

Post-Traumatic Stress Disorder (PTSD)

Key Points.

This factsheet has information about the symptoms and causes of post-traumatic stress disorder (PTSD). It explains who might develop PTSD and what treatment is available.

- You may develop post-traumatic stress disorder (PTSD) if you experience something which you find traumatic. Such as witnessing an assault, child birth, being bullied, being involved in a road traffic accident or natural disaster.
- The development of the illness depends on how you deal with the experience. It is not dependent on the severity of the experience.
- Not everyone who experiences trauma will develop PTSD
- Symptoms include traumatic memories or dreams, avoiding things that remind you of the event, not being able to sleep and feeling anxious. You may feel isolated and withdrawn.
- If you have PTSD, your doctor should offer you therapy. Medication can be suggested if you need extra support to access therapy. Or if you don't want therapy.
- You are likely to recover from PTSD.

This factsheet covers:

1. [What is post-traumatic stress disorder \(PTSD\)?](#)
2. [What are the symptoms of PTSD?](#)
3. [How is PTSD diagnosed?](#)
4. [What is complex PTSD?](#)
5. [What causes PTSD?](#)
6. [How do I get help if I have symptoms of PTSD?](#)
7. [How is PTSD treated by the NHS?](#)
8. [What can I do if I'm not happy with my treatment?](#)
9. [What self-care and management skills can I try?](#)
10. [What risks are associated with PTSD?](#)
11. [Information for carers, friends and relatives](#)

1. What is post-traumatic stress disorder (PTSD)?

You may develop post-traumatic stress disorder after experiencing, or seeing, something that you find traumatic.

The symptoms of PTSD can start immediately or after a delay of weeks or months. It will usually start within 6 months of the traumatic event. ¹

You are likely to recover from PTSD. It is possible to be successfully treated from PTSD years after the trauma, so it's never too late to seek help.²

But a few people may deal with symptoms for many years. This can develop into a personality change.³

[Top](#)

2. What are the symptoms of PTSD?

Some of the symptoms are PTSD and complex PTSD are: ^{4,5}

- reliving the experience through flashbacks, dreams or nightmares,
- not being able to feel emotions,
- dissociation. This could include disconnecting from yourself or other people,
- negative alternations in mood,
- emotional dysregulation. This means it is difficult to control your emotions,
- problems relating to others,
- problems in relationships
- negative self-perception such as feeling worthless or defeated,
- hyperarousal such as anger, irritability or sleep issues,
- hypervigilance such as feeling on constant alert. Or being overly sensory to stimulus such as smell and noise, and
- avoidance. This could mean that you try to distract your thought from thinking about the trauma. Or you avoid situations that remind you of your trauma.

Is psychosis a symptom of PTSD?

There is a link between PTSD and psychosis. But it is not known if psychosis is a symptom of PTSD. Or a separate mental health condition.^{6, 7}

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

[Top](#)

3. How is PTSD diagnosed?

A psychiatrist will diagnose PTSD through a mental health assessment. Your GP should carry out an initial assessment to decide what care you need. Your assessment should include information about:⁸

- your physical needs,
- your mental needs,
- your social needs, and
- risk.

As part of the assessment they will decide if you need to be referred to the community mental health team (CMHT).⁹ You should be referred to the CMHT if you have had symptoms for more than 4 weeks. Or your symptoms are very bad. ¹⁰A CMHT is part of the NHS. They are a team of mental health professionals.

Doctors use the following manuals to help to diagnose you:

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

The manuals are guides which explain different mental health conditions.

[Top](#)

4. What is complex post-traumatic stress disorder (PTSD)?

The main symptoms of PTSD and complex PTSD are the same. But if you have complex PTSD you will have extra symptoms such as:¹¹

- constant issues with keeping a relationship,
- finding it difficult to feel connected to other people,
- constant belief that you are worthless with deep feelings of shame and guilt. This will be related to the trauma, and
- constant and severe emotional dysregulation. This means it is difficult to control your emotions

You are more likely to have complex PTSD if your trauma is linked to an event or series of events. The trauma will be very threatening or frightening. Most commonly from a trauma which you were not able to escape from such as:¹²

- torture
- slavery
- a long period of domestic abuse, or
- a long period of sexual or physical abuse

What is the treatment for complex PTSD?

