What are symptoms of a psychotic break?

A person in psychosis is not fully grounded in the real world. A psychotic break can include hallucinations, delusions, or behaviors that indicate a disconnect from reality. This may indicate that the person is developing a severe mental illness—but not always. A medical evaluation is critical for figuring out what may be happening and how to help.

Psychosis may include a symptom called anosognosia, which impairs a person’s ability to understand or perceive their illness. This symptom is the single largest reason why people with schizophrenia spectrum disorders refuse medication and do not seek treatment. Without awareness of the illness, refusing treatment appears rational, no matter how obvious the
symptoms are to others. TAC provides a variety of information about anosognosia, including a video and reports from scientific literature.

Prior to a psychotic break, symptoms of psychosis may be “prodromal.” The person may still be able to differentiate between reality and what they are experiencing, but family members may notice that their loved one seems different or is behaving and speaking in ways that seem atypical or out of character. Primary features of prodromal psychosis might look like anxiety, stress, uncertainty, inattention, poor concentration, or expressions of feeling left out. The prodromal phase is sometimes only identifiable in hindsight.

**Common symptoms of a psychotic disorder include:**

- Hallucinations: seeing, hearing, smelling, or having tactile sensations of things that others do not perceive
- Delusions: irrational thoughts and fears of being stalked or threatened
- Disorganized thinking and speaking
- Physical agitation or slowed movement
- Disconnect from social interactions
- Lack of eye contact and general inattention
- Flat affect: bland facial expression or voice when an emotion would typically be expressed

If you see one or more of these symptoms in your loved one, seek evaluation and treatment from a professional. You might start with your family doctor. Explain what you see in your own words, and don’t worry if you don’t understand all these terms. You are not responsible for diagnosing your loved one. Your primary care doctor is likely to refer your loved one to a psychiatrist or another professional to assess the symptoms and consider a diagnosis.

**Additional resources:**

- [Free booklet](#) with more detail about prodromal, early, and progressive symptoms
- [Early Psychosis and Psychosis | NAMI: National Alliance on Mental Illness](#)

**Where to seek early intervention**

Early signs that a young person may be shifting into psychosis can be alarming. Be reassured that early treatment does improve outcomes. Early intervention treatment is often referred to as Coordinated Specialty Care (CSC) and includes a person-centered, team approach with case management, family support and education, medication management, individual and group psychotherapy, peer support, and supported education and employment.

The National Institutes of Mental Health in 2008 studied the benefits of CSC for schizophrenia. The project was called Recovery After an Initial Schizophrenia Episode (RAISE). RAISE showed improved outcomes when treatment provides more than typical outpatient care.
Here are places to research options for early intervention and CSC:

- EASA directory of early psychosis programs nationwide
- SAMHSA Early Serious Mental Illness Treatment Locator

Long-term recovery improves with early intervention, so it is worth fighting for. Untreated psychosis increases a person’s risk for physical changes to the brain, impacting treatment outcomes and social functioning. Early detection and treatment can give individuals with psychosis a better chance at recovery. According to research, about half of people who experience a psychotic break will relapse within ten years. TAC provides a Research Weekly with information about factors that contribute to or prevent relapse.

Since the typical age of onset for severe mental illness (SMI) straddles the line between late adolescence and adulthood, challenges to getting early intervention are significant. For starters, knowing whether what you see might signal an oncoming psychotic break can be confusing. Symptoms might look like substance use or a personality change that could seem typical for someone transitioning from childhood to adulthood. If a loved one begins to experience symptoms after they are legally an adult, it can be difficult to compel them to seek evaluation or treatment if they experience anosognosia, a common symptom that blocks their ability to comprehend that they might have a mental illness. These challenges are not your fault, so please remember to be kind to yourself when you encounter them.