

Post-traumatic stress disorder (PTSD)

This factsheet has information about the symptoms and causes of post-traumatic stress disorder (PTSD). It explains who might develop PTSD and the treatment options. It is for anyone affected by trauma or PTSD and their family, friends and carers.

Key Points.

- You may develop post-traumatic stress disorder (PTSD) if you have an experience, or experiences, that you find traumatic.
- The development of PTSD depends on different factors. These can include things such as any history of mental illness, the severity and type of trauma and how you individually experience it.
- PTSD is more common if the trauma is unexpected, long-lasting, caused by other people, and involves a perceived threat to your life.
- Not everyone who experiences trauma will develop PTSD.
- Symptoms include traumatic memories, avoiding people or things that remind you of the event, not being able to sleep, and feeling anxious. But there can be other symptoms.
- Treatments for PTSD include talking therapy and medication.
- Treatment can help you to recover fully from PTSD or manage the symptoms better.

This factsheet covers:

1. [What is post-traumatic stress disorder \(PTSD\)?](#)
2. [What is complex PTSD?](#)
3. [What causes PTSD?](#)
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1. What is post-traumatic stress disorder (PTSD)?

Post-traumatic stress disorder (PTSD) is a mental illness. You can develop it after experiencing something that you find traumatic. This can include seeing or hearing about something traumatic.¹

The symptoms of PTSD can start immediately or after a delay of weeks or months. They usually start within 6 months of the traumatic event.²

There can be lots of different symptoms. See [section 4](#) of this factsheet for more information.

Not everyone who has been through a trauma will develop PTSD. Many people will have some trauma symptoms for a while. They are a normal reaction to a traumatic experience.

Some people slowly come to terms with what has happened. Their stress symptoms can start to disappear after a few weeks or so.³

But some people's symptoms last longer and they can develop PTSD. Treatment can help you to recover fully from PTSD or manage the symptoms better. See [section 6](#) of this factsheet for more information.

Some people may deal with symptoms for many years. This can sometimes develop into a personality change for a small number of people.⁴

You can find more information about '**Stress – 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.

How common is PTSD?

The NHS say that PTSD is estimated to affect about 1 in every 3 people who have a traumatic experience. But it's not clear exactly why some people develop the condition and others don't.⁵

2. What is complex PTSD?

The main symptoms of PTSD and complex PTSD are the same. Complex PTSD is sometimes known as c-PTSD, or CPTSD. If you have complex PTSD, you may have extra symptoms such as:⁶

- issues with keeping a relationship,
- finding it difficult to feel connected to other people,
- a belief that you are worthless with deep feelings of shame, guilt or failure that can be related to the trauma, and
- difficulty controlling your emotions.

You're more likely to develop complex PTSD if your trauma has been an ongoing event. Or series of different traumatic events. The trauma might be very threatening or frightening. Most commonly from a trauma which you weren't able to escape from such as:⁷

- torture,
- slavery,
- a long period of domestic abuse, or
- a long period of sexual or physical abuse as a child or adult.

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3. What causes PTSD?

You can develop PTSD after experiencing something that you find traumatic. This can include seeing or hearing about something traumatic.⁸

It can be caused by experiencing witnessing or hearing about single, repeated, or multiple events such as:⁹

- serious accidents,
- physical and sexual assault or abuse, including childhood or domestic abuse,
- emotional abuse,
- race-based trauma,
- work-related exposure to trauma, such as being in the army, emergency services, or humanitarian sector,
- trauma related to serious health problems or childbirth,
- war and conflict, and
- torture.

But it could be caused by other things too. The important thing is how you individually experience the event or events.

Traumatic events might affect our belief that life is fair, reasonable safe, and that we are secure.^{10,11}

But not everyone who experiences trauma will develop PTSD.

The risk of developing PTSD depends on how the experience affects you. PTSD is more likely to develop if the traumatic event:¹²

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

If you have experienced depression or anxiety now or in the past, you are at a higher risk of developing PTSD.^{13,14}

You can find more information about:

- Depression, and
- Anxiety disorder

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

What things might help protect you from developing PTSD?¹⁵

Things that may help to prevent the development of PTSD after a trauma include:

- connecting with others such as family and friends,
- receiving empathy and understanding from others,
- helping others,
- identifying as a survivor rather than a victim,
- seeking help to process the trauma,
- spirituality or faith,
- believing you can manage your emotions, and
- finding positive meaning in the trauma.

These factors won't always protect someone from developing PTSD. But they can help in some cases.

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4. What are the symptoms of PTSD?

