



Managing schizophrenia

A booklet for patients, carers and their families

August 2013



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What is SIGN?

We at the Scottish Intercollegiate Guidelines Network (SIGN) write guidelines which give advice to health-care professionals, patients and carers about the best treatments that are available. We write these guidelines by working with health-care professionals, other NHS staff, patients, carers and members of the public. The guidelines are based on the most up-to-date scientific evidence.

You can read more about us by visiting www.sign.ac.uk or you can phone and ask for a copy of our booklet '**SIGN guidelines: information for patients, carers and the public**'.

If you would like a copy of this booklet in another language or format such as in large print, please phone Karen Graham, Patient Involvement Officer, on 0131 623 4740, or email her at karen.graham2@nhs.net.

What is this booklet about?

This booklet is for you if:

- ★ you think you may be having psychotic experiences;
- ★ you think a family member or friend may be having psychotic experiences;
- ★ you work with people who may be having psychotic experiences;
- ★ you have been diagnosed with schizophrenia; or
- ★ a family member or friend has been diagnosed with schizophrenia.

This booklet aims to make adult patients and their families aware of the treatment and care they should expect to receive when they are experiencing psychosis or when they have been diagnosed with schizophrenia. Most parts of the booklet are for patients but we acknowledge that family members and carers will also read this.

There is a lot of stigma surrounding schizophrenia and some people do not accept the term 'schizophrenia' to describe their symptoms. We use the term in this booklet because a better one has not been agreed to describe the symptoms. Even if you do not accept the term 'schizophrenia' to describe your symptoms, we hope that you find the information in this booklet helpful.

This booklet is based on the recommendations from the SIGN national clinical guideline on managing schizophrenia. This guideline is available to download from our website at www.sign.ac.uk/guidelines/fulltext/131/index.html.

You can read more about SIGN on page 2 of this booklet or you can visit our website www.sign.ac.uk.

The booklet explains:

- ★ psychotic experiences;
- ★ what schizophrenia is;
- ★ what may happen when you first become unwell;
- ★ what treatment choices are available;
- ★ what you can expect from treatment; and
- ★ how you can help yourself to stay well.

The booklet does not cover diagnosis, but your health-care professionals can answer any questions you may have. The information in this booklet adds to the information and advice given to you by the people involved in your care.

What are psychotic experiences?

Psychosis is a broad term used to describe a range of experiences that affect how a person thinks, feels and behaves. People with psychosis often experience a reality that is different to those around them. Some people do not believe or understand that they are unwell. This is referred to as loss of insight. They will believe that what they are experiencing is real and, to them, it is real. For many people, psychotic experiences can be very upsetting and distressing. People experiencing psychosis describe some or all of the following.

⦿ Hearing voices

A common psychotic experience is hearing voices when no-one seems to be there or which other people do not hear, or seeing or feeling things that other people do not. The medical term for these types of experiences is hallucinations.

⦿ Holding very strong, different or unusual beliefs

Usually these are beliefs that other people do not share. One example might be a strongly held belief that there is a conspiracy against you by the Government, or that somebody else is in control of your mind. The medical term for these beliefs is delusions. They are sometimes called paranoid delusions if they include strongly held beliefs that people are going to harm you in some way.

⦿ More acute senses

Some people notice changes in how they perceive things such as seeing colours much more brightly than normal or finding that time seems to be passing more quickly or slowly than normal.

⦿ Confusion or concentration problems

Sometimes it may seem difficult to keep 'on track'. You may experience extreme changes in concentration or attention, such as finding it more difficult to pay attention to two things at once. You may also find it difficult to distinguish between reality and fantasy, or between dreams and real memories.

⦿ Changes in emotion

You might find yourself experiencing extreme moods such as depression or elation, or often both at the same time. You might feel anxious or fearful, or irritable and short tempered. You might also notice that you are feeling much better or worse about yourself than normal.

⦿ Changes in thoughts

Worrying about your thoughts is also associated with psychosis, for example worrying that your thoughts might be influencing other people or events. Some people describe feeling as if others can read their minds, or that their thoughts are being broadcast on TV or radio. Other people may feel as if their thoughts do not belong to them, and may be under the control of others. People experiencing psychosis have also described their thoughts as 'racing' or being all jumbled up. This can add to difficulty in concentrating.

