

# Psychosis

This factsheet covers what psychosis is and how you can get treatment. This information is for people who are 18 or over affected by mental illness in England. It's also for their loved ones and carers and anyone interested in this subject.

## Key Points.

- Psychosis is a term used to describe when people lose some contact with reality.
- Common symptoms of psychosis are hearing voices or having strong beliefs that are not shared by people within your community. For example, you may be worried that secret agents are trying to harm you and your loved ones.
- Psychosis can be a one-off experience or be linked to other long-term mental health conditions. Some people can make a complete recovery.
- There is no single cause of psychosis. Researchers suggest that the environment and someone's genetics may cause psychosis. Psychosis can also be caused by physical health problems, such as a brain tumour.
- You should be offered medication and talking therapy to help with your experiences if they are distressing.
- To access treatment for psychosis, you usually need to have an assessment by a specialist mental health service. Such as the early intervention in psychosis team' (EIT) or a Community Mental Health Team (CMHT).

## This factsheet covers:

1. [What is psychosis?](#)
2. [What causes psychosis?](#)
3. [What mental health conditions are linked with psychosis?](#)
4. [How do I get help if I am experiencing psychosis?](#)
5. [What treatment should the NHS offer me?](#)
6. [What if I am not happy with my treatment?](#)
7. [What can I do to manage psychosis?](#)
8. [Information for carers, friends and relatives](#)

## 1. What is psychosis?

Psychosis is a term used to describe when a person interprets or perceives reality in a different way to those around them. If you experience psychosis, you may process the world around you differently to other people. You might see or hear things that others do not. Or believe things other people do not. Some people describe psychosis as a "break from reality".

There are different terms used to describe psychosis. Such as "psychotic symptoms", "psychotic episode" or "psychotic experience". If you are experiencing psychosis for the first time, this can sometimes be called "first-episode of psychosis".

Traditionally psychosis has been seen as a symptom of mental illness. But this isn't necessarily the case. Psychosis is not always because of a mental illness.<sup>1</sup> There are many theories about what causes people to experience psychosis.<sup>2</sup>

You may not find it helpful to think of your experiences as symptoms of a mental illness.<sup>3</sup> You may have a different reason as to why you experience psychosis. For example, due to traumatic experiences you may live with psychosis.

The way you experience psychosis may be different to the way someone else experiences psychosis. Some people make a complete recovery from psychosis.

This factsheet will use the word 'experiences' to describe what you may go through if you have psychosis. In mental healthcare, your experiences may be referred to as 'symptoms of psychosis'.

Common symptoms of psychosis are:

- Hallucinations
- Delusions
- Cognitive impairments

These symptoms are described in further detail below.

### **Hallucinations**

These are when you see, hear, smell, taste or feel things that other people don't.<sup>4</sup> For example:

- hearing voices or sounds other people can't,
- seeing things which other people do not see,
- tasting things when you haven't had or eaten something,
- feeling someone touching you who is not there, or
- smelling things which other people cannot.

Hearing voices or other sounds is the most common type of hallucination.<sup>5</sup>

For example, voices may be:

- female or male,
- someone you know or someone you've never heard,
- in a different language or in a different accent to your own,
- whispering or shouting,
- friendly and nice, or
- negative and disturbing.

You might hear voices sometimes, for example only for a few minutes, once a month. Or you may hear voices everyday that last for hours at a time.

### **Delusions**

These are unusual beliefs that other people within your community do not share, even though they feel real to you.<sup>6</sup>

For example, you may worry:

- that you are being followed by secret agents or members of the public,
- that people are out to get you or trying to kill you. This can be strangers or people you know,
- that a chip has been planted in your brain to monitor your thoughts, or,
- your food or water has been poisoned.

There are different types of delusions that people experience. For example, you may think you are a very powerful person or that you're God. These kinds of thoughts are called 'delusions of grandeur'.

You may not always find delusions or your unusual beliefs distressing, although people often do. You may be able to stay in work and function well even if you have these worries.

### **Cognitive impairments**

Cognitive impairments are ones that relate to mental action. Such as learning, remembering and functioning.

Some cognitive impairments associated with psychosis are:

- concentration problems,
- memory problems,
- difficulties in understanding new information, and
- difficulty making decisions.

## 2. What causes psychosis?

Nobody knows exactly what causes psychosis, researchers have not identified one single cause. There are different reasons why you may experience psychosis. It is thought that most people who experience psychosis, it is due to their life experiences. Which are largely out of their control.<sup>7,8</sup>

Psychosis can be:<sup>9</sup>

- part of a neurological condition such as dementia, Alzheimer's or Parkinson's,
- triggered by a brain injury,
- a side effect of medication,
- an effect of illegal drugs such as cannabis, or
- an effect of illegal drugs or alcohol withdrawal,
- triggered by menopause, or,<sup>10</sup>
- triggered during times of severe stress or anxiety.<sup>11</sup>

Some people also experience hallucinations if they are very tired.<sup>12</sup>

Research shows men from Black, Asian and Minority ethnic (BAME) backgrounds are more likely to experience psychosis.<sup>13</sup> In addition to this, research also suggests that voice hearing experiences are different across different cultural backgrounds.<sup>14</sup>

Below we have described in further detail about how life experiences, genetics and brain chemicals may lead to psychosis.

