

CONNECTING WITH PEOPLE IN PSYCHOSIS



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LAND ACKNOWLEDGMENT

We would like to acknowledge that the land we work, live, and play on is the ancestral and unceded territory of the Indigenous Peoples of Turtle Island. Acknowledgement is only a small part of cultivating strong relationships with Indigenous Peoples.


Acknowledging territory should take place within the larger context of genuine and authentic ongoing relationships as we work to forge real understanding and challenge continuing colonialism and oppression.

We must strive to meaningfully collaborate and respect all Indigenous Peoples.



WHAT IS PSYCHOSIS?

Psychosis is not a one-size-fits-all experience: it occurs on a spectrum and is nuanced and subjective. It is important to emphasize that psychosis is not intrinsically linked with substance use. It can be a symptom of many mental illnesses like Schizophrenia, Schizophreniform disorder, Bipolar disorder, Schizoaffective disorder, and Depression with psychotic features. Individuals may also have a brief psychotic disorder as a result of other contributing psychosocial factors such as trauma, mental illness, sleep deprivation, chronic stress, religious delusions, change of routine, perceived or real abandonment, lack of safe housing, unreasonable work hours, grief, and poverty. Labeling it as 'drug-induced psychosis' simplifies a complex situation and results in folks being offered drug treatment resources in lieu of appropriate mental health support. Folks in psychosis may show up in a way that can be misread as violent or angry. The main symptoms of psychosis are: paranoia, trouble thinking logically, withdrawing from social situations, isolation, intense ideas, extreme feelings or no feelings at all, decline in basic hygiene and upkeep, sleep disruption, and confusing speech patterns.



“It is important to emphasize that psychosis is not intrinsically linked with substance use”

ABOUT THIS TOOLKIT

Navigating encounters with individuals experiencing psychosis poses a significant challenge for harm reduction workers operating on the frontline. Both firsthand experiences and observations reveal a concerning gap in training and approachability when engaging with community members in psychosis. In the course of street outreach work, it becomes evident that many of us struggle to establish meaningful connections with these individuals. We often hear colleagues say they simply do not know what to do for clients in psychotic episodes and we do believe the general public fear these individuals. What emerges from these encounters is a sense of overcomplication in the approach rooted not in scientific methods but rather in biases and stigmas that hinder effective engagement. The prevalent fear of potential violence tends to overshadow the core principles of trauma informed harm reduction, potentially leading to further harm, trauma and alienation for those in psychosis.

In this toolkit, we delve into the complexities surrounding the interaction dynamics between frontline workers and individuals experiencing psychosis; shedding light on the need for a more empathetic and nuanced approach that transcends unfounded fears and biases. It's necessary to incorporate culturally safe practices and approaches to support individuals in psychosis and we hope that more organizations will employ people with lived/living experience in this area. We recognize that the best way to show up and support these clients is to stay regulated ourselves and we believe this is easier when someone is coming from a place of truly knowing and understanding. It is important to remember that not everything is psychosis and that sometimes things like behaviors stemming from drug use or disabilities can be mistaken for psychosis and we want to help front line workers learn how to identify and engage with community members in psychosis effectively.

TRAUMA-INFORMED CARE LOOKS LIKE:

Ensuring Consent and Clear Communication:

Prioritize consent by openly discussing procedures beforehand, empowering clients to decline any aspect they're uncomfortable with.

Person centered care:

Empower people in psychosis to reject any part of the plan, emphasizing their autonomy and self determination and allow your client to guide the level of care they receive.

Frontline Worker Role:

Clarify that frontline workers provide support, not fixes, aligned with the client's goals. Ensure that you do not leave your scope of work as a front line worker and start diagnosing folks or engaging in medical care.

Cultural Sensitivity and Peer Pairing:

Pair peers with clients for relatability, considering factors like gender, sexuality, and ethnicity.



PRE-PSYCHOSIS SAFETY PREPAREDNESS PLAN

WHAT TO DO:

Establishing Supportive Environments:

- Identify trustworthy individuals and accessible food sources for community members.
- Offer suggestions for soothing activities and entertainment options.

Proactive Medication Management:

- Coordinate with pharmacies for emergency medication refills in advance.

Work Support Considerations:

- Initiate discussions about potential medical leave and its supportive impact.

Strengthening Safety Networks:

- Assist clients in reaching out to their support network, sharing feelings and triggers.

Practical Assistance Provision:

- Supply gift cards and resource lists for accessing food and harm reduction supplies.
- Pair clients with peer navigators with lived and living experience with houselessness for ongoing support and familiarity.



PRE-PSYCHOSIS SAFETY PREPAREDNESS PLAN:

Pet Care Planning:

Develop plans for pet care support, including arrangements for walking and feeding.

