

Psychoses

mhGAP Training of Health-care Providers
Training manual
Supporting material



World Health
Organization

PSY supporting material

- Person stories
- Case scenarios
- Role plays
- Multiple choice questions
- Video links

Activity 3: mhGAP PSY module – assessment

<https://www.youtube.com/watch?v=tPy5NBFmIJY&index=4&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>

Activity 5: mhGAP PSY module – management

<https://www.youtube.com/watch?v=Ybn401R2gl4&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v&index=5>

PSY person story

This is a personal story describing what it feels like to live with psychoses. The story should last between three to five minutes. The story can be adapted as required to fit the context and setting of the training.

You can choose to read out the story in a creative and engaging manner. Or, where available, you can show the video of the person's story.

If suitable, seek permission to use a person's story from the local area. If there are service users that you know well who have lived with psychoses and would like to share their experiences then ask them to share their story with you. Ask them to describe to you how it feels to live with psychoses and how it has impacted on their life. You can write this down and use their story, with their consent, to teach other participants.

Person story 1: Hearing voices, seeing things

The voices were telling me how worthless I was and how nobody cared, and how pointless my existence was, and that I would be better off not on this earth. And, I thought, well, you know, nobody's listening to me so maybe the voices are right.

I didn't want to die. I just wanted to be rid of the voices. I mean, I heard the voices in my sleep. I've had no respite for nearly 15 years of voices. And that's so tiring. That just grinds you down. And they are horrible. Some people's voices are mildly derogatory, mine are abusive and threatening. There are four men. I don't know who they are. I just know they are my voices, and they are just vile.

To start with they were always outside, so if I was in a building I could hear them outside the window. That's how they started. I would hear them outside – they are very clever – sometimes they would take on the form of another person's voice. And when you don't realize that they are the voices you think that the person is abusing you. You can't understand why the person has started to abuse you – you are completely taken in by the voices.

And then you know, as things got worse and worse I'd hear them on the phone when I was speaking to friends and family. I would hear them in the background which led me to believe that things were being done electronically.

It is so tiring because as things got worse I was constantly questioning what was happening to me – asking myself how am I hearing these things? Where are they coming from? Who is doing this to me? This lasted for 10 years – hearing these voices and asking why.

It was just my mind trying to rationalize and reason with what was happening. My mind never realized that the voices were coming from inside my head. That just seemed too unrealistic. Instead, the voices came from various electronic devices – If there was a lamp in the corner of the room the voices would come from there. So, it is the voices – they are very clever and they could come from anywhere.

I knew that the voices I was hearing could think for themselves and tried to trick me and play games with me. Every step of the way they were manipulating me. There's no doubt about that.

Recently, I actually started hearing the voices inside my head. The first time that happened was really scary. So my mind started to try to understand what was happening and I started to believe that my mind was being tracked by satellites and bugging devices. I felt like somehow people had managed to get inside my brain and started listening to my thoughts and manipulating me that way. I could not understand how that was happening but it was the only explanation I had.

Read more: <http://www.healthtalk.org/peoples-experiences/mental-health/experiences-psychosis/hearing-voices-seeing-things-and-unusual-beliefs#ixzz4mh9t35HS>

PSY case scenarios

Groups should read through the case scenario they've been given.

Groups should then discuss the person in the case scenario and, as a group, decide:

- If the person is experiencing a hallucination or delusion? Explain the decision.
- What impact does the hallucination or delusion have on the person's life? Explain the decision.

Case scenario 1: Hallucination or delusion?

Mr X, 23-year-old male, presented to the non-specialized health setting with the complaint of general aches and pains all over his body. A physical examination revealed bruising to different parts of his body including the face, arms and legs. When asked what had happened, the man said that the bruises were self-inflicted and that he had been forced to do them.

The man explained that over the past six months his life had been very stressful. He was in his final year at university but was worried about whether he would pass his exams or not. He was also worried that if he failed his exams he would not be able to get the job that he wanted and that his family expected him to get. He explained that one of his greatest fears is to embarrass his family.