### Life experiences

There is evidence that stressful life experiences can cause psychosis. In particular, abuse or other traumatic experiences.<sup>15</sup> A review found that over ½ of clients that were in hospital for mental health problems had either been physically or sexually abused as children.<sup>16</sup>

As stated, research suggests there are many different types of life experiences that can trigger psychosis or make you relapse. These include:

- stress, or anxiety,<sup>17</sup>
- drugs and alcohol misuse or withdrawal,<sup>18,19</sup>
- homelessness,<sup>20</sup>
- delirium. This is a state of mental confusion which may follow a serious physical illness or an operation,<sup>21</sup>
- grief, divorce or separation,<sup>22</sup>
- childbirth<sup>23</sup>
- racism,<sup>24</sup> and
- tiredness.<sup>25</sup>

## Genetic causes

Research suggests that mental illness can run in families.<sup>26</sup> But at the moment it isn't possible to separate genetics and life experiences to work out the cause of mental illness.<sup>27</sup>

## Brain chemicals

Research suggests that changes to your brain chemistry can cause psychosis.<sup>28</sup> But it's not known why the chemicals in your brain change.

You can find more information about:

- Does mental illness run in families?
- Drugs, alcohol and mental health
- Cannabis and mental health
- Stress - how to cope

at [www.rethink.org](http://www.rethink.org). Or call our General Enquires team on 0121 522 7007 and ask them to send you a copy of our factsheet.

## 3. What mental health conditions are linked with psychosis?

Psychosis can be a one-off experience or part of a mental health condition. Some conditions psychosis can be related to are:

- [Schizophrenia](#)
- [Bipolar](#)
- [Schizoaffective disorder](#)
- [Drug induced psychosis](#)
- [Depression with psychotic symptoms](#)
- [Postpartum psychosis](#)
- [Delusional disorder](#)
- [Brief psychotic episode](#)

Below we have explained how psychosis can be linked to these mental health conditions in further detail.

For more information about psychosis linked to neurological conditions or brain injuries, please look at the "[Useful Contacts](#)" section at the end of this factsheet.

## Schizophrenia

You may get a diagnosis of schizophrenia if you experience a mixture of what medical professionals call 'positive symptoms' and 'negative symptoms'.

You may experience both negative and positive symptoms as described below.

### Positive symptoms

Positive symptoms are something you experience in addition to your normal experience. They include:

- Hallucinations. Such as hearing voices or seeing things, such as spiders.
- Delusions. Such as having beliefs that other people do not share.
- Disorganised thinking. Such as switching from one topic to another with no clear link between the two.

### Negative symptoms

Negative symptoms are things which are taken away from your normal experience. They include:

- 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, and
- low sex drive.

### **Bipolar disorder**

Bipolar disorder can be a life-long mental health problem that mainly affects your mood. Your mood can change massively. You may experience episodes of mania and depression.

If you experience manic symptoms, you may also experience psychosis. For example, you may experience grandiose delusions. This means that you may believe that you are able to achieve something which can't be achieved. For example, you may believe you have special powers or are on a special mission.

Not everyone with bipolar will experience psychosis. And you may feel well between episodes of mania and depression. When your mood changes, you might see changes in your energy levels or how you act.

### **Schizoaffective disorder**

Schizoaffective disorder is a mental illness that can affect your thoughts, mood and behaviour. You may experience symptoms of both bipolar and psychosis.<sup>29</sup>

### **Drug induced psychosis**

People who use or withdraw from alcohol and drugs can experience psychosis.<sup>30</sup>

In rare situations side effects of medication can cause psychosis. Also taking too much medication can cause psychosis.<sup>31</sup>

### **Depression with psychotic symptoms**

You may experience symptoms of psychosis if you live with severe depression. Severe depression means that your symptoms are more severe than someone who has mild or moderate depression.

If you have a diagnosis of depression, you may:

- feel low,
- lack motivation,
- lack energy,
- feel guilty,
- lose your appetite, and
- sleep poorly.

### **Postpartum psychosis<sup>32</sup>**

If you experience symptoms of psychosis after giving birth, this is known as postpartum psychosis. This can also be known as puerperal psychosis. This is a rare condition and it's most likely to happen suddenly within 2 weeks of giving birth.

If you experience postpartum psychosis, you may:

- experience symptoms of psychosis i.e., hearing voices or having worrying beliefs,
- feel confused,
- be suspicious,
- talk very quickly,
- think very quickly, and
- show signs of depression.

This is a serious mental health condition and should be treated as an emergency. If you don't get treated quickly there is a risk that your mental health could deteriorate fast.

You are likely to make a full recovery as long as you get the right treatment. You may be admitted to a mother and baby unit for support.

### **Delusional disorder<sup>33</sup>**

You may have a delusional disorder if you have a firmly held belief or beliefs that other people within your community do not share. These are likely to be constant and lifelong beliefs. You are unlikely to hear voices with this disorder.

### **Brief psychotic episode<sup>34</sup>**

You will experience psychosis for a short period of time. Often this is linked to extreme stress. But this is not the case all of the time.

Your experience of psychosis will usually develop gradually over a period of 2 weeks or less. You are likely to fully recover within a few months, weeks or days.

