



WHAT IS PSYCHOSIS?

Psychosis is a general term to describe a mental health problem in which a person loses touch with reality. There are severe disturbances in thinking, emotion and behaviour. Psychosis can disrupt a person's life making it difficult to initiate or maintain relationships, self-care, work or other usual activities. Psychosis can be very distressing and disruptive for the person, as well as for those around the person.

The symptoms of psychosis can be present in a number of mental illnesses, such as schizophrenia, bipolar disorder or dementia, or they may be related to alcohol or other drug use. People experiencing psychosis or schizophrenia do not have 'split personalities', nor is psychosis an intellectual disability.

It is important to note that not all people who experience psychosis will consider it to be a problem as they may not be negatively impacted by their experiences or be in a crisis situation (a severe psychotic state, having suicidal thoughts or behaviour, displaying aggressive behaviour). These guidelines are for providing mental health first aid to a person who is negatively impacted by their experience of psychosis. Except where otherwise stated, the information in the guidelines is for non-crisis situations.

HOW DO I KNOW IF SOMEONE MAY BE DEVELOPING PSYCHOSIS?

It is important to be able to recognise the early signs and symptoms of psychosis. A single sign or symptom does not necessarily indicate that someone may be experiencing psychosis. However, psychosis is more likely if there is a group of signs or symptoms, or changes that are very out of character for the person. The signs and symptoms of psychosis may appear suddenly or develop or change gradually over time and can vary from person to person. They can be triggered by a range of factors, such as extreme stress or trauma, or there may not appear to be a trigger at all. A person may experience psychosis as a single episode or as part of an ongoing illness and can experience multiple episodes of psychosis with periods of wellness in between.

It is also important to consider the spiritual and cultural context of the person's behaviours, as what is interpreted as a symptom of psychosis in one culture may be considered to be normal in another culture. For example, in some Aboriginal communities being visited by spirits or hearing the voices of deceased loved ones are normal experiences.

If you are unsure whether the person is experiencing psychosis, seek advice from a health professional.



COMMON SIGNS AND SYMPTOMS WHEN PSYCHOSIS IS DEVELOPING ¹

Changes in emotion and motivation:

Depression; anxiety; irritability; suspiciousness; blunted, flat or inappropriate emotion; change in appetite; reduced energy and motivation.

Changes in thinking and perception:

Difficulties with concentration or attention; sense of alteration of self, others or outside world (e.g. feeling that self or others have changed or are acting differently in some way); odd ideas; unusual perceptual experiences (e.g. a reduction or greater intensity of smell, sound or colour).

Changes in behaviour:

Sleep disturbance; social isolation or withdrawal; reduced ability to carry out work or social roles.

¹ Adapted from: Edwards, J & McGorry, PD (2002). *Implementing Early Intervention in Psychosis*. Martin Dunitz, London.

THINGS TO AVOID IF YOU THINK A PERSON MAY BE EXPERIENCING PSYCHOSIS:

- Do not ignore or dismiss warning signs, even if they appear gradually or are unclear, e.g. a change in motivation or interest in life may be a symptom of psychosis rather than laziness.
- Do not assume that a person exhibiting signs and symptoms of psychosis is 'just going through a phase', is a 'teenager being a teenager', or that they are experiencing the normal ups and downs of life or misusing substances.
- Do not assume that any signs and symptoms of psychosis will go away on their own.

HOW SHOULD I APPROACH SOMEONE WHO MAY BE EXPERIENCING PSYCHOSIS?

A person developing psychosis may not reach out for help. If you are concerned about someone, approach them in a caring and non-judgemental manner. You should approach them for a one-on-one conversation, rather than a group discussion. Do this in an environment that is likely to be safe, comforting and free of distractions. Allow adequate time to have a conversation with the person.

Try to be calm, regardless of the person's emotional state. Do not approach the person in a confrontational manner. If you are concerned about how the person will react to your approach, consider having a support person nearby. Tailor your approach and interaction to the way the person is behaving, e.g. if they are suspicious and avoiding eye contact, you should be sensitive to this and give the person the space they need.

If the person approaches you because they want to talk about what they are experiencing but you do not have time to give them your full attention, you should explain this to them and offer to meet when you can give them your full attention.

HOW SHOULD I TALK TO THE PERSON ABOUT WHAT THEY ARE EXPERIENCING?

