CONDITION

Psychosis

Psychosis is a state in which a person has difficulty telling what is real.

WHAT IT IS
Loss of contact with shared reality

BODY SYSTEM
Brain and nervous system

MAIN SYMPTOMS
Hallucinations, delusions, disorganized thinking, reduced insight

WHAT CAUSES IT
Mental illness, substances, medicines, or physical illness

HOW IT IS DIAGNOSED
Clinical assessment and tests excluding physical causes

MAIN TREATMENT
Antipsychotic medicine, psychological therapy, social support, cause-specific care

CAN IT BE CURED?
Sometimes - brief episodes can fully resolve

IS IT AN EMERGENCY?
Sometimes - immediate danger, severe confusion, or postpartum onset

LONG-TERM OUTLOOK
Recovery is possible; recurrence and ongoing support are common

Overview

Psychosis is a state in which a person has difficulty working out what is real. They may hear, see, or feel things that other people do not. They may also hold strong beliefs that do not fit with available evidence or the views of people around them.

Psychosis is not a single disease. It is a group of symptoms that can occur in several mental health conditions, including schizophrenia, bipolar disorder, and severe depression. It can also result from drugs, prescribed medicines, or physical illness.

An episode may begin suddenly or develop over days, weeks, or months. Some people have one brief episode. Others have repeated episodes or symptoms that need longer-term care.

Psychosis can affect judgment, relationships, work, study, sleep, and personal care. A person may not realize that their experiences are symptoms. This is called reduced insight. Early

assessment matters because treatment can reduce distress, protect health and safety, and support recovery.

Symptoms

Psychosis affects each person differently. Its main symptoms include:

Hallucinations feel real to the person experiencing them. Voices may be neutral, friendly, critical, or frightening. They may speak directly to the person or seem to talk about them.

Early changes can be less clear. These may include poor sleep, anxiety, reduced concentration, falling behind at work or school, avoiding other people, or becoming increasingly suspicious. These signs have many possible causes and do not by themselves mean someone has psychosis.

A person may also have symptoms of the underlying condition. For example, bipolar disorder may involve very high energy, little need for sleep, and impulsive behavior. Depression may cause persistent low mood, loss of interest, hopelessness, or thoughts of death.

Sudden hallucinations with severe confusion, poor attention, or fluctuating alertness may be due to delirium . Delirium is an acute change in brain function, often caused by illness, infection, medicine, or substance withdrawal, and needs urgent medical assessment.

- Hallucinations: hearing, seeing, smelling, tasting, or feeling something without an outside source. Hearing voices is the most common example.
- Delusions: firmly held beliefs that are not supported by evidence. A person may believe they are being watched, controlled, followed, or given special messages.
- Disorganized thinking or speech: thoughts may move quickly between unrelated subjects, become hard to follow, or stop unexpectedly.
- Changes in behavior: a person may become unusually suspicious, agitated, withdrawn, confused, or focused on a particular belief.

Causes and risk factors

Psychosis appears to involve changes in how the brain processes information. There is rarely one simple cause. Biology, stress, health conditions, and life experiences may interact.

Mental health conditions associated with psychosis include schizophrenia-spectrum conditions, bipolar disorder, and severe depression. Psychosis can also occur after childbirth, when it is called postpartum psychosis.

Possible physical causes include delirium, dementia, epilepsy, brain injury, autoimmune illness, infection, or other neurological conditions. Sleep deprivation can worsen unusual experiences and may contribute to an episode.

Cannabis, stimulants such as cocaine or amphetamines, hallucinogens, and some other drugs can trigger psychotic symptoms. Alcohol or sedative withdrawal can also cause hallucinations and severe confusion. Certain prescribed medicines, including corticosteroids like prednisone or hydrocortisone in some people, may contribute.

Risk is higher in people with a close family history of psychotic illness, but family history does not make psychosis inevitable. Trauma, severe stress, social isolation, and disrupted sleep may add to risk or bring forward symptoms in someone who is vulnerable.

Psychosis is not caused by personal weakness, poor character, or lack of effort.