You can find more information about:

- Schizophrenia
- Bipolar disorder
- Schizoaffective disorder
- Depression
- Personality disorders
- Hearing voices
- Post-traumatic stress disorder

at [www.rethink.org](http://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. How do I get help if I am experiencing psychosis?**

You may decide to get help for your experiences. The earlier you seek help, the better the chances of getting effective treatment.

You can get help from:

- The NHS
- Adult social services
- Charities
- Self help manuals

#### **How can the NHS help me?**

You can speak to your GP about your concerns. They will be able to talk to you about treatment options and coping strategies. You don't have to do what your GP thinks that you should do, but you should listen to their advice. Make sure that you understand the pros and cons of your treatment options before you make a decision.

Your GP should not give you antipsychotic medication without first talking to a psychiatrist.<sup>35</sup>

Your GP should refer you to a secondary mental health team if this is the first time that you have asked for help.<sup>36</sup> You should be assessed quickly.<sup>37</sup> A secondary mental health team will usually be called the:

- early intervention in psychosis team (EIT)
- community mental health team (CMHT), or
- crisis team.

You or your carer can often make a self-referral to a secondary mental health team if this is the first time that you have experienced psychosis.<sup>38</sup>



EIT's specialise in helping people who experience psychosis for the first time. But they aren't available in all areas of England. To find your local secondary mental health team you can try the following.

- You can ask your GP for their details.
- You can call NHS 111.
- Use an internet search engine. Use a term like "early intervention in psychosis Camden".

Please look at section 5 of this factsheet, ['What treatment should the NHS offer me?'](#) for more information.

### Support under the care programme approach (CPA)

Secondary mental health teams can support you using a package of care called the 'Care Programme Approach.' This means that you will have a care coordinator and a care plan. A care coordinator will have regular contact with you. And they will manage your care plan to make sure that you get the help that you need. This can include both treatment and social care needs.

### Support for physical health

You are at a higher risk of physical health issues if you have a mental illness. Your risks can include being overweight, having coronary heart disease or diabetes.<sup>39</sup>

Because of the increased risk you should have regular physical health checks.<sup>40</sup> Such as a full health check including weight, blood pressure and other blood tests when you start antipsychotic medication.<sup>41</sup>

It could also include:

- a combined healthy eating and physical activity programme.
- support to help you to stop smoking.

### **How can adult social services help me?**

Your local authority is responsible for your social care and support. The social services team are part of the local authority.

If you need help and support to look after yourself then you can have an assessment by social services. For example, you may need support so that you can:<sup>42</sup>

- get out of the house,
- keep in touch with friends and family,
- get a job or take part in education,
- clean your house,
- prepare meals or go shopping,
- keep safe,
- manage your money,
- take part in leisure activities, or

- contribute to society. For example, volunteering.

## **What other help is available?**

### Charities

In some areas, charities will support people who experience psychosis. This may be through support groups where you can talk to other people who also experience psychosis. Or there may be a different service available for you, such as employment or isolation support.

You can look on our website [www.rethink.org](http://www.rethink.org) to see if we have any support groups or services in your area. Click on 'Help in your area' at the top of the webpage.

Some of the other national mental health charities are:

- [Mind](#),
- [Richmond Fellowship](#),
- [Together](#), and
- [Turning Point](#).

You can look on their websites to see what support they offer in your area.

If you would like us to look for you, please contact our advice line on 0808 801 0525.

### Self-help

There are things that you can do to help manage your mental health. This is called 'self-help.' You can read more about self-help in [section 7](#) of this factsheet. You can find more information about:

- NHS Mental Health Teams (MHTs)
- Care Programme Approach
- Social care assessment - under the Care Act 2014

at [www.rethink.org](http://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](#)

## **5. What treatment should the NHS offer me?**

The National Institute for Health and Care Excellence (NICE) recommend that you should be offered antipsychotic medication and talking therapy if you experience psychosis.<sup>43</sup> If you decide not to take medication you should still be offered talking therapy.<sup>44</sup>

NICE produce guidelines for how health professionals should treat certain conditions. You can download these from their website at [www.nice.org.uk](http://www.nice.org.uk).

Your GP may refer you to a specialist mental health team such as the early intervention team (EIT), community mental health team (CMHT), or crisis team.

## **Medication**

Antipsychotic medication can help with psychosis.<sup>45</sup> Your doctor should give you information about antipsychotics including side effects. You and your doctor should choose the medication together.<sup>46</sup>

Some people find they do not start to recover until they get the right medication. It is important to take the medication every day to help your symptoms.

Try not to be too upset if the first antipsychotic that you try doesn't help. There are lots of different antipsychotics to try because people respond better to different medications. Some may not improve your symptoms and may cause side effects.

You can discuss your medication with your doctor if your medication is not working. Or you are finding the side effects hard to deal with. There might be another medication that will suit you better.

Doctors should check that your medication is working. They should also give you a physical health check 12 weeks after the start of medication and then at least once a year. Some antipsychotic medication can make you put on weight. So, your weight should be monitored each week for the first 6 weeks.<sup>47</sup>

There is a high risk of relapse if you stop taking medication within the first 1 to 2 years, following your first episode of psychosis.<sup>48</sup>

## **Talking therapies**

There are different types of talking therapies recommended for people who have psychosis.

