

Schizoaffective disorder

Schizoaffective disorder is a mental illness that affects your moods and thoughts. This factsheet explains the condition, possible causes and treatments. This factsheet is for people who live with schizoaffective disorder and their carers, relatives and friends.

Key Points.

- Schizoaffective disorder has symptoms of schizophrenia and bipolar disorder.
- You can experience psychosis with mania and depression.
- No one knows what causes schizoaffective disorder. Research shows that genetic and environmental factors can increase your risk of getting a mental illness.
- There are different types of schizoaffective disorder.
- Your mental health team should offer you medication and talking therapies.
- Your mental health team should help you to learn how to manage your symptoms, and you can find your own way too.

This factsheet covers:

1. [What is schizoaffective disorder?](#)
2. [How is schizoaffective disorder diagnosed?](#)
3. [What are the symptoms of schizoaffective disorder?](#)
4. [Are there different types of schizoaffective disorder?](#)
5. [What causes schizoaffective disorder?](#)
6. [How is schizoaffective disorder treated?](#)
7. [Who will manage my treatment?](#)
8. [What if I am not happy with my treatment?](#)
9. [What are self-care and management skills?](#)
10. [What risks can schizoaffective disorder cause?](#)
11. [What if I am a carer, friend or relative?](#)

1. What is schizoaffective disorder?

Schizoaffective disorder is a mental illness that can affect your thoughts, mood and behaviour. You may have symptoms of bipolar disorder and schizophrenia.¹ These symptoms may be mania, depression and psychosis.

About 1 in 200 people develop schizoaffective disorder at some time during their life. It tends to develop during early adulthood and is more common in women than men.²

You can find out more information about:

- Psychosis
- Bipolar disorder
- Schizophrenia
- Depression

at www.rethink.org. Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheet.

2. How is schizoaffective disorder diagnosed?

A psychiatrist will diagnose schizoaffective disorder after a mental health assessment. It might take more than one assessment for the psychiatrist to reach a diagnosis. You may get a diagnosis of schizoaffective disorder if you have depressive or manic symptoms with symptoms of schizophrenia.³

Psychiatrists will use the following manuals to help to diagnose you:

- International Classification of Diseases (ICD-10) produced by the World Health Organisation (WHO)
- Diagnostic and Statistical Manual (DSM-5) produced by the American Psychiatric Association.

The manuals are guides which explain different mental health conditions and their symptoms. They also explain how long certain symptoms should last for before a diagnosis should be made.

To get a diagnosis of schizoaffective disorder you should have had a combination of symptoms of both psychosis and bi-polar disorder. Your symptoms should be clearly there for at least 2 weeks.⁴

3. What are the symptoms of schizoaffective disorder?

Symptoms of schizoaffective disorder are:

What are the symptoms of schizophrenia?

Schizophrenia is a mental illness which affects the way you think. Symptoms can effect how you cope with day to day life. Symptoms include.⁵

- **Hallucinations.** You may hear, see, or feel things that aren't there.
- **Delusions.** You may believe things that aren't true.
- **Disorganised speech.** You may begin to talk quickly or slowly, and the things you say might not make sense to other people. You may switch topics without any obvious link.
- **Disorganised behaviour.** You might struggle to organise your life, or stick to appointments, for example.
- **Catatonic behaviour.** You may feel unable to move or appear to be in daze.
- **Negative symptoms.** These are symptoms that involve loss of ability and enjoyment in life. They can include the following things.⁶
 - Lack of motivation
 - Slow movement
 - Change in sleep patterns
 - Poor grooming or hygiene
 - Difficulty in planning and setting goals
 - Not saying much
 - Changes in body language
 - Lack of eye contact
 - Reduced range of emotions
 - Less interest in socialising or hobbies and activities
 - Low sex drive

You can find more information about '**Schizophrenia**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

What are the symptoms of mania?

You may experience the following if you have mania.⁷

- Feeling overly active, energetic or restless.
- Feeling more irritable than usual.
- Feeling overconfident.
- Talking very quickly, jumping from one idea to another or having racing thoughts.
- Feeling elated, even if things are not going well for you.
- Being easily distracted and struggling to focus on 1 topic.
- Not needing much sleep.
- Thinking you can do much more than you can, which could lead to risky situations and behaviour.

