

Family Recovery Journey

The Impact of Psychosis on the Family

Substance Use

Page numbers in this section are from articles in Double Jeopardy, referenced at the bottom of this page¹

A condition in which a person has both a mental illness and a substance use problem/disorder is known as a concurrent disorder. Also called comorbidity, dual diagnosis, dual disorder, or co-occurring disorder.

- A large study done in 1990 found that persons with a psychiatric disorder have more than twice the chance of also being diagnosed with an alcohol abuse disorder and are more than four times more likely to also have a drug abuse disorder (p.13).
- Persons with schizophrenia or bipolar disorder are the most likely to also have a substance use disorder (p. 12).
- Alcohol is the most commonly abused substance, followed by whatever is most available (p. 17).

People living with psychotic disorders tend to use substances that are affordable, easily accessible, and readily available. Sometimes people may use a number of substances. The types of substances people with schizophrenia use may change depending upon what stage they're at in their life.

Which Came First, The Substance Use or The Psychosis?

It is most useful to think of these as independent problems that interact with each other.

- A diagnosis of substance use, especially alcohol or cannabis, significantly increases the risk of developing schizophrenia². For a person who is already at risk for psychosis, some drugs, such as marijuana, can give the process a boost.
- Some stimulating drugs, like amphetamines and cocaine, can actually cause psychosis (not schizophrenia). This is known as a drug-induced psychosis. This psychosis can last up to a few days, and it responds well to treatment.

¹ Lehman, A. F. & Dixon, L. B., eds. (2017) Double jeopardy: Chronic mental illness and substance use disorders. 2nd ed. New York: Routledge.

² Nielsen, S., Toftdahl, N., Nordentoft, M., & Hjorthøj, C. (2017). Association between alcohol, cannabis, and other illicit substance use and risk of developing schizophrenia: A nationwide population based register study. *Psychological Medicine*, 47(9), 1668-1677. doi:10.1017/S0033291717000162

On the other hand, problem substance use may follow the onset of a psychotic illness.

Why Do People With Psychosis Use Substances?

1. The same reasons as everyone else — to feel better or different, to relax and have fun, and to be part of a group. Other reasons for drug use include curiosity or experimentation, to relieve stress, overcome boredom, isolation and inhibitions, and to “fit in” socially. These motivations may be intensified for a person with psychosis as a result of decreased vocational, recreational, and interpersonal opportunities, as well as the distress and disempowerment associated with having a mental illness.
2. “Primary addiction theory,” is based on literature that suggests there may be a common cause of both psychosis and substance-use disorders.
3. People with psychotic illness may use substances to “self-medicate,” that is, to cope with the symptoms of their illness, such as anxiety and depression, or the side effects of medication. They may also be attempting to survive the stress of mental illness, the powerlessness of being a “patient,” victimization, lack of opportunities, and hopelessness.

Risk Factors

There are common factors that place people at risk for either substance use or mental health problems, or both: poverty or unstable income, difficulties at school, unemployment or problems at work, isolation, lack of decent housing, family problems, family histories, past trauma or abuse, discrimination, and biological or genetic factors.

Common Misconceptions

- Thinking that the beginning symptoms of mental illness are “just the drugs,” that is, a reaction that will go away when the drug use stops.
- Believing that substance use is a symptom that will clear up once the person receives treatment for the mental illness. Others view drinking or drug use as the best “leisure” activities a person with serious mental illness can expect.

What is the True Picture?

- People with concurrent disorders can get caught up in a vicious cycle that involves multiple living problems resulting from poverty, lack of support systems, isolation, physical illness, housing difficulties, disrupted family functioning and interpersonal relationships, and negative experiences with previous treatment.
- A person who is also using substances will most likely experience a worsening of their psychiatric symptoms. Substance use can also make their behaviour more challenging.

What is The Impact of Using Substances on Someone Who Has a Psychotic Illness?

- Psychosis and substance use interact with one another to make each diagnosis worse.
- There is increasing evidence that having psychotic disorders may make individuals “supersensitive” to the effects of alcohol and other drugs. This means that they will experience more of the negative consequences from even fairly small amounts of alcohol and other drugs.
- People with psychosis who take illegal drugs and/or abuse alcohol are more likely to have relapses or to require hospitalization.
- Substance use can reduce the effectiveness of treatment by interfering with the effectiveness of medications used to treat psychosis and can also contribute to people discontinuing their medication.
- Substance use also reduces the likelihood that people will follow through with their service providers’ suggestions for managing their illness.