Outdoor Care Appointment Scheduling:

Schedule care appointments outdoors during outreach to facilitate communication and connection. Some examples to meet are local cafes, parks or encampments.

Stay Informed on Local Resources:

Stay updated on local support services and test their efficacy by connecting firsthand.

Early Psychosis Recognition Training:

Educate community members on recognizing early signs of psychosis for timely intervention. eg: difficulty concentrating, reduced job or school performance, growing suspicion or unease, paying less attention to personal hygiene, self isolation, and lack of emotion or emotion without a clear reason

Psychosis Preparedness Toolkit:

Prepare kits containing essentials like cigarettes, water, snacks, rehydration drinks, and fidget toys.

Building Trusting Relationships:

Foster connections with individuals experiencing houselessness, establishing trust and support for times of crisis.

PRE-PSYCHOSIS SAFETY PREPAREDNESS PLAN:

WHAT NOT TO DO:

Avoid Overcomplication:

Keep the process straightforward, prioritizing achievable short-term goals to prevent overwhelming them and potentially triggering psychosis.

Client-Centered Approach:

Let them take the lead in their care and treatment, ensuring they actively participate in shaping their safety plan.

Steer Clear of Bias:

Refrain from injecting personal biases or opinions regarding substance use, religion, or politics into discussions.

Remain impartial, respecting the client's perspectives and emotions in crafting their plan.

Avoid Stigmatization:

Do not assume individuals in psychosis are inherently more difficult or problematic than other clients, fostering empathy and understanding in interactions.



DURING PSYCHOSIS

ENHANCING SUPPORT STRATEGIES FOR COMMUNITY MEMBERS:

Mindful Body Language:

Be conscious of your nonverbal cues to ensure they convey comfort and acceptance rather than discomfort or judgment.

Active Engagement:

Engage attentively with them, demonstrating genuine interest and employing active listening skills without imposing judgments or unsolicited advice.

Calm Communication:

Communicate in a non-patronizing, calm, and clear manner to foster a sense of safety and respect within the interaction.

Utilize Interests:

Identify the persons' interests and feelings, striving to understand and validate their experiences, even if challenging, while maintaining composure and respect.

Assess and Respond:

- Assess the situation and respond accordingly, disengaging if needed to prevent escalation while refraining from showing offense or judgment.
- Recognize the difference between odd, bizarre “very high” vs. dangerous to self and others.
- When assessing, be mindful of your own fears and anxieties. Remember that behaviors that are bothersome, disruptive, or perceived as “weird” do not necessarily equate to being dangerous. It's crucial to allow for these behaviors as long as they do not pose a risk to anyone's safety.



DURING PSYCHOSIS

Supportive Calls:

- Offer to reach out to individuals listed in their safety plan for support, ensuring their permission before making any calls to uphold their autonomy and well-being.

Empathetic Understanding:

- Validate their feelings first and foremost. Seek to understand their reality empathetically, prioritizing connection and staying present with them over attempts to alter their perspective.

Respectful Time Allowance:

- Allow ample time for them to express themselves fully, demonstrating patience and understanding throughout the interaction.

Relaxed Posture:

- Maintain a relaxed posture to convey support and understanding, respecting personal boundaries, and refraining from any unwanted physical contact.

Cultural Sensitivity:

- Ensure cultural safety in outreach efforts by incorporating culturally appropriate practices, such as offering smudging materials in outreach kits.

Continued Support:

- Stay connected with community members during their psychosis episode as they may be in a vulnerable state, regularly checking in to provide ongoing support and combat feelings of isolation while promoting emotional safety.

DURING PSYCHOSIS

Consent and Awareness:

Respect their autonomy and consent, even during psychosis, by seeking permission for physical contact and informing them of any interventions beforehand.

Addressing Bias:

- Reflect on personal biases and triggers related to people experiencing psychosis, seeking support, and fostering a non-stigmatizing and trauma-informed approach with colleagues.
- Even if you hold different views on reality, make an effort to comprehend their experiences, perspectives, hopes, fears, and beliefs about themselves and their circumstances. Your aim is to grasp their reality from their perspective, even if they're disconnected from conventional reality
- Explore why you may feel “triggered” by someone in psychosis? Are you regulated? Is your fight or flight being triggered by perceived violence? Are you afraid of clients in psychosis and how can you explore this? Are you seeking your own therapy? Are you assuming they're using drugs without evidence? Engage in a reflective process with your co-workers to work in a non-stigmatizing and trauma-informed way.

Implementing these strategies can help ensure effective and empathetic support for community members experiencing psychosis, fostering a sense of safety, respect, and understanding within the interaction.



DURING PSYCHOSIS

1. Avoid Reactive Listening:

- Refrain from reacting with disgust to psychosis thoughts or attempting to combat delusions, as this can be confrontational and unhelpful.