- Doing things you normally wouldn't which can cause problems. Such as spending lots of money, having casual sex with different partners, using drugs or alcohol, gambling or making unwise business decisions.
- Being much more social than usual.
- Being argumentative, pushy or aggressive.

Mania is associated with bipolar disorder.

You can find more information about '**Bipolar disorder**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

What are the symptoms of depression?

You may feel the following if you have depressive symptoms.⁸

- Low mood,
- Less energy, tired or 'slowed down',
- Hopeless or negative,
- Guilty, worthless or helpless,
- Less interested in things you normally like to do,
- Difficulty concentrating, remembering or making decisions,
- Restless or irritable,
- Sleep too much, not being able to sleep or have disturbed sleep,
- More or less hungry than usual or have a weight change, or
- Thoughts of death or suicide or attempt suicide.

You can find more information about '**Depression**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

4. Are there different types of schizoaffective disorder?

There are 3 main types of schizoaffective disorder:⁹

What is manic type?

This means you have symptoms of schizophrenia and mania at the same time through a period of illness.

What is depressive type?

This means you have symptoms of schizophrenia and depression at the same time through a period of illness.

What is mixed type?

This means you have symptoms of schizophrenia, depression and mania through a period of illness.

[Top](#)

5. What causes schizoaffective disorder?

Psychiatrists don't know precisely what causes schizoaffective disorder. But we do know that you will have a chemical imbalance in your brain if you have the condition.¹⁰

Research shows that genetic and environmental factors can increase your risk of developing the illness.

What are genetic factors?

Schizoaffective disorder is slightly more common if other members of your family have schizophrenia, schizoaffective disorder or bipolar disorder.¹¹ This suggests that genetics may have a role to play in the development of schizoaffective disorder.

What are environmental factors?

Environmental factors are your personal experiences. It is thought that stress can contribute towards a schizoaffective episode. Stress can be caused by many different things such as bereavement, debt or employment problems.¹²

It is thought that childhood trauma can be a factor in the condition developing in later life.¹³ Research shows that bad treatment in your childhood can make psychosis more likely.¹⁴

There is information on self-help techniques later on in this factsheet. Self help can help you to manage your symptoms and stress.

You can find out more information '**Does Mental Illness Run in Families?**' at www.rethink.org. Or contact our General Enquiries Team on 0121 522 7007 and ask for a copy to be sent to you.

[Top](#)

6. How is schizoaffective disorder treated?

National Institute for Health and Care Excellence (NICE) recommends that you should be offered a combination of medication and talking therapies.^{15,16}

NICE create guides for health professionals to follow when treating and caring for a particular condition. The care and treatment for schizoaffective disorder can be found in different guidelines. The most common guidelines used are the following.

- **Psychosis and schizophrenia in adults: prevention and management.** You can access the guidelines here: www.nice.org.uk/guidance/cg178
- **Bipolar disorder: assessment and management.** You can access the guidelines here: www.nice.org.uk/guidance/cg185
- **Depression in adults: recognition and management.** You can access the guidelines here: www.nice.org.uk/guidance/cg90

What medication should I be offered?

The medication you are offered will depend on the type of schizoaffective disorder you have. Your medication may be a mix of antipsychotics, antidepressants and mood stabilisers.

- Manic type schizoaffective disorder is likely to be treated with a mood stabiliser and an antipsychotic drug.
- Depressive type is likely to be treated with a mood stabiliser and antidepressant.
- For an acute episode of schizoaffective disorder, you may be offered antipsychotic medication.¹⁷ An acute episode means that you become very unwell quickly.

Your doctor may also offer you sleeping tablets, or a sedative called benzodiazepines.¹⁸ This type of medication is addictive so you will normally only have them for a few weeks.¹⁹

You may forget or not want to take your medication every day. You can ask your doctor about a depot injection instead. You will be given the injection every 2 or 4 weeks. You won't have to take tablets if you have a depot injection.

Your doctor may offer you antidepressants. Antidepressants can trigger manic episodes for some people.²⁰ Your doctor should monitor your medication.²¹

Your GP should consult a psychiatrist if they want to give you an antidepressant along side another medication such as a mood stabiliser or antipsychotic medication.²² Your doctor should do regular physical health checks to monitor mood stabiliser and antipsychotic medication.^{23,24}

What talking treatments should I get?