The person may be aware of what is happening to them, may have no insight at all, or may not accept that they are unwell. Start by trying to find some common ground for discussion, gradually building up towards more specific questions about what the person is experiencing. Do not use the term 'psychosis', but rather discuss any concerning changes in thoughts, feelings or behaviour that you have noticed in the person.

Ask the person if they want to talk about how they are feeling or explain what they are experiencing. Allow them to talk about their experiences, feelings and beliefs in order to gain an understanding of their perspective. As far as possible, let the person set the pace and style of the interaction. Be aware that the person may be vague when describing their symptoms, and may emphasise physical symptoms over symptoms of mental illness. Acknowledge the courage it may have taken for them to talk to you.

If the person has noticed changes in their behaviour, ask them how long they have been experiencing these and if they are distressed by them. Tell the person that you understand they may be frightened by what they are experiencing. Do not tell the person that you understand completely what they are experiencing and do not speculate to the person about a diagnosis. If there are other people present, do not speak about the person as though they were not there.

WHEN TALKING TO THE PERSON ABOUT WHAT THEY ARE EXPERIENCING, FOLLOW THE TIPS FOR COMMUNICATING IN THE BOX BELOW:

TIPS FOR COMMUNICATING WITH A PERSON WHO MAY BE EXPERIENCING PSYCHOSIS:

Language

- Use every day rather than simplified language.
- Use language that normalises the person's experience, e.g. 'stress'.
- Use the same terminology that the person uses to describe their experiences.
- Do not use stigmatising terms (e.g. crazy, nuts, psycho).

Listening non-judgementally

- Convey empathy when communicating with the person and listen to them non-judgementally.
- Acknowledge what the person is saying and how they are feeling (e.g. "That sounds really upsetting" or "It sounds like you don't know what to do").
- Listen carefully to the person, reflect what you hear, and ask clarifying questions to show that you are listening.
- Recap what the person has said to check that you have understood correctly.

Body language

- Do not touch the person without their permission.
- Minimise body language that shows distress or nervous behaviour (e.g. jiggling legs, fidgeting or nail biting).
- If the person is sitting down, do not stand over them or hover near them.

HOW CAN I BE SUPPORTIVE AND UNDERSTANDING?

Ask the person if, and how, they would like you to support them. Reassure them that you are there to help and want to keep them safe. Also ask them if there are any current stressors that may be contributing to their symptoms, and whether they would like practical support, e.g. arranging childcare or assisting them with medical appointments. However, do not try to immediately provide the person with solutions. You should make it clear to the person what you are willing and able to do to support them.

Social support can be helpful for the person. However, the person may lack social support because they isolate themselves or their behaviour leads others to withdraw from them. If appropriate to the relationship, ask the person if it is okay to check in with them from time to time, and if it is, continue to reach out to the person, e.g. to let them know you are thinking about them and that you care. If you do have ongoing contact with the person, watch for signs that indicate they may be experiencing a worsening of

their symptoms. However, in these ongoing interactions do not focus only on the person's mental health problems. Also, it is important to avoid being negative or pessimistic when talking to the person about their future.

HOW CAN I TREAT THE PERSON WITH DIGNITY AND RESPECT?

It is important to always treat the person with respect. You should support the person in making their own decisions about their mental health and not attempt to take over or make decisions for the person without their involvement. Accept that the person may not follow suggestions you make.

Avoid using patronising or trivialising statements when interacting with the person, e.g. "Cheer up", "I'm sure it will pass" and "It could be worse". Do not tell the person to get their act together. Be tolerant of changes in the person's behaviour, unless their behaviour becomes dangerous or inappropriate. Do not express anger or frustration you may feel toward the person. If the person is upset by something you have said or done, you should apologise and acknowledge their feelings.

Unless the person is a danger to themselves or others, you should respect their privacy and right to confidentiality.

HOW SHOULD I RESPOND TO HALLUCINATIONS AND DELUSIONS?

WHAT ARE HALLUCINATIONS AND DELUSIONS?

Hallucinations are false perceptions and most commonly involve hearing voices, but can also involve seeing, feeling, tasting or smelling things.

Delusions are false beliefs, for example of persecution, having a special mission or being under outside control.

It is important to know that delusions or hallucinations are very real to the person. Ask the person if they want to talk about what they are seeing or hearing. If the person wants to talk about their hallucinations or delusions, you should listen in order to demonstrate empathy and develop an understanding of what they are experiencing. When talking to the person, you should use their own terminology when referring to hallucinations or delusions, e.g. 'the voices', or 'your worries about your safety'.