If you are feeling much better about yourself than normal, you may notice that your thoughts are extremely positive, or that you are over-estimating your abilities. Or, you might be feeling a lot worse about yourself, and thinking that you are a complete failure.

Seeing significant links between events which other people may not see is also associated with psychosis. Sometimes you may even think you are personally responsible for events on a small or large scale.

⦿ Changes in behaviour

Experiencing hallucinations, delusions or the other kinds of experiences described above, can make it hard to concentrate on other things. People often feel overwhelmed or uncomfortable when there are a lot of other people around, and may find that they are spending less time in the company of other people.

Other people have described finding that they are acting out of character, or doing things they don't want to, often because voices or fears are telling them to.

Other changes people have noticed include finding it difficult to express themselves, or becoming withdrawn or listless or having no motivation. People experiencing psychosis can often find it difficult to find the energy to prepare food for themselves or to wash or look after themselves as they used to. This can be an understandable reaction to the difficult experiences they might be having. Tiredness and a lack of energy are often described, and may mean you are doing a lot less than you used to (sometimes this may be due to the side effects of medication).

These experiences can be upsetting for people and their families and friends and it is important that they get help as early as possible. Often family and friends are aware that someone's behaviour is changing and may suggest getting help. Some people may experience changes over a short time and others may experience them over several months. It may take some time before health-care professionals find out if people have schizophrenia. Health-care professionals will want to rule out other mental-health conditions or addictions before making a diagnosis of schizophrenia.

Diagnosis

In traditional psychiatric terms, these experiences are thought of as signs of mental illness, and a diagnosis is often given. Psychiatric diagnoses are labels that describe certain groups or types of experiences. The most common diagnoses used to classify psychotic experiences are schizophrenia, or schizoaffective disorder. Bipolar disorder (often called manic depression), mania or hypomania are other terms you may have heard, which are associated with extreme mood swings, elation and over-activity.

Some people find having a diagnosis reassuring because it suggests that they are not alone in having these experiences and gives them hope that health professionals will be able to help them. Other people don't like receiving a diagnosis because of the associated stigma and because a diagnosis does not tell them anything about the nature or causes of the experiences.

If you have been given a diagnosis, it may help to discuss it further with your key worker, doctor or psychologist, or with a friend or relative.



What is schizophrenia?

Schizophrenia is a common mental illness. Around 1% of people are diagnosed with it during their lifetime. It is slightly more common in men than women. It affects people in their twenties and it is usually a lifelong condition. People diagnosed with schizophrenia will have many of the experiences described above under 'What are psychotic experiences?'

Some people may only have symptoms for a short time, but others may have symptoms for months or years. Some people will completely recover from symptoms; others will get better but their symptoms may come back again in the future. Everyone's experience will be different.

The causes of schizophrenia are not fully understood. We know that certain things can make people vulnerable to schizophrenia or act as triggers, for example:

- ★ a family history of schizophrenia;
- ★ major life events (including leaving home for the first time);
- ★ family problems; and
- ★ substance misuse.

You can read more about what might cause schizophrenia on the following website. www.rcpsych.ac.uk/healthadvice/problemsdisorders/schizophrenia.aspx

You may have heard myths about people with schizophrenia. Psychosis or schizophrenia does not mean split or multiple personality. Very few people with schizophrenia are violent, and most people with schizophrenia are more likely to harm themselves than others. Schizophrenia is not caused by personal weaknesses. Your doctor and others working with you can answer any questions you have about schizophrenia.

The Scottish Recovery Network defines recovery as follows.

‘Being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms.’

In general, people make a better recovery if they have good social contact with others, if their initial symptoms have been less severe and if they have received treatment for their psychosis as soon as they first became unwell.



What help should I be offered when I first become unwell?

When you first experience psychotic symptoms, your GP or other health-care professional should make sure you get treatment and support as early as possible. This is known as an early intervention model of care. This care is provided by a specialist mental-health team who should identify and treat your symptoms of psychosis. The early intervention model of care should provide a range of treatment and approaches including:

- ★ a mental-health team who see you regularly in the community and visit you at home;
- ★ regular meetings with your family to help them learn about the illness and cope with practical problems (see page 20);
- ★ help to find suitable antipsychotic medication (medication used to treat changes in mental state) (see page 13-15);
- ★ help to arrange psychological treatments (see page 19); and
- ★ help with rehabilitation, for example getting you back to work or education.