The guidance says the NHS should offer you talking treatments and family intervention as part of your recovery.

Cognitive Behavioural Therapy (CBT) is the main treatment NICE recommends. NICE guidance says that supportive psychotherapy or counselling will not help with psychotic symptoms. But your team should think about your preference.²⁵

What is CBT?²⁶

CBT is a talking treatment. It is there to try and help you to:

- understand links between your thoughts, feeling and actions,
- understand your symptoms and how they affect your day to day life, and
- look at your perceptions, beliefs and reasoning.

CBT aims to:

- help you to be aware of signs that your thoughts, feelings or behaviours are changing,
- give you a way of coping with your symptoms
- reduce stress, and
- improve your functioning

What is family intervention?

Family intervention is where you and your family work with mental health professionals to help to manage relationships.

It should be offered to people who you live with or who you are in close contact with. The support that you and your family are given will depend on what problems there are and what preferences you all have. This could be group family sessions or individual sessions.

Your family should get support for 3 months to 1 year and should have at least 10 planned sessions.²⁷

Family intervention could be to:^{28, 29}

- learn more about your symptoms, and
- improve communication among family members.

Family intervention could help you and your family to:

- learn more about your symptoms,
- understand what is happening to you,
- improve communication with each other,
- know how to support each other,
- think positively,
- become more independent,
- be able to solve problems with each other,
- know how to manage a crisis, and
- improve mental wellbeing.

What is art therapy?³⁰

Art therapy should be considered for you if your psychosis keeps coming back. This is known as reoccurring psychosis. Art therapy may be more useful if you have depressive symptoms such as withdrawing from family and friends.

Art therapy will usually be in a group run by an art therapist. It is there to mix different communication techniques with creativity.

Art therapy aims to help you to:

- learn new ways of relating to other people,

- show how you are feeling,
- accept your feelings, and
- understand your feelings

You can find more information about:

- Antipsychotics
- Antidepressants
- Mood stabilisers
- Benzodiazepines
- Medication - Choice and Managing Problems
- Talking treatments
- NHS mental health teams
- Care programme approach

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

7. Who will manage my treatment?

There are different NHS mental health teams that can support and treat you. Health professionals from different backgrounds work in the teams shown below. They work together to help you get better.

What is an NHS Early intervention in psychosis team (EIT)?

An NHS Early intervention in psychosis team (EIT) can support you if you experience psychosis for the first time.³¹

The National Institute for Health and Care Excellence (NICE) recommends that early intervention services should be open to people of all ages.³²

You should be referred to the EIT without delay. Your local EIT will aim to first see you within 14 days.³³

You can sometimes self-refer to your local EIT. This means that you can contact them and ask for help, without first seeing your GP or another medical professional. Sometimes your family or friends can refer you too.

You should be able to find your local EIT on the internet. You can use a search term like 'NHS early intervention psychosis team Leicestershire'. Or you can call NHS 111 and ask for contact details for your local team, or ask your GP to refer you.

What is an NHS community mental health team (CMHT)?

A community mental health team (CMHT) can support you to recover from mental health issues. They can give you short or long-term care and treatment in the community. You might move from an Early intervention in psychosis team to a CMHT if you need longer term care.

You usually need to be referred to CMHT by your GP or another medical or social care professional.

What is an NHS crisis team?

A crisis team can support you if you are having a mental health crisis in the community. They offer short term support to help prevent hospital admission. They can arrange for you to go to hospital if you are very unwell.

A crisis team can also support you when you are discharged from a short stay in hospital.

You can get crisis support by:

- looking on your local NHS trust's website for information,
- calling your local NHS urgent mental health helpline. Follow this link: www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline
- calling NHS 111, or
- talking to your GP.

Your local NHS urgent mental health helpline will tell you what you need to do to access your local crisis team.

What is an NHS assertive outreach team?

An assertive outreach team (AOT) may work with you if you are 18 or over and you need intensive support because of complex mental health needs.³⁴ The team aim to give you support, so that you are able to get the treatment or care that you need from other services.

There isn't AOTs in every area. You usually need your CMHT team to refer you to your local AOT team.

What is the Care Programme Approach (CPA)?

The Care Programme Approach (CPA) is a package of care that is used by mental health services. CPA should be available if you have a wide range of needs from different services or you are thought to be a high risk of harm.³⁵ This is known as having complex care needs.