For the Individual	For Family Members
Increased risk of making the symptoms of a mental illness worse with substance use, possibly bringing on an episode of mania or psychosis	Increased family conflict and tension, miscommunication, and mistrust; family’s attempts to be supportive may fall apart
Increased risk of suicide	Increased levels of stress
Increased risk of poverty and homelessness	Feelings of shame, guilt, and blame
Increased risk of illegal activity and incarceration (jail sentence)	Feelings of anger or frustration
Increased risk of violent behaviour and domestic violence	Feeling depressed and/or hopeless
Increased risk of victimization	Increased risk of being abused
Increased risk of unemployment and instability	Increased levels of confusion
Loss of support systems	
Increased levels of stress	
Feelings of shame and guilt	
Increased physical health problems (risk of contracting hepatitis or HIV/AIDS through sharing needles or unprotected sex)	

Signs That Your Family Member May Have Problem Substance Use

You May Notice Your Relative:

- Is spending more time acquiring and using substances, and less time in their usual activities
- Has greater financial difficulties due to the cost of using substances, or job loss
- Becomes more agitated, hostile, or aggressive
- Experiences more frequent and intense psychotic episodes
- Stops taking prescribed medications
- Misses appointments
- Gets kicked out of school
- Loses their job
- Has difficulty getting or maintaining appropriate housing

Information on Specific Substances

Substance	Info
Alcohol	Readily available. Can compound the sedating effects of antipsychotic medication, it increases depression, and can make it harder to stick with treatment and supports.
Marijuana	Can cause psychosis and lead to development of schizophrenia in at-risk individuals. It can also hinder recovery. https://cannabisandpsychosis.ca
Cocaine	Use of high doses over a long time can cause psychotic symptoms, and people can become more sensitive to its negative effects. Combining cocaine and alcohol can result in sudden death. https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/cocaine
Methamphetamines	Can cause restlessness, anxiety and paranoia in the short term. Over the long term it can lead to hallucinations, depression, memory loss and problems thinking. https://www.camh.ca/en/health-info/guides-and-publications/straight-talk-methamphetamines
Hallucinogens	Mushrooms and LSD are dangerous as well, especially since they can mimic psychosis in those without any underlying vulnerability to psychosis.

How Are Concurrent Disorders Treated?

- Early intervention programs have been shown to be effective in reducing both problem substance use and psychotic symptoms.
- The best approach for individuals with concurrent disorders is to combine treatment of both conditions together. This is called integrated treatment.

Helping Your Family Member Get Help

The decision to seek help for a relative or friend can be a difficult one for many reasons.

- The person may not wish to get help, or may not see that there is a problem.
- It can be unclear how to proceed and where to go for help.
- You may not know exactly what the problem is.

If you suspect your family member or friend has a mental health and/or substance use problem, it's important to be open and honest when speaking with them about it.

Strategies For Concurrent Disorders



Do

- Be calm, supportive and understanding.
- Give credit for any accomplishments the individual makes on the path to recovery.
- Acknowledge that it is hard to cope with an addiction and a mental health problem.
- Learn about addiction and mental illness.
- Encourage the individual to seek help and to avoid problem substances
- Remove problem substances from your home environment. For example: it would be awkward and uncomfortable for someone with an alcohol problem to watch you relax and drink two glasses of wine with dinner.
- Treat both addiction and mental illness as a disease.
- Seek out support for yourself. It is important to take care of yourself. Seek the advice and support of other families coping with dually diagnosed relatives.
- Learn about behaviour that may be enabling the individual to carry on a chemical dependency. Examine whether any of your own personal behaviours may contribute to enabling the individual and make the appropriate changes. For example: giving someone money that may be used to buy drugs, cancelling their appointments or work due to "a cold or flu."



