

WOMEN AND PSYCHOSIS

**A GUIDE FOR WOMEN
AND THEIR FAMILIES**

**PAMELA BLAKE, MSW, RSW
APRIL A. COLLINS, MSW, RSW
MARY V. SEEMAN, MD**

REVISED BY MARY V. SEEMAN, MD



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Publication Services

Centre for Addiction and Mental Health

33 Russell Street

Toronto, Ontario M5S 2S1

Tel: 1 800 661-1111 or 416 595-6059 in Toronto

E-mail: publications@camh.net

Website: www.camh.net

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This guide was produced by the following:

DEVELOPMENT

Julia Greenbaum, CAMH

Caroline Hebblethwaite, CAMH

EDITORIAL

Martha Ayim, CAMH

Nick Gamble, CAMH

Write On!

DESIGN

Publication Services, CAMH

COVER ILLUSTRATION

Victoria Taylor

PRINT PRODUCTION

Christine Harris, CAMH

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INTRODUCTION

This guide is for women who are recovering from a psychotic episode. The information will also be useful for their families.

Psychotic illness affects women and men in different ways. In women, schizophrenia—the most common form of psychotic illness—usually starts later in life and progresses at a different pace. This means that treatment for women needs to be specific to women. Treatment outcomes differ between men and women. However, textbooks usually talk about psychosis, its treatment and its outcome as if gender differences were unimportant. This guide discusses the specific issues women and their families face during recovery from psychosis.

1 ABOUT PSYCHOSIS

WHAT IS PSYCHOSIS?

The term “psychosis” refers to a state of mind during which thinking, reasoning and mood are disrupted in major ways.

Many factors can play a role in the onset of psychosis, including high fever, a drug reaction, neurological illness (an illness of the brain, such as epilepsy) and family history of psychosis. Often the cause is unknown, and the illness appears to come “out of the blue.”

During a period of psychosis, a woman may be convinced that her partner is cheating on her, even if this is not true. She may read meaning into her partner’s gestures, tone and actions that are based on her worst fears, not on reality. A woman having a psychotic episode may hear a voice in her head confirming her fears, which she takes as proof that her beliefs are true. It is difficult to change such fixed beliefs, even if there is evidence that contradicts them.

Sometimes psychotic convictions (called delusions) stem from a mood disruption. If a woman is very depressed, for example, she may feel unlovable; this may lead her to believe (falsely) that she is being abandoned, discriminated against or attacked. This also happens to men. Typically, women’s delusions focus on relationships; the false belief that a partner is cheating is a common delusion in women experiencing psychosis. Men’s delusions tend to involve issues such as terrorist plots, spiritual concerns and computer espionage.

Early in a psychotic episode, it is difficult to determine the underlying cause of psychotic symptoms. And symptoms change over time, making

diagnosis even harder. There is no objective test for psychosis. The diagnosis is a clinical opinion based on:

- what the woman (and her family) reports
- what seems to have triggered the problem
- duration of symptoms
- changes in symptoms
- how much the symptoms interfere with everyday function
- family history.

DO WOMEN AND MEN EXPERIENCE PSYCHOSIS DIFFERENTLY?

Women are as likely as men to develop psychosis. While psychosis arising from drug use is less common in women than in men, psychosis associated with mood fluctuation is more common in women than in men.

When women are diagnosed with schizophrenia, they tend to have fewer “negative” symptoms (things that are “taken away” when the person becomes ill) than men do. The negative symptoms (e.g., loss of pleasure or motivation) are often the ones on which the diagnosis of schizophrenia is made. Yet women rarely show these symptoms, making a diagnosis of schizophrenia in women more difficult. On the other hand, mood symptoms, especially depression, are common in women even when the illness turns out to be schizophrenia rather than a depressive psychosis. Symptoms of depression include crying easily, feeling guilty and losing hope. When mood symptoms and cognitive symptoms (e.g., loss of reasoning ability) occur at the same time, accurate diagnosis is even harder.

Psychotic illnesses usually affect women for the first time at a later age than men. Women tend to be vulnerable in their early twenties, and the trigger

is often an event, such as relationship failure. Men tend to be vulnerable in their late teens, and the trigger may be alcohol and other drug use.

The later start of illness gives women the advantage of having more schooling when they first become ill. They also have more relationship and work experience, which helps with recovery. Women generally respond better to treatments for psychosis than men do. Women seem to do well with relatively low drug doses. In general, women tend to be more open to talking about their experiences and, therefore, do better than men with psychosocial treatments. This is good news for women.

However, women go through times when the risk of relapse is high (e.g., premenstrual, childbirth and postpartum periods, and menopause). This suggests that women's hormones may affect their resistance to psychosis. Other risk factors for women include poverty, immigration, substance use, domestic abuse, sexual exploitation and single parenthood. Thyroid drugs and steroid drugs (used more by women than by men) are also risk factors.

