When clinicians and other talk about psychosis, they often review to it as a disorder (or experience) that “usually” or typically develops in adolescence or young adulthood.

In reality, the age of first onset in psychosis is much more complicated. In the important London-based AESOP study, for example, a project that tracked the incidence of psychosis among over 500 first episode clients in an epidemiologically defined catchment area, the average age of first contact was 29.6 years for men and 32.6 years for women. (This means that half of the participants involved were older than 29 (for men) and older than 32 (women) (Kirkbride et al., 2006). In addition, 25% of the women made first contact only after the age of 40, and 15% of men.

A different British study (based in the North East of England), that eliminated any age cut-offs for inclusion, found that almost a quarter of those presenting with first episode psychosis were 65 or older (Mitford et al., 2009). The research team entitled their publication “Ageism in first episode psychosis,” stressing the under-development of resources for older adults with recent onset.

As these statistics suggest, average first onset is typically later for women than men, and, among men, bipolar psychosis generally starts later than schizophrenia-spectrum psychosis.

A peer’s perspective:
“For a long time I thought that something must be really weird or different about me, because I was 34 when I first started hearing voices. I remember one friend asking me ‘doesn’t that only happen to teenagers?’ Things were complicated because I already had a family to support and a job.”
**Age-Related Unusual Experiences**

- *Postpartum psychosis*, which may include hearing voices, paranoia and intense fear, is statistically significant more common among “older” mothers (typically defined 30 or 35 years or older). The nature of the link between age and postpartum psychosis remains poorly understood but may include biological factors (such as greater estrogen depletion) as well as social and cultural factors.

- *Bereavement voices or hallucinations*—which may include hearing the voice of a loved one, seeing their face, or sensing their presence in other ways, are also particularly common later in life (Castelnovo et al., 2015). Such experiences are particularly common among people who have recently lost a spouse or life partner.

- *Finally, visual and musical hallucinations* are also much more common among older adults, and typically develop due to age-related impairments of vision and/or hearing. While such experiences are generally not considered a psychiatric disorder, they may be constant, distracting and interfere with everyday activities. Although systematic research has not been carried out, in our experience, older adults with musical hallucinations often report strategies that overlap with voices: for instance, listening to music, focusing and concentrating on what’s going on, socializing and engaging in vigorous physical activities.

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**The Hearing Voices Movement** offers hope, support and alternative ways of working with voices, visions & beliefs.

The **Bay Area Hearing Voices Network** is a regional hearing voices movement group that includes voice hearers, peers, family members and professional allies in the community. Together, we work to change assumptions made about voices and unusual experiences, and to create learning and healing opportunities for people across the Bay Area. At the heart of our approach is the conviction that voices and other experiences are often deeply meaningful and that opportunities to explore meaning are fundamental to healing.

**What we offer:**

- Peer and family ‘Voices, Visions & Beliefs’ support groups
- Trainings, workshops & presentations on group facilitation, the hearing voices movement & alternative approaches
- Events and community gatherings
- A venue for organizing, consciousness raising and cultural change

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**Find out more:**

Visit [www.bayareahearingvoices.org](http://www.bayareahearingvoices.org)
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