The main symptoms and behaviours associated with PTSD and complex PTSD include:^{16,17}

- Reliving the experience through flashbacks, intrusive memories, or nightmares
- Overwhelming emotions with the flashbacks, memories, or nightmares
- Not being able to feel emotions or feeling "numb"
- Dissociation, that can include disconnecting from yourself or other people
- Avoidance. This could mean that you try to distract yourself from thinking about the trauma. Or you avoid people and situations that remind you of the trauma.

Other symptoms and behaviours associated with PTSD and complex PTSD include:^{18,19}

- Negative mood and thinking.
- Difficulty controlling your emotions.
- Feelings of anger, irritability, panic, and constant anxiety.

- Finding it hard to feel pleasure.
- A heavy sense of guilt or shame.
- Negative self-perception such as feeling diminished, worthless, or defeated.
- Problems relating to others.
- Problems in relationships and feeling detached from people.
- Problems with sleeping and concentrating, because of being in a state of hyperarousal.
- Being easily scared or startled.
- Self-destructive behaviour such as fast driving or drinking too much alcohol.
- A constant feeling of current threat. This is called hypervigilance. It is the feeling of being constantly alert or being overly sensitive to things such as smell and noise.

You can find more information about '**Dissociation and dissociative identity 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.

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5. How can I get help if I have symptoms of PTSD?

You can get help from:

- The NHS
- Social services
- Charities

You can also try self-help techniques.

How can the NHS help me?

If you have symptoms that are causing you a lot of distress or are affecting your daily life, you can see your GP.

Your GP should carry out an initial assessment using screening tools to decide what care you need.²⁰

Your assessment should include information about:²¹

- your physical needs,
- your mental health needs,
- your social needs, and
- any risk to yourself or others.

Your GP will be able to talk to you about treatment options and coping strategies. You're likely to be offered treatment if you've had symptoms of PTSD for more than 4 weeks or your symptoms are severe.²²

You can choose whether to have treatment and decide about the options your GP offers you. If you're unsure of anything, like the benefits of treatment, then ask your GP.

For more information about how PTSD is treated see [section 6](#) of this factsheet. The section explains how you can refer yourself for NHS talking therapy.

GPs can offer you treatment and advice for symptoms of mental illness, including PTSD. But only a psychiatrist can properly diagnose PTSD. Your GP will only refer you to a psychiatrist in an NHS specialist mental health team if your condition is severe. Including if your GP thinks you're experiencing complex PTSD.

A psychiatrist will diagnose PTSD through a more in-depth mental health assessment. They use the following manuals to help to diagnose you:

- International Classification of Diseases (ICD-11) produced by the World Health Organisation (WHO), and
- Diagnostic and Statistical Manual (DSM-5) produced by the American Psychiatric Association.

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

Where can I get help if I'm having a mental health crisis?

If you are in crisis means that your mental health is very bad, so you might need urgent support and treatment.

If you need urgent help, you can do the following.

- **Contact your local NHS urgent mental health helpline.** You can find details of your local NHS urgent mental health helpline at: www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline. Or you can call NHS 111 to ask them for details. They might refer you to your local NHS crisis team.
- **Ask your GP for an emergency appointment.** GPs usually keep a few appointments free for urgent cases. The GP can make a referral to the local NHS crisis team if necessary.
- **Go to the accident and emergency (A&E)** of the local hospital. A&E will assess the situation and may arrange for a mental health professional to see you. You could get admitted to a mental health ward in hospital or referred to the crisis team.
- **You can call the emergency services on 999** if you can't get to A&E. They may then get in touch with mental health services such as the crisis team or take you to A&E.

- **You can contact NHS 111.** The phone line is for when you need medical help fast but it's not a 999 emergency. You can call 111 if you don't know who to call or you don't have a GP. Or if you need health information or reassurance about what to do next.
- **Use Shout text service:** You can text Shout to 85258 to connect to a trained person to help you. See www.giveusashout.org/ for more information.

How can social services help me?

If you need support to look after yourself then you have the right to a needs assessment from social services. For example, you may need support so that you can:²³

- 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, such as volunteering or being in a club or group.

You can find more information about '**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.

What other help is available?

How can charities help me?

In some areas, charities will support people who live with PTSD. This may be through support groups where you can talk to other people about how you feel. Group support can help you find ways to manage your symptoms and understand your condition.²⁴

Some charities may have other services available, such as employment support or isolation prevention services.

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.

Contact details charities who might be able to help are in the [Useful contacts](#) section of

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 8](#) of this factsheet.

You can find more information about:

- Worried about your mental health?
- Stress - How to cope
- Recovery

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

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6. How is PTSD treated?

PTSD is mainly treated with talking therapies, medication or a mixture of both.

What are NICE guidelines?

NICE stands for National Institute for Health and Care Excellence. They make recommendation to the NHS about what treatment should be offered to patients for the condition they're living with. NICE have made the following recommendations to treat PTSD.

