



Schizoaffective disorder

Explains what schizoaffective disorder is, including its symptoms and causes. Gives advice on how you can help yourself and what types of treatment and support are available, as well as guidance for friends and family.

If you require this information in Word document format for compatibility with screen readers, please email: publications@mind.org.uk

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What is schizoaffective disorder?

Some people have suggested that schizoaffective disorder sits in the middle of a continuum, with [schizophrenia](#) at one end and [bipolar disorder](#) at the other. However, schizoaffective disorder is recognised as a separate diagnosis to both schizophrenia and bipolar, despite sharing many similar symptoms.

The word schizoaffective has two parts:

- 'schizo-' refers to [psychotic symptoms](#)
- '-affective' refers to [mood symptoms](#).

Schizoaffective disorder is a condition where symptoms of both psychotic and mood disorders are present together, or within a two week period of each other, during one episode.

You might have times when you struggle to look after yourself or when your doctors consider that you lack insight into your behaviour and how you are feeling. But you may also have times between episodes where you feel well too.

Episodes can vary in length. Some people have repeated episodes but this does not necessarily happen for everybody. Symptoms usually start when you are a young adult.

[Read Charlotte's story](#) about her journey with schizoaffective disorder from when she first started to have delusions to now seeking help from her local mental health team.

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Types of schizoaffective disorder

Both psychotic and mood disorder symptoms are present in schizoaffective disorder and, just as there is more than one type of [mood disorder](#), there is more than one type of schizoaffective disorder:

- **Manic type:** In this type you have both psychotic and manic symptoms occurring within one episode.
- **Depressive type:** In this type you have both psychotic and depressive symptoms occurring at the same time during an episode.
- **Mixed type:** In this type you have psychotic symptoms with both manic and depressive symptoms. However, the psychotic symptoms are independent and not necessarily related to the bipolar disorder symptoms.

What are the symptoms of schizoaffective disorder?

Two main types of symptoms occur with schizoaffective disorder:

- psychotic symptoms
- mood symptoms.

Both sets of symptoms must be present within a two week period of each other for a diagnosis of schizoaffective disorder to be made.

Psychotic symptoms

These are experiences similar to those experienced in schizophrenia, including:

- [Hallucinations](#) - where you may experience things that others around you don't. For example hearing voices, seeing visual hallucinations and other unexplained sensations.
- [Delusions](#) - where you might hold strong beliefs that other people don't share. For instance a fear that you are being followed, your thoughts are being read, you are very powerful and able to influence things outside of your control, or that you have special insight or divine experiences.

"I was constantly talking, jumping from one subject to another without making much sense."

In general, you may feel:

- your thoughts becoming very disorientated
- very confused or frightened
- angry
- depressed
- excited and elated.

But these feelings can be managed with the right combination of support, [treatment](#) and [self-care](#).

See our page on [psychosis](#), or visit [Intervoice](#) or [The Hearing Voices Network](#) for more information.

"One of the peculiar thoughts I experienced was that I was being headhunted by a company for a job, which definitely never happened, it was just an idea in my head that I had convinced myself was true."

[Read James' story](#) about his experiences of psychosis.

Mood symptoms

The mood symptoms are similar to those experienced in [bipolar disorder](#) and include both manic and depressive symptoms:

- [Manic symptoms](#) - can include feeling uncontrollably excited or enthusiastic about something, making plans that are quite unrealistic, or risk-taking behaviour.

- [Depressive symptoms](#) - where you might feel, amongst other things, sad and lonely, wanting to sleep a great deal, like you can't relate to other people, or [suicidal](#).

People diagnosed with 'mixed type' schizoaffective disorder might switch between mania and depression in a short time. Cycles of mania and depression can occur at fairly regular intervals, although this varies from person to person.

See our pages on [bipolar disorder](#), [mania and hypomania](#) and [depression](#) for more information.

"On my bad days, I felt I was a pathetic coward who didn't deserve to breathe, and on my good days I believed I was a god in waiting."

Is schizoaffective disorder similar to schizophrenia or bipolar?

Schizoaffective disorder is its own diagnosis. However, when someone is experiencing both psychotic and mood symptoms at the same time, it can be difficult to determine what they are experiencing and how best to understand and classify these experiences.

Schizoaffective disorder, schizophrenia and bipolar disorder can all involve:

- feelings of elation for extended periods
- rapid speech
- racing thoughts
- risk-taking behaviors
- agitation
- delusions
- hallucinations.

The latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes each of these disorders and gives them their own place within the same section. Several characteristics highlight why each disorder is unique and stands on its own. These features point to schizoaffective disorder:

- A longer first episode (at least 1 month) of simultaneous psychotic and mood symptoms
- Social difficulties and problems with self-care aren't as noticeable as they are in schizophrenia.

"My problems were not picked up as a teenager, which resulted in a crisis in my early 20s, involving hospital admissions and being severely mentally unwell. The diagnosis of schizoaffective disorder seemed to fit with my experience better than any other 'label' or diagnosis."

Despite its similarities to both [schizophrenia](#) and [bipolar disorder](#), schizoaffective disorder is commonly seen as a psychotic disorder with significant mood features, rather than a mood disorder with psychosis.

Like any other mental health problem, the experiences that can lead to a schizoaffective disorder diagnosis are different person to person, so while the standard criteria must be met for a diagnosis, each person meets those criteria differently.

A psychiatrist will make a diagnosis after assessing your symptoms, how long you have had them, and the way the psychotic and mood symptoms occur (either together or separately) during episodes.

Ruling out other conditions

Diagnosing schizoaffective disorder can be difficult and symptoms can sometimes be confused with other conditions.

Possible physical causes of symptoms need to be ruled out so a physical exam may be done to help rule out any conditions that might be causing symptoms. For example, an under- or over-active thyroid can cause some of the same symptoms (tiredness, depression, mood swings, anxiety), so thyroid function should be checked before somebody is given a diagnosis.

“At first I was diagnosed with depression, postpartum psychosis, and then finally schizoaffective disorder. I had to do a lot of research myself to understand what I was going through better, which was difficult.”

[Recreational drugs](#) can also cause some of the same symptoms, so it might be useful for your doctor to know if you are using any (or have done in the past).

Some people experience psychotic symptoms during a period of severe depression or a period of severe mania. But in order to receive a schizoaffective disorder diagnosis, you would also need to have experienced the psychotic symptoms on their own without the mood symptoms.

If you have a diagnosis of [schizophrenia](#) and experience a short episode of [depression](#), this would not mean that your diagnosis should be changed to schizoaffective disorder.

Differences between diagnoses are quite subtle, and you may be given different diagnoses at different times by different psychiatrists. See our information on [recognising triggers](#) to see what could be useful to share with your psychiatrist when discussing diagnosis.

For more information see our pages on [schizophrenia](#), [bipolar disorder](#), [psychosis](#), [depression](#) and [hypomania and mania](#).

What causes schizoaffective disorder?

Some controversy exists surrounding the diagnosis of schizoaffective disorder due to the similarity of experiences with [bipolar disorder](#) and [schizophrenia](#).

The cause of schizoaffective disorder is not yet known, and research into it is happening all the time. Rather than a single cause it is generally agreed that schizoaffective disorder is likely to be caused by a combination of factors, such as:

- stressful life events
- childhood trauma
- brain chemistry.

Stressful life events

You may be able to link the start of your symptoms to a very stressful period in your life, such as:

- [abuse](#) or neglect
- experiencing a traumatic loss
- being out of work
- feeling [lonely](#) or isolated
- becoming [homeless](#)
- having [money problems](#).

This is more likely to be a cause if you experienced stressful or traumatic events when you were too young to know how to cope with them, or had not been cared for in a way that helped you to develop coping skills.

See our pages on [managing stress](#) for more information on the links between stress and mental health.

Childhood trauma

Some experts believe that experiencing a lot of emotional distress as a child can cause you to develop bipolar disorder. This can include experiences like:

- sexual or physical abuse
- neglect
- traumatic events
- [losing someone](#) very close to you, such as a parent or carer.

This could be because experiencing trauma and distress as a child can have a big effect on your ability to regulate your emotions.

Brain chemistry

Some chemicals seem to behave differently in the brains of people who experience schizoaffective disorder. These chemicals are thought to include dopamine, which helps to carry messages between brain cells.

One theory is that people with schizoaffective disorder have more dopamine in their brains, or that dopamine has different effects for them. Some research suggests that other chemicals are involved too.

Antipsychotics, which are sometimes used to reduce symptoms of psychosis or schizophrenia, can help to [lower dopamine levels](#).

For more information see our page on [antipsychotics](#).

Does schizoaffective disorder run in families?