The mental-health team should give you detailed information about the treatments that are available, how they help and what the benefits and side effects are.

Others may act in your best interests as you may be considered too unwell and may have to have compulsory treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003.

You and your family should be involved in decisions about your treatment even if you are being treated under the Mental Health Act.

The Mental Health Act also gives you legal protection and rights.

The people working with you should make sure that they give you information about your condition in a language that you understand. This includes:

- ★ using simple language to describe your treatment options; and
- ★ giving you written information in an appropriate language and in audio format, such as on tapes and as MP3 files, if possible when discussing your condition.

If English is not your first language, health-care professionals can work with interpreters to help you to understand your condition and make decisions about your treatment. They can also give you a list of local education providers who can provide English lessons if you have difficulties speaking and understanding English.

What else can affect my treatment?

If you drink alcohol or take drugs such as cannabis or other illegal drugs, you may have more complicated needs than people with mental-health conditions or alcohol or drug-misuse problems alone. It is important that the care you get looks at both the alcohol or drug-misuse problems and the mental-health problems together.

Addiction services should work with mental-health services to make sure you receive the care you need. Involving both services in your care means that your team have the knowledge and expertise to treat your condition.

A lot of the treatment you get for both a mental-health condition and alcohol or drug-misuse problems will be the same as the treatment for a mental-health condition alone.

What medication is available to treat psychotic symptoms?

The group of medicines used to treat schizophrenia is called antipsychotics. They work by altering the balance of chemicals in your brain. Antipsychotics relieve symptoms and are usually taken for long periods of time. There are two types of antipsychotics.

- ★ First-generation antipsychotics - developed during the 1950s. You may hear the term 'typical' medication to describe these.
- ★ Second-generation antipsychotics - developed during the 1990s. You may hear the term 'atypical' medication to describe these.

The treatments are available as tablets, capsules or syrup. The treatments are also available as a long-acting injection. If possible, your doctor should discuss with you which treatment you would prefer, so you can decide together which would be more suitable for you.

Your mental-health team should work with you to find the most appropriate medication for you and the lowest effective dose. They should discuss the benefits and side effects of treatments with you to help you make an informed choice.

The table on page 15 can help you and the people working with you to decide which medication would be suitable for you. Your doctor can answer any questions you have about medication.

Side effects

Some of the most common side effects of antipsychotic drugs are:

- ★ weight gain;
- ★ movement problems; and
- ★ drowsiness.

All antipsychotic drugs can cause side effects, but there are different ways to manage these, for example by choosing a drug that is less likely to cause a side effect that would be most troublesome to an individual patient (see page 15). Some antipsychotic drugs are more likely to cause each side effect than others and this can help guide the choice of drug that is more suitable for each patient.

Since many side effects of medication depend on the dose, you should always be given the lowest dose that works for you (you may hear this referred to as the lowest effective dose).

Your doctor should discuss side effects with you and may consider lowering the dose of your medication or changing your medication if your side effects become severe.



Medication				
Medication	What are the benefits?	What are the side effects?	Can the medication be used to treat the first episode of psychosis?	Can the medication be used to treat repeated episodes of psychosis (recurrent schizophrenia)?
First-generation antipsychotic drugs for example, chlorpromazine, zuclopenthixol, sulpiride, flupentixol, haloperidol	Improves the symptoms. Usually starts to work within a few days, building up to full effect over three to four weeks. Generally less likely to cause weight gain than the second-generation drugs.	<ul style="list-style-type: none"> • Muscle stiffness • Tremors • Muscle spasms • Restlessness • Abnormal movement in the jaw, lips and tongue 	Yes	Yes, they can be used to treat repeated episodes of psychosis and to prevent your symptoms from returning. Chlorpromazine (and drugs with similar characteristics) should be considered as the preferred choices of first-generation drugs.
Second-generation antipsychotic drugs , for example, amisulpride, olanzapine, risperidone, quetiapine, aripiprazole, paliperidone	Improves the symptoms. Usually starts to work within a few days, building up to full effect over three to four weeks. Generally less likely to cause muscle stiffness or movement problems than first-generation drugs.	<ul style="list-style-type: none"> • Weight gain (particularly with olanzapine and possibly quetiapine) • Drowsiness (olanzapine and quetiapine) • Aripiprazole sometimes can cause some agitation at the start of treatment 	Yes	Yes, they can be used to treat repeated episodes of psychosis and to prevent your symptoms from returning. Amisulpride, olanzapine or risperidone should be considered as the preferred choices of second-generation drugs.
Clozapine	Clozapine is the only antipsychotic drug that has been shown to be effective in treating schizophrenia which has not responded to treatment with other antipsychotics (treatment-resistant schizophrenia). It usually starts to work within a few days, building up over three to four weeks, but can sometimes take up to six months to produce full benefits.	<ul style="list-style-type: none"> • Weight gain • Drowsiness • Producing more saliva than usual <p>Rarely, clozapine can cause a fall in white blood cells which, if not discovered, can lower your body's ability to fight infections.</p> <p>This means that you need to have your blood checked regularly if you take this.</p>	You should be offered clozapine if you have been diagnosed with treatment-resistant schizophrenia or if your schizophrenia has not responded to second-generation antipsychotics.	