You might have clinical symptoms of PTSD and have experienced 1 or more traumatic events in the past month. NICE say you should be offered the following treatment options as prevention of, or treatment for PTSD:²⁵

- Trauma-focused cognitive behavioural therapy (CBT), such as:
 - Cognitive processing therapy
 - Narrative exposure therapy (NET)
 - Prolonged exposure therapy
- Eye movement desensitisation and reprocessing (EMDR)
- Supported trauma-focused computerised cognitive behavioural therapy (CBT)
- CBT to target an issue such as anger or sleeping problems
- Medication such as antidepressants or antipsychotics to manage some of the symptoms of PTSD²⁶

You can usually refer yourself for NHS talking therapy. You can also have private talking therapy if you can afford to.

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

What is active monitoring?

Active monitoring or '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.²⁷

Active monitoring is used because 2 in every 3 people who experience a trauma will recover without treatment.²⁸

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

CBT helps you deal with your symptoms by making changes to how you think and act.

Your therapy should help manage symptoms and reaction to trauma and help you deal with related emotions.²⁹

Sometimes CBT can be aimed at specific symptoms of PTSD such as sleep problems or anger.

What is cognitive processing therapy (CPT)?³⁰

CPT is focused on helping people who are 'stuck' in their thoughts about a trauma. It is based on the idea that PTSD symptoms happen because of conflict between pre-trauma and post-trauma beliefs.

These conflicts are called 'stuck points'. And are addressed through activities such as writing about the traumatic event.

What is narrative exposure therapy (NET)?³¹

NET can help to reduce distress resulting from complex or multiple traumatic experiences.

The aim of NET is to put traumatic experiences into context. NET helps you to create and express a clear narrative of your life. Mainly focusing on the trauma. But also bringing in some positive events.

What is prolonged exposure therapy?³²

Prolonged exposure helps you gradually approach trauma-related memories, feelings, and situations. It helps you to learn that the trauma-related memories and reminders aren't dangerous and that you don't need to avoid them.

What is eye movement desensitisation and reprocessing (EMDR)?

³³

You'll be led by the therapist to 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.

The therapy uses eye stimulation, or other stimulation methods such as 'taps' or 'tones', to process certain memories. This should be used until the memories are no longer distressing.

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

You can therapy through a computer programme if you're PTSD symptoms aren't severe.

You may be able to have supported trauma-focused computerised CBT if you prefer it to face-to-face trauma-focused CBT or EMDR.

Can medication help with PTSD?

Your doctor might offer you medication to treat PTSD. You can choose to have this together with talking therapy.

You might be offered venlafaxine or a selective serotonin reuptake inhibitor (SSRI) such as sertraline.³⁴

You may be offered antipsychotic medication, such as risperidone. This may be offered if you experience psychosis or severe hyperarousal. The treatment will need to be reviewed regularly by a specialist.³⁵

The antidepressants mirtazapine, amitriptyline, and phenelzine may be recommended. These medicines will only be used if:³⁶

- you choose not to have trauma-focused psychological treatment,
- psychological treatment would not be effective because there's an ongoing threat of further trauma, such as domestic violence,
- you have gained little or no benefit from a course of trauma-focused psychological treatment, or
- you have an underlying condition, such as severe depression, that affects your ability to benefit from psychological treatment.

Amitriptyline or phenelzine will usually only be used under the supervision of a mental health specialist.

Your doctor should inform you about possible side effects, including any possible withdrawal symptoms. Withdrawal symptoms are less likely if the medicine is reduced slowly.

You can find out more about:

- 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.

What is the treatment for complex PTSD?

You may respond to trauma-focused therapies if you have complex PTSD.

There is some overlap of symptoms between complex PTSD and borderline personality disorder (BPD). If you have complex PTSD you may benefit from certain treatments that help people with BPD.³⁷

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

What if I have complex needs like complex PTSD or a drug or alcohol issue?

You should not be excluded from treatment because if have a drug or alcohol issue.³⁸ If you have complex PTSD or a drug or alcohol issue your health professional should:³⁹

- give you more therapy sessions or give you longer therapy sessions to help build trust,
- think about the impact that your personal circumstances will have on the outcome of therapy, for example your housing situation,
- 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 more information about '**Drugs, alcohol and mental health**' 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.

I've lived with PTSD for a long time. Can treatment still help?

It is possible to be successfully treated from PTSD years after the trauma, so it's never too late to seek help.⁴⁰

Some think:⁴¹

- traumatic events are thought to 'shatter' our view of the world as meaningful, safe, and our view of ourselves as worthy,
- recovery can be about reconstructing our worldview using different coping strategies, and
- recovery can occur when someone has processed their trauma and has built a new worldview which includes the trauma.