### Cognitive behavioural therapy for psychosis (CBTp)

CBTp can help you understand your experiences and any upsetting and worrying thoughts and beliefs.<sup>49</sup> You can discuss new ways of thinking about them and dealing with them with your therapist. You may also discuss what may have triggered your psychosis, for example traumatic experiences.

### What is CBTp?<sup>50</sup>

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

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

CBTp 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.

### Family intervention

Family intervention is where you and your family work with mental health professionals to help you to manage your relationships. This should be offered to people who you live with or who you are in close contact with. For example, this could be your close family and close friends.

The support that you and your family and friends 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.<sup>51</sup>

Family intervention could help you and loved ones to: <sup>52,53</sup>

- 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.

### Art therapy

Art therapy may be more useful if you have depressive symptoms, such as withdrawing from people or losing interest in things that you used to enjoy.<sup>54</sup>

You will have art therapy with a therapist which usually takes place in a group. It is there to mix different communication techniques with creativity.

Art therapy aims to help you to: <sup>55</sup>

- learn new ways of relating to other people,
- show how you are feeling,
- manage your feelings, and
- understand your feelings.

### Therapy for trauma

If you have experienced trauma, your psychosis may have been triggered by this. This is something which can be treated with counselling or

therapy. Your therapist will help you to understand the root causes of your hallucinations or delusions. Your therapist should help you to explore ways to over-come and control difficult voices and beliefs. As well as helping you to manage the impact of the trauma you have experienced.

You can find more information about:

- Antipsychotics
- Medication. Choice and managing problems
- Talking therapies

at [www.rethink.org](http://www.rethink.org). Or call our General Enquires team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

## **6. What if I am not happy with my treatment?**

If you are not happy with your treatment you can:

- talk to your doctor about your treatment options,
- ask for a second opinion,
- get an advocate to help you speak to your doctor,
- contact Patient Advice and Liaison Service (PALS) and see whether they can help, or
- make a complaint.

There is more information about these options below.

### **Treatment options**

You should first speak to your doctor about your treatment. Explain why you are not happy with it. 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 are not given this treatment, ask your doctor to explain why it is not suitable for you.

### **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.<sup>56</sup>

### **Advocacy**

An advocate is independent from mental health services. They are free to use. They can be useful if you find it difficult to get your views heard.

There are different types of advocates available. Community advocates can support you to get a health professional to listen to your concerns. And help you to get the treatment that you would like.

You can search online to search for a local advocacy service. If you can't find a service you can call our advice service on 0300 5000 927. We will look for you. But this type of service doesn't exist in all areas.

### **The Patient Advice and Liaison Service (PALs)**

PALs are part of the NHS. They give information and support to patients.

You can find your local PALs details 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).

### **Complaints**

If you can't sort your problem, you can make a complaint. This is where your concerns are investigated in further detail.

You can ask a member of your health team to explain how to make a complaint

You can ask an advocate to help you make a complaint. Advocates that do this are called Independent Health Complaints Advocates. They are free to use and don't work for the NHS.

You can find out more about:

- Medication - Choice and managing problems
- Second opinions
- Advocacy
- Complaining about the NHS or social services

at [www.rethink.org](http://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. What can I do to manage psychosis?**

People deal with their experience of psychosis in different ways. You might need to try different things before finding something that works best for you.

### **Support groups**

You could join a support group. A support group is where people come together to share information, experiences and give each other support. Hearing about the experiences of others can help you feel understood. This may help you feel less alone and boost your self-confidence.

You might be able to find a local group by searching online. The charity Hearing Voices Network have face to face support groups in some areas

of the country. Their contact details are in the [‘useful contacts’](#) at the end of this factsheet.

Rethink Mental Illness have support groups in some areas. You can find out what is available in your area, or get help to set up your own support group if you follow this link:

[www.rethink.org/about-us/our-support-groups](http://www.rethink.org/about-us/our-support-groups).

Or you can call our advice service on 0808 800 0525 for more information.

### **Recovery College**

Recovery colleges are part of the NHS. They offer free courses about mental health to help you manage your experiences. 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. But please note the recovery college may tell your care team that you have been in touch.

Unfortunately, recovery colleges are not available in all areas. To see if there is a recovery college in your area you can use a search engine such as Google. Or you can call our advice service on 0808 800 0525 for more information.

### **Peer support through the NHS**

Your doctor may refer you to peer support. Peer support is when you work with someone who has lived experience of psychosis and are now in recovery.<sup>57</sup> Your peer supporter should be able to offer advice and support with:<sup>58</sup>

- side effects,
- recognising and coping with symptoms,
- what to do in a crisis,
- meeting other people who can support you, and
- recovery.

### **Self-management techniques**

Managing your condition on your own is called self-help. Health professionals may offer you help to manage your condition on your own. They may call this a self-management programme.

You can try some of the suggestions below to manage or cope with upsetting experiences.

- Speak to a supportive, friend, family member or someone else who has psychosis.
- Try relaxation techniques, such as breathing exercises.
- Do things that you find relaxing such as having a bath
- Try a complementary therapy such as meditation, massage, reflexology or aromatherapy.
- Stick to a sleep pattern, eat well and look after yourself.