How long will I need to stay on medication?

When you receive an antipsychotic for the first time, it is important to remember that it will take time to work and it's not going to relieve your symptoms straight away. When you first start taking medication, your doctor should monitor how you are responding to it.

If your symptoms do not respond well to the medication, your doctor will ask you if you have been taking it every day. Your doctor should check that there are no other reasons why the medication isn't helping, for example illegal drugs can stop antipsychotics from working properly. If your symptoms do not improve at all after four weeks, your doctor should consider trying you on a different antipsychotic to see if that helps.

If your symptoms start to show slight improvements, your doctor should advise you to keep taking the antipsychotic. They should reassess you after eight weeks unless you are having side effects which are so bad that you can't stay on this medication.

Once you and your doctor have found a treatment that is helping you, you should continue to take this for at least 18 months after your symptoms have gone. The team looking after you should see you regularly while you are taking antipsychotic medication.



What if antipsychotic medication isn't helping me?

If you have tried at least two different antipsychotics and these have not helped, you may be offered an antipsychotic called clozapine. If this does not help, your doctor may consider:

- ★ offering you a second antipsychotic to take at the same time as clozapine (you should continue to take this combined treatment for at least 10 weeks);
or
- ★ offering you a different medication such as lamotrigine to take at the same time as clozapine. This medicine is used to treat epilepsy but can also be offered to help with the treatment of schizophrenia.

Very occasionally, your doctor may need to prescribe high doses of antipsychotic medication. You may also have to take a high dose of medication if you are taking two different medications. If you need to take high doses of medication, your doctor will regularly assess you to monitor any side effects you are having.

Your doctor may consider offering you electroconvulsive therapy (ECT) if you haven't responded to antipsychotic medication and the other treatment approaches listed above haven't helped. ECT may help if it is given at the same time as antipsychotic medication. ECT may be useful in preventing your symptoms from returning if you have responded to ECT before. You can ask your doctor about this or read more about it on the following website

<http://rcpsych.ac.uk/expertadvice.aspx>

What will happen if my symptoms get worse?

When deciding which treatment will help, your doctor should consider how you responded to any treatments you have had in the past and whether you had any side effects. If your symptoms get worse, your doctor will talk to you about it and may consider giving you the second-generation medicines amisulpride, olanzapine or risperidone. If you can't take these, your doctor may consider giving you chlorpromazine or other first-generation medicines.

It takes time for medication to work and you should continue to take your medication for at least four weeks unless you feel that the side effects are so bad that you can't stay on it. If you feel that you can't stay on the medication, you should discuss this with your doctor. If, after four weeks, your symptoms are responding to the medication, your doctor should encourage you to keep taking it. Your doctor will reassess your medication after eight weeks, but you should tell them if you experience any side effects before this.

How can medication help me to stay well?

Once your symptoms have improved and you are stable, you should be offered treatment with the antipsychotic medication that helped you when you were unwell. This is called maintenance treatment and you should be offered this for at least two years. Your doctor should consider the following second-generation medications for this.

- ★ Amisulpride
- ★ Olanzapine
- ★ Risperidone

If you can't take these, your doctor will consider giving you first-generation medicines, such as chlorpromazine.

What psychological therapies are available?