7. What can I do if I'm not happy with my treatment?

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

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

There is more information about these options below.

How can I speak to my doctor about my treatment options?

You can speak to your doctor about your treatment. Explain why you aren't 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 aren't given this treatment, ask your doctor to explain why it isn't suitable for you.

What's a second opinion?

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

You don't have a right to a second opinion. But your doctor should listen to your reason for wanting a second opinion.⁴²

What is 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. NHS complaints advocates can help you if you want to complain about the NHS.

You can search online to search for a local advocacy service.

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

PALS is part of the NHS. They give information and support to patients and a good place to start if you're not happy with any aspect of the NHS.

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).

How can I complain?

You can complain about your treatment or any other aspect of the NHS verbally or in writing. See our information on 'Complaining about the NHS or social services' for more information.

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.

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8. 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 or self-help. When it comes to what helps people, everyone is different. Self-care is how you take care of your diet, exercise, daily routine, relationships and how you are feeling.

You can learn how to notice when you are becoming unwell and know what your triggers are.

You can find out more about self-help in section 5 of our '**Worried about your mental health**' factsheet under the heading 'What can I do to help myself?' You can read the factsheet 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.

Some helpful PTSD resources are:

- **NHS Inform PTSD and CPTSD self-help:**
www.nhsinform.scot/illnesses-and-conditions/mental-health/mental-health-self-help-guides/ptsd-and-cptsd-self-help-guide
- **NHS PTSD self-help leaflet:**
<https://web.nrw.nhs.uk/selfhelp/leaflets/Post%20traumatic%20Stress.pdf>

What are recovery colleges?

Recovery colleges are part of the NHS. They offer free courses about mental health to help you manage your symptoms. You can usually self-refer to a recovery college. But the college may tell your community mental health team.

To see if there is a recovery college in your area you can click on this link: <https://mindrecoverynet.org.uk/search/>.

Or you can use a search engine such as Google, by typing 'Recovery college [your location].'

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.

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9. What risks are associated with PTSD?

Alcohol and drug use

Some people who live with PTSD use drugs or alcohol to help manage the symptoms.⁴³

Drug or alcohol misuse can make you more unwell, especially if it is excessive. It can make you more likely to try and harm yourself or take your own life.⁴⁴

You can find out more about '**Drugs, alcohol and mental health**' 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.

Mental health conditions

Most people who live with PTSD will have at least 1 other mental health condition. The most common conditions are:⁴⁵

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

Other mental health conditions have some of the same symptoms as PTSD. This may be why PTSD can sometimes be hard to diagnose.⁴⁶

If you think you may be experiencing PTSD, you can tell your healthcare professional. You can explain that you've been through a trauma, and you think your symptoms might be related to PTSD.

You can find out more about:

- Depression, and
- Anxiety disorders

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.

Suicidal thoughts

Sometimes PTSD symptoms can be long-lasting and can have a significant impact on day-to-day life. This can sometimes lead to suicidal thoughts.⁴⁷

You can find out more about **'Suicidal thoughts – 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.

Psychosis

There is a link between PTSD and psychosis. But it isn't known if psychosis is sometimes a symptom of PTSD. Or if it is a separate mental health condition, that can be developed alongside PTSD.^{48,49}

Some people who experience psychosis may have also experienced trauma. It may be a different response to trauma than PTSD.⁵⁰

You can find out more 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.

Physical health issues

PTSD has been linked to a range of physical symptoms and health issues such as:^{51 52,53}

- dizziness,
- tinnitus,
- blurry vision,
- headaches,
- stomach aches,
- digestive issues,
- heart conditions,
- high blood pressure,
- obesity,
- breathing issues,
- diabetes,
- chronic pain,
- sleep disorders, and
- immune system disorders.

You can find more information about:

- Managing type-2 diabetes
- How can I improve my sleep?

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.

Driving and PTSD

PTSD might affect your ability to drive safely. If you think it might, you should inform the Driver and Vehicle Licensing Agency (DVLA) about your condition.⁵⁴

You can find more information about '**Driving and mental illness**' 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.

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10. Information for carers, friends and relatives

If you are a carer, friend or relative of someone who lives with PTSD, you can get support.

How can I get support?

You can do the following.

- Speak to your GP about talking therapies and medication for yourself.
- Speak to your relative's mental health team about a carer's assessment or ask for one 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. You might be able to get support from social services.

You can find out more about '**Carer's 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.

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. You can find all of our peer support groups here: www.rethink.org/help-in-your-area/support-groups/.

You can look on the following websites:

- **Carers UK:** www.carersuk.org
- **Carers Trust:** <https://carers.org/search/network-partners>

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.
- Manage your own stress. Being calm can help them to ground them and keep them calm.
- Expect and accept mixed emotions from them. There can be ups and downs in recovery.
- 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 at an NHS mental health team.
- Help them to manage practical things such as their finances, if they want you to.