You will have a care plan and a professional to coordinate your care if you are under CPA. All care plans must include a crisis plan.³⁶

Not everyone who is supported by a mental health team will be under CPA.

You can find more information about '**Care Programme Approach (CPA)**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

How can my GP support me?

If your symptoms respond well to treatment you can be referred back to your GP. You should be asked if you are happy for this to happen.

Your GP will monitor your symptoms and will do physical health checks with you.³⁷ They can prescribe repeat medication that you need for your condition. But they should consult with a psychiatrist if your medication needs to be changed.

Your GP can refer you back to the mental health teams shown above if necessary.

You can find more information about '**NHS mental health teams**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

8. What if I am not happy with my treatment?

If you aren't happy with your treatment you can:

- talk to your doctor about your treatment options,
- ask for a second opinion,
- ask a relative, friend or advocate to help you speak your doctor,
- contact Patient Advice and Liaison Service (PALS), or
- make a complaint.

There is more information about these options below.

What can I say to my doctor?

You should first speak to your doctor about your treatment. Explain why you aren't happy with it, giving specific reasons. You could ask what other treatments you could try.

Tell your doctor if there is a type of treatment that you would like to try. Doctors should listen to your preference. If you're not given this treatment, ask your doctor to explain why they think it's not suitable for you.

Can I get a second opinion?

A second opinion means that you would like a different doctor to give their opinion about what treatment you should have. You can also ask for a second opinion if you disagree with your diagnosis.

You don't have a right to a second opinion. But your doctor should listen to your reason for wanting a second opinion.³⁸

You can find more information about '**Second opinions**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

What is advocacy?

Advocates help you to deal with and overcome issues that you have. They are independent from the NHS and free to use.

They can be useful if you find it difficult to get your views heard. There are 3 types of advocates that might be able to help if you are unhappy about your treatment.

- **NHS complaints advocates** can help if you want to make a complaint to the NHS. These are available in all areas.
- **Community or mental health advocates** can support you to get a health professional to listen to your concerns. These are available in some areas only.
- **Independent Mental Health Advocates** can help and advise you if you're detained under the Mental Health Act.

You can find more information about '**Advocacy**', including how to find advocates, at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

What is the Patient Advice and Liaison Service (PALS)?

PALS is part of the NHS. They give information and support to patients and can help you to resolve issues.

You can find your local PALS through this website link:

[www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

[Top](#)

How can I complain?

If you are still unhappy with the issues you have with your treatment after speaking to your doctor, you can complain.

You can complain verbally or in writing. Make sure that you say that you are making a complaint.

You can find more information about '**Complaints: NHS and social services**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

9. What are self-care and management skills?

You can learn to help manage your symptoms by looking after yourself. Self-care is how you take care of your diet, exercise, daily routine, relationships and how you are feeling.

What are peer support and self-management programmes?

Peer support means that you get support from people who live with mental illness too.

- You can get peer support by joining a support group, or

- You may be able to get peer support and self management programmes through your mental health team.

You can search for local support groups below:

- **Rethink Mental Illness:** www.rethink.org/about-us/our-support-groups
- **Local Minds:** www.mind.org.uk/about-us/local-minds/

Peer support through the community mental health team should be given by a person who has recovered from psychosis and is well.³⁹

Peer support and self-management programmes might be able to give you information and advice about:

- how medication can be helpful,
- help you to notice and manage your symptoms,
- how to access mental health support,
- how to access other support services,
- how to cope with stress and other problems,
- what to do in a crisis,
- help you to build a social support network,
- help you to notice when you are becoming unwell, and
- help you to set personal recovery goals.

What are recovery colleges?

Recovery colleges are part of the NHS. They offer free courses about mental health to help you manage your symptoms. They can help you to take control of your life and become an expert in your own wellbeing and recovery. You can usually self-refer to a recovery college.

Recovery colleges aren't available in all areas. To see if there is a recovery college in your area you can search in the internet. You can use a search term like 'NHS recovery college Leicestershire'.

What is a Wellness Recovery Action Plan (WRAP)?

A Wellness Recovery Action Plan (WRAP) is a plan that you make to help you stay well and achieve what you would like to. The WRAP looks at areas like how you are affected by your illness and what you could do to manage them.

There is more information about the WRAP in the [Further Reading](#) section at the end of this factsheet.