ILLNESSES WITH PSYCHOTIC SYMPTOMS*

Psychotic symptoms occur in many medical and neurological illnesses. Different types of psychosis may need specific treatment.

SCHIZOPHRENIA

Schizophrenia is characterized by three clusters of symptoms.

The first cluster is “positive” symptoms—symptoms that are “added on” when the person becomes ill. Positive symptoms include hallucinations (disorders of perception, e.g., hearing, seeing, tasting, smelling or feeling something that isn't really there) and delusions (fixed beliefs not based in fact).

* For more on these topics, see Suggested Readings, on page 36.

The second cluster is “negative” symptoms—things that are “taken away” when the person becomes ill. Negative symptoms include loss of pleasure, motivation and initiative; feeling apathetic; showing little emotion and avoiding social contact.

The third cluster is cognitive symptoms—these include loss of memory and of reasoning and calculating abilities.

For a person to be diagnosed with schizophrenia, these three clusters of symptoms must have lasted for at least six months, and must interfere with the person’s ability to function. Schizophrenia is a long-lasting illness. Remissions (periods when a person has no symptoms) occur, but the person needs to continue treatment even during a remission to prevent relapse (the return of symptoms).

SCHIZOPHRENIFORM DISORDER

This term is used for symptoms of schizophrenia that have not yet lasted for six months. Schizophreniform disorder may disappear on its own or may develop into a longer-lasting illness.

BIPOLAR DISORDER (MANIC DEPRESSION)

Bipolar disorder is a mood illness that alternates between periods of depression and periods of elation. At times, both poles of this illness (depression and elation) may be accompanied by psychotic symptoms. For example, when depressed, people may hear voices in their heads putting them down. When elated, they may believe they have special powers and can do amazing things, without evidence to support these beliefs. In contrast to schizophrenia, when people are in remission from bipolar illness they can resume their lives as before.

SCHIZOAFFECTIVE DISORDER

This term refers to illnesses where symptoms of both schizophrenia and mood disturbance are present. The two kinds of symptoms either appear at the same time or alternate.

DEPRESSION WITH PSYCHOTIC FEATURES

Unipolar depression (depression without elation) can be accompanied by psychotic symptoms. Depression is much more common in women than in men.

DRUG-INDUCED PSYCHOSIS

Drug use can elicit psychotic symptoms. Some of the drugs that trigger psychosis are marijuana, cocaine, LSD, amphetamines and ecstasy. Once the effects of the drugs wear off, the symptoms of psychosis will usually go away. If they do not go away, the drugs may have triggered a longer-lasting illness. Drug-induced psychosis is more common in men than in women.

BRIEF PSYCHOTIC DISORDER

This term refers to psychotic symptoms that last less than a month. These short-lasting psychoses are more common in women than in men.

DELUSIONAL DISORDER

A delusional disorder is a long-lasting illness in which delusions (usually one elaborate delusion) are prominent, but in which there are no hallucinations. An example of an elaborate delusion is a person believing that a song she wrote has been stolen by a popular band, and that this band has made millions of dollars on the song. The person devotes her life to “setting the record straight” and, in so doing, neglects everything else in her life. A delusional disorder may not prevent normal functioning in some areas of life, but it strains relationships.

POSTTRAUMATIC STRESS DISORDER (PTSD)

This term refers to non-psychotic symptoms that follow a traumatic experience such as a violent assault. The affected person relives the event, is preoccupied with it, avoids situations associated with it and may have flashbacks (visual and auditory recollections of the event) that are impossible to distinguish from the hallucinations of a psychotic illness. More women than men develop PTSD symptoms when exposed to a traumatic event.

DIAGNOSIS

Psychiatric diagnoses are not objective (no blood test or X-ray confirms the diagnosis). To help your doctor make an accurate diagnosis, it is important to be as thorough as possible when telling your doctor what you are experiencing. Let him or her know what you have been thinking and feeling. If you have been using alcohol or other drugs, you need to tell your doctor how much and how recently. If you have been traumatized, either as a child or as an adult, tell your doctor. You also need to discuss any family history of mental health problems openly.

It may be distressing or confusing to talk to a health care professional, especially when you are not well. The symptoms of illness may interfere with your ability to express yourself. Your doctor or other members of your health care team may ask for your consent to speak to your family or close friends. Family and friends can give information about what they have observed that may help with the diagnosis.

The more information your doctor has, the more likely he or she is to make the most accurate diagnosis.

2 RECOVERING FROM PSYCHOSIS

ISSUES FOR TODAY'S WOMEN

In our society, poverty, domestic abuse and childhood sexual abuse are experienced more often by women than by men. Other pressures may include cultural expectations to be slim, a good mother and a family caretaker, all while holding down a full-time job. In some households, these issues loom very large. Immigrants and refugees may also face discrimination, exploitation, isolation and language barriers. We don't know whether such pressures contribute to the origin of psychosis or to the speed of recovery.

