SUBSTANCE-INDUCED PSYCHOSIS: DIFFERENTIAL DIAGNOSIS

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Substance-induced psychosis (SIP) is a mental condition that develops as a result of alcohol or drug use. Can be defined by psychotic symptoms: visual hallucinations, memory problems, delusions, and disorganized behavior, that occur during or shortly after the use of a psychoactive substance. The literature review was performed using PubMed, Medline, analyzing articles and official sources, like DSM-V and ICD-11. Studies comparing SIP with schizophrenia (SZ) or bipolar disorder (BD) were included. SIP typically presents with acute onset, close temporal association with substance use (e.g., Cannabis sativa), and symptom resolution upon abstinence, which help differentiate it from primary psychoses. Large registry studies report 6-year cumulative transition rates of 27.6% for SZ spectrum disorders and 4.5% for BD, indicating that most SIP cases remain transient. Higher transition rates to SZ were observed in younger men and in cannabis- (36.0%) or polysubstance-induced (32.0%) cases, while alcohol-induced cases had the lowest risk (13.2%). Transition to BD was generally lower (4.5%) and higher among women (7.1%) than men (3.5%). Diagnostic indicators for SZ included formal thought disorder (OR = 3.55) and bizarre delusions (OR = 6.09), whereas features such as suicidal ideation, intravenous cocaine use, history of detoxification, and methadone maintenance were more characteristic of SIP. These results underscore that SIP is a heterogeneous condition, and assessment of symptom temporality, substance type, and specific psychotic features is crucial for accurate differential diagnosis from primary psychotic disorders.

VICARIOUS TRAUMA PREVENTION IN MENTAL HEALTH PROFESSIONALS

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Vicarious trauma (VT) represents a significant occupational risk for mental health professionals who are regularly exposed to clients' traumatic experiences. It can lead to emotional exhaustion, burnout, and reduced quality of care. In recent years, the prevention of VT has attracted growing attention, reflecting an increased awareness of the need to safeguard both clinicians' well-being and treatment effectiveness. This review is based on studies published between 2020 and 2025, including systematic reviews, surveys, and intervention trials, which examined individual and organizational strategies to reduce vicarious trauma. Evidence indicates that mindfulness practices and structured self-care routines are consistently associated with reduced symptoms of vicarious trauma. Participation in group supervision provides not only emotional relief but also professional validation. Furthermore, interventions focused on self-compassion and emotion regulation have shown promise in strengthening resilience. On the organizational side, structured case discussions, supportive workplace culture, and fair distribution of workload play an important protective role. Research suggests that the most effective results are achieved when individual strategies are combined with systemic support. Therefore, institutions should encourage open conversations about difficult cases, provide regular supervision, and ensure access to emotional support services. Looking forward, it is essential to design and evaluate prevention programs that are flexible, practical, and sensitive to different professional settings and cultural contexts.