[Top](#)

10. What risks can schizoaffective disorder cause?

The risk of suicide is higher for the first few years after your symptoms start.⁴⁰ You can seek treatment early and make a crisis plan. The right treatment can help control your symptoms and help to lower the risk of suicide.

You can make a crisis plan yourself or you can ask someone to help you. A crisis plan is a plan of action that you will follow to help with suicidal feelings. Usually a plan will include people, services and activities that can help you.

You can find out more about **'Suicidal thoughts: How to cope'** at www.rethink.org. Or call our General Enquiries team 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

11. What if I am a carer, friend or relative?

What support can I get?

You can get support if you care for someone with schizoaffective disorder. These are some options for you:

- Family Intervention through the NHS
- Join a carers service
- Join a carers support group
- Ask your local authority for a carer's assessment
- Read about the condition
- Apply for welfare benefits for carers

Rethink Mental Illness run carers' support groups in some areas. You can also search for groups on the Carers Trust website:

- **Rethink Mental Illness:** www.rethink.org/about-us/our-support-groups
- **Carers Trust** – <https://carers.org/search/network-partners>;

How can I support the person I care for?

You might find it easier to support someone with schizoaffective disorder if you understand their symptoms, treatment and self-management skills.

You should be aware of what you can do if you are worried about their mental state or risk of self-harm. It can be helpful to know contact information for their mental health team or GP.

You could find out from your relative if they have a crisis plan. You could help your relative to make a crisis plan if they don't have one.

You can find out more information about:

- Supporting someone with a mental illness
- Carers assessment – Under the Care Act 2014
- Benefits for carers
- Getting help in a crisis
- Suicidal thoughts - How to support someone

- Responding to unusual behaviour
- Confidentiality and information sharing - For carers, friends and family

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

Further Reading

Wellness Recovery Action Plan (WRAP) Plus. Formerly living without Depression and Manic Depression - Mary Ellen Copeland, PhD.

The Wellness Recovery Action Plan® or WRAP® is a self-designed wellness process. You can use a WRAP to get well, stay well and make your life your own. It was developed in 1997 by a group of people who were searching for ways to overcome their own mental health issues and move on to fulfilling their life dreams and goals.

Website: www.mentalhealthrecovery.com

Useful Contacts

The Hearing Voices Network

This service gives support and understanding for those who hear voices or experience other types of hallucination.

Address: 86-90 Paul Street London EC2A 4NE

Email: info@hearing-voices.org

Website: www.hearing-voices.org

References

¹ Royal College of Psychiatry. *Schizoaffective Disorder*.

<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/schizoaffectivedisorder.aspx> (Accessed 27th April 2017).

² Rull G, Knott L. Schizoaffective disorder. Patient; *Trusted medical information and support*. 2015;23 (1713) www.patient.co.uk/doctor/Schizoaffective-Disorder.htm (Accessed 3rd April 2017).

³ World Health Organisation. *International Statistical Classification of Diseases and Related Health Problems 10th Revision. Schizoaffective disorders F25*. <http://apps.who.int/classifications/icd10/browse/2016/en#/F25.2> (accessed 27th April 2017) .

⁴ As note 1

⁵ American Psychiatric Association. *Diagnostic and Statistical manual of mental disorders 5th edition*. Page 50.

⁶ Foussias, G. & Reamington, G. Negative Symptoms in Schizophrenia: Avolition and Occam's Razor. *Schizophr Bull*. 2010; 36(2): 359–369

⁷ As note 1

⁸ As note 1

⁹ World Health Organisation. *International Statistical Classification of Diseases and Related Health Problems 10th Revision. Schizoaffective disorders F25*. <http://apps.who.int/classifications/icd10/browse/2010/en#/F25> (accessed 3rd April 2017)