COMMON QUESTIONS ABOUT RECOVERING FROM PSYCHOSIS

SINCE BECOMING ILL, I'M NOT FEELING VERY GOOD ABOUT MYSELF. IS THIS NORMAL?

The experience of psychosis is a life crisis. It is a trauma that may, in itself, lead to a posttraumatic stress reaction. It is hard to know what to expect of the future after an episode of psychosis. So much remains unknown.

In addition, negative stereotypes about people with mental illness still exist in many communities. This stigma has a negative impact on people living with psychosis. If you are not feeling good about yourself, ask yourself whether this is due to stigma, depression, fear about the future or something

else. Try to sort out your feelings and discuss them with a trusted family member, friend or therapist.

Talking things over will help you rebuild confidence and decide on the next steps in recovery. Some women find it useful to attend a support group for women who have had similar experiences.

WHAT CAN I DO TO RECOVER FROM MY ILLNESS?

A woman trying to regain control over her life needs to work closely with her doctor and other health care providers. Together, they can explore the personal risk factors that may have contributed to the illness. It is important to learn as much as possible about what may have caused the episode, so that similar situations can be avoided in the future. Therapists usually recommend plenty of sleep, exercise, a nutritious diet, a social support network, positive family connections, meaningful work and structured days. Often, regular appointments with a mental health worker and low-dose medications are needed to keep psychosis at bay.

Recovery after psychosis does not happen quickly or easily. One of the biggest challenges is managing your anxiety about an uncertain future. With help from others, you must find a way to keep sight of future possibilities.

QUESTIONS ABOUT MEDICATIONS

WHAT DRUGS ARE USED TO TREAT PSYCHOSIS?

Antipsychotic medications are the foundation of treatment for psychosis. To prevent relapse, medication is usually continued after the psychosis is over. New antipsychotics are always being developed.

Here are some names of antipsychotics commonly used in Canada:

TYPICAL ANTIPSYCHOTICS (older drugs)	ATYPICAL ANTIPSYCHOTICS (newer drugs)
haloperidol (Haldol)	olanzapine (Zyprexa)
trifluoperazine (Stelazine)	risperidone (Risperdal)
perphenazine (Trilafon)	quetiapine (Seroquel)
	clozapine (Clozaril)

Other medications may also be prescribed for problems that sometimes accompany psychosis or that are side-effects of antipsychotic medications. These problems may include stiff muscles, sleep problems, depression, anxiety, weight gain or mood swings.

DO WOMEN RESPOND DIFFERENTLY TO DRUGS THAN MEN DO?

Women usually need lower doses of drugs than men do during acute phases of illness and maintenance phases (when symptoms are under control). However, this may not be true after menopause. Women may need lower doses at first because they are more likely to take medication as instructed. Women and men's bodies may absorb and metabolize drugs differently. Doses are also affected by diet, weight, heredity, smoking, drinking alcohol, or using other prescription or street drugs. Antipsychotic drugs tend to accumulate in fat cells of the body and last longer in women's bodies because women, on average, have more fatty tissue than men have.

DO WOMEN EXPERIENCE ANY SIDE-EFFECTS?

With any medication, unwanted side-effects may develop. In most cases, side-effects are not serious, and they often respond to treatment or disappear as therapy continues. You may experience some side-effects before you notice the benefits of your medication. This is a sign that the drug is being absorbed into the body and is beginning to work. Do not stop your medication without checking with your doctor first.

Side-effects can vary with the dose and medication. Some women have almost no side-effects, or very mild ones. Others have side-effects that are more severe and troubling. Each person's responses are unique. Be aware of the possible side-effects. Be sure to tell your doctor about any side-effects you experience.

Most drugs used in psychiatry decrease metabolism and therefore cause weight gain. This is a serious problem for most women and requires careful attention to diet and exercise. It can contribute to a higher risk of diabetes and cardiovascular disease. It is important to let your doctor know if there is diabetes or cardiovascular disease in your family, and to have regular tests of glucose levels.

DRUG EFFECTS ON MENSTRUATION

Many drugs used in psychiatry block transmission of the neurochemical dopamine, increasing secretion of the hormone prolactin. This process may interfere with menstrual periods and is not, in itself, a sign of pregnancy. Tell your doctor if there is a change in your menstrual cycle. If at all possible, your doctor will adjust your medications so that menstruation is not interrupted. Though some antipsychotic drugs lower fertility, if your

menstrual periods stop, it may of course mean that you *are* pregnant. If this is not something you are ready for, be sure to use contraception. It is important to discuss contraceptive issues with your doctor or mental health worker.

The rise in prolactin can cause other side-effects, too. These include breast tenderness, or swelling and, sometimes, milk flowing from the breasts. Some women find these side-effects very uncomfortable. Another side-effect can be vaginal dryness. Some women also feel less interested in sex than usual or may be unable to reach orgasm. It is important to discuss sexual side-effects with your health care provider.