Don't

- Blame, shame, argue, nag, preach, or lecture the individual.
- Bring up broken promises as this will create a tense and stressful environment.
- Make threats. Under certain circumstances, it may be necessary to set boundaries to ensure you and other family members are safe.
- Be confrontational and coercive. For example, saying, "After all we've done for you..." or "If you cared about us..." will not change the situation.
- Try to overprotect the individual. Rescuing someone from the consequences of their actions won't help them learn to manage their addiction. Learn the difference between helping and enabling.
- Participate in the individual's substance use. Sharing a drink will only make it appear as though you condone drinking.
- Expect perfection. There may be relapses. Remain supportive and encouraging.

For More Information

Schizophrenia and Substance Use – downloadable booklets for family and individual

- **English** http://www.schizophreniaandsubstanceuse.ca/sitepages/files/SSC_for_Families.pdf
- **French** <http://www.schizophreniaandsubstanceuse.ca/french/sitepagesF/familiesF.html>

Straight Talk guides to commonly abused substances from CAMH

https://www.camh.ca/en/health-info/guides-and-publications?query=*%26facets=alphabet_facet:S

Cannabis and Psychosis

<http://cannabisandpsychosis.ca>

Suicide

Suicide is a leading cause of death for persons with schizophrenia. In most cases this is due to depression, particularly for someone who is aware of their diagnosis but does not have hope for recovery.

Some people with psychosis may not intend to kill themselves. For instance, a person in a psychotic state may be so disoriented or distracted by their internal state, that they walk into traffic. Others may act in response to a command hallucination, or a delusional belief such as believing they are saving the world by their actions.

Risk Factors

- Previous attempts
- Depression
- Male
- Substance use
- Newly diagnosed
- Within 6 months of discharge
- Social isolation
- Unmarried
- Unemployed
- Side effects of meds (akathisia)
- Paranoia
- General poor health

Highest Risk When in Remission

Factors include feelings of:

- Helplessness
- Hopelessness
- Meaninglessness
- Belonginglessness
- Worthlessness

Warning Signs

It is important to be aware that persons with schizophrenia do not always show warning signs.

- | | |
|--|---|
| <ul style="list-style-type: none"> ○ Hearing voices instructing him/her to hurt or kill himself/herself (Command hallucinations) | <ul style="list-style-type: none"> ○ Recent loss such as a death of a relative or friend, a separation, loss of job, home, money, status, self-esteem, or health |
| <ul style="list-style-type: none"> ○ Feels a sense of powerlessness to change his/her situation | <ul style="list-style-type: none"> ○ Talks about killing himself/herself ("Everyone would be better off without me.") |
| <ul style="list-style-type: none"> ○ Abuses drugs or alcohol | <ul style="list-style-type: none"> ○ Has a specific plan for how he/she would kill himself/herself |
| <ul style="list-style-type: none"> ○ Neglects his/her physical appearance and personal welfare | <ul style="list-style-type: none"> ○ Sudden changes in mood from severe depression to inexplicable happiness |
| <ul style="list-style-type: none"> ○ Makes "goodbye" gestures: writing a will, giving away favourite possessions | <ul style="list-style-type: none"> ○ Feels indestructible in a manic or delusional state |
| <ul style="list-style-type: none"> ○ Has made previous attempts, or makes suicidal gestures (cutting his/her wrists, taking too many pills) | |

What to Ask

1. Neglects his/her physical appearance and personal welfare
2. Makes "goodbye" gestures: writing a will, giving away favourite possessions
3. Has made previous attempts, or makes suicidal gestures (cutting his/her wrists, taking too many pills)

If the person has means, previous attempt and intent, immediate intervention is required.

Also Ask³

- Are your voices commanding you to harm yourself or someone else?
- What are the voices commanding you to do?
- Do you intend to harm yourself or someone else?
- Do you have the means to carry this out?
- Have you ever harmed yourself or someone else, as the voices told you to do? How long ago?