You can find out more about:

- Supporting someone with a mental illness
- Responding to unusual thoughts and behaviours
- Worried about someone's mental health
- Stress – 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.

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:⁵⁵

- 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:

- Getting help in a crisis
- Suicidal thoughts - How to support someone
- Confidentiality & information sharing. For carers, friends & family

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

You can find more information about '**What benefits are available for mental health carers**' at: www.rethink.org/advice-and-information/living-with-mental-illness/money-benefits-and-mental-health

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Further Reading

Armed forces healthcare

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

www.nhs.uk/nhs-services/armed-forces-community

Royal College of Psychiatrists (RCP)

Information about how to manage after a traumatic event.

www.rcpsych.ac.uk/mental-health/problems-disorders/coping-after-a-traumatic-event

Counselling Directory

Information about racially based trauma.

www.counselling-directory.org.uk/racism.html#whatisracism

PTSD UK

Support and information for anyone experiencing PTSD.

www.ptsduk.org/

EMDR Association

EMDR therapists, resources, and information.

<https://emdrassociation.org.uk/>

Useful Contacts

Victim Support

Victim Support help anyone affected by crime, including friends and family. It doesn't matter when the crime took place. They provide a free and confidential support 24/7, for people affected by crime and traumatic events. This is regardless of whether you have contacted the police. They provide information, advice, and emotional and practical support.

Telephone: 08 08 16 89 111

Email: www.victimsupport.org.uk/help-and-support/get-help/supportline/email-supportline/

Webchat: www.victimsupport.org.uk/help-and-support/get-help/support-near-you/live-chat/

Website: <https://www.victimsupport.org.uk>

Anxiety, grief, and trauma

Anxiety UK

Anxiety UK is a user-led charity which supports people with anxiety disorders, including PTSD.

Telephone: 03444 775 774

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

E-mail: support@anxietyuk.org.uk

Text: 07537 416 905

Website: www.anxietyuk.org.uk

Assistance Support and Self Help in Surviving Trauma (ASSIST)

ASSIST Trauma Care employs experienced therapists trained to work with post-traumatic stress disorder (PTSD) and the after-effects of trauma in line with current evidence-based treatments. They are a charity, but you have to pay for therapy.

Phone: 01788 551 919

E-mail: admin@assisttraumacare.org.uk

Email (online form): <http://assisttraumacare.org.uk/contact/>

Website: www.assisttraumacare.org.uk

Military and trauma

Combat Stress

Combat Stress supports current and ex-military of all ages who have mental health conditions. And their families.

Telephone (ex-military): 0800 138 1619

Telephone (current military): 0800 323 4444

Helpline text: 07537 173 683

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

Email: helpline@combatstress.org.uk

Website: www.combatstress.org.uk

PTSD Resolution

PTSD Resolution provides counselling for former armed forces, reservists and families.

Telephone: 0300 302 0551

E-mail: contact@ptsdresolution.org

Address: PTSD Resolution Ltd, c/o Chantry House, 22 Upperton Road, Eastbourne, East Sussex, BN21 1BF

Website: www.ptsdresolution.org

Veterans UK

Veterans UK is a 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 (UK only): 0808 1914 218

Telephone (overseas): +44 1253 866 043

Email: veterans-uk@mod.gov.uk

Address: Veterans UK, Ministry of Defence, Norcross, Thornton, Cleveleys, FY5 3WP

Website: www.gov.uk/government/organisations/veterans-uk

Torture and trauma

Freedom from Torture

Freedom from Torture offers one-to-one therapy, group activities and support for physical pain to survivors of torture. This includes people with complex PTSD. For asylum seekers and refugees.

Telephone: 020 7697 7777

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

Website: www.freedomfromtorture.org

Child abuse and childhood abuse

The National Association for People Abused in Childhood (NAPAC)

NAPAC supports adult survivors of childhood abuse.

Telephone: 0808 801 0331

E-mail: support@napac.org.uk

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

Website: www.napac.org.uk

Help for Adult Victims of Child Abuse (HAVOCA)

HAVOCA is run by survivors for adult survivors of child abuse. They provide support, friendship, and advice adults whose lives have been affected by childhood abuse. They have an online forum for survivors.

Email: www.havoca.org/every-survivor-has-the-right-to-become-a-thriver/contact-us/

Website: www.havoca.org/resources/support-groups/

Sexual and domestic violence and relationships

Rape Crisis

Rape Crisis have a network of independent rape crisis centres.

