Paranoia; Voices; Visions

DON'T PANIC!

How to better understand our clients who are paranoid, hearing voices or seeing things

And how to get them the help they need

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Outline

- Causes of delusions and hallucinations
- What are delusions?
- What does the type of delusion tell us?
- What are hallucinations?
- What does the type of hallucination tell us?
- General Approach
- Case Studies

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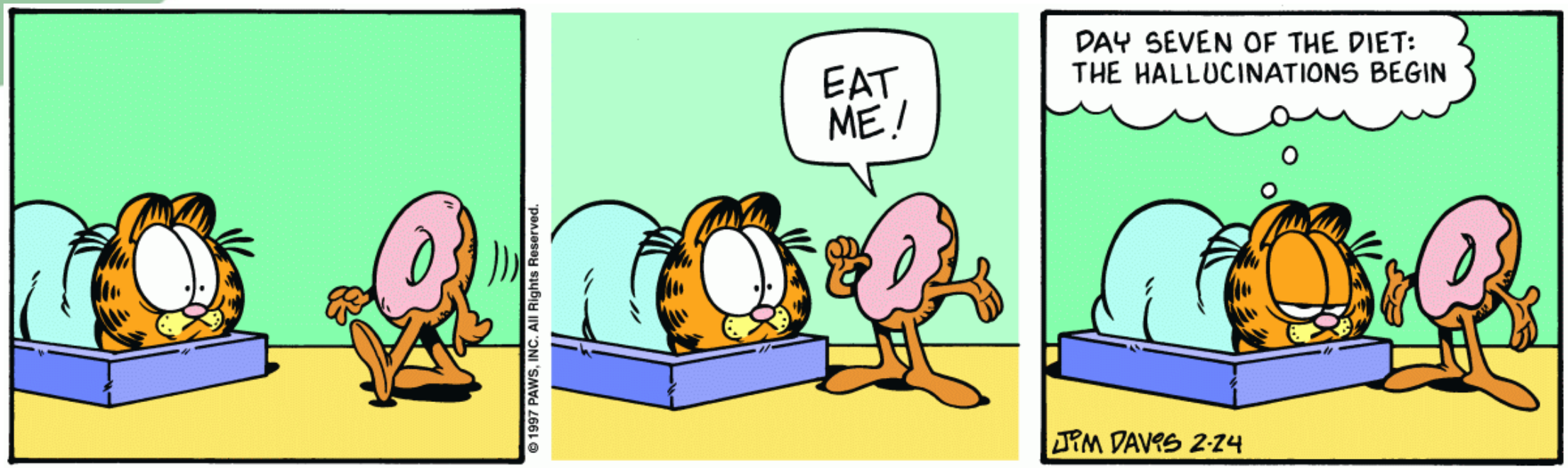
Mental Health Causes

- Severe depression
- Bipolar disorder
- Schizophrenia
- Schizoaffective disorder
- Post-partum psychosis
- Delusional or Paranoid disorder
- Brief psychotic disorder

Physical (Organic) Causes

- Brain Disorders – Parkinson's, Tumour, Epilepsy, Migraines, Alzheimer's
- Injury - Head injury, lead or mercury poisoning
- Delirium
- Substances – intoxication, withdrawal, or long term effects
- Medication – Lariam, Prednisolone, ADHD medication
- Lack of sleep
- Visual Problems
- Hunger

Physical (Organic) Causes



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Psychological Distress

- Personality Disorder
- Bereavement
- Abuse or trauma

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Delusions

- No perfect definition
- False belief which is firmly sustained and based on incorrect inference about reality. This belief is held despite evidence to the contrary and is not accounted for by the person's culture or religion
- **Certainty** - the patient believes the delusion absolutely
- **Incorrigibility** - the belief cannot be shaken
- **Impossibility** - the delusion is without doubt untrue

Delusions

Normal belief ⟷ Overvalued Idea

Delusion-like idea ⟷ Primary Delusion

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Delusions

- Congruent vs Incongruent
- Primary vs Secondary
- Monothematic vs Polythematic

Delusions

- **Persecutory**
  - Common

Delusions

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Delusions

- **Persecutory**
  - Common
  - Mind being read, thought insertion, control

- Infidelity – Othello's syndrome; Erotomania
- Grandiose
- Capgras'
- Cotard
- Religious
- Grandiose Religious
- Guilt and Unworthiness

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Hallucinations

- No perfect definition (but less controversial than delusions)

- Sensory perception which is experienced despite there being no external stimulus

Pseudo Hallucinations

- Internal vs External
- However not always straightforward
  - Do they **really** believe this is 'other' to them?
  - Usually mood congruent/fit their perceptions of themselves
  - Trauma related
- Not necessarily harmless
  - Can cause severe distress
- Hypnagogic vs Hypnopompic

Hallucinations

- Olfactory – think brain

- Tactile - think substances
  - Formication
  - Schizophrenia – auditory and visual as well

- Visual
  - Different from a visual illusion
  - Schizophrenia

Hallucinations

Auditory

- 2nd person
  - Speaking to you
  - Usually mood disorder, especially if congruent

- 3rd person
  - Speaking about you or someone else
  - More suggestive of a primary psychotic disorder