Diagnosis

There is no blood test or brain scan that confirms psychosis. Diagnosis is based mainly on a careful clinical assessment.

A healthcare professional will ask about the person's experiences, mood, sleep, daily functioning, physical health, medicines, and use of alcohol or drugs. They may ask when the symptoms began and whether the person feels at risk of harming themselves or someone else.

With permission, information from family members or trusted people can help clarify recent changes. However, the person's privacy and involvement in decisions remain important.

A physical examination and tests may be needed, especially when symptoms started suddenly or for the first time. Tests may include blood or urine testing. Brain imaging or other investigations are used when symptoms, medical history, or examination suggest a physical cause.

Assessment also looks for delirium, intoxication, withdrawal, mood episodes, and neurological illness. The longer-term diagnosis may not be clear during a first episode. Clinicians may need to observe how symptoms change over time before identifying the underlying condition.

Children, teenagers, older adults, pregnant people, and those who recently gave birth may need assessment tailored to their age and health circumstances.

Treatment and management

Treatment depends on the cause, severity, and effect of the symptoms. Care often combines medicine, psychological treatment, practical support, and help for the underlying condition.

Antipsychotic medicines can reduce hallucinations, delusions, agitation, and disorganized thinking. Different medicines have different benefits and side effects. Possible effects include sleepiness, restlessness, movement problems, weight gain, and changes in blood sugar, cholesterol, hormones, or heart rhythm.

Anyone taking an antipsychotic like olanzapine or risperidone usually needs regular reviews and physical health monitoring. A medicine should not be stopped suddenly without medical advice because symptoms may return and withdrawal effects can occur.

Psychological treatments can help a person understand symptoms, manage distress, test interpretations safely, and plan for relapse. Cognitive behavioral therapy for psychosis is one approach. Family intervention can help relatives communicate, solve problems, and respond to early warning signs.

Early-intervention services provide coordinated care after a first episode. Support may include education, employment or study assistance, housing help, substance-use treatment, and physical healthcare.

If psychosis is caused by a physical illness, drug, withdrawal state, or medicine, treatment focuses on that cause as well. Severe mood symptoms may need additional treatment.

Hospital care may be needed when a person cannot remain safe, cannot meet basic needs, has severe agitation or confusion, or requires close medical observation. Laws governing treatment without consent differ by location. Where it is necessary, it should use the least restrictive safe approach and include the person in decisions as much as possible.

Complications

Untreated or severe psychosis can interfere with eating, sleeping, hygiene, finances, housing, work, education, and relationships. Fear or suspiciousness may lead a person to isolate themselves or avoid care.

Some people experience depression, substance-use problems, or thoughts of suicide. Risk can be higher during an acute episode, after hospital discharge, or when a person realizes how the episode has affected their life.

Poor judgment may lead to accidental injury, unsafe driving, exploitation, financial loss, or conflict. Violence is not an inevitable part of psychosis. Most people with psychosis are not violent, and they may be more vulnerable to harm from others.

Long-term antipsychotic use can have physical side effects, so monitoring weight, blood pressure, blood sugar, cholesterol, movement symptoms, and other relevant measures is an important part of care.

Prevention

Psychosis cannot always be prevented. Some causes involve inherited vulnerability, unpredictable illness, or factors outside a person's control.

For someone who has had an episode, a relapse plan may reduce the chance that symptoms become severe. This can include recognizing personal warning signs, protecting regular sleep, avoiding cannabis and stimulant drugs, attending follow-up appointments, and taking prescribed treatment as agreed.

Reducing or stopping treatment should be planned with the healthcare team. A gradual, monitored approach may be needed because relapse can occur after medicine is reduced or stopped.

Prompt help for new sleep disruption, suspiciousness, voices, mood changes, or declining daily function may allow treatment to begin earlier. Family members or trusted people can help if the person has agreed on what signs to watch for and whom to contact.

Living with it and what to expect

The course of psychosis is not the same for everyone. A brief episode caused by a substance, medicine, or short-lived illness may resolve when the cause is treated. Some people have one episode and remain well. Others have relapses or ongoing symptoms linked to a longer-term condition.