It is important to try to empathise with how the person feels about their beliefs and experiences, without stating any judgements about the content of those beliefs and experiences. You should acknowledge to the person that what they are experiencing is real to them, without confirming or denying their hallucinations or delusions, e.g. by stating "I accept that you hear voices or see things in that way, but it's not like that for me."

If the person is hearing voices, they may respond to the voice they are hearing, e.g. by talking or whispering to themselves. Remember that the person is experiencing symptoms that are beyond their control and you should not blame them or take their actions personally.

WHAT NOT TO DO WHEN RESPONDING TO HALLUCINATIONS OR DELUSIONS:

- Do not pretend to agree with the person's hallucinations or delusions.
- Do not try to reason with the person about their hallucinations or delusions.
- Do not dismiss, minimise or argue with the person about their hallucinations or delusions.
- Do not act alarmed or embarrassed by the person's hallucinations or delusions.
- Do not laugh at or make fun of the person's hallucinations or delusions.
- Do not ridicule the person, even if what they are saying doesn't make sense to you.

You should ask the person if there is anything they have found that reduces their hallucinations or delusions, and if there is, encourage them to use these strategies. Ask them if they are afraid or confused. If it is appropriate to the relationship, let the person know you love and support them, as this can help them to feel safe.

If you observe other people making jokes about or criticising the person, you should tell them to stop.

WHAT IF THE PERSON IS EXPERIENCING PARANOIA?

People's experience of hallucinations or delusions may cause them to not trust people, even those close to them. If the person is experiencing paranoia, you should:

- Tell the person that you do not see any threats, but that you will stay with them if it helps them feel safe.
- Encourage and support them to move away from whatever is causing their fear, if it is safe to do so.
- Tell the person what you are going to do before doing it, e.g. that you are going to get out your phone.
- Give the person simple directions, if needed, e.g. "Sit down, and let's talk about it".
- Stay with the person, but at a distance that is comfortable for both of you.

Do not encourage or inflame the person's paranoia, e.g. by whispering to or about them. Likewise, do not use body language that could exacerbate paranoia, e.g. approaching the person with your hands in your pockets or behind your back, or standing over or too close to them.



WHAT IF THE PERSON'S COMMUNICATION IS AFFECTED?

A person experiencing psychosis may not be able to communicate in the way they normally would and their level of comprehension and capacity to reason may be affected. For example, they may respond with unrelated answers, drift from one topic to another or hearing voices may also make it difficult for them to communicate. They may miss nonverbal cues such as facial expression and tone of voice. If appropriate and feasible, you should check with others who know the person for advice on the best way to communicate with them.

You should try to communicate clearly and simply, repeating things where necessary. Avoid using complex language, e.g. metaphors or sarcasm. It is important to allow the person enough time to respond to questions or statements, as they may have difficulty processing information.

If the person's speech has become disorganised, focus on the person's feelings rather than what they are trying to say. If they are showing a limited range of feelings, be aware that it does not mean that this is all they are feeling. Likewise, do not assume that the person cannot understand what you are saying, even if their response is limited.

If the person is having trouble communicating, you should know that your presence alone can be reassuring for the person.

HOW DO I RESPOND TO CHALLENGES DURING THE DISCUSSION?

Even if the person realises they are unwell, their confusion and fear about what is happening to them may lead them to deny that there is anything wrong. If the person denies anything is wrong or does not wish to talk about what they are experiencing, do not argue with them, insist they are unwell, or try to force them to talk. It is important to know that several conversations may be necessary before the person is open to talking you.

Focus on listening rather than trying to change the person's mind. Do not threaten consequences in an attempt to change the person's behaviour. Ask the person if there is anything specific you can do to help them, and let them know that you will be available to talk in the future. If the conversation with the person becomes stressful or emotionally charged, you should take a break to allow yourself and the person to calm down.

You should be aware that the person may react with emotions that don't seem to fit the context of the conversation, e.g. laughing. If you find the person's behaviour annoying or irritating, understand that the situation may be mutually distressing.

PROFESSIONAL HELP

Know what services are available locally and have some general knowledge about the types of treatment that can be helpful for psychosis. You should also know about the local pathways to professional help, e.g. referral from a GP or family doctor in order to see a specialist.

HOW SHOULD I ENCOURAGE THE PERSON TO SEEK PROFESSIONAL HELP?