As a way to cope with his stress, he admits that he has been using marijuana and alcohol and has been going to parties rather than studying. He explains how angry he is with himself and how disappointed he feels with himself. He admits to feeling overwhelmed.

He explained that two months ago he started to hear people talking to him. Originally, he thought it was his friends teasing him but when he looked outside his house to see where his friends were, he could not see them. As the days went on he explained that the voices kept taunting him and calling him bad names, embarrassing him, calling him stupid and threatening him. Every time he heard the voice he tried to look for the source but he could not see anyone.

After two months, he explained that the voices became even more aggressive and started to tell him that he should hurt himself. He explained that he felt so depressed that he started to do what they told him because he did not feel like he had the strength to resist them. After he harmed himself the voices were happy for some time but soon they would become angry again.

He said that he does not understand what is happening to him and he is scared. He explained that he has been too scared to leave his house and often spends his days in his room alone. He has not been attending university and has been asked to leave the university.

He explains that he feels he cannot cope anymore. He stated that he has not slept well since he started hearing the voices and he does not want to eat as he does not feel that he deserves it and if he does eat he suffers with terrible stomach aches and pains.

Routine bloods and urine analysis were all normal.

Case scenario 2: Hallucination or delusion?

Mrs Z, a 35-year-old, uneducated, married woman presents at a non-specialized health facility complaining of problems sleeping, feeling fatigued and experience headaches. After spending time with the woman, the health-care provider discovers that the woman is also experiencing some social problems. She is fighting quite severely with her neighbours. She complains that her neighbours are spying on her. She says that they listen into her conversations, they watch her through the windows and the doors. And in the last few months they have started to repeat out loud what she is doing and what she has said that day. She explains that the house is a three-storey house, split into two flats. Her family live in the flat on the first and second floor and the neighbours live in the ground floor flat.

She believes that the neighbours started to spy on her and shout out her actions because they know how much it annoys her. She explained that she believes they are jealous of her because her life is better than theirs and her husband makes more money than they do. She says that the neighbours are very clever as they do it in a way so that her husband does not hear them. She is happy to give examples of what they say. She says that she could be sitting on a chair and when she goes to stand up the neighbours will shout out "she is standing" "she is walking about". She says that sometimes they can be rude and they call her names such as "ugly", "stupid", "worthless", "dumb", but other times they just repeat exactly what she is doing. She explains that the neighbours are never inside the house they are always outside the windows or the doors. She says that sometimes she has put her own ear to the floor to try and hear what her neighbours are doing but she can't always hear them.

She says that she has confronted her neighbours about this but they deny it. In fact, they get angry with her and have even become quite aggressive and violent with her in the past. This, she believes, is proof that they are the ones doing it. She says her husband has become very angry with her when she talks about the neighbours.

After a brief family history, she explains that there is a long standing legal dispute between her family and the neighbour's family over ownership of the piece of land the house is standing on. The case is being decided on in court the law courts.

She says she is so worried about this situation with her neighbours that she struggles to sleep at night because she thinks about it all the time. In fact, she says that at night the neighbours are at their worst and shout really loudly.

She says her husband no longer shares the same room as her as he cannot cope anymore.

She does not want to leave the house any more in case she sees the neighbours and this is affecting her children who are really worried about her.

Her routine blood and urine tests were normal, as was her physical examination.

Case scenario 3: Hallucination or delusion?

Mr Y is a 30-year-old man who has come to see a health-care provider with his uncle. Mr Y is complaining of a headache that he has in the centre of his head. He explains that he has had the pain for about a year. He explains that the headache occurs once a week every month. He describes the pain as coming from the very centre of his head between his eyes. He is very calm during the interview although he does look suspicious sometimes and explained that he has asked his uncle to accompany him so that he has a “witness” to the interaction. He did not explain why that is necessary.