Psychological therapies can help people who experience psychotic symptoms. You may be offered a psychological therapy at the same time as medication. They can support your recovery by helping you to cope and reducing the effect of your symptoms on your daily life. The therapies are provided by people who are trained and have experience of working with people who have schizophrenia.

Cognitive behavioural therapy

Cognitive behavioural therapy (CBT) focuses on how your thoughts and feelings influence your behaviour and your mood. People experiencing schizophrenia can benefit from talking to a CBT therapist. A CBT therapist can help you to notice how your thoughts, feelings and behaviour are linked. They can help you to understand how these can lead to ongoing feelings of upset and distress, or to your experience of a different reality to others around you.

The CBT therapist will also work with you to help you to change ways of thinking that are not helping your recovery. This can help you to overcome upset and distress and this can help you feel more 'connected' to others around you once again. You should be offered around 16 sessions of CBT to help improve your symptoms.

Cognitive remediation therapy

Cognitive remediation therapy (CRT) focuses on helping you to learn ways to help you improve your attention, your memory and how you plan and think things through when you want to complete a task. CRT can sometimes involve working with a therapist, doing different thinking exercises, or it can involve completing similar exercises on a computer.

Family intervention

People experiencing schizophrenia who are in close contact with, or live with, family members can benefit from talking to a therapist. This is called family intervention. It may be talking with just your own family or sometimes it can be talking with a number of other families. Other families may have had similar experiences, and sometimes coming together and sharing those experiences can be helpful. Family intervention can also include people who are not related to you, but who you are close to and have known for many years.

You should receive at least 10 sessions of family intervention over a three-month period. If you have children, they should also be included in family meetings.



Social-skills training

Your health-care professional may recommend social-skills training to help you rebuild your social skills and confidence, and teach you how to cope in social situations.

How are psychotic symptoms treated during pregnancy or after the birth of a baby?

All pregnant women should be asked about their own mental health as well as their family history of mental-health problems. This helps to identify whether they are at risk of becoming unwell during pregnancy. Women have a higher chance of becoming unwell either during pregnancy or after the birth of their baby if they have ever had psychotic disorders such as:

- ★ schizophrenia;
- ★ severe depression;
- ★ bipolar disorder (you might have heard this called manic depression); or
- ★ postpartum psychosis. (This is severe mental illness, where you lose touch with reality. It may come on suddenly after the birth of your baby.)

If you have a raised risk of mental illness after giving birth, it is important that health-care professionals develop a detailed management plan for during the later stages of your pregnancy and the period after you give birth.

Having a plan in place can help reduce, as far as possible, your risk of becoming unwell and you can discuss what treatment choices there are and how best to manage the illness in case you become unwell. Your plan should be shared with you and everyone involved in your care (for example, your psychiatrist, obstetrician, GP, midwife, health visitor and any other professionals), so that everyone knows how best to reduce the risk of you becoming unwell.

The plan should also give details of who to contact and how to contact them, in case you become unwell.

Is it safe to continue to take my medication while I am pregnant?

It is difficult to guarantee that any medicine is safe to take while you are pregnant. There is a worry that medicines will affect your baby's growth, so health-care professionals will monitor your baby's growth if you are taking antipsychotics. If you are taking olanzapine or clozapine, the people looking after you will monitor your blood glucose (sugar) levels as there is a risk of developing diabetes during pregnancy (gestational diabetes) when taking these.

Is it safe to breastfeed when taking antipsychotics?

You can still breastfeed if you are taking antipsychotics, but it is important that the medication you are taking is suitable to take when breastfeeding your baby. While you are breastfeeding, your baby should be monitored to make sure they are not being affected by medicines passed to them in your milk.

Is it safe to take antipsychotic medication if I am planning a pregnancy?

If you are taking antipsychotic medication, it is important to discuss with your doctor whether it is safe for you to become pregnant on your current medication. Some medicines may be harmful to an unborn baby, so it is important to use effective contraception while you are taking these.



What can I do to stay well?

If you have schizophrenia, you may be more likely to be at risk of developing physical health problems such as weight gain and diabetes. This may be caused by the antipsychotic medication or by other things associated with schizophrenia such as changes to your lifestyle.

Your GP or another health-care professional can help you to stay well by discussing your physical health with you. They will check your physical health at least once a year and this will include your blood pressure, blood glucose (sugar) levels and cholesterol (blood fat) levels. They should also ask whether your medication is causing any side effects.