You may respond to trauma focussed therapies if you have complex PTSD. For more information look at [section 6](#), 'How do I get help if I have symptoms of PTSD' and [section 7](#) 'Additional needs and complex PTSD' for more information of this factsheet.

There is some overlap of symptoms for complex PTSD and borderline personality disorder (BPD). If you have complex PTSD you may benefit from certain treatments that help people with BPD.¹³

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

[Top](#)

5. What causes PTSD?

PTSD is caused by experiencing or witnessing single, repeated or multiple events. For example:¹⁴

- serious accidents
- physical and sexual assault abuse. This could include childhood or domestic abuse
- work-related exposure to trauma. Such as being in the army
- trauma related to serious health problems or childbirth
- war and conflict torture

Not everyone who experiences trauma will develop PTSD.

The risk of getting PTSD depends on how the experience affects you. PTSD is more likely to develop if the traumatic event:¹⁵

- is unexpected,
- goes on for a long time,
- involves being trapped,
- is caused by people,
- causes many deaths,
- causes mutilation to the body, or
- involves children.

If you already have depression when the trauma happens you are at a higher risk of developing PTSD.¹⁶

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

[Top](#)

6. How do I get help if I have symptoms of PTSD?

You can get help from:

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

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 them.

Make sure that you understand the pros and cons of your treatment options before you make a decision.

Your treatment will be managed by your GP or the community mental health team (CMHT). In some cases, your treatment may be shared between both primary and secondary care. Healthcare professionals will agree who will monitor you.¹⁷

Some people will get care under the Care Programme Approach (CPA).¹⁸ This means that you will have a care plan and care coordinator to make sure that you get the support that you need.

Look at [section 7](#) of this factsheet, 'How is PTSD treated by the NHS?' for more information.

Adult social services

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:¹⁹

- 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 (e.g. volunteering, being in a club or group).

What other help is available?

Charities

In some areas, charities will support people who have PTSD. This may be through support groups where you can talk to other people who have PTSD and other mental health conditions. Group support can help you find ways to manage your symptoms and understand your condition.²⁰

There may be a different service available, such as employment or isolation support.

You can look on our website 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 main national mental health charities are:

- Assist
- Combat stress
- Rape crisis
- NAPAC
- Mind,
- Richmond Fellowship,
- Together, and
- Turning Point.

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

Contact details for some of these charities are in the 'useful contacts' section of our website.

If you would like us to look for you please contact our advice line on 0300 5000 927 and let us know what sort of support you are looking for.

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 9](#) of this factsheet.

You can find more information about:

- Community mental health team
- Care Programme Approach
- Social care assessment - under the Care Act 2014

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

[Top](#)

7. How is PTSD treated by the NHS?

The National Institute for Health and Care Excellence (NICE) says that the NHS should offer treatment if you have a diagnosis of PTSD. Or you have important symptoms of PTSD.²¹ The treatment that you are offered should be the following.

- Trauma focussed cognitive behavioural therapy (CBT)
- Eye movement desensitisation and reprocessing (EMDR)
- Supported trauma-focused computerised cognitive behavioural therapy (CBT)

- CBT to target an issue
- Medication

You can refer yourself for trauma therapies²² in most areas. Click the below link to search for psychological therapy services in your area:

<https://beta.nhs.uk/find-a-psychological-therapies-service/>

Watchful waiting

Watchful waiting may be suggested if you have mild symptoms of PTSD. Or the trauma has happened within the last 4 weeks. This means that your symptoms should be monitored, and you should have a follow up appointment in 1 month.

Watchful waiting is sometimes recommended because 2 in every 3 people who experience a trauma will recover without treatment.²³

What is trauma-focused cognitive behavioural therapy (CBT)?

Cognitive behavioural therapy (CBT) helps you deal with your symptoms by making changes to how you think and act.

Your therapy should: ²⁴

- be delivered by a trained practitioner,
- last between 8-12 sessions. You can have more if needed. For example, if you have had different or repeated traumas,
- include psychoeducation about:
 - reaction to trauma,
 - how to manage hyperarousal such as anger
 - how to manage flashbacks, and
 - safety planning
- help you how to process trauma related emotions, such as shame and guilt,
- help you to manage relationships,
- help you to deal with avoidance, and
- plan a booster session if needed. Such as support near to trauma anniversaries.

