

Over the next two days, we saw an incredible number of people who would ordinarily go to their family doctors or to the medical clinics. However, their offices were closed due to power loss and the ED was the only game in town. One idea we tried that seemed to help was to have one of the family doctors who had hospital privileges come and work in the minor emergency treatment area. It allowed the emergency physicians to concentrate on the sicker patients, and we could maintain patient flow through the department. By Wednesday, most of the family physician offices were up and running and the volume of patients dropped off. The other big issue for us was supplying medications. With the pharmacies closed, how were people to get prescriptions filled? Our pharmacy department stepped in and filled prescriptions until the local pharmacies reopened.

It took nearly two weeks before all of the electricity was back on and the streets were passable. During that time, there were three more deaths as a result of burning candles. Hospital staff were amazing throughout the entire time – if they could manage to get into work, they did. Many of them left children and spouses at home with no electricity or telephone service. That went on for days. They dressed in the dark and made their way to the hospital with little thought for themselves. They were professional and dedicated throughout the entire time. For emergency staff, it was an especially difficult time because we had lost a colleague and a friend who died in the line of duty. Months later, the scars from the storm are still evident with many downed trees still in evidence; the parks are in ruins and buildings still under repair. However, the spirit of the people remains strong. For example, money has been raised to restore the parks to their former glory. As Maritimers, we are used to violent storms, but many of us were caught unprepared for a storm of this magnitude. One of the big lessons learned is that we will take weather warnings much more seriously in the future and take the proper precaution. ☒

The first episode of psychosis – A crucial opportunity for recovery

By Sharon Mulder,
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Early Psychosis Intervention: From Awareness to Action

What is psychosis?

Psychosis is a serious, but treatable medical condition that reflects a disturbance in brain functioning. A person with psychosis experiences some loss of contact with reality, characterized by changes in their way of thinking, believing, perceiving and/or behaving. For the person experiencing psychosis, the condition can be very disorienting and distressing.

Psychosis is associated with a number of causes such as substance abuse or withdrawal, exposure to severe stress, and certain medical conditions or diseases. More often than not, psychosis signals the onset of schizophrenia or bipolar disorder.

However, at the time of the first episode of psychosis it is important for the person to receive a thorough medical assessment to explore possible reasons for the experience.

What is ‘first episode psychosis’ and why is it so important?

While psychosis can evolve into chronic forms, the first time the condition occurs it is referred to as ‘first episode psychosis’. There is mounting evidence to indicate that appropriate and timely interventions at this juncture *significantly increase* the chances for *faster, fuller recovery*.

Benefits of early detection and appropriate treatment include:

- faster and more complete recovery
- improved capacity to maintain self-identity and self-esteem
- improved capacity to maintain life course
- reduced disruption of educational and vocational pursuits
- reduced disruption of family and social relationships
- reduced likelihood of hospitalization
- reduced risk of suicide.

Yet, while research indicates that the longer the duration of untreated psychosis, the poorer the outcomes, studies often report delays of a year



or more before treatment begins. Appropriate interventions in the early stages of psychosis are a crucial step towards the prevention of mental illness.

Who is most likely to experience a first episode of psychosis?

Psychosis can happen to anyone, but symptoms of psychosis most often begin between 16 and 30 years of age. Both males and females can be affected. Males tend to experience symptoms a few years earlier than females. Persons with a family history of serious mental illness are at increased risk of developing psychosis. Psychosis affects up to three per cent of the population.

Why is psychosis an important issue for emergency nurses?

Psychosis sometimes emerges gradually over time and the early symptoms are dismissed as 'typical teenage behaviour'. Other times, the symptoms appear very suddenly with the onset of an acute psychosis. The acute phase is characterized by the presence of positive symptoms such as delusions, hallucinations, and thought disorder.

Individuals presenting with an acute episode of psychosis are often first assessed through hospital emergency departments.

And so emergency nurses can play an important role in a number of ways. They can:

- recognize the symptoms of a psychotic episode

- set the stage for the young person's recovery by demonstrating a positive, optimistic attitude
- communicate respectfully with the young person and their family to begin the development of collaborative partnerships.

Emergency nurses are in a key position as gatekeepers to the formal care system in recognizing the signs and symptoms of psychosis and supporting the first steps toward recovery.

Know what you are seeing

During the acute phase, typical psychotic symptoms emerge.

Hallucinations are perceptual experiences for which there is no corresponding external source. The most common types are auditory hallucinations, with other types including visual, tactile and olfactory.

Delusions are beliefs that are unjustified, often bizarre and not shared by the other people in the person's culture. Common types of delusions are religious delusions, persecutory delusions, and grandiose delusions.

Thought disorder refers to a pattern of vague or disorganized thinking. A person may have difficulty concentrating, following a conversation, or remembering things.

Hallucinations, delusions, and thought disorder are typically referred to as 'positive symptoms', but 'negative symptoms' such as decreased motivation, energy, and interest, and blunted affect are also common in the acute phase.


Co-morbid conditions such as depression, obsessive compulsive disorder, anxiety disorders, substance abuse, or personality disorder might also be present. Again, because the underlying causes of psychosis can be complex, comprehensive medical assessment is always required.

Increased awareness of the signs and symptoms of psychosis by emergency nurses is essential for early detection and effective treatment.

What is appropriate treatment?

Early identification followed by comprehensive, individualized treatment strategies that incorporate the use of low-dose anti-psychotic medications with education and psychosocial interventions can promote full recovery from psychosis. As most young people experiencing psychosis for the first time are living in the family home, family engagement and support through the assessment, treatment, and recovery process are critical. Treatment strategies are aimed at allowing the individual to maintain their daily routines as much as possible.

What is happening in your province?

Over the past decade, recognition of the importance of the early phases of psychosis to the subsequent course of the illness, and of the need to develop effective interventions, has grown at an ever-increasing rate in Canada and around the world. Most major Canadian cities now have a clinical site which can be a source of information and also a possible referral point. The websites of two Canadian clinics are listed in Appendix One and updated information on community initiatives across Canada will be available at www.cmha.ca. 

Appendix One

Learn more...

The Canadian Mental Health Association's early psychosis intervention project has been raising awareness and catalyzing action on early psychosis intervention across Canada. Funded by Health Canada, this project has created a series of pamphlets and other resources that are available to assist organizations such as yours. To order or download resources go to www.cmha.ca and click on the 'Education' link.

The information in this document has been taken from materials developed from the CMHA project and the following websites:

- Early Psychosis Prevention and Intervention Centre (EPPIC), Melbourne, Australia. Available at www.eppic.org.au
- Early Psychosis Intervention Program (EPI), Fraser Health Authority, British Columbia. Available at www.psychosissucks.ca
- The Prevention and Early Intervention Program for Psychoses (PEPP) London, Ontario. Available at www.pepp.ca

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