Your doctor should also discuss the following with you and help you to make some changes to your lifestyle if necessary.

- ★ How much physical activity (exercise) you do
- ★ Your diet
- ★ Your use of tobacco, alcohol and illegal drugs

Continuing with psychological treatments and medication you have been prescribed will help you get the most from them. You can keep in touch with your mental-health team by going to your appointments with them to discuss your health. Your team will review your treatment and make any changes that are needed to your medication. This is important so you can continue to receive help and support.

Where can I find out more information?

We hope you have found this booklet helpful. If you need more information, we have listed some national organisations that can offer information and support.

Helplines

Breathing Space

0800 838 587

CarersLine

0808 808 7777

Mental Welfare Commission for Scotland

0800 389 6809

NHS24

111

Samaritans

116 123

SANeline

0300 304 7000

Organisations

The following organisations provide information and carry out work relating to particular areas of mental health.

Action on Depression

21-23 Hill Street

Edinburgh EH2 3JP

Email: info@actionondepression.org

Phone: 0808 802 2020 (information line open Wednesdays, 2pm to 4pm)

Phone: 0131 226 8152 (administration)

Website: www.actionondepression.org

Email: admin@actionondepression.org

Carers Scotland

The Cottage, 21 Pearce Street

Glasgow G51 3UT

Phone: 0141 445 3070

Website: www.carersuk.org/scotland

Carers Scotland provides information and advice to carers on all aspects of caring.

Mental Health Foundation Scotland

Merchants House, 30 George Square

Glasgow G2 1EG

Phone: 0141 572 0125

Website: www.mentalhealth.org.uk/

Email: scotland@mhf.org.uk

Mental Welfare Commission

Thistle House, 91 Haymarket Terrace
Edinburgh EH12 5HE

Phone: 0131 313 8777

Website: www.mwscot.org.uk

Email: enquiries@mwscot.org.uk

Penumbra

Norton Park, 57 Albion Road
Edinburgh EH7 5QY

Phone: 0131 475 2380

Website: www.penumbra.org.uk

Email: enquiries@penumbra.org.uk

Richmond Fellowship Scotland

www.trfs.org.uk

SAMH (Scottish Association for Mental Health)

Brunswick House, 51 Wilson Street
Glasgow G1 1UZ

Phone: 0141 530 1000

Website: www.samh.org.uk

Email: enquire@samh.org.uk

Scottish Independent Advocacy Alliance

69a George Street
Edinburgh EH2 2JG

Phone: 0131 260 5380

Website: www.siaa.org.uk

Email: enquiry@siaa.org.uk

Scottish Recovery Network

Suites 320-323, Baltic Chambers
50 Wellington Street
Glasgow G2 6HJ

Phone: 0141 240 7790

Website: www.scottishrecovery.net

Email: info@scottishrecovery.net

Support in Mind Scotland (National Schizophrenia Fellowship Scotland)

6 Newington Business Centre
Dalkeith Road Mews
Edinburgh EH16 5GA

Phone: 0131 662 4359

Website: www.supportinmindscotland.org.uk

Email: info@supportinmindscotland.org.uk

SANE

St Mark's Studios
14 Chillingworth Road
London N7 8QJ

Phone: 020 3805 1790

Website: www.sane.org.uk

Email: info@sane.org.uk

'see me'

9-13 Maritime Street
Edinburgh EH6 6SB

Phone: 0131 624 8945

Website: www.seemescotland.org.uk

Email: info@seemescotland.org

Turning Point Scotland

54 Govan Road
Glasgow G51 1JL

Phone: 0141 427 8200

Fax: 0141 427 8201

Website: www.turningpointscotland.com/

Email: info@turningpointscotland.com

VOX (Scotland) (Voices of Experience)

c/o Mental Health Foundation (Scotland)

5th Floor, Merchants House

30 George Square

Glasgow G2 1EG

Phone: 0141 572 1663

Website: www.voxscotland.org.uk

Email: info@voxscotland.org.uk

Useful websites

We accept no responsibility for the content of the websites listed and do not support the use of treatments which have not been proven to be safe and effective using the methods we use.

www.rcpsych.ac.uk/

www.bps.org.uk

www.gov.uk/government/organisations/department-for-work-pensions

www.gov.uk/

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www.healthcareimprovementscotland.org

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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.



www.sign.ac.uk