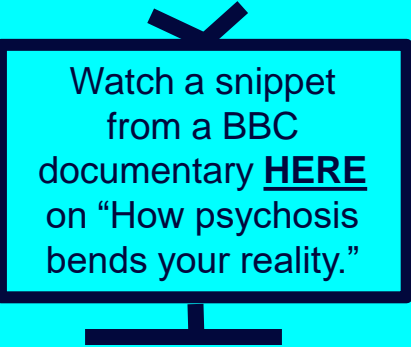
Although Psychosis can be considered a condition, it is really a set of symptoms. Psychosis can occur on its own but people can also experience it as part of a different condition.

For example, psychosis is usually the main symptom within schizophrenia, but within that there are there also many different types of schizophrenia. Similarly, psychosis can also be linked to a variety of affective disorders, such as bipolar disorder.

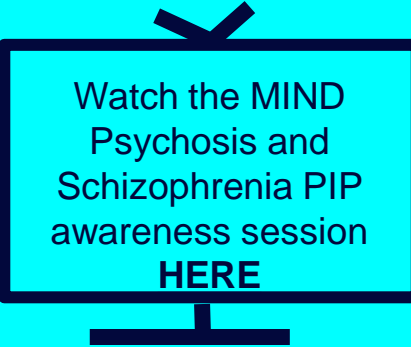
## What is the generally preferred term for someone with this condition?

We would suggest 'someone experiencing psychosis.'

People who are experiencing psychosis may prefer other terms, there is no one term that people who experience psychosis prefer to have the condition described as, but it should be borne in mind that all the terms above are associated with significant stigma. Referring to someone as psychotic should be avoided.



Watch a snippet from a BBC documentary [HERE](#) on "How psychosis bends your reality."



Watch the MIND Psychosis and Schizophrenia PIP awareness session [HERE](#)

# Presenting Symptoms

People who experience psychosis may experience it only once for a short time or it may be part of a longer term illness (e.g. schizophrenia, bipolar disorder, schizoaffective disorder).

In general they will have periods of wellness or times where the other symptoms of their illness are more prevalent. This will probably change the way their daily life is affected.

Both negative and positive symptoms can make 'normal' daily life almost impossible. Even when symptoms are absent, the threat of them returning is constant, and individuals with psychosis know that if they do return, the impact will be huge, which means that life without symptoms is affected.

Positive symptoms can include, but are not limited to:

- Hallucinations (hear or see things that do not exist)
- Delusions (believe things that are clearly outside of what is expected of someone of their culture)
- Cognitive impairment
- Lack of insight

Negative symptoms can include, but are not limited to:

- Lack of energy/motivation
- Depressed mood

**Side effects of medication. Antipsychotics have a lot of physical and psychological side effects which can make daily life more difficult including:**

- stiffness and shakiness
- akathisia
- tardive dyskinesia
- sexual dysfunction
- slowness
- weight gain
- hypotension
- anticholinergic side effects

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## What does Psychosis feel like?

It is imperative that we remember, every person suffering with psychosis will have a different experience. They may suffer from a combination of positive and negative symptoms and we think it is important to highlight how this may feel for a claimant.

"My psychosis was comprised of audio and visual hallucinations. I believed my mind was split, with different personas holding a hierarchy of control over my thoughts, feelings, and actions,"

"It started with whispers, these bursts of incredibly violent thoughts of self-harm or suicide. Then these voices grew louder, bickering, arguing and eventually assuming their own form of control over who I was as a person. In my mind, I was a bystander to someone else at the wheel of an oncoming car."

Austin says his behaviour became increasingly erratic until he saw his doctor.

"They immediately recommended further treatment by CAMHS (Child and Adolescent Mental Health Services). It was an incredible struggle to get any words out at all, but I had to fight my case to get some help with them," he says.

"The sense of shame and guilt I felt because was I incapable of functioning day-to-day as an adult left me isolated from others and aggressive to those who cared and wanted to help."

## Sensitivities and Customer Care



### What areas might they find difficult to mention or perhaps understate the impact of?

- Ask sensitively about hallucinations and delusions – Does the claimant hear or see things that do not exist or believe things that are clearly outside of what is expected of someone of their culture? These symptoms will vary from person to person so it is important to probe and ascertain variability and how this impacts on functionality.
- People may think that someone with a diagnosis of psychosis or schizophrenia will look 'mad' in some way. Usually people with these diagnoses appear no different from anyone else. This can cause much misunderstanding, and the idea that nothing is really wrong.
- **The claimant may lack insight and not believe they are experiencing any symptoms.**
- Positive symptoms can be very hard to describe due to stigma and shame. Negative symptoms can be impossible to describe because people are unaware that they exhibit them due to their condition.
- Negative symptoms and cognitive impairment as these are less 'visible' symptoms.