What is Eye movement desensitisation and reprocessing (EMDR)?

You will make eye movements while thinking about the traumatic event. Therapists think that this works by making your brain deal with painful memories in a different way.

Your therapy should: ²⁵

- be delivered by a trained practitioner,
- last between 8-12 sessions. You can have more if needed such as if you have had different or repeated trauma,

- be delivered in phases,
- include psychoeducation about:
 - reaction to trauma,
 - how to manage distressing memories and situations,
 - treat certain memories, often they will be visual, and
 - teach you how to think positively about yourself
- use eye stimulation to help you manage certain memories. This should be used until the memories are no longer distressing,
- teach you self-calming techniques to help in-between sessions, and
- teach you techniques to manage flashbacks in-between sessions.

What is supported trauma-focused computerised cognitive behavioural therapy (CBT)?

You will have therapy through a computer programme.

You may be able to have supported trauma-focused computerised CBT if you prefer it to face to face trauma focused CBT or EMDR. And if it is more than 3 months since the trauma. You should only be offered this therapy if:²⁶

- your PTSD symptoms aren't severe,
- you don't have any dissociative symptoms, and
- you are not a risk of harm to yourself or others.

Your therapy should:²⁷

- usually be 8 to 10 sessions long,
- help you to learn to process your trauma,
- help you to deal with avoidance,
- help you manage relationships,
- involve guidance and support from a trained practitioner, and
- involve feedback and a review of your progress and outcomes with your practitioner.

What is CBT to target an issue?

This is a CBT aimed at specific symptoms of PTSD such as sleep problems or anger. You may be offered this type of CBT if you:²⁸

- are unable to engage with trauma focussed therapies
- don't want trauma focussed therapies, or
- you still have some PTSD symptoms after trauma focussed therapy.

Medication

Your doctor might offer you venlafaxine or a selective serotonin reuptake inhibitor (SSRI) if you would prefer drug treatment. The treatment will need to be reviewed regularly.²⁹

You may be offered antipsychotic medication, such as risperidone at the same time as talking treatments. This may be offered if you have severe symptoms such as psychosis. The treatment will need to be reviewed regularly by a specialist.³⁰

How is PTSD treated if I have complex needs?

Depression

If you have depression and PTSD, your doctor might treat your PTSD first. Your depression may improve after you get treatment for PTSD. Your doctor should treat your depression first if:³¹

- it makes it difficult for you to take part in therapy for PTSD, or
- you are a risk of harm to yourself or other people

Additional needs and complex PTSD

You should not be excluded from treatment because you have a drug or alcohol issue.³² If you have a drug or alcohol issue then this would be considered as an 'additional need'.

Your health professional should:³³

- give you more therapy sessions or give you longer therapy sessions to help build trust,
- think about the impact that your personal situation will have on the outcome of therapy,
- help you to manage any issues that might stop you from being able to engage with trauma focused therapies. Such as substance misuse, dissociation or problems controlling your emotions, and
- plan any ongoing support that you need after the end of treatment. Such as managing other mental health conditions.

You can find out more about:

- Talking therapies
- Antidepressants
- Antipsychotics
- Psychosis
- Depression
- Drugs, alcohol and mental health
- Medication. Choice and managing problems

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

8. What can I do 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,
- ask a relative, friend or advocate to help you speak your doctor,
- contact Patient Advice and Liaison Service (PALS), or
- make a complaint.

There is more information about these options below.

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 legal right to a second opinion. But your doctor should listen to your reason for wanting a second opinion.³⁴

Advocacy

An advocate is independent from the mental health service. 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.

The Patient Advice and Liaison Service (PALS)

PALS is part of the NHS. They give information and support to patients. You can find your local PALS through this website link:

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

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

[Top](#)

9. What self-care and management skills can I try?

There are things that you can do to help yourself. This is also known as self-care. When it comes to what helps people, everyone is different. You may need to different lifestyle changes until you find what works for you. Such as the following.