If you experience schizoaffective disorder, you are more likely to have a close family member who also experiences symptoms and moods (though they might not have a diagnosis).

However, this does not necessarily mean that there is a 'schizoaffective gene' – family links are likely to be much more complex. For example, researchers think that environmental factors can also be triggers for experiencing symptoms of schizoaffective disorder, schizophrenia and bipolar disorder. And for most people, family members are an influential part of your environment as you grow up.

We do not know why someone might develop schizoaffective symptoms rather than schizophrenia or bipolar disorder. It may be, as some research suggests, that all of these conditions are on a spectrum of ways that individuals may be affected by life events.

"I have a long family history of mental health problems, my Dad and his twin had a diagnosis of schizophrenia and my Mum and her Mum had a diagnosis of bipolar."

How can I help myself?

Many people who are diagnosed with schizoaffective disorder are able to live happy and fulfilling lives, even if they continue to experience symptoms, by looking after themselves as well as they can.

Self-care is how you look after your routine, exercise, relationships, diet and other day-to-day things that contribute to how you are feeling - what helps can be quite personal and different person to person so it is worth trying out different things until you find what works for you.

Many people find that making small changes in certain areas can help prevent some problems from developing, or from getting worse.

It can help to try some of these things:

Recognise your triggers

If you have repeated episodes it may be helpful to keep a diary recording:

- everyday events
- [sleep](#) quality
- your [diet](#).

This may help you to spot patterns in your thoughts, feelings and behaviours, and to identify situations (or even particular foods or drinks) to avoid and those which have been helpful.

There are many online mood diaries which you may find helpful - see our [useful contacts](#) page for more information.

“Having thoughts on paper makes it easier to give them structure and find answers.”

You might want to share observations with your close family, friends or care team so they can help support you, whether it's listening to you when you're having a bad day, helping you keep on top of your commitments, or being aware of your triggers. If certain treatments have helped in the past, try discussing these with your doctor.

“I have had to learn ways of reducing and dealing with stress, as my symptoms are at their worst during these times.”

Create a crisis plan

During a crisis, you may not always be able to tell people what helps you. So while you are well, it may be a good idea to discuss with someone you trust (such as a friend or family member) what you would like to happen if you are in a crisis.

See our page on [planning for a crisis](#) for more information.

Try peer support

When you experience a mental health problem it can sometimes feel like no one understands. You might find it very helpful to talk to other people who have the same diagnosis or a related one, such as [schizophrenia](#), [psychosis](#) or [bipolar disorder](#). Peer support can be a great way to do this.

Peer support can help you:

- feel more positive about the future
- increase your self esteem
- find friends
- recognise patterns in your experiences
- develop and discuss ways of coping
- identify early signs of crisis
- take active steps to manage your situation.

Various organisations run peer support which encourage you to share your experiences and help you come to terms with them. [The Hearing Voices Network](#) hosts groups across the country for people who hear, see or sense things that others don't.

There are lots of ways to find peer support. You could:

- see our list of [useful contacts](#)
- see our [peer support directory](#)
- ask your [local Mind](#) about peer support
- try an online peer support community like [Elefriends](#).

If you don't feel ready to try peer support but need to talk to someone, many national and local organisations run helplines that you can call in a crisis, such as [Samaritans](#) or [SANEline](#). Talking to a trained listener could give you some support and help you make sense of what's happening for you.

Try new ways of relaxing

Sleep is important, but you may find it very difficult to settle to sleep during an episode. You may be disturbed by voices or upsetting thoughts, or you may feel too wound up to sleep, especially during a manic episode. If you are depressed you may sleep too much and end up feeling sluggish.

It may be helpful to learn relaxation techniques, such as:

- yoga, meditation or mindfulness
- a spiritual practice
- massage, aromatherapy or reflexology (although these may not suit you if you are uncomfortable with being touched).

Practical activities (for example, those that involve making something with your hands) may help you to stay connected to your physical reality in a purposeful way, such as:

- gardening
- cooking
- crafts.

Arts activities can be helpful in expressing your feelings, such as:

- painting
- music
- writing.

You may also find it calming to try to maintain a structured daily routine for yourself. For more ideas, see our pages on [arts and creative therapies](#), [nature and mental health](#), [sleep problems](#), [stress, relaxation](#) and [mindfulness](#).

“As well as medication I have an allotment and am involved with a communal project caring for rescue hens. This is one of my main protective factors. Caring for other beings is an important part of staying well.”