Address: Rape Crisis, Suite E4, Hanover Walk, Leeds, LS3 1AB

Email: rcewinfo@rapecrisis.org.uk

Webchat: <https://rapecrisis.org.uk/get-help/live-chat-helpline/about-the-live-chat-helpline/>

Website: www.rapecrisis.org.uk

Refuge

Refuge support female survivors of domestic abuse. They provide legal information, help with housing and money, and support with domestic abuse services.

Telephone (National Domestic Abuse Helpline): 0808 2000 247

Email: www.nationaldahelpline.org.uk/en/Contact-us

Webchat: www.nationaldahelpline.org.uk/en/Chat-to-us-online

Website: www.nationaldahelpline.org.uk/

Women's Aid

Women's Aid support female survivors of domestic abuse.

Email: helpline@womensaid.org.uk

Webchat: <https://chat.womensaid.org.uk/>

Website: www.womensaid.org.uk/

Website (service directory): www.womensaid.org.uk/domestic-abuse-directory

Survivors UK

There for any man, boy or non-binary person who has ever experienced unwanted sexual activity, such as words, images or touch.

Telephone: 0203 5983 898

Email: help@survivorsuk.org

Website: www.survivorsuk.org/

RISE

RISE supports perpetrators of domestic violence in their rehabilitation journey. They guide perpetrators through a process of change, addressing behaviours and attitudes. They provide group and one-to-one sessions, focused on self-reflection.

Telephone: 07495 099 694

Email: info@risemutual.org

Website: <https://risemutual.org/interventions-perpetrators/>

Respect Phonline

Provide help for domestic violence perpetrators.

Telephone (for perpetrators & those supporting): 0808 8024 040

Telephone (for male victims of domestic abuse): 0808 801 0327

Email (for perpetrators & those supporting):

info@respectphonline.org.uk

Email (for male victims of domestic abuse):

info@mensadviceline.org.uk

Webchat (for perpetrators & those supporting):

<https://respectphonline.org.uk/contact-us/>

Webchat (for male victims of domestic abuse):

<https://mensadviceline.org.uk/>

Website: <https://respectphonline.org.uk>

References

¹ Royal College of Psychiatrists. *Post-Traumatic Stress Disorder (PTSD)*. www.rcpsych.ac.uk/mental-health/problems-disorders/post-traumatic-stress-disorder#faq-accoridon-collapsec4199279-0665-413d-b3e0-0180832839a2 (Accessed 24 September 2021)

² Royal College of Psychiatrists. *Post-Traumatic Stress Disorder (PTSD)*. www.rcpsych.ac.uk/mental-health/problems-disorders/post-traumatic-stress-disorder#faq-accoridon-collapsec4199279-0665-413d-b3e0-0180832839a2 (Accessed 24 September 2021)

³ Royal College of Psychiatrists. *Post-Traumatic Stress Disorder (PTSD)*. www.rcpsych.ac.uk/mental-health/problems-disorders/post-traumatic-stress-disorder#faq-accoridon-collapsec4199279-0665-413d-b3e0-0180832839a2 (Accessed 24 September 2021)

⁴ World Health Organization. *The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines*. Geneva: WHO; 2019 at F43.1.

⁵ NHS. *Overview Post-traumatic stress disorder (PTSD)*. <https://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/overview/> (Accessed 5 October 2021)

⁶ NICE. Post-traumatic stress disorder (NG116), Page 25 'complex PTSD'

⁷ NICE. Post-traumatic stress disorder (NG116), Page 25 'complex PTSD'

⁸ Royal College of Psychiatrists. *Post-Traumatic Stress Disorder (PTSD)*. www.rcpsych.ac.uk/mental-health/problems-disorders/post-traumatic-stress-disorder#faq-accoridon-collapsec4199279-0665-413d-b3e0-0180832839a2 (Accessed 24 September 2021)

⁹ National Institute for Health and Care Excellence (NICE) 2018. *Post-traumatic stress disorder (NG166)*, Para 1.1.2. London: NICE

¹⁰ Royal College of Psychiatrists. *Post-Traumatic Stress Disorder (PTSD)*. www.rcpsych.ac.uk/mental-health/problems-disorders/post-traumatic-stress-disorder#faq-accoridon-collapsec4199279-0665-413d-b3e0-0180832839a2 (Accessed 24 September 2021)