Improvement often happens gradually. Distress and agitation may settle before concentration, confidence, motivation, and social functioning return. Recovering from an episode can take months, even when the main psychotic symptoms improve sooner.

Many people return to work, education, relationships, parenting, and independent living. Some need continuing treatment or practical support. Recovery does not always mean that every symptom disappears. It can also mean having a meaningful life while learning to manage occasional or persistent experiences.

Regular physical healthcare matters. People receiving long-term treatment may need monitoring for medicine side effects and support with sleep, smoking, nutrition, activity, and substance use.

A written plan can record early warning signs, preferred treatments, emergency contacts, and what has helped before. Peer support and contact with others who have experienced psychosis can reduce isolation.

When to get medical help

Arrange a prompt medical or mental health assessment for new hallucinations, fixed unusual beliefs, marked suspiciousness, disorganized behavior, or a clear decline in everyday functioning. A first episode should be assessed even if the person does not seem distressed.

Seek urgent same-day help if symptoms are getting worse quickly, the person is not eating or drinking, has gone several nights with little sleep, is wandering or behaving unsafely, or cannot care for basic needs.

Use emergency services if there is immediate danger. This includes:

Postpartum psychosis is a medical emergency because symptoms can change quickly. Do not leave the affected person alone with the baby while emergency help is being arranged.

If you are supporting someone, speak calmly and acknowledge their fear or distress. You do not need to agree with a delusion, and forceful arguments may increase distress. Focus on immediate safety and obtaining professional help.

- An intention or plan to die, self-harm, or harm someone else
- Voices ordering the person to do something dangerous
- Severe agitation, aggression, or behavior that cannot be kept safe
- Collapse, seizure, fever, serious head injury, overdose, or suspected poisoning
- Sudden severe confusion or rapidly changing alertness
- Psychotic symptoms soon after childbirth, especially with confusion, extreme energy, little sleep, or thoughts of harm

Common questions

Does psychosis mean schizophrenia?

No. Schizophrenia is one condition that can involve psychosis, but psychotic symptoms also occur in bipolar disorder, severe depression, physical illness, substance-related states, and brief psychotic episodes. A longer assessment may be needed to identify the cause.

Can psychosis go away completely?

Yes, it can in some people. A brief episode may fully resolve, especially when a temporary cause is identified and treated. Other people have recurring or continuing symptoms. Early care and ongoing follow-up can improve symptom control and daily functioning.

Does someone with psychosis know they have it?

Some people recognize that their experiences may be symptoms. Others are certain that what they hear or believe is real. Insight can change as the episode improves. Lack of insight is part of the condition, not deliberate refusal to listen.

How long does a psychotic episode last?

There is no fixed length. Symptoms may last days, weeks, months, or longer. Duration is influenced by the cause, how quickly treatment begins, treatment response, substance use, sleep, stress, and whether there is an ongoing mental or physical condition.

Can cannabis cause psychosis?

Cannabis can trigger psychotic symptoms, especially with frequent use or high-potency products. It may also worsen symptoms or increase relapse risk in someone who has already experienced psychosis. Not everyone who uses cannabis develops psychosis.

How should I talk to someone who is hearing voices or has delusions?

Stay calm, listen, and respond to the person's feelings. Avoid mocking, threatening, or repeatedly arguing about what is real. You can say that you do not share the experience while recognizing that it feels real to them. Seek urgent help if anyone may be unsafe.

Sources

- National Institute for Health and Care Excellence. Psychosis and schizophrenia in adults: prevention and management (CG178) , 2014
- National Institute for Health and Care Excellence. Psychosis and schizophrenia in children and young people: recognition and management (CG155) , updated 2016
- National Institute for Health and Care Excellence. Antenatal and postnatal mental health: clinical management and service guidance (CG192) , updated 2020
- National Institute of Mental Health. Understanding Psychosis
- NHS. Psychosis
- American Psychiatric Association. The APA Practice Guideline for the Treatment of Patients With Schizophrenia , third edition , 2020

- World Health Organization. mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings , version 2.0 , 2016