[Read Charlie's story](#) about rediscovering words and writing, and how this helped his mental health.

Think about your diet

Try to eat regularly to keep your blood sugar stable – this can make a big difference to your mood and energy levels.

Try keeping a food diary to see if there are any foods which you are sensitive to.

For more tips see our pages on [food and mood](#).

"I put on weight since starting medication so I have started eating really healthily. I think this has helped my depression too."

Try some physical activity

Many people find that physical activity, or an activity that helps focus attention on their physical body or surroundings, can help them, such as:

- a regular walk outdoors
- sports activities
- swimming
- yoga or meditation.

Physical activity has not only been shown to have a positive impact on mood but also to improve sleep.

In some areas, health walks are organised locally, and some doctors will prescribe an exercise programme. See our pages on [physical activity](#) and [nature and mental health](#) for more information.

"Exercise is very important. If I feel I have too much energy, swimming or a fast long walk can really calm me down and help me sleep. On a low day I might not be up for a swim, but a walk into town really helps me bring my mind and body together."

Focus on the positive

Having a diagnosis of schizoaffective disorder can be extremely difficult but some people find that their experiences change over time and that their symptoms do not necessarily always dominate their life.

As you learn to manage your symptoms you can focus on the things you do well, that you enjoy and find fulfilling.

You may find it helpful to find a recovery college that can help you with this. Recovery colleges offer courses about mental health and recovery in a supportive environment. You can find local providers on the [Mind Recovery Net website](#).

[Read Mike's story](#) about his experiences of schizophrenia and what he wishes someone had told him.

"I have learnt to understand myself better, I have graduated university, and I now work with others with mental health difficulties to help them move forward in their life."

What treatments are available?

Everyone is different and people's experience of schizoaffective disorder will vary from person to person, as will the treatments that work best for them.

In this section you can find information on:

- talking therapies
- medication
- arts therapies
- family intervention
- therapeutic communities.

These are taken from the National Institute for Health and Care Excellence ([NICE](#)) guidelines on the treatment of [schizophrenia](#), which also covers schizoaffective disorder.

Talking therapies

You may be offered some form of counselling or psychotherapy, also known as talking therapies. There are many different [types of talking therapy](#), each with a different approach, but they all aim to:

- give you a safe time and place to talk to someone who won't judge you
- help you make sense of things and understand yourself better
- help you resolve complicated feelings, or find ways to live with them
- help you recognise unhelpful patterns in the way you think or act, and find ways to change them (if you want to).

With all types of counselling or psychotherapy, the most important thing is the quality of the relationship you develop with your therapist. Therapy is far more likely to be successful if you find your therapist supportive and helpful.

The main types of talking therapy suggested by NICE in the treatment of schizoaffective disorder are:

- [Cognitive behaviour therapy \(CBT\)](#) – this helps to identify and change any negative thoughts or behaviour that may be causing your difficulties.
- [Mindfulness-based cognitive therapy \(MBCT\)](#) – this is an approach to wellbeing that involves accepting and paying attention to the present moment. It includes taking time to see what is happening around you in a non-judgemental way, rather

than going over your problems again and again. Mindfulness-based cognitive therapy is usually done in groups.

Some research suggests that schizoaffective disorder is caused by trauma at a young age, so it may also be worth exploring the option of [psychodynamic therapy](#) in talking about deep-rooted or unconscious thoughts.

Talking therapies should be available free from your GP or mental health team, and you have the right to ask for them. However, there is usually a waiting list, and the length of these can vary significantly depending on which area you live in. You may also be able to find a service from a [local Mind](#).

If you wish to seek help privately, you can find details of local therapists from the [British Association for Counselling and Psychotherapy \(BACP\)](#) or the [British Association for Behavioural & Cognitive Psychotherapies \(BABCP\)](#).

For more information see our pages on [talking therapies](#).

"I have found talking therapies to be really helpful, and a way to learn how to cope with stressful events and look after myself better."

Medication

If you are first diagnosed during a psychotic episode, you are likely to be offered medication.

You may be prescribed:

- an [antipsychotic](#), such as [olanzapine](#) or [quetiapine](#), to treat the psychotic symptoms
- a [mood stabiliser](#), such as [lithium](#) or [valproate](#) – especially if you have manic episodes rather than depression; or [lamotrigine](#), which is licensed for depression in bipolar disorder
- an [antidepressant](#), which should be used cautiously because in people with schizoaffective disorder there is a risk that they may cause you to have a manic episode, or to switch between mania and depression (sometimes called 'rapid cycling').