Learn ways to relax. Such as listening to meditation CDs or relaxing music. You can find free meditation videos on websites like YouTube.

Practise mindfulness and meditation. You can find out more here: www.mindful.org/meditation/mindfulness-getting-started/

Eat healthy foods and have a balanced diet. You can find out nutritional advice here: www.nhs.uk/livewell/healthy-eating/Pages/Healthyeating.aspx

Keep physically active. Exercise can help to reduce stress and anxiety. It can increase the levels of serotonin and endorphins which are your body's natural 'happy' chemicals.
www.weareundefeatable.co.uk.

Drink enough water.

Have a daily routine. Keeping a routine can help you to keep your mind occupied and focused on healthy thoughts and activities.

Have healthy relationships. You can find more tips on how to maintain healthy relationships here:
www.mentalhealth.org.uk/sites/default/files/guide-investing-relationships-may-2016.pdf

Get enough sleep. Without regular sleep, your mental health can be affected. You can find out more about improving your sleep at:
www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/sleep

Be aware of your alcohol intake. Unhealthy drinking habits can lead to poor mental health. Some people use alcohol to deal with their emotions. This is called 'self-medication.' If you recognise that you do this, you could avoid alcohol or cut down. Try a different coping technique to help you manage how you feel. You may need professional help to do this.

You should also consider the effect of alcohol on any medication you take. You can ask your doctor if you need more information.

Avoid smoking or cut down. Smoking can affect your medication and your health. If you are not sure how your medication is affected speak to your doctor.

Keep a mood diary. This can help you to be more aware of your symptoms and what makes you better and worse. You can simply use a notebook for this. Or you may want to try online resources or smartphone apps like:

- MoodPanda: <http://moodpanda.com/>
- Daylio: <https://daylio.webflow.io/>
- Evernote: <https://evernote.com/>

Self-help online

There are websites which give information about how to manage your mental health. There are also websites which explain how you can use cognitive behavioural therapy (CBT) techniques to improve and manage your mental health. Some people find these useful.

- **Mood Juice PTSD self-help:** www.moodjuice.scot.nhs.uk/posttrauma.asp
- **Northumberland, Tyne and Wear NHS self-help leaflets** www.ntw.nhs.uk/pic/selfhelp
- **Public Health England. One You:** www.nhs.uk/oneyou/every-mind-matters/
- **Mood Gym:** <https://moodgym.anu.edu.au/welcome/new/splash;>
- **Live life to the Full:** Online courses. www.lltff.com/index.php?section=page&page_seq=8&
- **Psychology Tools:** <http://psychologytools.com/>.

Recovery College

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

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 contact Rethink Mental Illness Advice Service on 0300 5000 927.

You can find out more about:

- Recovery
- Complementary and alternative treatments

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

[Top](#)

10. What risks are associated with PTSD?

Alcohol and drug use

You might use drugs or alcohol to help you to manage your symptoms.³⁵

Drugs or alcohol can make you more unwell and more likely to try and harm yourself or take your own life.³⁶

Mental health conditions

Symptoms of PTSD can be made worse by other disorders such as:³⁷

- depression
- substance abuse, and
- memory problems

Most people with PTSD will have at least 1 other mental health condition. The most common disorders are:³⁸

- depressive disorders,
- substance use disorders, and
- anxiety disorders.

Other mental health conditions have the some of the same symptoms as PTSD. This may be why PTSD is hard to diagnose.³⁹

Suicidal thoughts and behaviours

In severe cases PTSD can last long enough and have a large impact on day to day life. This can cause suicidal thoughts and behaviours.⁴⁰

Physical health issues

PTSD has been linked to physical symptoms such as dizziness, tinnitus and blurry vision.⁴¹

It has also been linked to physical illnesses such as heart disease, high blood pressure and obesity.⁴²

- You can find more information about: Drugs, alcohol and mental health
- Depression
- Anxiety
- Suicidal feelings – How to cope

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

[Top](#)

11. Information for carers, friends and relatives

If you are a carer, friend or relative of someone who hears voices, you can get support.

How can I get support?

You can do the following.

