

COMMON PRESENTATIONS OF PSYCHOSES

- *Marked behavioural changes, neglecting usual responsibilities related to work, school, domestic or social activities.*
- *Agitated, aggressive behaviour, decreased or increased activity.*
- *Fixed false beliefs not shared by others in the person's culture.*
- *Hearing voices or seeing things that are not there.*
- *Lack of realization that one is having mental health problems.*

1


Are there any other explanations for the symptoms?

» EVALUATE FOR MEDICAL CONDITIONS

By history, clinical examination, or laboratory findings, are there signs and symptoms suggesting **delirium** due to an acute physical condition, e.g. infection, cerebral malaria, dehydration, metabolic abnormalities (such as hypoglycaemia or hyponatraemia); **or medication side effects**, e.g. due to some antimalarial medication or steroids?

YES

NO

» Assess and manage the acute physical condition, and **refer to emergency services/ specialist as needed.** 

» If symptoms persist after management of the acute cause, go to **STEP 2**

» EVALUATE FOR DEMENTIA, DEPRESSION, DRUG/ALCOHOL INTOXICATION OR WITHDRAWAL.

YES

NO

» Consider consultation with a mental health specialist for management of concurrent conditions. 
» Manage concurrent conditions. Go to relevant modules.

MANAGEMENT OF ACUTE AGITATION AND/OR AGRESSION
If the person presents with either acute agitation and/or acute agression
» Go to “Management of persons with agitated and/or aggressive behaviour” (Table 5) in this module before continuing.



2

Is the person having an acute manic episode?

Have several of the following symptoms occurred simultaneously, lasting for at least 1 week, and severely enough to interfere significantly with work and social activities or requiring confinement or hospitalization:

- Elevated or irritable mood
- Decreased need for sleep
- Increased activity, feeling of increased energy, increased talkativeness or rapid speech
- Loss of normal social inhibitions such as sexual indiscretion
- Impulsive or reckless behaviours such as excessive spending, making important decisions without planning
- Being easily distracted
- Unrealistically inflated self-esteem

NO

YES

Suspect **BIPOLAR DISORDER** Manic Episode



CLINICAL TIP Persons with bipolar disorder can experience manic episodes only or a combination of manic and depressive episodes in their lifetime.
» To learn how to assess and manage depressive episode of bipolar disorder, go to » DEP.

! IF THERE IS IMMINENT RISK OF SUICIDE, ASSESS AND MANAGE before continuing. Go to » SUI.



» Go to **PROTOCOL 1**

3


Does the person have psychosis?

Does the person have at least two of the following:

- Delusions, fixed false beliefs not shared by others in the person's culture
- Hallucinations, hearing voices or seeing things that are not there
- Disorganized speech and/or behaviour, e.g. incoherent/irrelevant speech such as mumbling or laughing to self, strange appearance, signs of self-neglect or appearing unkempt

NO

YES

» Consider consultation with specialist to review other possible causes of psychosis. 

Suspect
PSYCHOSIS

» Go to **PROTOCOL 2**

! IF THERE IS IMMINENT RISK OF SUICIDE, ASSESS AND MANAGE before continuing. Go to »SUI.