Some antipsychotics are licensed to treat mania as well as psychosis, so it may be that one drug might be adequate, depending on your symptoms. But it is quite likely that you will end up taking a combination of drugs to treat the mixture of symptoms involved in schizoaffective disorder.

For more information see our pages on [medication](#), [antipsychotics](#), [lithium and other mood stabilisers](#) and [antidepressants](#).

Medication really helps some people but isn't right for others. Before deciding to take any drug, it's important to make sure you have all the facts you need to make an informed choice.

See our pages on [things to consider before taking medication](#) and [your right to refuse medication](#) for more information. Our pages on [coming off medication](#) give guidance on how to come off medication safely.

"I think medicine can help with short term psychotic issues, but the underlying issues and depression side of things has been better dealt with through therapy and lifestyle changes."

Physical health checks

Medication (especially antipsychotics) can have an impact on your physical health so you should receive regular check-ups from your GP on your weight, blood pressure, blood sugar levels, cholesterol and heart function.

Smoking is also known to affect the type of side-effects you may get from medication, so support to stop smoking may be offered where appropriate.

Arts therapies

[Art, music, dance or drama therapies](#) may help you to express how you are feeling, especially if it is difficult to talk about things.

They can also help you come to terms with traumatic events that you may have experienced in the past and which may be contributing to your psychotic experiences.

As with all treatments, different things work for different people at different times in their lives, and it's not easy to predict which type of therapy you might find useful or effective.

Some people tell us that they have been able to reach a place of balance or recovery through non-medication based approaches such as arts therapies, while other people find that ongoing medication is needed to help manage their symptoms - there is no one approach and different treatments and forms of support work for different people.

For further information see our pages on [arts and creative therapies](#).

Family intervention

This is a form of treatment that aims to provide support for the whole household. It can help your family, or the people you live with, to understand:

- what you are going through
- how their responses may help or make matters worse for each other as well as for you
- what is helpful and unhelpful for you.

For example, if you are unwell and your family members are very worried about you, they may unintentionally focus too much attention on you, making you feel more distressed.

It can help you:

- understand how your experience and symptoms affect those living with you
- treat existing problems
- work on strategies to prevent problems from coming back.

For more information see the South London and Maudsley NHS Foundation Trust's information leaflet on [family intervention in psychosis](#) and ask your [community mental health team](#) or psychiatrist to refer you.

If you are a friend or family member of someone with schizoaffective disorder, see our page on [how friends and family can help](#).

Therapeutic communities

Therapeutic communities provide a supportive, live-in environment for people with mental health problems. They usually hold regular meetings with all residents.

You may benefit from the insights that others with similar problems can offer, and learn to live successfully in a group. The length of stay is usually limited to a set period of time.

If you are interested in being referred to a therapeutic community, talk to your community mental health team or psychiatrist.

[Listen to Clarissa's story](#) in this podcast about living in a therapeutic community.

"I was part of the community for 18 months which was both unbelievably helpful, and incredibly hard work. The support I received from other patients was amazing and has provided me with wonderful friendships."

How can friends or family help?

This section is for the friends and family of someone who has been diagnosed with schizoaffective disorder.

Support provided by family and friends can play an important role in helping someone recover from an episode of schizoaffective disorder and reducing the likelihood of them having further episodes.

It can, however, be stressful to care for or support somebody and you may also want or need support yourself.

This section will offer some suggestions on how you can help others and yourself.

Understand the diagnosis

Most people want to feel cared about, to not feel alone, and want someone they can talk about their feelings and options with. Learning about and understanding the impact of schizoaffective disorder can help you:

- recognise early symptoms - potentially preventing major episodes
- give you confidence to discuss problems and offer help
- react calmly, even in difficult situations, and work towards a positive outcome.

If someone is experiencing [psychotic symptoms](#), such as hearing voices, it can be very helpful if you:

- make the person feel understood
- accept that the voices are real for them, even if you can't hear them
- focus on how they are feeling, rather than what they are experiencing.