2. Use Caution with Police Involvement:

- Avoid involving the police as a first response, as they will not provide a safe environment for individuals experiencing mental health breakdowns. If available, call the mental health-trained police team.
- If police intervention becomes necessary due to active danger, remain present, witness treatment, and advocate for compassionate care.

Reasons to call for help:

- Harm to self or others
- Acts of violence
- Threats of violence, suicide, use of weapons
- Imminent concern for the safety of others
- Signs of overdose (this is not a police issue)

3. Practice Safe Outreach:

- Conduct outreach with a partner, especially when encountering individuals in psychosis. Approach in pairs to ensure safety and avoid overwhelming them.



DURING PSYCHOSIS

4. Respect Professional Boundaries:

- Refrain from diagnosing, as it is beyond your scope of practice. Leave diagnoses to qualified professionals.

5. Avoid Coercive Measures:

- Do not use naloxone (Narcan) as a threat for psychosis behaviors, as it can escalate the situation and create fear.

6. Focus on Support, Not Treatment:

- Avoid discussing treatment options such as hospitalization or medication during episodes of psychosis. Instead, prioritize providing support and ensuring safety.

7. Limit Questioning:

Relate to the client by speaking calmly in short sentences and avoid asking too many questions, as this can be overwhelming. Provide options such as someone to talk to, a cigarette, safe quiet place to be alone

8. Respect Their Reality:

- Refrain from trying to convince them of reality. Instead, focus on understanding and providing reassurance.

9. Avoid Threatening Language:

- Do not use threatening language such as mentioning police involvement or eviction, as this can increase distress and escalate the situation.

10. Maintain Personal Space:

- Avoid following them around, crowding, or cornering them, as this can heighten anxiety and agitation.

AFTER PSYCHOSIS

WHAT TO DO

1. Establish a Healthy Routine:

Develop a structured routine to promote stability and reduce the risk of further psychotic episodes.

2. Prioritize Sleep Hygiene:

Emphasize the importance of a sleep hygiene routine to support mental well-being and regulate sleep patterns.

3. Show Empathy and Understanding:

Approach the individual with love and empathy, acknowledging their experience and expressing genuine concern for their well-being. Ask about their feelings and how they are coping.

4. Provide Multifaceted Support:

Offer a range of support services including case management, coordination of services, family education, and assistance with employment to address various aspects of the individual's needs.



AFTER PSYCHOSIS

What Not to Do:

1. Avoid Punishment:

- Refrain from administering consequences or using tough love for actions taken during a psychotic episode. Similar to not punishing someone for actions during a seizure, it's important to avoid punitive measures for behavior during psychosis.

2. Do Not Assign Blame:

- Avoid attributing responsibility to the individual for their psychotic episode. Psychosis is a medical condition and not a matter of personal accountability.

3. Avoid Disrespectful Behavior:

- Do not speak down to or belittle the individual, and treat them with the same respect and dignity as any other adult. Recognize that their condition does not diminish their autonomy or worth as a person.



CONCLUSION

In conclusion, this toolkit offers essential guidance tailored for harm reduction frontline workers in navigating encounters with individuals experiencing psychosis. This is amidst the backdrop of an un-ending housing crisis, underfunded mental health services, poverty, and toxic drug supply. By acknowledging the multifaceted nature of psychosis and the systemic issues exacerbating it and by prioritizing culturally sensitive approaches, we can better support those in need.

It's necessary to dispel misconceptions surrounding psychosis and avoid stigmatizing attitudes, especially regarding substance use as being the only cause for psychosis. Through trauma-informed care and respectful engagement, frontline workers can establish trust and provide essential support. By incorporating these strategies into their practice, we can significantly contribute to the well-being and safety of individuals experiencing psychosis in our communities.



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RESOURCES

[Early psychosis: an information guide.](#)

[How to Deal with a Psychotic Episode.](#)

[Crisis Toolkit - Fireweed Collective](#)

[Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care.](#)

[Understanding Psychosis.](#)

[Key Ingredients for Successful Trauma-Informed Care Implementation.](#)

[What Are the 6 Principles of Trauma-Informed Care?](#)

[Person-centred care: what is it and how do we get there?](#)

[Infographic: 6 Guiding Principles To A Trauma-Informed Approach](#)



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ABOUT THE AUTHORS

With lived experiences of psychosis shaping our perspective, we acknowledge the social and economic advantages tied to our colonial white privilege. Grateful for the shelter afforded to us, we recognize that this privilege isn't universal. Despite these advantages, we've encountered stigma surrounding mental health, often opting for silence to avoid judgment and hide in isolation. However, we understand that this silence only deepens our trauma and worsens our experiences with psychosis. Through our journey, we aim to address these challenges and advocate for a more supportive and inclusive approach to mental health.



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