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Formal Thought Disorder

- Disorder of the **form** of thought rather than of **content** of thought
- An observable, objective sign of psychosis.
- Often accompanied by executive function problems and general disorganization.
- FTD is a common and core symptom of a psychotic disorder and may be seen as a marker of its severity, and also as a predictor of prognosis
- Poverty of speech, Poverty of content of speech, Pressure of speech, Distractible speech
- Tangentiality, Derailment, Incoherence, Illogicality
- Clanging, Neologism, Perseveration, Echolalia
- Blocking, Stilted speech

Approach

Calm

Caring

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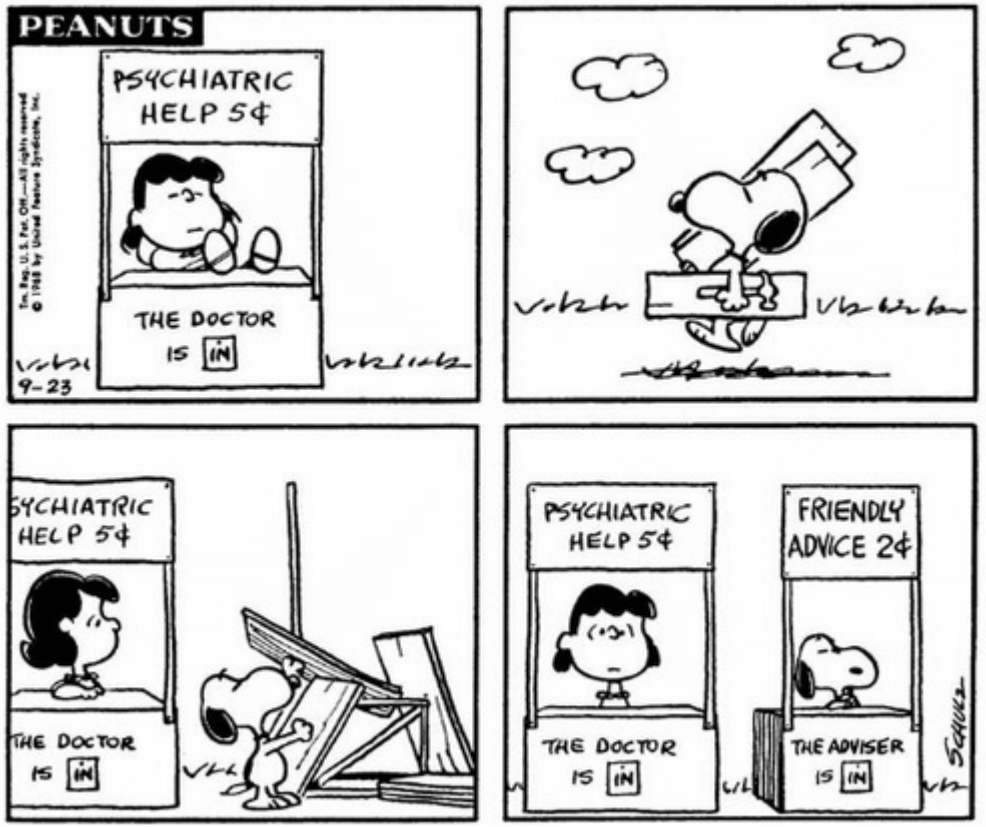
Approach



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Approach

Calm

Caring

Curious

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Approach

Ask

- Are they and others safe?
- How unwell are they?
- Why now?
- What might be going on in their body?
- What might be going on in their mind?
- What might be going on in their environment?

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Case Studies

- 34 year old man in a hostel
  - “Everyone’s always looking at me”
  - When he walks past people they call him names
  - Next time someone does he’ll punch them
  - Convinced his room is infested – scratching and picking at his legs all night long

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Case Studies

- 21 year old young woman in the Foyer
  - Loner. Herself to herself.
  - More isolated. Losing weight.
  - Started laughing sometimes when you ask her how she is. Wearing shades
  - Tells you one day the people upstairs won't stop talking about her. Commenting. Nasty.
  - Plug sockets taped up; TV covered
  - Sandwiches you bought for her in bin.
  - No paraphernalia

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Case Studies

- 40 year old woman on streets
  - Left EA unexpectedly
  - Sees a young girl in her room at night, which stops her sleeping
  - Drinking more heavily to sleep
  - Thinks the child is a sign she's going to die
  - Ask her about children in her life
  - Baby girl died when she was 22. 18th anniversary of her death.

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Case Studies

- 19 year old care leaver
  - Using drugs since 13. Now only cannabis at night to help sleep. Less than he used to.
  - In EA. Trying to get his life 'sorted'
  - Always on the go. Left school early. Can't keep job more than 2 weeks.
  - Argumentative
  - Room in Percival Terrace is immaculate.
  - Sees GP – starts calming down. Sleep improving. Delighted
  - Returns to GP for follow up. Sleep starts to worsen, largely as he just has too much to do.
  - Business ideas. Increasingly irritable, erratic.
  - More superior. Everyone else around him is just stupid. Seems to be losing touch with reality.

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Thank you

Any Questions?

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