- Set small goals such as going out for a walk for a small amount of time every day. Reward yourself when you achieve a goal.
- Do regular exercise such as walking, swimming, yoga or cycling.

### **Taking control of the voices**

If you hear voices, you could:

- talk back to them,
- distract yourself,
- keep a diary, or
- use a mobile app to manage voices.

#### Talk back to them

You may find that talking back to your voices helps you take control.

You could set a time each day to listen to and answer the voices. If the voice you hear is distressed and angry, you could try speaking to it in a calming voice. Some people find it helpful to visualise the voices.

If you are worried about talking back to your voices in public, you could pretend you are speaking to someone on the phone. Some people have found that wearing a face mask when they're outside is also helpful when responding to voices.

If you start to talk back to the voices, you may find that they don't like the change. Standing up to voices that frighten or bully you can be tough. You may find it helpful to have talking therapy to help you to take the power away from the negative voices.

#### Distract yourself

Listening to music, the radio or an audiobook may help you focus on something else.

Concentrating on a task such as a household chore or hobby may also help to distract you from the voices.

#### Keep a diary

You could keep a diary of your voices. You may want to keep a record of the following.

- How many voices you have?
- How often they talk to you, or each other?
- What are they saying?
- How they make you feel?
- What you do to cope with each voice?

Keeping a diary may help you to notice patterns and if anything, you are doing is making them worse. This may help you to find new ways to cope with them. For example, some people who spend a lot of time alone may hear voices. You could therefore try spending time with others to stop the voices for a period of time.



A diary may also help you to talk about your voices with your therapist and help you identify any triggers.

### Use a mobile app

The Hearing Voices mobile app offers support and promotes understanding of the challenges faced by people who hear voices. It was developed in partnership with the Hearing Voices Network England. The app is free to download. You can find more information at:

<https://hearingvoicescymru.org/hearing-voices-app-a-guide-to-understanding-helping-and-empowering-individuals/>

You can find out more about:

- Recovery
- Complementary and alternative treatments

at [www.rethink.org](http://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. Information for carers, friends and relatives**

It can be very distressing if you are a carer, friend or relative of someone who experiences psychosis. You can get support.

### **How can I get support for myself?**

You can do the following.

- Speak to your GP about medication and talking therapies for yourself.
- Speak to your relative's care team about family intervention. For more information about family intervention see [section 5](#) of this factsheet.
- Speak to your relative's care team about a carer's assessment.
- Ask for a carers assessment.
- Join a carers service. They are free and available in most areas.
- Join a carers support group for emotional and practical support. Or set up your own.

### What is a carers assessment?

NICE guidelines state that you should be given your own assessment through the community mental health team (CMHT) to work out what effect your caring role is having on your health. And what support you need. Such as practical support and emergency support.<sup>59</sup>

The CMHT or the early intervention in psychosis team (EIT) should tell you about your right to have a carers assessment through your local authority. To get a carer's assessment you need to contact your local authority.

### How do I get support from my peers?

You can get peer support through carer support services or carers groups. You can search for local groups in your area by using a search engine such as Google. Or you can call our advice service on 0808 800 0525. They will search for you.

### **How can I support the person I care for?**

You can do the following.

- Read information about hearing voices or psychosis.
- Ask the person you support to tell you what their symptoms are and if they have any self-management techniques that you could help them with.
- Encourage them to see a GP if you are worried about their mental health.
- Ask to see a copy of their care plan. They should have a care plan if they are supported by a care coordinator.
- Help them to manage their finances.

### What is a care plan?

The care plan is a written document that says what care your relative or friend will get and who is responsible for it.

A care plan should always include a crisis plan. A crisis plan will have information about who to contact if they become unwell. You should be given information about what to do in a crisis.<sup>60</sup> You can use this information to support and encourage them to stay well and get help if needed.

### Can I be involved in care planning?

As a carer you should be involved in decisions about care planning. But you don't have a legal right to this. The healthcare team should encourage the person that you care for to allow information to be shared with you.<sup>61</sup>

### What can I do if my friend or family member is in crisis?

If you think your friend or relative is experiencing psychotic symptoms you may want them to see a doctor. This can be difficult if they do not believe they are unwell. This is called 'lacking insight'.

If you think that your friend or family member is a risk of harm to themselves or others you can:

- call their GP and tell them,
- call 999 and ask for an ambulance,
- take them to A&E, or
- use your nearest relative (NR) rights to ask for a Mental Health Act assessment.

Nearest relative is a legal term under the Mental Health Act. It is different to 'next of kin.' Your nearest relative has certain rights.

### What is a Mental Health Act Assessment?

A Mental Health Act assessment is an assessment to see if someone needs to go to hospital to be treated against their will.

### How do I ask for a Mental Health Act assessment?

If you are concerned that your friend or family member is a risk to themselves or other people you could try and get a Mental Health Act assessment by contacting an Approved Mental Health Professional (AMHP).

An AMHP works for social services but can often be found through the community mental health team (CMHT) or mental health crisis team. It is best if the request comes from your friend or family members nearest relative.

The only way to give someone treatment who doesn't want it is through the Mental Health Act. Your friend or family member will only be detained under the Mental Health Act if they are assessed as a high risk to themselves or other people.