- Speak to your GP about medication and talking therapies for yourself.
- Speak to your relative's care team about a carer's assessment.
- Ask for a carer's assessment from your local social services.
- 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 carer's assessment?

A carer's assessment is an assessment of the support that you need so that you can continue in your caring role.

To get a carers 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 contact the Rethink Mental Illness Advice Service and we will search for you.

How can I support the person I care for?

You can do the following.

- Read information about PTSD.
- 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, if they have one. 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 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 can be involved in decisions about care planning. But you don't have a legal right to this.

With the permission from your relative or friend, the NHS can give you information about:⁴³

- Common reactions to traumatic events,
- Symptoms of PTSD,
- Assessment for PTSD,
- Treatment and support options, and
- Where treatment will take place.

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
- Confidentiality and information sharing. For carers, friends and family
- Money matters: dealing with someone else's finances
- Worried about someone's mental health
- Benefits for carers
- Stress

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

[Top](#)

Further Reading

Armed forces healthcare

Information about how the NHS can help you if you're in military service or a veteran.

www.nhs.uk/using-the-nhs/military-healthcare

Useful Contacts

Anxiety UK

User-led charity which supports people with anxiety disorders, including PTSD.

Telephone: 08444 775 774. (Monday – Friday 9:30am -5:30pm)

Address: Anxiety UK, Nunes House 447 Chester Road, Manchester, M16 9HA

E-mail: support@anxietyuk.org.uk

Text: 07537 416905

Website: www.anxietyuk.org.uk

ASSIST (Assistance Support and Self Help in Surviving Trauma)

Charity providing therapists trained in trauma-focused therapies for PTSD and traumatic bereavement and grief.

Office: 01788 551919

E-mail: admin@assisttraumacare.org.uk

Website: www.assisttraumacare.org.uk

Combat Stress

Charity who offer support to ex-service men and women of all ages who have mental health conditions.

Telephone: 0800 138 1619 (24 hours a day, 7 days a week)

Helpline text: 07537 404719

Address: Tyrwhitt House, Oaklawn Road, Leatherhead, Surrey, KT22 0BX

Email: helpline@combatstress.org.uk

Website: www.combatstress.org.uk

Freedom from Torture

Charity offering one to one therapy, group activities and other support for physical pain to survivors of torture. Such as people with complex PTSD.

Telephone: 020 7697 7777

Email: through the website www.freedomfromtorture.org/contact-us

Website: www.freedomfromtorture.org

NAPAC

Charity supporting adult survivors of childhood abuse.

Telephone: 0808 801 0331 (Monday – Thursday 10am – 9pm, and Friday 10am – 6pm)

E-mail: through the website. <https://napac.org.uk/contact/>

Address: NAPAC, CAN Mezzanine, 7-14 Great Dover St, London, SE1 4YR

Website: www.napac.org.uk

Rape Crisis

Have a network of independent rape crisis centres.

Address: Rape Crisis England & Wales, Suite E4, Josephs Well, Hanover Walk, Leeds, LS3 1AB

Email: rcewinfo@rapecrisis.org.uk

Website: www.rapecrisis.org.uk

PTSD Resolution

Charity who provide counselling for former armed forces, reservists & families.

Telephone: 0300 302 0551 (Monday – Friday, 9am – 5pm)

E-mail: contact@ptsdresolution.org

Website: www.ptsdresolution.org

UK Psychological Trauma Society

Online list of UK trauma services.

Website: www.ukpts.co.uk/trauma.html

Veterans UK

Government body offering support for veterans. They provide welfare support for veterans of any age, and their families through the Veterans Welfare Service and the Veterans UK helpline.

Telephone for South and Central Wales, Midlands and East

England: 01562 825527

Telephone for London, South East and South West England:

02392 702232

Telephone for North West England, Yorkshire and Humber, North

Wales and the Isle Of Man: 01253 333494

Telephone for North East England: 0141 2242709

Email: There are different email addresses depending on your location. You can find the correct email address through the website.

Website: www.veterans-uk.info

References

¹ Royal College of psychiatrists. *Post-Traumatic Stress Disorder*. <https://www.rcpsych.ac.uk/mental-health/problems-disorders/post-traumatic-stress-disorder#faq-accoridon-collapsec4199279-0665-413d-b3e0-0180832839a2> (accessed 8th July 2019)

² NHS. *Post-Traumatic Stress Disorder*. <https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/treatment/> (accessed 9th July 2019)

³ World health Organization. *The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines*. Geneva: WHO; 2015 at F43.1.