-
- ¹¹ Janoff-Bulman R. Shattered assumptions: Towards a new psychology of trauma. Free press. 1992. <https://psycnet.apa.org/record/1992-97250-000> (Accessed 29 September 2021)
- ¹² Royal College of Psychiatrists. *Post-Traumatic Stress Disorder (PTSD)*. www.rcpsych.ac.uk/mental-health/problems-disorders/post-traumatic-stress-disorder#faq-accoridon-collapsec4199279-0665-413d-b3e0-0180832839a2 (Accessed 24 September 2021)
- ¹³ NHS. *Causes - Post-traumatic stress disorder*. www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/causes/ (Accessed 24 September 2021)
- ¹⁴ Brady, KT, Killeen, TK, Brewerton, T, and Lucerini, S. Comorbidity of psychiatric disorders and posttraumatic stress disorder. *Journal of clinical psychiatry*. 2000;61, pp.22-32. <https://pubmed.ncbi.nlm.nih.gov/10795606/> (Accessed 29 September 2021)
- ¹⁵ Center for Substance Abuse Treatment. *Trauma-informed care in behavioral health services*. www.ncbi.nlm.nih.gov/books/NBK207192/ (Accessed 5 October 2021)
- ¹⁶ World health Organization. *The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines*. Geneva: WHO; 2019 at F43.1.
- ¹⁷ National Institute for Health and Care Excellence (NICE) 2018. *Post-traumatic stress disorder (NG166)*, Para 1.1.1. London: NICE
- ¹⁸ World health Organization. *The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines*. Geneva: WHO; 2019 at F43.1.
- ¹⁹ National Institute for Health and Care Excellence (NICE) 2018. *Post-traumatic stress disorder (NG166)*, Para 1.1.1. London: NICE
- ²⁰ NICE. *When should I suspect post-traumatic stress disorder (PTSD)?* <https://cks.nice.org.uk/topics/post-traumatic-stress-disorder/diagnosis/diagnosis/#screening-questions> (Accessed 22 September 2021)
- ²¹ National Institute for Health and Care Excellence (NICE) 2018. *Post-traumatic stress disorder (NG166)*, Para 1.2.2. London: NICE
- ²² NHS. *Treatment - Post-traumatic stress disorder*. www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/treatment/ (Accessed 24 September 2021)
- ²³ Department of Health and Social Care. *Care and Support Statutory Guidance*. www.gov.uk/guidance/care-and-support-statutory-guidance (Accessed 29 September 2021), Para. 1.5.
- ²⁴ NHS. *Treatment - Post-traumatic stress disorder*. www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/treatment/ (Accessed 24 September 2021)
- ²⁵ NICE. *Post-traumatic stress disorder (NG116)*, Para 1.6.15 – 1.6.16
- ²⁶ NHS. *Treatment - Post-traumatic stress disorder*. www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/treatment/ (Accessed 24 September 2021)
- ²⁷ NHS. *Treatment - Post-traumatic stress disorder*. www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/treatment/ (Accessed 24 September 2021)
- ²⁸ NHS. *Treatment - Post-traumatic stress disorder*. www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/treatment/ (Accessed 24 September 2021)
- ²⁹ National Institute for Health and Care Excellence (NICE) 2018. *Post-traumatic stress disorder (NG166)*, Para 1.6.17. London: NICE
- ³⁰ Verywell Mind. *What is Cognitive Processing Therapy (CPT?)*. <https://www.verywellmind.com/cognitive-processing-therapy-2797281> (Accessed 6 October 2021).
- ³¹ Solent NHS Trust. *Talking therapies – Narrative Exposure Therapy*. <https://www.talkingchange.nhs.uk/narrative-exposure-therapy-net>. (Accessed 6 October 2021)
- ³² American Psychological Association (APA). *Prolonged Exposure (PE)*. <https://www.apa.org/ptsd-guideline/treatments/prolonged-exposure> (Accessed 6 October 2021)