Mr Y admits to feeling anxious and nervous at times but he explains that is because he has recently returned to the country after living abroad for five years. Since returning he has not found work, he is not married and he is nervous about where his life is headed. He says that he is used to the headache now and it does not stop him from sleeping or enjoying his life. His health is good otherwise and his weight is good. His blood and urine tests were normal. His self-care is good and he appears well dressed and well groomed. He explains that he knows when he is anxious and nervous because his heart rate increases and he starts to sweat.

He said the last time he felt anxious was about two weeks ago when he was in town with his aunt. He said he started to feel anxious because he saw two men that he thought he knew from his time living abroad. As soon as he saw them he started to get a headache, his heart started beating faster and he felt dizzy. He said that he had to run away and just wanted to go back to his room to stay safe.

His uncle explained that when Mr Y lived abroad he was involved in a street fight which turned violent. The uncle explained that some of the attackers were work colleagues. Following the attack, Mr Y had quit his job and returned home.

Mr Y explains that he is working in a local government office. He says that even though he has returned home his attackers are still following him. The attackers were leaving messages for him all over the office. He said that the messages would be threatening and they would be hidden in the posters, leaflets and the literature in the office. He describes getting messages and text messages on his mobile phone that he knows are from them. He explained that sometimes the messages scare him so much that he has thrown his phone across the room to try and destroy it. Although he knows that it won't make any difference he feels like he has to do something to protect himself.

His uncle explains that sometimes Mr Y can be violent and impulsive.

Mr Y understands that the headaches are caused by his attackers. He thinks that the headaches are a way of them tracking him all over the world. He does not believe that the health-care provider can treat the headache. He does not believe anyone can help him. He says that he is only safe if he is in his bedroom at home. That is where he spends most of the days and nights. He does not like to be outdoors at all. He does not think he can work again as then he will alert his attackers as to where he is.

PSY role plays

Note: Role plays 3 and 4 are additional to those supplied for the activities – for those wanting to extend training.

Role play 1: Assessment

Purpose: To assess a person for possible psychosis.

Duration: 30 minutes or less.

Situation: **PERSON SEEKING HELP**

- You are Mr Fadel, a man who is homeless and normally stays in a park outside the clinic.
- You already know the health-care provider and you accept to talk to them.
- You are poorly groomed and keep scratching your head.
- You drink excessive amounts of alcohol.
- You are struggling to concentrate on what the person is saying to you and you find it very difficult to answer their questions.
- You start to get quite annoyed and frustrated by their questions.
- When they ask you about hallucinations you don't understand the question and do not give a clear answer but you are hearing a voice. You are hearing a voice that is telling you not to talk to the health-care provider because he wants to harm you.
- You do not believe the voice but the voice is very insistent and you feel the need to tell the voice to "shut up" or "be quiet" at several points during the interview.

Instructions:

You ask for food and money as soon as you enter the room.

Extended version (only read this if instructed by facilitator)

Option 1: After 10 minutes, you start to get very angry with the questions being asked and with this voice that keeps talking to you. You start to yell at the health-care provider, you stand up and start kicking and throwing things. You only settle down when the health-care provider speaks to you calmly and listens to your worries.

Option 2: After about eight minutes of the interview, you clutch your chest and start complaining of chest pain. You remain calm, but it feels as though you are being crushed. **Only if the health-care provider asks,** you let them know that your father died of a heart attack at 47 years old, you have smoked all your life, and you have never been checked for any other health problems before so you do not know about any other conditions. You get this pain occasionally when you are walking up hills.

Role play 1: Assessment

Purpose: To assess a person for possible psychosis.

Duration: 30 minutes or less.

Situation: HEALTH-CARE PROVIDER

- You are a health-care worker in a clinic.
- Mr Fadel, a person known to you, is homeless and lives under the tree opposite your practice. He has been drinking excessive amounts of alcohol, been seen talking and laughing to himself, and is unkempt and ungroomed.
- You suspect psychosis.
- Assess Mr Fadel according to the psychoses module.