There is no definition for what high risk means. It could include:

- not being aware of hazards because of delusional thoughts or confusion,
- refusing to eat for fear that food is contaminated, or
- threatening to harm others due to delusions or severe paranoia.

Think about the following questions:

- Who is in danger of being harmed?
- What evidence do you have of this? Have they done it before?
- How has their behaviour changed?
- When did their behaviour change?
- Are they aggressive? If so, how?
- Have they tried to harm themselves or other people? If so, how and when did it happen?
- Have they stopped eating, drinking or bathing?
- Have you got any evidence to show the changes in their behaviour?

Because of the stress involved in detaining someone it is usually the best option if your friend or family member can be encouraged to get the help for themselves, such as through their GP. There is no extra care available whilst detained, compared to in the community.

You can find out more about:

- Supporting someone with a mental illness
- Getting help in a crisis

- Suicidal thoughts. How to support someone
- Responding to unusual thoughts and behaviours
- Carers assessment – Under the Care Act 2014
- Confidentiality and information sharing. For carers, friends and family
- Worried about someone's mental health
- Stress – How to cope
- Nearest Relative
- Mental Health Act

at [www.rethink.org](http://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

**Back to Life, Back to Normality: Cognitive Therapy, Recovery and Psychosis** by Douglas Turkington et al. (Cambridge University Press, 2009)

This is a self-help guide for people who experience psychosis and their carers. It helps readers use Cognitive Therapy techniques to control their symptoms and delay or prevent becoming unwell again.

**The First Episode of Psychosis: A guide for patients and their families** by M. Compton & B. Broussard (OUP USA, 2010)

This is a book covering a range of illnesses as well as issues such as stigma and a glossary of medical terms.

### **Me and My Mind**

A website produced by the South London and Maudsley (SLaM) NHS Foundation Trust. The service is for young people in the SLaM area. But there is lots of useful information on the website and resources you can download.

**Website:** [www.meandmymind.nhs.uk/](http://www.meandmymind.nhs.uk/)

### **Rufus May**

He is a psychologist who has different views on the cause and management of psychosis. His website has articles and further reading.

**Website:** [www.rufusmay.com](http://www.rufusmay.com)

### **Caring for someone with psychosis or schizophrenia**

This is a free, online course provided by Kings College in London. It is aimed at people who care for people who have psychosis or schizophrenia.

**Website:** [www.futurelearn.com/courses/caring-psychosis-schizophrenia](http://www.futurelearn.com/courses/caring-psychosis-schizophrenia)

### **The Royal College of Psychiatrists**

Their website has reliable information about different mental illnesses.

**Telephone:** 0208 618 4000

**Address:** 21 Prescott Street, London, E1 8BB

**Email through online form:** [www.rcpsych.ac.uk/about-us/contact-us](http://www.rcpsych.ac.uk/about-us/contact-us)

**Website:** [www.rcpsych.ac.uk/](http://www.rcpsych.ac.uk/)

### **The Hearing Voices Network (HVN)**

HVN are a charity. They give information, support and understanding to people who hear voices and those who support them. They also support people who have visual hallucinations and people who have tactile sensations. They have a list of self-help groups across the country.

**Address:** National Hearing Voices Network (HVN), 86-90 Paul Street, London, EC2A 4NE

**Email:** [info@hearing-voices.org](mailto:info@hearing-voices.org)

**Website:** [www.hearing-voices.org](http://www.hearing-voices.org)

### **Action on Postpartum Psychosis**

A national charity for women and families affected by postpartum psychosis. They run a peer support service, provide information, training to health professionals, do research and promote awareness.

**Phone:** 020 33229900

**Address:** Action on Postpartum Psychosis  
PO Box 137, Swansea, SA3 9BT.

**Email:** [app@app-network.org](mailto:app@app-network.org)

**Website:** [www.app-network.org](http://www.app-network.org)

### **Intervoice**

Intervoice are a charity. They encourage people all over the world to share ideas through their online community. You can also find information about hearing voices through their articles and resources.

**Address:** Barnes House, 9-15 Camden Road, London, NW1 9LQ

**Email:** [info@intervoiceonline.org](mailto:info@intervoiceonline.org)

**Website:** [www.intervoiceonline.org](http://www.intervoiceonline.org)

## Headway

Help people with a brain injury and their families.

**Telephone:** 0808 800 2244

**Address:** Headway - the brain injury association, Bradbury House, 190 Bagnall Road, Old Basford, Nottingham, NG6 8SF

**E-mail:** [helpline@headway.org.uk](mailto:helpline@headway.org.uk)

**Website:** [www.headway.org.uk](http://www.headway.org.uk)

## Alzheimer's UK

Support people with Alzheimer's and their families.

**Telephone:** 0333 150 3456

**Address:** Alzheimer's Society, Scott Lodge, Scott Road, Plymouth, PL2 3DU.

**Email through website:** [www.alzheimers.org.uk/about-us/contact-us](http://www.alzheimers.org.uk/about-us/contact-us)

**Website:** [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

## References

<sup>1</sup> British journal of general practice. <https://bjgp.org/content/67/663/436>

<sup>2</sup> Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Page 17  
[www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia) (accessed 5<sup>th</sup> November 2021).