-
- ³³ National Institute for Health and Care Excellence (NICE) 2018. *Post-traumatic stress disorder (NG166)*, Para 1.6.20. London: NICE
- ³⁴ National Institute for Health and Care Excellence (NICE) 2018. *Post-traumatic stress disorder (NG166)*, Para 1.6.25. London: NICE
- ³⁵ National Institute for Health and Care Excellence (NICE) 2018. *Post-traumatic stress disorder (NG166)*, Para 1.6.26. London: NICE
- ³⁶ NHS. Treatment - Post-traumatic stress disorder. www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/treatment/ (Accessed 30 September 2021)
- ³⁷ 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. www.cambridge.org/core/services/aop-cambridge-core/content/view/E101C751F384F7188DD2832C7D7E896E/S1355514600005629a.pdf/post-traumatic-stress-disorder-and-attachment-possible-links-with-borderline-personality-disorder.pdf (Accessed 29 September 2021)
- ³⁸ National Institute for Health and Care Excellence (NICE) 2018. *Post-traumatic stress disorder (NG166)*, Para 1.7.2. London: NICE
- ³⁹ National Institute for Health and Care Excellence (NICE) 2018. *Post-traumatic stress disorder (NG166)*, Para 1.7.3. London: NICE
- ⁴⁰ NHS. Treatment - Post-traumatic stress disorder. www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/treatment/ (Accessed 24 September 2021)
- ⁴¹ Janoff-Bulman R. *Shattered assumptions*. Simon and Schuster; 2010 Jun 15. https://www.google.co.uk/books/edition/Shattered_Assumptions/J7OVcUpFiLgC?hl=en&gbpv=1&dq=Shattered+assumptions:+Towards+a+new+psychology+of+trauma.&pg=PP14&printsec=frontcover (Accessed 5 October 2021)
- ⁴² General Medical Council. *Good Medical Practice*. Manchester: GMC; 2013. Para 16(e).
- ⁴³ Debell F, Fear NT, Head M, Batt-Rawden S, Greenberg N, Wessely S, Goodwin L. A systematic review of the comorbidity between PTSD and alcohol misuse. *Social psychiatry and psychiatric epidemiology*. 2014;49(9):1401-25. www.researchgate.net/profile/Laura-Goodwin-6/publication/260915681_A_systematic_review_of_the_comorbidity_between_PTSD_and_alcohol_misuse/links/00463532ffd15adea7000000/A-systematic-review-of-the-comorbidity-between-PTSD-and-alcohol-misuse.pdf (Accessed 29 September 2021)
- ⁴⁴ 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. www.gov.uk/government/publications/suicide-prevention-third-annual-report (Accessed 29 September 2021).
- ⁴⁵ Brady, KT, Killeen, TK, Brewerton, T, and Lucerini, S. Comorbidity of psychiatric disorders and posttraumatic stress disorder. *Journal of clinical psychiatry*. 2000;61, pp.22-32. <https://pubmed.ncbi.nlm.nih.gov/10795606/> (Accessed 29 September 2021)
- ⁴⁶ Brady, KT, Killeen, TK, Brewerton, T, and Lucerini, S. Comorbidity of psychiatric disorders and posttraumatic stress disorder. *Journal of clinical psychiatry*. 2000;61, pp.22-32. <https://pubmed.ncbi.nlm.nih.gov/10795606/> (Accessed 29 September 2021)
- ⁴⁷ Iribarren J, Prolo P, Neagos N, Chiappelli F. Post-traumatic stress disorder: evidence-based research for the third millennium. *Evidence-Based Complementary and Alternative Medicine*. 2005; 1;2(4):503-12. www.ncbi.nlm.nih.gov/pmc/articles/PMC1297500/ (Accessed 29 September 2021)
- ⁴⁸ Gaudio BA, Zimmerman M. Evaluation of evidence for the psychotic subtyping of post-traumatic stress disorder. *British Journal of Psychiatry*. Cambridge University Press; 2010;197(4):326–7. www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/evaluation-of-evidence-for-the-psychotic-subtyping-of-posttraumatic-stress-disorder/8F8481E87E89B8D45E0B8BAB2217CDD0# (Accessed 24 September 2021)
- ⁴⁹ O'Conghaile A, DeLisi L. Distinguishing schizophrenia from posttraumatic stress disorder with psychosis. *Current Opinion in Psychiatry*. 2015;28(3):249-255. www.ncbi.nlm.nih.gov/pubmed/25785709 (Accessed 29 September 2021)
- ⁵⁰ Frost R, Louison Vang M, Karatzias T, Hyland P, Shevlin M. The distribution of psychosis, ICD-11 PTSD and complex PTSD symptoms among a trauma-exposed UK general population sample. *Psychosis*. 2019; 11(3):187-98.

http://mural.maynoothuniversity.ie/14102/1/PH_the%20distribution.pdf (Accessed 5 October 2021)

⁵¹ Gupta, MA. Review of somatic symptoms in post-traumatic stress disorder. *International Review of Psychiatry*. 2013; 25(1): 86-99. Abstract available at www.ncbi.nlm.nih.gov/pubmed/23383670 (Accessed 29 September 2021).

⁵² Gupta, MA. Review of somatic symptoms in post-traumatic stress disorder. *International Review of Psychiatry*. 2013; 25(1): 86-99. Abstract available at www.ncbi.nlm.nih.gov/pubmed/23383670 (Accessed 29 September 2021).

⁵³ McFarlane, AC. The long-term costs of traumatic stress: intertwined physical and psychological consequences. *World Psychiatry*. 2010; 9(1) 3-10.

<https://onlinelibrary.wiley.com/doi/pdfdirect/10.1002/j.2051-5545.2010.tb00254.x> (Accessed 29 September 2021)

⁵⁴ Gov.uk. *Post traumatic stress disorder (PTSD) and driving*. <https://www.gov.uk/post-traumatic-stress-disorder-and-driving> (Accessed 5 October 2021)

⁵⁵ National Institute for Health and Care Excellence (NICE) 2018. *Post-traumatic stress disorder (NG166)*, Para 1.4.2. London: NICE

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