¹⁰ As note 1

-
- ¹¹ Laursen, T.M. et al. Family history of psychiatric illness as a risk factor for schizoaffective disorder: a Danish register-based cohort study. *Archive of General Psychiatry* 2005; 62(8): 841-848
- ¹² As note 1
- ¹³ As note 1
- ¹⁴ Barker, V. et al. An integrated biopsychosocial model of childhood maltreatment and psychosis. *BJPsych*,2015: 206(3), p.177 – 180
- ¹⁵ National Institute for Health and Clinical Excellence. *Psychosis and schizophrenia in adults: prevention and management*. Clinical Guidance 178. London: National Institute for Health and Clinical Excellence; 2014. para 1.3.4.1.
- ¹⁶ As note 14 at para 1.4.2.1.
- ¹⁷ As note 1
- ¹⁸ Joint Formulary Committee. *British National Formulary 69*. London: Pharmaceutical Press; 2015. Page 225 para 4.1.
- ¹⁹ NHS. *Treatment options for insomnia*.
<http://www.nhs.uk/Conditions/Insomnia/Pages/treatmentoptions.aspx> (accessed 21st April 2017)
- ²⁰ National Institute of Health and Clinical Excellence. *Bipolar disorder the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care*. Clinical Guidance 185. London: National Institute for Health and Clinical Excellence; 2014. Page 39
- ²¹ National Institute of Health and Clinical Excellence. *Depression in adults: recognition and management*. Clinical Guidance 90. London: National Institute for Health and Clinical Excellence; 2009. Para 1.5.2.6.
- ²² As note 19, para 1.8.1.6.
- ²³ As note 14, para 1.5.1.3.
- ²⁴ As note 18, para 1.10.19 - 1.10.24.
- ²⁵ As note 14, para 1.4.4.4.
- ²⁶ As note 14, para 1.3.7.1..
- ²⁷As note 14, para 1.3.7.2.
- ²⁸Dorset Healthcare NHS. *What is family intervention?*
<http://www.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare/Downloads/Managing%20Your%20Health/Therapy%20Information%20Leaflets/L130-09FamilyIntervention.pdf> (accessed 26th April 2017).
- ²⁹ As note 14, para 1.3.7.2..
- ³⁰ As note 14, para 1.4.4.4.
- ³¹ National Institute for Health and Care Excellence. *Psychosis and schizophrenia in adults: treatment and management*. Clinical Guidance 178. London: National Institute for Health and Care Excellence; 2014. Page 7.
- ³² National Institute for Health and Care Excellence. *Psychosis and schizophrenia in adults: treatment and management*. Clinical Guidance 178. London: National Institute for Health and Care Excellence; 2014. Para 1.3.1.1.
- ³³ National Institute of Health and Clinical Excellence. *Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance*. (2016)
www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/04/eip-guidance.pdf (accessed 20 November, 2020). Page 8
- ³⁴ Department of Health. *The Mental Health Implementation Policy Guide*. London: Department of Health; 2001. Page 26.
<http://www.wales.nhs.uk/sites3/Documents/776/CRHT%20PIG.pdf> (accessed 7th September 2020).
- ³⁵ Department of Health. *Refocusing the Care Programme Approach: Policy and Positive Practice Guidance*. London: Department of Health; 2008. Page 2.
- ³⁶ Department of Health. *Refocusing the Care Programme Approach: Policy and Positive Practice Guidance*. London: Department of Health; 2008. Page 19.
- ³⁷ As note 14, para 1.5.3.2.
- ³⁸ General Medical Council. *Good Medical Practice*. Manchester: GMC; 2013. Para 16(e).
- ³⁹ As note 14, para 1.1.6.1.
- ⁴⁰ As note 14, page 6.

This factsheet is available
in large print.

Rethink Mental Illness Advice Service

Phone 0808 801 0525
Monday to Friday, 9:30am to 4pm
(excluding bank holidays)

Email advice@rethink.org

Did this help?

We'd love to know if this information helped you.

Drop us a line at: feedback@rethink.org

or write to us at Rethink Mental Illness:

RAIS
PO Box 17106
Birmingham B9 9LL

or call us on 0808 801 0525

We're open 9:30am to 4pm
Monday to Friday (excluding bank holidays)



Leading the way to a better
quality of life for everyone
affected by severe mental illness.

For further information
on Rethink Mental Illness
Phone 0121 522 7007
Email info@rethink.org



facebook.com/rethinkcharity



twitter.com/rethink_



www.rethink.org

Need more help?

Go to www.rethink.org for information on symptoms, treatments, money and benefits and your rights.

Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

Need to talk to an adviser?

If you need practical advice, call us on 0808 801 0525 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

Can you help us to keep going?

We can only help people because of donations from people like you. If you can donate please go to www.rethink.org/donate or call 0121 522 7007 to make a gift. We are very grateful for all our donors' generous support.