³ Gerlock, A.A., Buccheri, R. Buffum, M.D., Trygstad, L. & Dowling, G.A. (2010) Responding to command hallucinations to harm. Journal of Psychosocial Nursing, 48 (5), 26-33

What to Do

1. Talk about it – you cannot make someone suicidal by asking them about it. They will probably be relieved that they can confide in you.
2. Listen sympathetically to your relative's concerns. What is happening that is causing them to feel so bad that they want to hurt themselves?
3. Sit quietly with relative to keep them company.
4. Call a crisis team or 911.
5. If a threat has already been acted on, stop or interrupt the behaviour, even physically if necessary. Your relative may need immediate medical help, so call for an ambulance.
6. Encourage them to develop a safety plan with their therapist or health care team. This would include knowing early signs of risk, and having a plan for who to call or what to do to keep safe.
7. Encourage them to activate their safety plan.
8. If a threat of self-destructive or suicidal behaviour does not subside, talk to your relative about where to get immediate help.
9. If medical attention is refused, call the police or take legal action (e.g. get a magistrate's order for the person to be taken to hospital)



An Important Note

Occasionally, a suicide occurs without warning and nothing can prevent it. Also consider seeking help for yourself, as you may have experienced intense anxiety, worry and stress.

For More Information:

When a family member is suicidal (Centre for Addictions and Mental Health - CAMH)

<https://www.camh.ca/en/health-info/guides-and-publications/when-a-family-member-is-suicidal>

A guide for families and friends of individuals with a mental illness who have gone missing

http://www.mherc.mb.ca/wcm-docs/docs/Missing_Guide_2012_update.pdf

Crisis centres in Canada <https://suicideprevention.ca/need-help/>

Aggressive Behaviours

Although most people with psychosis are not aggressive, for some this can be a significant concern. Risk factors for aggression include substance use⁴, impulsivity¹, psychopathic personality¹, childhood conduct disorder⁵ and severe untreated symptoms.

⁴ Rund, B.R. (2018) A review of factors associated with severe violence in schizophrenia. Nordic Journal of Psychiatry, DOI 10.1080/08039488.2018.1497199

⁵ Hodgins, S. (2017) Aggressive behaviour among persons with schizophrenia and those who are developing schizophrenia: attempting to understand the limited evidence on causality. Schizophrenia Bulletin, 43 (5), pp1021-1026. DOI <https://doi.org/10.1093/schbul/sbx079>



Aggression may be a response to fear or feeling threatened. The person feels they must protect themselves. Or they may be acting on delusional beliefs or command hallucinations.

It is important that families know they can and must make their own safety a priority.

What to Do if Someone is Aggressive or Threatening

<https://www.earlypsychosis.ca/aggression/>

Leave and call the police. If you have an emergency plan – use it. It is important that families know they can and must make their own safety a priority.

 Do	 Don't
<ul style="list-style-type: none">○ Try to remain as calm as possible.○ Speak slowly and clearly in a normal voice.○ Make statements about the behaviour you are observing: "You are afraid/angry/confused. Please tell me what is making you afraid, etc." Repeat questions or statements when necessary, using the same words each time.○ Try saying, "Let's sit down and talk," or "Let's sit down and be quiet."○ Allow the person to have personal "space" in the room.	<ul style="list-style-type: none">○ Don't shout. If the person appears not to be listening to you, it may be because other "voices" are louder.○ Don't criticize. The individual cannot be reasoned with at this point.○ Don't challenge the person into acting out.○ Don't use continuous eye contact.○ Don't block the doorway.○ Don't argue with other people about what to do.
<ul style="list-style-type: none">○ Understand that too much emotion on your part can upset the individual further.○ Have one person appointed as a spokesperson○ Turn off radio, and tv, and stereo and other electronics○ Remain calm and non-threatening○ Use slow speech with simple statements○ Be caring but also confident○ Do more listening than talking○ Empathize with their fear and pain	<h3>When Your Family Member is Calm</h3> <ul style="list-style-type: none">○ Discuss how violence or fear of violence is unacceptable○ Be clear about what specific behaviours are okay and what is not okay.○ Discuss what happened and what changes might be made in the future to prevent a repeat○ Consider if your family member will be able to follow through with what you've discussed

When the Police Get Involved

People who have been through a crisis agree that they were hesitant to call the police. They felt that they were treating the ill individual as a criminal, and that they were giving up and abandoning the person. However, in some situations they had no other choice. Many people discovered that the statement, "I am calling the police," calmed the individual.