<sup>3</sup>. Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Available at:  
[www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia) Page 17.(accessed 5th November 2021)

<sup>4</sup> NHS. *Hallucinations and hearing voices* [www.nhs.uk/conditions/hallucinations/](http://www.nhs.uk/conditions/hallucinations/) (accessed 5<sup>th</sup> November 2021)

<sup>5</sup> NHS. *Hallucinations and hearing voices* [www.nhs.uk/conditions/hallucinations/](http://www.nhs.uk/conditions/hallucinations/) (accessed 5<sup>th</sup> November 2021)

<sup>6</sup> NHS. *Symptoms. psychosis* [www.nhs.uk/conditions/psychosis/symptoms/](http://www.nhs.uk/conditions/psychosis/symptoms/) (accessed 5<sup>th</sup> November 2021)

<sup>7</sup> Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Page 42  
[www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia).

<sup>8</sup> Stilo S, Gayer-Anderson C, Beards S et al. Further evidence of a cumulative effect of social disadvantage on risk of psychosis. *Psychological Medicine*. 2017; 47 (5): 913-924.  
[https://kclpure.kcl.ac.uk/portal/files/61593588/div\\_class\\_title\\_further\\_evidence\\_of\\_a\\_cumulative\\_effect\\_of\\_social\\_disadvantage\\_on\\_risk\\_of\\_psychosis\\_div.pdf](https://kclpure.kcl.ac.uk/portal/files/61593588/div_class_title_further_evidence_of_a_cumulative_effect_of_social_disadvantage_on_risk_of_psychosis_div.pdf) (accessed 8<sup>th</sup> November 2021).

<sup>9</sup> NHS. *Causes – Psychosis*. [www.nhs.uk/mental-health/conditions/psychosis/causes](http://www.nhs.uk/mental-health/conditions/psychosis/causes) (accessed 8<sup>th</sup> November 2021)

<sup>10</sup> SAGE Journals. *Menopause and schizophrenia*.  
<https://journals.sagepub.com/doi/abs/10.1258/mi.2012.011116>

<sup>11</sup> NHS. *Causes Psychosis*. (accessed 4<sup>th</sup> November 2021).

- 
- <sup>12</sup> NCBI. *Severe Sleep Deprivation Causes Hallucinations and a Gradual Progression Toward Psychosis With Increasing Time Awake*  
[www.ncbi.nlm.nih.gov/pmc/articles/PMC6048360/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC6048360/)
- <sup>13</sup> The Mental Elf. *The 'syndemics' theory: a better explanation for ethnic disparities in the incidence and prevalence of psychosis?*  
[www.nationalelfservice.net/mental-health/psychosis/syndemics-theory-better-explanation-ethnic-disparities-incidence-prevalence-psychosis/](http://www.nationalelfservice.net/mental-health/psychosis/syndemics-theory-better-explanation-ethnic-disparities-incidence-prevalence-psychosis/) (accessed 5<sup>th</sup> November 2021).
- <sup>14</sup> Luhrmann, T. M., Padmavati, R., Tharoor, H., & Osei, A. (2015). Differences in voice-hearing experiences of people with psychosis in the USA, India and Ghana: interview-based study. *The British Journal of Psychiatry*, 206(1), 41-44. (accessed 16<sup>th</sup> January 2022).
- <sup>15</sup> Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Page 42. [www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia) (accessed 8<sup>th</sup> November 2021)
- <sup>16</sup> Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Page 42 [www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia) (accessed 8<sup>th</sup> November 2021).
- <sup>17</sup> NHS. *Causes – Psychosis*. [www.nhs.uk/mental-health/conditions/psychosis/causes/](http://www.nhs.uk/mental-health/conditions/psychosis/causes/) (accessed 8<sup>th</sup> November 2021).
- <sup>18</sup> Royal College of Psychiatrists. *Alcohol and depression*. [www.rcpsych.ac.uk/mental-health/problems-disorders/alcohol-and-depression](http://www.rcpsych.ac.uk/mental-health/problems-disorders/alcohol-and-depression) (accessed 8<sup>th</sup> November 2021).
- <sup>19</sup> NHS. *Hallucinations and hearing voices* [www.nhs.uk/conditions/hallucinations/](http://www.nhs.uk/conditions/hallucinations/) (accessed 8<sup>th</sup> November 2021).
- <sup>20</sup> Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Page 44: [www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia) (accessed 8<sup>th</sup> November 2021).
- <sup>21</sup> Royal College of Psychiatrists. *Delirium*. [www.rcpsych.ac.uk/mental-health/problems-disorders/delirium](http://www.rcpsych.ac.uk/mental-health/problems-disorders/delirium) (accessed 8<sup>th</sup> November 2021).
- <sup>22</sup> Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Page 42 [www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia) (accessed 8<sup>th</sup> November 2021).
- <sup>23</sup> Royal College of psychiatrists. *Postpartum psychosis for carers*. [www.rcpsych.ac.uk/mental-health/problems-disorders/postpartum-psychosis-in-carers](http://www.rcpsych.ac.uk/mental-health/problems-disorders/postpartum-psychosis-in-carers) (Accessed 8<sup>th</sup> November 2021)
- <sup>24</sup> Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Page 45 [www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia) (accessed 8<sup>th</sup> November 2021).
- <sup>25</sup> Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Page 29: [www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia) (accessed 8<sup>th</sup> November 2021).
- <sup>26</sup> Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Page 38 [www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia) (accessed 8<sup>th</sup> November 2021).
- <sup>27</sup> Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Page 38 [www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia) (accessed 8<sup>th</sup> November 2021).