DROWSINESS AND PASSIVITY

Medications may also cause drowsiness or feelings of passivity. Feeling passive means that, instead of standing up for yourself, it is easier to just “go along.” In domestic situations, women may find themselves taken advantage of because their medications make them passive. In some work, driving or caretaking situations, the sedative effect can be very dangerous and needs to be discussed with your doctor. There are usually simple ways to deal with this side-effect.

TARDIVE DYSKINESIA (TD)

Older drugs used for psychosis sometimes cause involuntary movements (tardive dyskinesia) after many years of taking them. The newer drugs are less likely to cause this problem.

OTHER SIDE-EFFECTS

Other side-effects can include constipation, muscle stiffness, restlessness, anxiety, insomnia, drooling or nightmares. Rarely, epileptic-like seizures may occur.

HOW LONG WILL I NEED TO TAKE MEDICATION?

This will depend on you, your situation, the phase of your illness, your diagnosis and the stresses you are under. You may need to take medications even after your symptoms have decreased or gone away. If you don't continue to take medication, you may risk having another psychotic episode. Most people do not like the idea of taking medication regularly. But taking antipsychotic medication is like using sunscreen lotion when out in the sun to protect against skin cancer. Medication helps to protect against stressful life events that can trigger a relapse into psychosis. Discuss all medication concerns with your doctor.

IS IT OK TO DRINK ALCOHOL WHEN I'M TAKING MEDICATION?

The occasional glass of wine or beer should not trouble most people. However, drinking a lot can make you more likely to relapse. Specialized counselling exists for those who have problems with alcohol or other drug use.

WHAT ABOUT THE EFFECT OF TAKING OTHER DRUGS?

It is very clear that using street drugs worsens psychotic symptoms. Even if you are free of symptoms, drug use can cause symptoms to return. Drug use can lead to relapse and being hospitalized.

Over-the-counter drugs, prescription drugs, herbal remedies, caffeine and smoking may also interact with your medication. Caffeine raises the blood level of some antipsychotic drugs. Smoking cigarettes may affect how your body metabolizes your medication. Many smokers may need to take larger doses of medicine. You should talk to your doctor or pharmacist about using any of these drugs.

DO BIRTH CONTROL PILLS AFFECT MY MEDICATION?

Birth control pills, or oral contraceptives, contain female hormones—estradiol and progesterone. These hormones can inhibit liver enzymes that metabolize the prescribed drugs. When this happens, more of the drug goes into your bloodstream. As a result, the blood levels of antipsychotic drugs may rise and unwanted side-effects can occur. It is best to consult your doctor about how birth control pills and antipsychotic drugs might interact.

WHAT OTHER TYPES OF BIRTH CONTROL COULD I CONSIDER?

Some women prefer barrier methods, such as the male or female condom or a diaphragm. Insisting that all male partners wear condoms during sexual intercourse is probably best. Condoms not only minimize the risk of unwanted pregnancy, but also help stop viruses or other infections from spreading. Since the outbreak of the HIV/AIDS epidemic, it is crucial to be safe against infection. You may find it hard to ensure that a male partner wears a condom at all times. If so, it is best to consult your doctor about what else is available. New products are being developed.

You may want to check the availability of morning-after pills, and to ask your doctor whether they would be a good option for you. You may find it useful to attend sex education classes. There, you can learn about the large choice of contraceptives in everyday use. You can also learn how to say “no” to unwanted sexual advances. It is important to be protected from abuse and harassment.

CAN ANTIPSYCHOTIC DRUGS TAKE NUTRIENTS AWAY FROM MY BODY?

This is a very complex question. Some prescription drugs may affect how the body absorbs and metabolizes vitamins and minerals. More needs to be learned about this topic. It is useful to have your doctor take a blood test periodically to check your levels of folates and vitamin B. You may also wish to speak to a nutritionist or pharmacist.

QUESTIONS ABOUT TREATMENTS OTHER THAN MEDICATION

Non-drug treatments are especially important to women because they are relatively safe to use during pregnancy.

BESIDES DRUGS, WHAT ELSE IS USED TO RECOVER FROM A PSYCHOTIC EPISODE?

Learning about the illness and its treatment is crucial. This will help you to make informed treatment decisions, and to stay as healthy as possible. A rehabilitation program can help you regain confidence and skills. Therapy or counselling can help you cope with illness. Cognitive therapy, which focuses on the links between thoughts, feelings and actions, can teach you how to cope with specific symptoms. You can participate in individual or group counselling. Marital and family counselling is often helpful.

Support for the family is important. Parents, siblings, partners and children are all deeply affected by a relative's psychosis. They need to learn how to

cope practically with their family member's illness from day to day. They also need the chance to talk about their concerns.

ARE HERBAL REMEDIES EFFECTIVE?

To date, there is not enough evidence to support using herbal medicines to treat psychosis. Some herbal remedies may actually cause psychiatric symptoms. More research is needed in this area. You should inform your doctor if you take any herbal remedies.

IS SHOCK TREATMENT EVER USED FOR PSYCHOSIS?