Instructions:

- Mr Fadel will start the conversation.
- At the end, you are to explain to Mr Fadel his diagnosis.

Extended version (only read this if instructed by facilitator)

If there is an extended version, you will get new information from the person seeking help towards the end of the interview.

You may need to revise your assessment based on the new information or focus on additional aspects.

Role play 1: Assessment

Purpose: To assess a person for possible psychosis.

Duration: 30 minutes or less.

Situation: **OBSERVER**

- You will observe a health-care provider in a clinic
- Mr Fadel, a person known to the health-care provider, is homeless and lives under the tree opposite the practice. He has been drinking excessive amounts of alcohol, been seen talking and laughing to himself, and is unkempt and ungroomed.
- The health-care provider suspects psychosis.
- The health-care provider will assess Mr Fadel according to the psychoses module.

Instructions:

Please keep to time:

- 3 minutes reading
- 15–20 minutes' consultation
- 5–10 minutes for feedback and small group discussion.

Please assess the following competencies:

4. Uses effective communication skills
5. Performs assessment
6. Assesses and manages physical condition (**extended version option 2 only**)
7. Assesses and manages emergency presentation (**extended version option 1 only**)

And grade the level of competency the health-care provider achieves.

Extended version (only read this if instructed by facilitator)

Option 1: After 10 minutes, Mr Fadel will start to get very angry with the questions being asked and with the voice that keeps talking to him. He will start to yell at the health-care provider, stand up and start kicking and throwing things. He will only settle down when the health-care provider speaks calmly and listens to his worries.

Option 2: After about eight minutes of the interview, Mr Fadel will clutch his chest and start complaining of crushing chest pain. **Only if the health-care provider asks,** he will let them know that his father died of a heart attack at 47 years old, that he has smoked all his life, and has never been checked for any other health problems. He gets this pain occasionally when walking up hills.

Role play 2: Follow-up

Purpose: To give participants the opportunity to practise conducting a follow-up appointment with a person who is being managed for psychosis.

Duration: 30 minutes or less.

Situation: **PERSON SEEKING HELP**

- This health-care worker previously diagnosed you with psychosis and started you on medication.
- There have not been any further symptoms or signs of psychosis but you do continue to hear voices.
- The voices continue to scare you and you feel the need to talk to them and tell them to be quiet.
- You have been taking the medication regularly as directed.
- Your mother has been helping to make sure that no doses are missed.
- The only possible side-effect has been a slight tremor in your hands.
- This tremor has not had a significant effect on your life, but it is quite irritating.
- You are struggling to increase your social support as part of your care plan because people in your social circle do not want to be around you while your behaviour seems so strange to them.
- You want to discuss ways that you can improve that with the health-care provider.

Instructions:

Allow the health-care provider to start the conversation.

Extended version (only read this if instructed by facilitator)

Instead of reporting that you have been regular in taking the medication, you report that even though your mother has been trying to supervise you, you didn't like the tremor that the medication gave you, so you have actually not been swallowing the medication and then later putting it down the toilet. You don't really see the point of the medication, but if the health-care provider can make the side-effects go away and explain why you need it then you will take it again.

Role play 2: Follow-up

Purpose: To give participants the opportunity to practise conducting a follow-up appointment with a person who is being managed for psychosis.

Duration: 30 minutes or less.

Situation: **HEALTH-CARE PROVIDER**

- You are following up a person that you already diagnosed with psychosis and started on medication.
- Follow-up with a person with psychosis.
- Focus on reassessment of the symptom.
- Assessment of side-effects and adherence of medication.
- Assessment of psychosocial interventions specifically strengthening social support, reducing stress and life skills.

Instructions:

- You are to start the conversation.
- Please use the mhGAP-IG page 46 to perform a follow-up assessment and determine ongoing management.