When you phone the police:

- Explain that the individual is in urgent need of medical help, and he/she has been diagnosed as having a mental illness (if this is the case)
- Briefly describe what the individual is doing (making threats, damaging property); state that you need police assistance to get the person to a hospital
- Make sure the police know whether the individual is armed, or if there are accessible weapons nearby
- Try to keep your emotions in check. Your own attitude or emotional state may be a factor in conditioning police reaction (for example, a hostile reaction to an officer misunderstanding an important detail will only cause more tension).
- Once they have arrived, the police will assess the situation and decide what should be done. Some police forces have specially trained officers who know how to handle psychiatric emergencies. Other police officers have little knowledge of or experience in dealing with this sort of crisis. Provide them with the Police Crisis Information page from this handout.
- While the police are present, you may have the chance to phone the individual's doctor or psychiatrist to ask for advice. Inform the police if you have been advised by the doctor to take the person to a particular hospital.
- After the police have the information they need, they may take your relative to a hospital emergency department. If you are not able to go to the hospital, ask the police to phone you back and let you know what has happened. You will want to find out if your relative has been admitted to the hospital, and whether or not treatment is being given. Keep a record of all of the information.

For more information, go to <http://www.schizophrenia.on.ca/getattachment/Resources/Educational-Resources/Printable-Resources/8-Should-I-Call-Police-FINAL-EN.pdf.aspx>

Creating a Family Crisis Plan

These are plans designed by the person who experiences mental illness and his/her family to assist in the management of a crisis if and when it occurs.

Steps in Forming your Family Crisis Plan

1. Complete a Family Crisis Plan Form

Use the one in this handout or download one from <http://mentalhealthrecovery.com/wrap-is/>

- > Prepare your plan when your family member is well and thinking clearly.
- > Discuss your plan with your family and members of your support teams.
- > You may wish to have them assist you in the design of your plan.
- > Be sure to sign and date your Individual Crisis Plan form.

2. Sign the Information Release and Confidentiality Form

- > This form must be signed by the family and each support team member.
- > Keep the originals in a safe place.
- > It is advisable to revise this form every 6 months to a year.

3. Work With Your Support Team

- > Give each member of your team a copy of your Family Crisis Plan form and the Information Release and Confidentiality form when completed
- > When you phone any members of your support teams because your family is in a crisis due to the mental illness of a family member or loved one, these forms ensure that everyone:
 - > Knows your plan as you have laid it out
 - > Can help according to your wishes
 - > Knows who else is on your support team and can work with them to help you
 - > Knows they are legally protected as they work to help you resolve the crisis

Family Crisis Plan Form

(Complete this form with your loved one)

Name: _____

Address: _____

Phone: _____

My informal support team includes:

1. _____

2. _____

3. _____

My formal support team includes:

1. _____

2. _____

3. _____

My formal support team includes:

Family doctor: _____

Psychiatrist: _____

Mental health caseworker: _____



Outlined below is what my family and I would like to happen if I am in crisis as a result of mental illness:

Crisis A

The Situation:

My Plan to Resolve this Situation:

Crisis B

The Situation:

My Plan to Resolve this Situation:

Crisis C

The Situation:

My Plan to Resolve this Situation:

Release Form

If my crisis as a result of my mental illness appears to be life-threatening, or if my actions may result in bodily harm to myself or others, I hereby agree that my support team are not obligated to follow my plans as outlined in the Family Crisis Plan Form, but will help me in any way they can.

Date:

Month

Day

Year

Signature:



Family Crisis Contact List

If my crisis as a result of my mental illness appears to be life-threatening, or if my actions may result in bodily harm to myself or others, I hereby agree that my support team are not obligated to follow my plans as outlined in the Family Crisis Plan Form, but will help me in any way they can.

Family Doctor Name: _____

Doctor Phone: _____

Psychiatrist Name: _____

Psychiatrist Phone: _____

Community Mental Health Team Phone: _____

Mental Health Emergency Services Phone: _____

Crisis Plan Notes:

Police Crisis Information

Please take this person to hospital. Important: This person is not a criminal. This person has a mental illness. Please treat him/her with compassion and dignity. Thank you.

Name: _____

Age: _____

Hair Color: _____

Eye Color: _____

Height: _____

Weight: _____

Distinguishing marks (tattoos, etc):

Allergies, medical concerns (diabetes, blood pressure, etc):

Current medications and dose:

Suicidal

Yes

No

Violent

Yes

No

Date and duration of last hospital visit: _____

Doctor name and phone number: _____

Emergency contact person: _____

Relation to patient: _____

Address: _____

Day phone: _____

Night phone: _____