Convey a message of hope by telling the person that help is available and things can get better. To encourage the person to seek professional help, tell them that:

- What they are experiencing could improve with appropriate professional help.
- Seeking professional help as soon as possible is important because early treatment is more effective and can prevent symptoms from getting worse.
- Seeking professional help does not necessarily mean they will be hospitalised, as early treatment can take place in the community.
- Health professionals will have the person's well-being and best interests in mind.
- Health professionals must maintain confidentiality except in limited circumstances, e.g. if the person is at risk of harming themselves or others, or if directed to disclose information to a court.
- It is okay to seek help and this is a sign of strength rather than weakness or failure.

Try to find out what type of professional help the person believes will assist them and provide them with a range of options for seeking professional help. However, if the person is having trouble making decisions, limit the number of options you offer them.

Let them know that their GP or family doctor can be a good first point of contact when seeking professional help. Ask the person whether they have a doctor they trust, and if they do, you should encourage them to make an appointment with their doctor. Another reason to encourage them to see their doctor for a check-up is because symptoms of psychosis may stem from physical illnesses. If you find out the person is not taking their prescribed medication encourage them to talk to their doctor about it.

Do not threaten, confront or put pressure on the person when encouraging them to seek professional help. Be aware of the influence that the person's family may have, e.g. the family may encourage or discourage the person from obtaining the care that they need.

However, if the person is an adolescent and you have a duty of care for them, ensure that they get an appointment to see a health professional and offer to go with them.

If the person asks for advice or suggestions regarding treatment, tell them that they should talk to a health professional about these.

HOW SHOULD I SUPPORT THE PERSON TO GET PROFESSIONAL HELP?

If appropriate to the relationship, reassure the person that you will support them while they seek and receive professional help. If the person has an appointment, ask them if they would like you, or another relative or friend, to accompany them to their appointment.

Continue encouraging the person to seek professional help, even if challenges arise in the process of obtaining care. If the person is having difficulty getting advice or help, encourage them to contact a mental health advocacy or support agency.

WHAT IF THE PERSON DOESN'T WANT PROFESSIONAL HELP?

If the person does not want to seek professional help, remain patient, as people experiencing psychosis often need time to recognise that they are unwell. Explore the reasons why the person does not want to seek professional help, e.g. not realising they are unwell, worries about stigma, not knowing where to get help, or because they believe that others are trying to harm them.

Calmly express your concern to the person about their choice to not seek help and the potential implications. Ask them what they think the pros and cons of seeking professional help would be. Stress the potential benefits of getting help, such as relief from anxiety or frightening symptoms.

Focus on trying to find something that the person agrees is a problem and then suggest that they seek help for that, e.g. if they say that they feel anxious around other people, you should encourage them to seek help for anxiety.

If the person does not recognise that they are unwell, they might actively resist your attempts to encourage them to seek help. Be prepared to have several conversations with them before they are willing to seek professional help.

The person has the right to refuse treatment, unless they meet the criteria for involuntary treatment. You should be aware of local laws relating to this. However, you should never threaten someone with involuntary treatment or hospitalisation. Let the person know about other options for help in their community, e.g. a home visit or community services. It is important to try to maintain a good relationship with the person, as they may want your help in the future.

If the person does not want to seek professional help, you may wish to discuss your concerns about the person with a health professional. If you do so, clearly describe your observations (e.g. exactly what the person has been doing and saying, where and when) so that they have all the necessary information. However, while you are entitled to express your concerns about the person to their health professional and ask for their assistance, the health professional must maintain confidentiality about the person.

WHAT ABOUT SELF-HELP STRATEGIES AND OTHER SUPPORTS?

Ask the person if they have felt this way before, and if so, what they have done in the past that has been helpful. Encourage the person to try self-help strategies, e.g. relaxation methods, physical activity, good sleep habits. If appropriate to the relationship, you should encourage the person to look after their physical health, e.g. by maintaining a healthy lifestyle and regular medical check-ups.

Try to determine whether the person has a supportive social network and, if they do, encourage them to use these supports. Ask the person if they want to talk to family or friends about what they are experiencing. Encourage them to talk to someone they trust.

WHAT IF THE PERSON HAS RECENTLY GIVEN BIRTH?

Postnatal psychosis is a condition in which symptoms of psychosis begin suddenly within the first few weeks after giving birth.

Postnatal psychosis can escalate rapidly and delays in treatment can lead to increased risk for the mother and her baby. If you think a mother may be experiencing postnatal psychosis, or is having delusions about her baby, call a mental health crisis team immediately. Try to involve the mother's partner or family in minimising any risk to the mother or baby. Ensure that someone is with the mother and baby at all times until professional help is received.