Ask how you and others can help

Ask your friend or relative how you can be most helpful. Practical things you can do might include:

- support them to get treatment or access a particular service
- keep them company if they are feeling anxious about going to something new, such as an appointment or activity
- encourage them to look after themselves if they are neglecting their general wellbeing or appearance
- remind them to take any medication prescribed
- check in with them regularly for a chat if you are not nearby
- support them in making decisions – even if they ask you to act on their behalf it's important to encourage them to make their own decisions - consult them and try to avoid 'taking over'
- respect the choices they make, even if they would not be what you would choose for yourself
- be clear about what you feel you can and can't help with - think about your own limits and boundaries
- help them get alternative support if necessary – it may be possible to find an independent advocate to help them.

When your friend or relative is feeling well, it can be helpful to discuss with them how you can help if a crisis occurs or if they are at the start of another episode. You might:

- encourage them to write a [crisis plan](#)
- discuss and look out for symptoms
- be aware of or make a note of their triggers.

This can help them to avoid crises or manage them differently in future where possible.

For further information see our pages on [supporting someone to seek help](#), [advocacy](#) and [planning for a crisis](#).

“My fiancée isn't afraid to talk to me if she thinks I am getting worse. This has helped me notice changes myself.”

Get help in an emergency

If you think your friend or family member may be at risk of hurting themselves or others, it may be necessary to consider a [mental health assessment](#) for them.

The [nearest relative](#), as defined under the [Mental Health Act](#), can request that the person at risk be given a mental health assessment by an [approved mental health professional](#). This assessment involves considering treatment options and deciding whether or not the person should be admitted to hospital under the Mental Health Act.

For further information see our pages on the [Mental Health Act](#), [crisis services](#), [sectioning](#), and the [nearest relative](#).

Get support for yourself

It can be very upsetting when someone you are close to experiences a psychotic episode with severe depression or mania.

You may find it helpful to get support in coping with your own feelings, either through [talking therapy](#) or [peer support](#), where you can talk to other people who have similar experiences. This support may be available at a [local Mind](#) or other carers' groups, such as [Carers UK](#).

Carers are also entitled to have their own needs for practical and emotional support assessed by social services, as part of a carer's assessment. A number of national and local voluntary organisations provide [help and information for carers](#) on these topics. Your mental health is important too, and looking after someone else could put a strain on your wellbeing.

For further information and advice on how to look after yourself see our pages on [how to cope when supporting someone else](#), [managing stress](#) and [maintaining your wellbeing](#).

Useful contacts

Mind's services

- **Helplines** – all our helplines provide information and support by phone and email. Our Blue Light Infoline is just for emergency service staff, volunteers and their families.
 - Mind’s Infoline – 0300 123 3393, info@mind
 - Mind’s Legal Line – 0300 466 6463, legal@mind
 - Blue Light Infoline – 0300 303 5999, bluelightinfo@mind
- **Local Minds** – there are over 140 local Minds across England and Wales which provide services such as [talking treatments](#), [peer support](#), and [advocacy](#). [Find your local Mind here](#), and contact them directly to see how they can help.
- **Elefriends** is a supportive online community for anyone experiencing a mental health problem. See our [Elefriends page](#) for details.

Who else could help?

Bipolar UK

0333 323 3880

bipolaruk.org

Information and support for people affected by bipolar disorder, hypomania and mania.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

0161 705 4304

babcp.com

Information about cognitive behavioural therapy and related treatments, including details of accredited therapists.

British Association for Counselling and Psychotherapy (BACP)

01455 883 300

bacp.co.uk

Professional body for talking therapy and counselling. Provides information and a list of accredited therapists.

Carers UK

0808 808 7777

carersuk.org

Advice and support for people caring for someone else.

Hearing Voices Network

hearing-voices.org

Information and support for people who hear voices or have other unshared perceptions, including local support groups.

Intervoice

intervoiceonline.org

International network for people who hear voices.

Mood Diaries

medhelp.org/land/mood-tracker

moodscope.com

moodchart.org

moodpanda.com

Some examples of mood diaries - many more are available. Mind doesn't endorse any particular one.

National Institute for Health and Care Excellence (NICE)

nice.org.uk

Produces guidelines on best practice in healthcare.

Samaritans

116 123 (freephone)

jo@samaritans.org

samaritans.org

Freepost RSRB-KKBY-CYJK

PO Box 90 90

Stirling FK8 2SA

24-hour emotional support for anyone who needs to talk.

SANEline

0300 304 7000 (4.30pm–10.30pm every day)

sane.org.uk

Support for anyone affected by mental health problems.