⁴ As note 3 at F43.1.

⁵ NICE. Post-traumatic stress disorder (NG116) 1.1.1

⁶ The British Journal of psychology. *Evaluation of evidence for the psychotic subtyping of post-traumatic stress disorder* <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/evaluation-of-evidence-for-the-psychotic-subtyping-of-posttraumatic-stress-disorder/8F8481E87E89B8D45E0B8BAB2217CDD0#> (accessed 9th July 2019)

⁷ Pubmed. *Distinguishing schizophrenia from posttraumatic stress disorder with psychosis*. <https://www.ncbi.nlm.nih.gov/pubmed/25785709> (accessed 9th July 2019)

⁸ As note 5. Para 1.2.2

⁹ As note 5. Para 1.2.1

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- ¹⁰ NHS. *Treatment: Post-Traumatic Stress Disorder*. <https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/treatment/> (accessed 9th July 2019)
- ¹¹ As note 5. Page 22 'complex PTSD'
- ¹² As note 5. Page 22 'complex PTSD'
- ¹³ de Zulueta, F. Post-traumatic stress disorder and attachment: possible links with borderline personality disorder. *Advances in Psychiatric Treatment* 2009. Conclusion 15: 172–180. At 173.
- ¹⁴ As note 5. Para 1.1.2
- ¹⁵ Royal College of Psychiatrists. *Post-traumatic Stress Disorder* <http://www.rcpsych.ac.uk/mentalhealthinfo/problems/ptsd/posttraumaticstressdisorder.aspx> (Accessed July 2015)
- ¹⁶ Pubmed. *Comorbidity of psychiatric disorders and posttraumatic stress disorder*. <https://www.ncbi.nlm.nih.gov/pubmed/10795606> (accessed 9th July 2019)
- ¹⁷ As note 5. Para 1.2.3.
- ¹⁸ As note 5. Para 1.2.3.
- ¹⁹ Department of Health and Social Care. *Care and Support Statutory The Care Act 2014*, www.gov.uk/guidance/care-and-support-statutory-guidance (Accessed 9th July 2019) Para. 1.5.
- ²⁰ As note 2
- ²¹ As note 5. Para 1.6.16
- ²² As note 2
- ²³ As note 2
- ²⁴ As note 5. Para 1.6.17
- ²⁵ As note 5. Para 1.6.20
- ²⁶ As note 5. Para 1.6.23
- ²⁷ As note 5. Para 1.6.22
- ²⁸ As note 5. Para 1.6.23
- ²⁹ As note 5. Para 1.6.25
- ³⁰ As note 5. Para 1.6.26
- ³¹ As note 5. Para 1.7.1
- ³² As note 5. Para 1.7.2
- ³³ As note 5. Para 1.7.3
- ³⁴ General Medical Council. *Good Medical Practice*. Manchester: GMC; 2013. Para 16(e)
- ³⁵ NIH. The Role of Uncontrollable Trauma in the Development of PTSD and Alcohol Addiction. <https://pubs.niaaa.nih.gov/publications/arh23-4/256-262.pdf> Page 256 (accessed 9th July 2019)
- ³⁶ HM Government. *Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives*. London: HM Government; 2017. Page 23, para 78. <https://www.gov.uk/government/publications/suicide-prevention-third-annual-report> (accessed 9th July 2018).
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- ³⁸ Pubmed. *Comorbidity of psychiatric disorders and posttraumatic stress disorder*.
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- ³⁹ As note 38
- ⁴⁰ Post-Traumatic Stress Disorder: Evidence-Based Research for the Third Millennium
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- ⁴² McFarlane, A.C. The long-term costs of traumatic stress: intertwined physical and psychological consequences. *World Psychiatry* 2010 Feb; 9(1) 3-10. Abstract available at www.ncbi.nlm.nih.gov/pubmed/20148146 (accessed 19th September 2019).
- ⁴³ As note 5. Para 1.4.2

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