WHAT IF THE PERSON HAS BEEN USING ALCOHOL OR OTHER DRUGS?

Discourage the person from misusing alcohol or other drugs, and tell them that these may worsen symptoms of psychosis. If the person has been using alcohol or other drugs, do not blame or lecture them about this. If you think the person has been misusing alcohol or other drugs, you should follow the *Mental Health First Aid Guidelines for Helping Someone with Alcohol Use Problems* and the *Mental Health First Aid Guidelines for Helping Someone with Drug Use Problems*. These can be downloaded from <https://mhfa.com.au/mental-health-first-aid-guidelines>

WHAT IF THE PERSON IS IN A SEVERE PSYCHOTIC STATE?

A person is in a severe psychotic state if they have overwhelming delusions and hallucinations, very disorganised thinking, or bizarre and disruptive behaviours. They may appear very distressed, their behaviours may be disturbing to others, or they may behave in a way that endangers themselves or others. They may or may not behave aggressively. Aggressive behaviour may range from verbal abuse to physical abuse and can cause physical or emotional harm to others.

SAFETY CONSIDERATIONS WHEN THE PERSON IS IN A SEVERE PSYCHOTIC STATE

If you think the person may be in a severe psychotic state, approach them with caution. Be aware that the person might act on hallucinations or delusions. Your primary goal should be to keep the person, yourself and others safe. Stay at a safe distance from the person while being able to maintain interaction and ensure you have clear access to an exit. It is important to assess for risk of harm to the person or others, and take any threats or warnings seriously, particularly if the person believes they are being persecuted. If you are frightened, seek outside help immediately, as you should never put yourself at risk.

If safe to do so, try to limit access to means that the person could use to harm themselves or others by removing any weapons, or objects that could be used as weapons, from their immediate environment. If the person has a weapon, you should not approach them and should call emergency services immediately.

DE-ESCALATION WHEN THE PERSON IS IN A SEVERE PSYCHOTIC STATE

Do more listening than talking. Allow the person to express their feelings and empathise with them.

Speak to the person in short, simple sentences, and use direct questions. Speak calmly and do not raise your voice or shout at the person. Try to minimise the level of emotion you show – remain calm and do not show fear or anxiety. Try not to take anything they say personally.

Do not do anything to further agitate the person. Avoid nervous behaviour, e.g. shuffling your feet, fidgeting, making abrupt movements, talking fast. If it is necessary to move close to or make physical contact with the person, you should first ask them for permission, e.g. "Do you mind if I sit next to you?" or "I can see your arm is hurt. Is it okay if I use the first aid kit to bandage it?".

Ask the person whether they would like you to decrease distractions and stimulation, e.g. turn off TV, reduce room lights. If there is more than one person present, try to create a space around the person so that they don't feel crowded. Encourage only one person to speak at a time and do not argue with any other people present about the best course of action. Do not try to restrict or restrain the person's movement.

Try to gather information about whether the person feels safe, e.g. by stating "You seem worried. Is there anything I can do to help?" or "Do you feel safe? Is there something you are afraid of?". Let the person know you are there to help. Ask them what you can do and attempt to find out what would help them feel safe and in control. If the person has an advance directive or relapse prevention plan, you should follow this. Try to find out if the person has anyone they trust (e.g. close friends or family) and, if so, try to enlist their help.

If you are not able to de-escalate the situation, call for professional assistance, e.g. a mental health crisis service or emergency services.

SEEKING HELP WHEN THE PERSON IS IN A SEVERE PSYCHOTIC STATE

Try to make sure the person is evaluated by a health professional immediately. Explain to the person why you believe that a medical or mental health assessment is necessary. Provide the person with options regarding seeking professional help, as this may give them a sense of control, e.g. "Do you want to go to the hospital with me or would you prefer John to take you?" If the person has been receiving professional help for psychosis, encourage them to contact their health professional.

If you need to contact a mental health service, do not label the person's problem as 'psychosis', but rather outline any symptoms and immediate concerns.

If your concerns about the person are dismissed by the services you contact, persevere in trying to seek support for the person, e.g. call another service. If you are alone with



the person and cannot stay, call someone to stay with the person until professional help arrives.