Extended version (only read this if instructed by facilitator)

If the extended version of this role play is used, continue to perform a follow-up assessment as per mhGAP-IG page 46.

Role play 2: Follow-up

Purpose: To give participants the opportunity to practise conducting a follow-up appointment with a person who is being managed for psychosis.

Duration: 30 minutes or less.

Situation: OBSERVER

- The health-care provider is following up a person that they have already diagnosed with psychosis and started on medication.
- The person does not have any ongoing symptoms of psychosis except that they are hearing voices.
- They have a minor tremor from the medication.
- They are struggling to increase their social support because people in their social circle do not want to be around them while their behaviour seems so strange to them.
- They want to discuss ways that they can improve that with the health-care provider
- The health-care provider should:
 - Focus on reassessment of the symptoms.
 - Assessment of side-effects and adherence of medication.
 - Assessment of psychosocial interventions specifically strengthening social support, reducing stress and life skills.

Instructions:

Please keep to time:

- 3 minutes reading
- 15–20 minutes' consultation
- 5–10 minutes for feedback and small group discussion.

Please assess the following competencies:

- 7. Provides psychosocial intervention
- 10. Plans and performs follow-up

And grade the level of competency the health-care provider achieves.

Extended version (only read this if instructed by facilitator)

In this version, the person seeking help has not been compliant with the medication as they did not like the tremor. If the health-care provider can make the side-effects go away and explain why the person needs the medication then they will take it again.

Role play 3: Pharmacology

Purpose: To practise using the mhGAP-IG to prescribe medications for mania.
To practise communication skills with someone with mania.

Duration: 30 minutes or less.

Situation: **PERSON SEEKING HELP**

- You are Maria, a lady in her 30s.
- You have just been diagnosed with a manic episode by the health-care provider, after your husband brought you in for review.
- You have not been sleeping, been up all night singing and cleaning the house, and you keep telling people that you are going to become a famous opera singer.
- You don't really think there is anything wrong, but you are happy to do what your husband and the doctor tell you, even if this means taking medication.
- You have no other health conditions.
- You are not suicidal or aggressive.
- You talk a lot and are difficult to interrupt.
- You already have four children. You are no longer breastfeeding.
- If the health-care worker asks for any other information, reply in the negative.

Instructions:

Start talking immediately about how you are going to become a famous opera singer.

Extended version (only read this if instructed by facilitator)

In addition to your four children, you are also around eight weeks pregnant. You are still willing to take medication, but only if it doesn't harm your unborn baby. If the doctor recommends that you go to a specialist you say that you will not go as you cannot afford it and you need to look after the children.

Role play 3: Pharmacology

Purpose: To practise using the mhGAP-IG to prescribe medications for mania.
To practise communication skills with someone with mania.

Duration: 30 minutes or less.

Situation: HEALTH-CARE PROVIDER

- You are a health-care worker in a clinic.
- You have just assessed Maria and diagnosed her with mania.
- You now need to discuss medication options with Maria.
- Educate Maria about the options for pharmacological management:
 - What drugs are available.
 - Which drug may be most appropriate for Maria and why.
 - What are the benefits and drawbacks of each type.
 - What are the potential side-effects and what should she watch out for.
 - When she can expect to see results.
 - How long she will need to take the medication.

Instructions:

- Maria will start the conversation.
- You do not need to reassess for mania but go straight into providing pharmacological intervention.

Extended version (only read this if instructed by facilitator)

If there is an extended version, you will get new information from the person seeking help towards the end of the interview.

You may need to revise your management based on the new information.

Role play 3: Pharmacology

Purpose: To practise using the mhGAP-IG to prescribe medications for mania.
To practise communication skills with someone with mania.

Duration: 30 minutes or less.