Shock treatment, or electroconvulsive therapy (ECT), is sometimes advised for people with psychosis. Shock treatments used today usually apply electricity to one side of the brain—not both sides as was done in the past. Current shock treatments cause little memory loss compared to the older forms. The actual amount of memory loss depends on the number of consecutive treatments, the time between treatments, and the person's unique response.

WHAT IS TMS?

A new form of treatment is transcranial magnetic stimulation (TMS), which applies magnetic waves to the brain. TMS is helpful for specific symptoms such as hallucinations.

3 HOW PSYCHOSIS AFFECTS FAMILY AND FRIENDS

HOW WILL MY ILLNESS AFFECT MY FAMILY?

THE FIRST WEEKS

This is a difficult period for the family. A family member may have had to bring you to hospital against your will because he or she was afraid for your safety. The psychosis may have been as frightening for the family member as for you. It is very common for families to feel unsettled and distressed at this time. These feelings may last for the first weeks, and sometimes months, after the illness begins.

ACCEPTANCE

For many women, the start of psychosis is not a short-term crisis that will resolve itself and go away. Rather, many women and their families must come to terms with having longer-term problems. This does not mean giving up. It means acknowledging that, through no fault of your own, you have a serious medical problem that you will need to attend to. Coming to terms with psychosis does not happen easily or quickly. It is painful for all involved.

INDEPENDENCE

Families often act overprotective and want to shield you from further pain. They badly want to make the psychosis disappear. At times, it can feel like they are taking over and deciding everything for you. This often stirs up negative feelings. It can be especially hard if you are used to living independently.

Working with family members on how to manage the illness is very challenging. It often takes a lot of time and negotiation for family members to find the right balance between being protective and respecting independence. Speak with your doctor and other health care providers about how to sort out independence issues with your family.

HOW WILL MY ILLNESS AFFECT MY FRIENDS?

Friends are often very loyal, but you may be embarrassed at what you may have said to them while ill and may feel like isolating yourself. Try as much as possible to renew friendships and not let illness affect your relationships. Some friends will be more understanding than others. Some friends may drift away. On the other hand, you may make new friends with people who have experienced and overcome similar difficulties.

RESUMING CONTACT

You might feel shy about contacting your friends if you haven't seen them for a while. You may be afraid they'll reject you if they're aware that you've been ill. It's up to you to decide whether or not to tell your friends that you've been ill and are being treated. There are no set rules about what to disclose and what to keep to yourself. If you decide to talk to friends about your illness, begin with someone you trust who is likely to react well.

You may benefit from talking about the following questions with a counsellor: Who would you like to tell about your illness? How much do you want to tell your friends? How are they likely to react? How will you feel then?

FEELING PRESSURE TO CONFORM

After a psychotic episode, you may feel that you have changed and have little in common with your friends. And, to an extent, this may be true: you have had an experience that your friends likely have not had. Feeling different may also come from changing parts of your past lifestyle. For example, if you no longer use street drugs or drink even moderately, you may feel pressured to join your friends in these activities. This may be tempting if you want to fit in and feel “normal.” Also, because they are unlikely to know much about the illness or medication, friends might urge you to stop taking your pills—especially if they know that you are having unpleasant side-effects. This would be bad advice. Always discuss any medication concerns with your doctor or counsellor.

4 GETTING BACK ON TRACK

Your illness may have interrupted your studies or work life. If so, it may be very upsetting to see your friends moving ahead in their lives. Hard as it may be, you are better off returning to your activities slowly. Jumping back into work or school can interfere with recovery. After all, you wouldn't run a marathon the day after having a cast removed from a mended broken leg. Taking small steps at first will increase your chances of reaching your goals.

RETURNING TO WORK OR SCHOOL

You need to decide with your doctor or counsellor what kinds of activities to do and how much. Some of the following factors may affect your choice.

WHAT ARE YOUR VALUES?

How important is it to you to go to school or work right now? Are there other activities that might satisfy you, such as hobbies or volunteer work?

HOW WELL DO YOU FEEL?

Even when psychotic symptoms are well controlled, women may struggle with other issues. They may note changes in how they remember and concentrate. Or they may feel a change in their energy level. For some women, changing to a less demanding program at first may help prepare for the next step. This applies especially to women who have not worked or gone to school for a long time.

WHAT DO YOUR DOCTOR AND TREATMENT TEAM ADVISE?

The expertise and experience of your team can help you assess your readiness to tackle something harder.

HOW FLEXIBLE IS YOUR SCHOOL OR WORKPLACE?

Women often resume activities part time after a psychotic episode. Will your school or employer understand this and help you arrange it? Will they be flexible in other ways (e.g., your work duties or school assignments)? Do you need your doctor or other care provider to advocate for you? Should you consider a different setting that better suits your needs at this time?

HOW ARE YOUR FINANCES?

Do you have an income or any savings? Are you eligible for financial aid, such as sick benefits, student loans or social assistance?