If you suspect the person may be a risk to themselves or others, contact emergency services immediately. However, do not use calling emergency services as a threat. If you need to call emergency services, explain that the person is in urgent need of medical help. Be aware that the person won't necessarily be admitted to hospital. If you think the person is at risk of suicide or harming themselves, tell emergency services this. Explain that you are concerned the person may be experiencing psychosis. Describe specific, concise observations about the person's behaviour and symptoms. If the person has previously been diagnosed with a psychotic illness, you should explain this. Let the emergency services know if the person is armed or if there are accessible weapons nearby.

If emergency services respond, try to meet them on arrival so you can explain the situation before they approach the person. If the police respond, be prepared that the person may be restrained or face charges. As other people arrive, explain to the person who they are, that they are there to help and how they are going to help.

IF THE PERSON IS IN A SEVERE PSYCHOTIC STATE AND NEEDS TO GO TO HOSPITAL

If you think the person needs to go to hospital, but do not feel it is safe for you to take them, call emergency services. If the person goes to hospital, and it is appropriate to the relationship, you should try to speak directly to the doctor or emergency staff to provide information relevant to the person's situation. If the person needs to be admitted to hospital, support them by focusing the conversation on how a hospital stay may bring relief through reducing their symptoms.

WHAT IF THE PERSON APPEARS TO BE BEHAVING AGGRESSIVELY?

People with psychosis are not usually aggressive and are at a much higher risk of harming themselves than others. Do not make assumptions about whether the person will be aggressive or not, but be aware of potential risks to others. Certain symptoms of psychosis (e.g. visual or auditory hallucinations) can cause people to become aggressive and the person's aggression may be driven by fear.

Do not threaten the person, as this may increase fear or prompt further aggressive behaviour. Do not respond in a hostile, disciplinary, argumentative or challenging manner. Avoid asking the person too many questions, as this can spark defensiveness and further anger. If the person becomes aggressive, this may be exacerbated by certain steps you take, e.g. involving the police.

If the police are called, tell them that the person may be experiencing psychosis and that you need their help to obtain medical treatment and to control the person's aggressive behaviour. Let the police know whether or not the person has a weapon. If you are alone with the person, call someone else to accompany you until professional help arrives. If the person's aggression escalates, remove yourself from the situation.



WHAT IF I THINK THE PERSON IS AT RISK OF SUICIDE?

If you think the person is at risk of suicide, you should follow the *Mental Health First Aid Guidelines for Suicidal Thoughts and Behaviours*. These can be downloaded from <https://mhfa.com.au/mental-health-first-aid-guidelines>

If you do not think the person is at immediate risk of harm, but are still concerned about their welfare, ask the person if there is someone close to them who may be able to support them to stay safe. If the person is an adolescent and they want to contact a parent or other trusted adult, offer to stay with them while they do so.

HOW CAN I LOOK AFTER MYSELF?

You may feel a range of emotions (e.g. shock, confusion or guilt) when you realise someone close to you is experiencing symptoms of psychosis. These are common reactions. It is also common to experience negative feelings (e.g. fear, sadness, anger, frustration) as a result of supporting a person who is experiencing psychosis.

You should look after your own mental health and well-being. Do not put pressure on yourself to find solutions to all the person's problems. If you are finding your role stressful, seek support for yourself (e.g. through support groups and organisations, a health professional or a supportive friend), while maintaining confidentiality. Try self-help strategies to reduce any stress you experience, e.g. relaxation methods, regular exercise, sleep, healthy diet.

PURPOSE OF THESE GUIDELINES

These guidelines are designed to help members of the public to provide first aid to someone who may be experiencing psychosis. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

DEVELOPMENT OF THESE GUIDELINES

These guidelines are based on the expert opinions of people with lived experience of psychosis (consumers and carers) and mental health professionals (clinicians, researchers and educators) who are from Australia, Canada, Denmark, Finland, France, Germany, Ireland, The Netherlands, New Zealand, Sweden, Switzerland, United Kingdom and the United States of America.

Details of the methodology can be found in: Cottrill FA, Bond KS, Blee FL, Kelly CM, Kitchener BA, Jorm AF, Reavley NJ. Offering mental health first aid to a person experiencing psychosis: a Delphi study to redevelop the guidelines published in 2008. BMC psychology 2021, 9:29.

HOW TO USE THESE GUIDELINES

It is important to tailor your support to the needs of the person you are helping. These guidelines are a general set of recommendations only, and most suitable for providing mental health first aid in high-income countries with developed health systems.

These guidelines have been developed as part of a suite of guidelines about how to best assist a person with mental health problems. These other guidelines can be downloaded from:

mhfa.com.au/resources/mental-health-first-aid-guidelines

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