### How is it best to ask about any sensitive topics and what are the common courtesies?

- They should also be non-judgemental and reassuring and also be aware that individuals with the full range of symptoms may attempt to hide them.
- Ask carers/health professionals as they can be more realistic about the illness.
- Be non-judgemental, if someone is experiencing hallucinations/delusions it is something that is very real to them so trying to argue or rationalise that they are not is not appropriate.

# Reliability

What specific areas should be covered to ensure a complete, reflective report?

**S**AFETY 

Do they have any symptoms which could cause a safety consideration?

Someone who is experiencing delusional beliefs or hallucinations may be a risk to themselves or others. They may lack insight and also be distracted by these thoughts making them unsafe.

**T**IMELY 

For any activities where restriction is reported how long does it take them to complete these activities? Has how long it takes them changed over time?

If someone is distracted by their thoughts they may find it hard to stay on task and consequently have difficulties completing activities in a timely manner.

**A**CCEPTABLE   
STANDARD

How have they adapted to completing tasks over time – is this different to what might be considered 'normal'?

You must consider that if someone has ongoing psychosis, they may lack insight. This could mean what they are reporting to you is not consistent with the overall picture and you must use your clinical judgement to establish if they are completing tasks to an acceptable standard.

**R**EPEATEDLY 

Are they able to repeat a task as often as required? Is this the same every day?

It may take an extensive amount of thought to complete a task if someone is experiencing psychosis. This may mean they are cognitively fatigued after and consequently struggle to repeat this.

# Functional Impact

*A brief summary of the functional impact those living with this condition may experience*

## Activity 1: Preparing food

Some people with psychosis may have difficulty in this activity due to getting distracted by hallucinations or refusing due to delusions. Cognitive impairment may also affect the ability to prepare food.

### Remember in PIP...

Can they prepare and cook a simple meal safely? They may have the physical capabilities to cook but are they distracted? Are they a risk of self-harm? Are they motivated to cook on the majority of days?

## Activity 2: Taking nutrition

Some people with psychosis may find it difficult due to getting distracted by hallucinations or refusing to eat due to delusions.

### Remember in PIP...

If someone reports delusional beliefs or paranoia, how often are they eating? Do they need prompting to eat? If so, is this throughout the duration of the meal? Are they motivated to eat?

## Activity 3: Managing therapy and monitoring a health condition

When experiencing psychosis it is common for people to lack insight into their condition. They are unlikely to believe anything is wrong so may stop taking medication/attending other therapy. Their condition may deteriorate very quickly.

### Remember in PIP...

Can someone take their own medication reliably? Do they require prompting? Are there any issues with compliance? If they report depot medication, is this due to non-compliance? Are there any risks around overdose?

**REMEMBER: If someone reports they have stopped taking their medication, does this appear clinically reasonable? Are there any safeguarding concerns presenting to you as a clinician that this person is not taking their medication?**

Do they have any therapy in the home environment for their psychosis?

# Functional Impact

*A brief summary of the functional impact those living with this condition may experience*

## Activity 4: Washing and Bathing

Someone with psychosis may be too distracted by their own thoughts to consider the importance of maintaining their personal hygiene. They may also have negative symptoms and lack motivation or have delusional beliefs specifically around this activity.

### Remember in PIP...

Just because someone can physically complete the activity, this does not mean they are doing it reliably. Do they need prompting to wash on the majority of days? Are they washing regularly?

## Activity 5: Managing toileting needs and incontinence

Is there any evidence of toileting issues secondary to their psychosis?

In severe cases, someone may require prompting to empty their bladder or bowels.

### Remember in PIP...

If someone is incontinent, can they manage this themselves? Do they have any difficulties sitting, standing and cleaning themselves after using the toilet?

## Activity 6: Dressing and undressing

Someone with psychosis may be too distracted by their own thoughts to consider the importance of maintaining their personal hygiene. They may also have negative symptoms and lack motivation or have delusional beliefs specifically around this activity.