Being sick has no doubt affected you a lot. Yet you are still essentially the same person. You have the same personality, interests, likes and dislikes. Remember the things you like about yourself and what you like to do. This will help you stay realistic and live a satisfying life.

OTHER WAYS TO STAY WELL

Keeping appointments with your treatment team and taking drugs as prescribed are critical. Discuss any concerns about drugs or other aspects of treatment with your doctor or health care worker right away. That way, problems can be addressed. Simply dropping out of treatment or stopping medication without medical advice is very risky. It will only make you likely to relapse.

After a psychotic episode, everyone hopes it will never happen again. This is especially true after a first episode. It is important to stay optimistic about the future. However, being realistic also matters. Having a healthy lifestyle and following treatment advice will give you the best chance of staying well.

If symptoms return, they are best dealt with early. Learn the warning signs of an episode of illness. Discuss these signs with your doctor, counsellor, family members or close friends. Deciding in advance on what to do if symptoms reappear helps to avoid a crisis. Some families like to write down their plan and the phone numbers of people they may need to contact.

5 FAMILY CONCERNS

FEELING STRONG EMOTIONS

Nothing can prepare families for watching a child, spouse or parent experience psychosis. Most families worry about whether the illness will come back. Even after the psychosis is under control, problems can remain. A person may have trouble remembering, concentrating, organizing or feeling motivated. These signs remind the family that the future is uncertain—more serious problems could still occur.

Family members may experience many strong emotions. These include anxiety, anger, denial, sadness and guilt. Feelings toward the person with the psychosis may be mixed. Becoming overly anxious and overprotective is also a risk. Family members may feel deeply disappointed that the life they wanted for their loved one has been seriously altered. All these emotions cause stress.

It's important to realize that, even when people in the same family are dealing with the same crisis, their personal reactions and the ways that they cope are often quite different.

COMMUNICATING

Even without an illness to deal with, families can have trouble communicating. Families dealing with psychosis can easily find communication frustrating and strained. Kim Mueser and Susan Gingerich (1994) suggest excellent ways to help families communicate after psychosis begins.

These include the following:

- Get to the point. Be clear about what you want to say.
- Express your feelings directly. Use “I” statements. For example, you could say, “I get angry when you do this,” rather than “Don’t do this!”
- Use praise rather than criticism. For example, you could say, “You got up half an hour earlier today than yesterday. That’s wonderful,” rather than “You’re always getting up late.”
- Make positive and explicit requests. For example, you could say, “Please go to the store before 10 o’clock and buy a quart of milk,” rather than “We need milk.”
- Check what the other person thinks. Rather than guessing what your relative is thinking or feeling, listen carefully to what the person says. Ask questions when something is unclear. Check whether you correctly understood what you heard.

WORKING TOGETHER

You and your family must face some key tasks:

- Find a way to accept that you have had an episode of psychosis and are therefore vulnerable to more episodes.
- Come to terms with the fact that you will likely need medications for at least several years.
- Become better able to manage the psychosis. This involves learning everything that you can about your illness and how to stay well. Using this information will help you make healthy choices. This, in turn, will help you control your illness.

Once the psychosis is stabilized, you and your family members will need to work hard to restore balance to your lives. It will help to set some short-, medium- and long-term goals.

6 PLANNING FOR THE FUTURE

HAVING A PARTNER

In today's society, many choices exist. A woman can choose to marry, live with a partner or stay single. A woman may feel strongly about the kind of relationship she would like to have. Yet family or friends may still pressure women to make specific choices.

Having a psychotic illness can greatly affect a woman's self-esteem. She may worry that people close to her, including a partner, will reject or leave her. These feelings are normal. It helps to discuss them with a trusted friend, family member or counsellor.

Sometimes a partner can have fears about the illness that are unfounded. He or she can overcome these fears by getting informed and talking about concerns with a health care professional.

At times, a woman may not feel good about herself, and may be lonely. If so, she may be tempted to become intimate with someone she would not normally choose. It is very important not to act impulsively. A woman should never put herself at risk. Often, talking to a trusted friend or counsellor about feeling lonely can lead to better solutions.

HAVING CHILDREN

Some women choose to have children, and some women choose not to have children. Women can lead fulfilled lives without children. Some choose to focus on other aspects of their lives, such as their jobs or other

interests. Deciding whether to have children is more complex if a woman has had a psychotic illness. Typically, women have many questions:

- Will my child inherit my illness?
- Will I be able to take care of my child?
- If I get pregnant, should I go off medication?
- If I keep taking my drugs, will they harm my unborn child (fetus)?

WHAT TO CONSIDER WHEN THINKING ABOUT HAVING A CHILD

YOUR HEALTH

- Do you have any symptoms that affect your daily activities or relationships?
- How high is your energy level? Do you concentrate well?
- Do your drugs make you drowsy?
- Have you had any recent stresses? How well did you cope?
- Have you recently relapsed and found that you were less able to look after yourself or do normal routines? Who looked after things during this time?
- Was anyone concerned about your ability to look after yourself?
- Are your doctor and health care providers concerned about your ability to care for a baby?