Situation: OBSERVER

- You will observe a health-care provider in a clinic.
- The health-care provider has just assessed Maria and diagnosed her with mania.
- They will now need to discuss medication options with Maria, including:
 - What drugs are available.
 - Which drug may be most appropriate for Maria and why.
 - What are the benefits and drawbacks of each type.
 - What are the potential side-effects and what should she watch out for.
 - When she can expect to see results.
 - How long she will need to take the medication.
- Maria will be talk a lot and be quite difficult to interrupt.

Instructions:

Please keep to time:

- 3 minutes reading
- 15–20 minutes' consultation
- 5–10 minutes for feedback and small group discussion.

Please assess the following competencies:

- 4. Uses effective communication skills
- 9. Delivers pharmacological interventions

And grade the level of competency the health-care provider achieves.

Extended version (only read this if instructed by facilitator)

In addition to her four children, Maria is also around eight weeks pregnant. She is still willing to take medication, but only if it doesn't harm her unborn baby. If the doctor recommends that she go to a specialist she says that you will not go as she cannot afford it and needs to look after her children.

Role play 4: Psychosocial intervention

Purpose: To perform a psychosocial intervention with the carer of a person with psychosis.

Note: there is no person seeking help in this role play.

Duration: 30 minutes or less.

Situation: CARER SEEKING HELP

- You are the mother of Tavi, a 23-year-old man who was diagnosed with psychosis one week ago.
- Tavi has been unwell for some time, with increasing aggression towards family members, including his younger siblings, yourself and your husband.
- He was working in a shop but was fired six months ago.
- He often talks to himself and mutters under his breath.
- He seems fearful at times, looking suspiciously around the room or out the window of the house.
- He was started on medication when assessed one week ago, but it has not made much difference at present.
- You and your family are not coping.
- Your husband insists that Tavi is locked in his bedroom. He has also suggested that you start feeding Tavi less, as when he is more tired he seems less likely to hit out at family members.
- You feel so ashamed of Tavi. Your husband is ashamed that he lost his job, and you feel ashamed of his behaviour, and you do not want any relatives to know how unwell he is.
- You do not understand what psychosis is.
- You are desperately hoping that the medication works, and have crushed up three times as many tablets in Tavi's food to try and help get him better quicker.
- The health-care provider asked you to come in again to discuss what was happening.

Instructions:

Allow the health-care provider to start the conversation.

Role play 4: Psychosocial intervention

Purpose: To perform a psychosocial intervention with the carer of a person with psychosis.

Note: there is no person seeking help in this role play.

Duration: 30 minutes or less.

Situation: **HEALTH-CARE PROVIDER**

- You are a health-care provider at a local service. Last week you assessed Tavi, a 23-year-old man, and felt he had psychosis. He had experienced at least a six-month deterioration, with increased aggression towards all family members, auditory hallucinations and paranoia.
- You started an antipsychotic, being cautious with the dose to start low.
- You asked Tavi's mother to return in a week as you felt she and the family would need extra support. Last week she said that they keep him locked in his room and don't feed him very much to try and control his behaviour. You are worried that she may not understand what psychosis is, or how the medication should be used.

Instructions:

- You do not need to reassess Tavi or his mother.
- Start with performing a psychosocial intervention for psychosis, targeted towards the carer.

Role play 4: Psychosocial intervention

Purpose: To perform a psychosocial intervention with the carer of a person with psychosis.

Note: there is no person seeking help in this role play.

Duration: 30 minutes or less.

Situation: **OBSERVER**

- Tavi is a 23-year-old man assessed as having psychosis last week. He had presented with a six-month deterioration, with increased aggression towards all family members, auditory hallucinations and paranoia.
- The health-care provider started an antipsychotic, being cautious with the dose to start low.
- The health-care provider asked Tavi's mother to return today as they felt that she and the family would need extra support. The mother said that they keep him locked in his room and don't feed him very much to try and control his behaviour. She does not seem to understand what psychosis is, or how to use the medication.

Instructions:

Please keep to time:

- 3 minutes reading
- 15–20 minutes' consultation
- 5–10 minutes for feedback and small group discussion.