You must also consider if they can select appropriate clothing for the environment.

### Remember in PIP...

Just because someone can physically complete the activity, this does not mean they are doing it reliably. Do they need prompting to change their clothes on the majority of days? Are they changing them regularly? Are they able to select appropriate clothing? Do they sleep in the same clothes they wear in the day?

# Functional Impact

*A brief summary of the functional impact those living with this condition may experience*

## Activity 7: Communicating Verbally

Cognitive impairment may make communication difficult. Hallucinations and delusions may cause someone to use a communication style that cannot be understood by others (e.g. speaking in tongues). May not be able to properly interpret others due to delusions.

### Remember in PIP...

The scope of the activity is to **express** and **understand** verbal information. Just because someone can communicate, this does not mean they can understand what is being said and you must consider if what they say is nonsensical. **Also, remember difficulties engaging with others is not considered here.**

## Activity 8: Reading and understanding signs and symbols

Severe psychosis may lead to difficulties with cognition and consequently difficulties reading.

### Remember in PIP...

Retention of information is not considered with the scope of the activity. However, if it is clinically reasonable based on symptoms that someone cannot understand what they are reading, this must be considered? Can they read letters, text messages or anything on the internet? Do they have support with reading due to their psychosis?

## Activity 9: Engaging with others face to face

Engaging with others is likely to be very difficult for someone experiencing psychosis. Others may find the persons thoughts and behaviours unacceptable. Delusion can often be paranoid and result in a fear of others. They may also be vulnerable due to their psychosis and be at risk when engaging.

### Remember in PIP...

**Just because someone is engaging, this does not mean they are doing it safely.** If someone has paranoia or delusions, are they safe to engage? Are they vulnerable? How do they interact with others? Can they engage with unfamiliar people? Who do they engage with on a daily basis?

# Functional Impact

*A brief summary of the functional impact those living with this condition may experience*

## Activity 10: Budgeting

Budgeting may be made more difficult due to cognitive impairment. Delusions and hallucinations can be about money which can cause the person to make unwise decisions they wouldn't otherwise make.

### Remember in PIP...

Just because someone has cognition, it does not mean they can manage their finances. Consider if they will prioritise bills. Could they manage an unexpected bill? How do they plan for future purchases? Do they require assistance to manage household bills?

## Activity 11: Planning and following a journey

You must consider that paranoia and delusions or hallucinations may put someone at risk when planning and following a journey. This activity may also be made more difficult due to cognitive impairment. Paranoid delusions may mean making journeys will cause distress.

### Remember in PIP...

OPD needs to be appropriately probed here. However, you also need to explore the implications of the psychosis. Regarding OPD, you need to ensure what symptoms the claimant experiences. Do they experience physical symptoms? If so, how do they manage these? Do they experience them on familiar and unfamiliar journeys? Can they do any journeys alone? Can they go out majority of days with support? Regarding psychosis, ensure you explore risk. Are they distracted? Do they have road safety? Are they vulnerable? Are they a risk to others or themselves?

**They may be completing journeys, but always consider STAR.**

## Activity 12: Moving Around

Although psychosis itself is unlikely to impact this activity, consider any co-morbidities that may.

One of the common side effects of anti-psychotic medications is weight gain and lethargy.

If reported, consider if this impacts someone's ability to physically move around.

### Remember in PIP...

Difficulties leaving the home due to MH symptoms are not considered within the scope of the activity.

STAR criteria is imperative here if there is a physical restriction reported. How far can someone walk? How long does it take? Can they repeat? What pace do they walk at? Do they use aids? Lived examples help paint a picture of function.

# Additional reading or other resources

## EXTERNAL

- <https://www.mind.org.uk/information-support/types-of-mental-health-problems/psychosis/about-psychosis/>
- [www.rethink.org/resources/p/psychosis](http://www.rethink.org/resources/p/psychosis)
- [What it Feels Like to be in Psychosis | NAMI: National Alliance on Mental Illness](#)
- For further information including medications see NHS Conditions and Treatments: <https://www.nhs.uk/conditions/psychosis/>
- [What is psychosis? - Mind](#)

## INTERNAL

## Version control

Version	Date	Signed off by	Comments
1.0	13/01/2023	Dr Shah Faisal	New re-banded document
1.1	09/05/2023	Rebecca Sparks	MIND psychosis and schizophrenia PIP awareness session link added to overview page