YOUR PARTNER

- How is your partner's health?
- How well does your partner cope with stress?
- How well does your partner understand your illness and its treatment?
- How much is your partner able to help you when you are ill?

- What are your partner's views on having children?
- Is your relationship with your partner likely to continue?
- Do you expect to be a single parent?

YOUR LIVING SITUATION AND FINANCES

- Are you living in a place that would suit a baby (e.g., safe spaces to play, a separate bedroom)? Where you live will affect how well you can look after your child. Subsidized apartments for families may be available.
- Would you have enough money to provide adequately for a baby? To buy food, clothes, toys, other basics?

SUPPORTS

- Do you have family members or friends who could help you with child care? Give financial help if needed?
- If you did relapse and needed to be in hospital, who would care for your child?
- If no one could help and child welfare had to take your child into care, how would you feel?
- Would you allow a worker to come to your home and help you care for your child if this was needed?
- Would you be willing to attend parenting classes or groups to learn new skills?

YOUR CHILD

- How would you cope if your child developed a mental illness or had learning or behaviour problems, and was harder to manage than average?
- Would you be willing and able to get help for your child if she or he had any special needs?

Talk openly with your partner, other family members, your doctor and other members of your health care team. Note the issues that concern everyone. Then brainstorm about how to address these issues. Research what else you will need to know and how you might find this information. Being well-informed can help a woman and her partner decide whether or not to have a child. It's useful to know about genetic risks, taking medication when pregnant, childbirth and child care.

WILL MY CHILD INHERIT MY ILLNESS?

It depends on the diagnosis. Schizophrenia is thought to be a complex genetic disorder. That means it is inherited, but not in a straightforward way. If one parent has schizophrenia, a child has about a one-in-10 chance of inheriting the illness. This is about 10 times more than if the parent did not have schizophrenia. If both parents have schizophrenia, the chances of having a child with the illness are about one in two. The actual risk will depend, to some degree, on the specific type of psychosis you have. The mental health of the other parent is also a factor. Right now, we do not know exactly how the genes for schizophrenia or other psychoses are transmitted. Factors such as infection, vitamin deficiency, poor nutrition or substance abuse during the mother's pregnancy may increase the risk. Trauma during delivery may also play a role.

DO I STILL TAKE MY DRUGS WHEN I'M PREGNANT?

The first trimester of pregnancy is a crucial time for making choices. Women must decide whether to continue with the pregnancy and the drug regime. Antipsychotic drugs are considered relatively safe for the fetus, but they may slightly raise the risk for congenital anomalies, or

birth defects. No specific antipsychotic drug is known to be riskier than another, although more is known about the safety of the older antipsychotics.

Some mood stabilizers cause problems for the fetus, and must be carefully monitored. Most antidepressants are fairly safe but, like all drugs, should be used carefully during the first trimester of pregnancy.

You need to discuss pregnancy with your doctor and treatment team. They will review your medications and health. They will carefully consider the health of both you and your fetus. You will also be advised on how to manage drugs during your pregnancy. The Motherisk program at the Hospital for Sick Children in Toronto, Ontario, is an international resource for information on using medications during pregnancy. Consulting with the Motherisk program is highly recommended (Tel.: 416 813-6780; website: www.motherisk.org).

Pregnancy should be carefully planned. Doctors recommend that women start folate supplementation before pregnancy begins to prevent neural tube defects. These defects can occur in the fetuses of all women, but may be more prevalent among women taking medications or women who are overweight. Women should have frequent mental health and prenatal follow-ups during pregnancy. Ideally, all interested family members should be involved. Their support will be needed once the baby is born. The pregnancy itself does not tend to be a very hard time, but a woman can be very vulnerable in the postpartum period. Caring for an infant is stressful. Stress will be much greater if a partner or family members are not supportive.

WHAT ABOUT MEDICATIONS AFTER THE BABY IS BORN?

Breastfeeding is important for the mother-baby bond and the health of the baby. There are ways to minimize the amount of drug that is transmitted to a breastfeeding infant. The postpartum period is a very stressful and vulnerable time for women who have experienced psychosis, and antipsychotic drugs should not be abandoned during breastfeeding.

Home monitoring visits need to be frequent after childbirth. Visits ensure that active psychotic symptoms are kept in check, and that the mother is not overly sedated or low on energy. Vulnerable women are best to stay longer in hospital after delivery. They also need to organize a full network of support at home. This support should be in place for at least the first six months.

WILL THE AUTHORITIES TAKE MY BABY AWAY?

Caring for an infant challenges any woman. You will face extra challenges if you have had psychotic symptoms. You may feel sedated, which is a common side-effect of drug treatment. Or, psychotic symptoms may persist. Other factors can be very stressful. These include economic hardship, alcohol or other drug use, single parenthood and a lack of supportive relatives and friends. The chances of being unable to care properly for your baby, and maybe for yourself, are relatively high. In cases like this, a child welfare agency needs to be involved. This is in the best interests of the child and also lessens your responsibility and burden.