- 
- <sup>28</sup> NHS. *Postpartum psychosis* [www.nhs.uk/conditions/post-partum-psychosis/](http://www.nhs.uk/conditions/post-partum-psychosis/) (accessed 8<sup>th</sup> Nember 2021).
- <sup>29</sup> Royal College of Psychiatry. *Schizoaffective Disorder*. [www.rcpsych.ac.uk/healthadvice/problemsdisorders/schizoaffectivedisorder.aspx](http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/schizoaffectivedisorder.aspx) (Accessed 8<sup>th</sup> November 2021).
- <sup>30</sup> NHS. *Causes. Psychosis* [www.nhs.uk/conditions/psychosis/causes/](http://www.nhs.uk/conditions/psychosis/causes/) (accessed 8<sup>th</sup> November 2021)
- <sup>31</sup> NHS. *Causes. Psychosis* [www.nhs.uk/conditions/psychosis/causes/](http://www.nhs.uk/conditions/psychosis/causes/) (accessed 8<sup>th</sup> November 2021).
- <sup>32</sup> NHS. *Postpartum psychosis* [www.nhs.uk/conditions/post-partum-psychosis/](http://www.nhs.uk/conditions/post-partum-psychosis/) (accessed 8th November 2021)
- <sup>33</sup> World Health Organisation. *International Classification of Diseases version 10*. Para F.22: Delusional Disorders. <https://icd.who.int/browse10/2016/en#/F20-F29> (accessed 8th November 2021)
- <sup>34</sup> World Health Organisation. *International Classification of Diseases version 10*. Para F.23: Delusional Disorders. <https://icd.who.int/browse10/2016/en#/F20-F29> (accessed 8th November 2021)
- <sup>35</sup> 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 1.3.2.1.
- <sup>36</sup> 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 1.3.1.1.
- <sup>37</sup> 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 1.3.1.2.
- <sup>38</sup> 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 1.3.1.2
- <sup>39</sup> British journal of general practice. <https://bjgp.org/content/67/663/436> (accessed 8<sup>th</sup> November 2021)
- <sup>40</sup> 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 1.5.3.2.
- <sup>41</sup> 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 1.5.3.2.
- <sup>42</sup> Department of Health and Social Care. *Care and Support Statutory The Care Act 2014*, [www.gov.uk/guidance/care-and-support-statutory-guidance](http://www.gov.uk/guidance/care-and-support-statutory-guidance) (Accessed: 10th May 2019) Para. 1.5.
- <sup>43</sup> 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
- <sup>44</sup> 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 1.3.4.2.
- <sup>45</sup> 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 and 1.4.2.1.
- <sup>46</sup> 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 1.3.5.1
- <sup>47</sup> 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 . para 1.3.6.4
- <sup>48</sup> 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 1.4.6.3
- <sup>49</sup> 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 1.3.7.1.
- <sup>50</sup> 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 1.3.7.1.
- <sup>51</sup> 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 1.3.7.2.
- <sup>52</sup> Division of Clinical Psychology. *Understanding Psychosis and Schizophrenia*. Leicester: The British Psychological Society; 2014. Page 66  
[www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia](http://www.bps.org.uk/what-psychology/understanding-psychosis-and-schizophrenia) (accessed 8<sup>th</sup> Novemaber 2021).
- <sup>53</sup> 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 1.3.7.2.
- <sup>54</sup> 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 1.4.4.3.
- <sup>55</sup> 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 1.4.4.4.
- <sup>56</sup> General Medical Council. *Good Medical Practice*. Manchester: GMC; 2013. Para 16(e).
- <sup>57</sup> 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 1.1.6.1.
- <sup>58</sup> 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 1.1.6.3.
- <sup>59</sup> 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 1.1.5.1.

---

<sup>60</sup> 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 1.1.5.3.

<sup>61</sup> 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 1.1.5.4.

© Rethink Mental Illness 2022

Last updated: December 2021

Next update: December 2024

Version: 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



Patient Information Forum

### Did this help?

We'd love to know if this Information helped you

Drop us a line at: [feedback@rethink.org](mailto:feedback@rethink.org)

or write to us at Rethink Mental Illness:

RAIS  
PO Box 18252  
Solihull  
B91 9BA

or call us on 0808 801 0525

We're open 9:30am to 4pm

Monday to Friday (excluding bank holidays)



**Equality, rights, fair treatment, and the maximum quality of life for all those severely affected by mental illness.**

For further information on Rethink Mental Illness Phone 0121 522 7007  
Email [info@rethink.org](mailto:info@rethink.org)



[rethink.org](https://rethink.org)

### Need more help?

Go to [rethink.org](https://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 [rethink.org/donate](https://rethink.org/donate) or call 0121 522 7007 to make a gift. We are very grateful for all our donors' generous support.



Registered with  
FUNDRAISING  
REGULATOR



CYBER  
ESSENTIALS



INVESTORS IN PEOPLE  
We invest in people Silver