Please assess the following competencies:

- 4. Uses effective communication skills
- 8. Provides psychosocial intervention

And grade the level of competency the health-care provider achieves.

PSY multiple choice questions

-
1. Which of the following best describes a common presentation of psychosis? Choose only one answer:
- ☐ A Hearing voices or seeing things that are not there.
 - ☐ B Fixed beliefs which are seen as culturally acceptable.
 - ☐ C Low mood and lack of interest in usual activities.
 - ☐ D Confusion and disorientation.
-
2. Which of the following best describes a common presentation of an acute manic episode? Choose only one answer:
- ☐ A Hearing voices or seeing things that are not there.
 - ☐ B Elevated or irritable mood.
 - ☐ C Acute intoxication with a psychoactive substance.
 - ☐ D Decline or problems with memory.
-
3. Which of the following cluster of symptoms fits best with an episode of psychosis? Choose only one answer:
- ☐ A Confusion, disorientation to time, place and person, marked functional decline.
 - ☐ B Marked behavioural changes, fixed false beliefs, lack of realization that one is having mental health problems.
 - ☐ C Persistent sadness or depressed mood, low energy, fatigue.
 - ☐ D Malnutrition, frequent illness, problems with development.
-
4. Which of the following cluster of symptoms fits best with an acute manic episode? Choose only one answer:
- ☐ A Confusion, disorientation to time, place and person, marked functional decline.
 - ☐ B Admits to consuming alcohol, has slurred speech and uninhibited behaviour.
 - ☐ C Has recently stopped taking regular benzodiazepines, and presents with agitation, sweating and poor sleep.
 - ☐ D Decreased need for sleep, increased activity and reckless behaviour.
-
5. Which of the following statements concerning psychoses is most correct? Choose only answer:
- ☐ A Psychoses can be caused by witchcraft and possession by demons.
 - ☐ B Psychoses are severe mental health conditions, but can be treated and the person can recover.
 - ☐ C Psychoses are more common in older people, but can occasionally happen in younger people.
 - ☐ D Psychoses always present with aggression and violence.

-
6. Which of the following statements concerning psychosis and bipolar disorder is correct? Choose the best answer:
- ☐ A People with psychosis or bipolar disorder do not need evaluation for medical conditions.
 - ☐ B People with psychosis or bipolar disorder are best cared for with long-term hospitalization.
 - ☐ C People with psychosis or bipolar disorder are unlikely to be able to work or contribute to society.
 - ☐ D People with psychosis or bipolar disorder are at high risk of stigmatization and discrimination.
-
7. Which of the following should always be done when starting a medication for psychoses? Choose the best answer:
- ☐ A Start an anticholinergic medication as well.
 - ☐ B Refer to a local spiritual or faith healer.
 - ☐ C Give the medication to a family member to control supply.
 - ☐ D Provide psychoeducation about side-effects and adherence.
-
8. Which of the following is part of a psychosocial intervention in psychoses? Choose the best answer:
- ☐ A Promote function in daily activities but recommend against work or serious relationships as they may be too stressful.
 - ☐ B Discuss with the carer and family whether long-term institutionalization may be appropriate.
 - ☐ C Provide psychoeducation, especially to avoid sleep deprivation, stress, and drugs and alcohol.
 - ☐ D Discuss with the carer different ways that they might be able to challenge the delusions of the person.
-
9. Which of the following might you say to a carer for someone with psychoses? Choose the best answer:
- ☐ A The person needs to take the medications regularly and return for follow-up.
 - ☐ B The person will learn that their delusions are wrong if family members are critical when they discuss their unusual beliefs.
 - ☐ C The person can be settled down when they are agitated by giving them a small amount of alcohol.
 - ☐ D The person can be settled down when they are agitated by reducing the amount of food they are given.
-

PSY multiple choice answers

9. = A	6. = D	3. = B
8. = C	5. = B	2. = B
7. = D	4. = D	1. = A