You may worry that a child welfare agency will take your child away for good if they see you struggling. The job of child welfare workers is to ensure the safety and well-being of children. Their goal is not to break up

families. Sticking to treatment and working with your treatment team and child welfare worker will give the best possible result. Doing these things will increase the chances of your child remaining with you or being returned to you as soon as possible. Should you need a break from child care, you are strongly advised to plan ahead about who is the best person to care for your child when you are unable to do so.

Some infants of parents with a psychotic illness develop slowly. They may be harder to care for than other infants. Having extra help in these cases is important. Your doctor and treatment team can help you arrange this. Public health services offer parenting support. So do many community centres.

7 FINDING HELP

After a psychotic episode, you may want to forget about being ill and just stop treatment. It is advisable, though, to continue to attend follow-up appointments. This will be a critical time for you to decide on the next steps in your life. Working with a doctor and other health care providers will help you address any problems that arise, and will help you plan to reach your goals. The doctor who treated your psychotic episode will arrange for you to see a doctor as an outpatient. A case manager or counsellor may also be arranged. You may wish to explore other resources, too. Below are some ideas about where to look for extra help.

A SECOND OPINION

At some point in your treatment, you may want a second opinion on a specific issue, such as your medication or whether to become pregnant. Most large cities have a hospital-based psychiatric program linked to a university. These programs are usually doing research. They have up-to-date information on issues such as new drugs, genetics and women's mental health. Your doctor can arrange for you to consult with an expert. The Canadian Mental Health Association also lists psychiatrists who specialize in various illnesses. As well, you can contact self-help organizations, such as the Canadian Mental Health Association, the Mood Disorders Society or the Schizophrenia Society. They can suggest experts in the field.

CASE MANAGEMENT AND COUNSELLING

Working with a case manager or counsellor who collaborates with a family doctor or psychiatrist can be very helpful. This person will help you plan how to get back to work or school. The counsellor will ensure that you have enough support. A case manager can also work with you and your family members to reduce stress and improve your coping skills.

If you don't have a case manager, ask your doctor to refer you to one. Most hospital programs for outpatients have mental health teams. These consist of social workers, nurses, occupational therapists and psychologists, as well as doctors. Commonly, community health centres also have a team of mental health care providers. Organizations offering community care may have services you could benefit from, too. If you are a student, your school will have counselling services. Some schools offer specialized services for students with mental health issues. Others may refer you to someone who is able to help you.

SELF-HELP

Organizations such as the Schizophrenia Society and the Mood Disorders Association offer a variety of services, including information meetings with guest speakers, support groups and newsletters. These organizations also advocate for better services and laws. Some hospitals offer self-help groups.

SPECIALIZED GROUPS OR COUNSELLORS

Specialized groups or counsellors address issues such as assertiveness, body image, relationships and trauma, and parenting. Many community-based women's centres offer these services. So do local mental health associations, libraries and mental health clinics.

ALCOHOL AND OTHER DRUG TREATMENT

Some hospitals and community agencies now offer programs for concurrent disorders. People with concurrent disorders have both a mental illness and a problem with alcohol or other drug use. Alcohol and other drug treatment centres are usually listed in the first pages of the phone book.

PREGNANCY AND MEDICATION INFORMATION

Women who are considering pregnancy or are pregnant may want to consult the Motherisk program at the Hospital for Sick Children in Toronto, Ontario (Tel.: 416 813-6780; website: www.motherisk.org). Motherisk advises pregnant women and health professionals about the possible risks to the fetus. Risks exist when the fetus is exposed to drugs, chemicals, infection and radiation.

PARENTING SUPPORTS

Parents of infants and small children may want one-to-one support and/or to join parenting groups. Public health departments and some community centres and hospitals offer these supports. Most services are free. When a child is at risk, a child welfare agency becomes involved to support the parents, the child and other family members.

A FINAL WORD

A psychotic illness can dramatically affect a woman and her family. Most women, however, learn to move ahead in life. Here's what you can do:

- Find a doctor and case manager or counsellor you feel you can work with.
- Learn about your illness so you can make informed decisions.
- Work with your health care providers to plan your treatment and recovery.
- Discuss any concerns with your health care providers. That way, you can work together to find solutions.
- Learn how to recognize when the psychosis is coming back. Knowing the signs will help you to act fast.
- Live a balanced life. Take care of your illness. Look after your physical and emotional well-being.
- Find supports and resources you feel will help. Ask for a second opinion if you feel stuck or want someone else's perspective.
- Remember that the solutions that work best for men (the ones in the textbooks) may not work best for women. Make sure your care provider is aware of this.

Finally, be hopeful. As we understand more about psychotic illnesses, we are finding better treatments. We are learning how to tailor treatments to the unique needs of each person. Stigma about mental illness is also lessening. Life is getting better for people with psychosis.

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