



Visionaries for the Future  
of Maternal Mental Health

## Psychosis Symptom Checklist (PSC) and Overview

**Psychosis** is the term used to describe conditions that affect the mind, where there has been **some loss of contact with reality**, according to the National Institute of Mental Health.

Because psychosis involves a break in reality, a person experiencing psychosis may be incapable of completing a symptom screening questionnaire directly, which is why **there isn't a psychosis screening tool**. Family and those who are in close contact with the mother are often the first to notice behavior changes. The following psychosis symptom overview can assist families and providers in recognizing psychosis.

It's important to understand that those suffering from psychosis may also be suffering from depression and/or anxiety.<sup>1</sup> Diagnosis of psychosis happens through a psychiatric assessment.<sup>1</sup> Assessments for maternal psychosis can occur by a trained mental health or trained obstetric provider.

***Because of the increased risk of harming oneself or others, including infants and children, those experiencing psychosis or mania should receive immediate treatment from a psychiatrist. Psychosis is considered a medical emergency, and medical professionals recommend hospitalization through stabilization.***

**Symptoms of psychosis can include:** <sup>2,3</sup>

- Difficulty concentrating
- Suspiciousness or paranoia
- Withdrawal from family and friends
- Delusions
- Hallucinations
- Disorganized speech, such as switching topics erratically
- Significant social withdrawal
- Catatonia - lack of movement and communication
- Agitation and restlessness

**Mania can be a precursor to psychosis. Symptoms Include:**

- Abnormally upbeat, happy, jumpy or wired
- Increased activity, energy, irritation or agitation
- Exaggerated sense of well-being, self-importance or self-confidence (euphoria)
- Decreased need for sleep

- Unusual talkativeness
- Racing thoughts
- Easily Distracted

Mania is associated with an underlying diagnosed or undiagnosed bipolar disorder. Anyone who presents with symptoms of mania should be screened with the Mood Disorder Questionnaire (MDQ) to assess for bipolar disorder.

**What are delusions and hallucinations?**

Delusions and hallucinations are two different symptoms that are often experienced by people with psychosis. Delusions and hallucinations seem reality-based to the person who is experiencing them. Delusions and hallucinations can “wax and wane” or come and go. Those who experience these symptoms may become lucid, or aware of the prior hallucination or delusion. In a psychotic state however, a person is unaware in the moment that what they see, hear or believe, is not real.

### **Hallucinations are sensory**

**experiences** that occur despite the absence of an actual stimulus. For example, a person having an auditory hallucination may hear their mother yelling at them when their mother isn't around. Or someone having a visual hallucination may see something, like a person in front of them, who isn't actually there.

### **Delusions are thoughts that are contrary to actual evidence.**

A delusion is a false belief or impression that is firmly held even though it's contradicted by reality and what is commonly considered true. People who are experiencing a delusion of paranoia might think that they are being followed when they aren't or that secret messages are being sent to them. Someone with a grandiose delusion will have an exaggerated sense of importance, like she is being called by a higher power to take a certain action.

### **Delusions vs. Intrusive Thoughts**

Intrusive thoughts or OCD obsession are different from psychotic delusions, as the person experiencing the intrusive thought never experiences a break in reality. The person with the intrusive thought is aware of the thought and often seeks help because the thought might be extremely disturbing. This is an important distinction because psychosis is considered a medical emergency, while exclusively having intrusive thoughts, even if disturbing, is not.

### **Causes of psychosis**

Each case of psychosis is different, and the exact cause isn't always clear. There are certain medical and psychiatric illnesses that can cause psychosis and there are environmental triggers such as stress, drug use, lack of sleep, and traumatic experiences.<sup>1</sup> They can also appear on their own or be connected to an underlying disorder.

Illnesses that can cause psychosis include:<sup>4</sup>

- Brain diseases such as Huntington's disease and some chromosomal disorders
- Brain tumors or cysts
- Stroke
- Some types of epilepsy
- Schizophrenia
- Stimulant use disorder
- A severe mental illness such as bipolar disorder or schizophrenia

**Brief psychotic disorder, sometimes called *brief reactive psychosis, can occur during periods of extreme personal stress like the death of a family member or birth of a baby.***

Someone experiencing brief reactive psychosis will generally recover in a few days to a few weeks, depending on the source of the stress.

### **Identifying Who is at Risk**

It's not currently possible to precisely identify who is likely to develop psychosis. However,

research has shown that genetics may play a role.<sup>1</sup> People are more likely to develop psychosis if they have a close family member, such as a parent or sibling with a psychotic disorder or symptoms. Someone with a past history of psychosis is also at greater risk.

Roughly 50% of people who develop postpartum psychosis have had a previous mental health condition.<sup>5</sup> One in five people with bipolar disorder may develop postpartum psychosis after giving birth, according to a small 2019 study.<sup>6</sup> It's estimated 12% of people who experience postpartum psychosis live with schizophrenia.

### **How is psychosis diagnosed?**

Psychosis is diagnosed through a psychiatric evaluation generally performed by a medical doctor trained as a psychiatrist or psychiatric nurse practitioner. The provider will watch the person's behavior and ask questions about what they're experiencing. Medical

tests may be used to screen for underlying conditions.

### **Treatment of psychosis**

Treating psychosis may involve a combination of medications and

therapy. Most people who experience psychosis will recover with proper treatment. Even in severe cases, medication and therapy can help.<sup>4</sup>

<sup>1</sup> California Task Force on the Status of Maternal Mental Health Care. (2017, April). *California's Strategic Plan: A catalyst for shifting statewide systems to improve care across California and beyond* [White Paper]. Retrieved February 28, 2022 from 2020 Mom: <https://www.2020mom.org/s/Report-CATaskForce-718.pdf>

<sup>2</sup> Ryan D, Kostaras X. Psychiatric disorders in the postpartum period. *British Columbia Medical Journal*. 2005;47(2):100-103. <http://www.bcmj.org/article/psychiatric-disorders-postpartum-period>. Accessed January 23, 2017.

<sup>3</sup> Friedman, S. H., Resnick, P. J., & Rosenthal, M. B. (2009). Postpartum psychosis: strategies to protect infant and mother from harm: counsel at-risk women before delivery, and be alert for rapid symptom onset. *Current Psychiatry*, 8(2), 40+. <https://link.gale.com/apps/doc/A194825403/AONE?u=anon~fb427cb0&sid=googleScholar&xid=757a6af9>

<sup>4</sup> Keshavan, M. S., & Kaneko, Y. (2013). Secondary psychoses: an update. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 12(1), 4–15. <https://doi.org/10.1002/wps.20001>

<sup>5</sup> Perry, A., Gordon-Smith, K., Jones, L., & Jones, I. (2021). Phenomenology, Epidemiology and Etiology of Postpartum Psychosis: A Review. *Brain Sciences*, 11(1), 47. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/brainsci11010047>

<sup>6</sup> Gordon-Smith, K., Perry, A., Di Florio, A., Forty, L., Fraser, C., Casanova Dias, M., Warne, N., MacDonald, T., Craddock, N., Jones, L., & Jones, I. (2020). Symptom profile of postpartum and non-postpartum manic episodes in bipolar I disorder: a within-subjects study. *Psychiatry Research*, 284, 112748. <https://doi.org/10.1016/j.psychres.2020.112748>

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