

# Schizoaffective disorder

Schizoaffective disorder is a mental illness that affects your moods and thoughts. This factsheet explains the condition, possible causes and treatments. This factsheet is for people with schizoaffective disorder. And their carers, relatives and friends.



KEY POINTS

- Schizoaffective disorder has symptoms of schizophrenia and bipolar disorder.
- Your symptoms can be psychosis with mania and depression.
- No one knows what causes schizoaffective disorder. Research shows that genetic and environmental factors can increase your risk of getting a mental illness.
- There are different types of schizoaffective disorder.
- Your mental health team should offer you medication and talking therapies.
- Your mental health team should help you to learn how to manage your symptoms.

**This factsheet covers:**

1. [What is schizoaffective disorder?](#)
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## 1. What is schizoaffective disorder?

Schizoaffective disorder is a mental illness that can affect your thoughts, mood and behaviour. You may have symptoms of bipolar disorder and schizophrenia.<sup>1</sup> These symptoms may be mania, depression and psychosis.

About 1 in 200 people develop schizoaffective disorder at some time during their life. It tends to develop during early adulthood. And is more common in women than men.<sup>2</sup>

You can find out more information about:

- Psychosis
- Bipolar disorder
- Schizophrenia
- Depression

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

## 2. How is schizoaffective disorder diagnosed?

A psychiatrist will diagnose schizoaffective disorder through a mental health assessment. You may get a diagnosis for schizoaffective disorder if you have depressive or manic symptoms with schizophrenic symptoms.<sup>3</sup>

Psychiatrists will use the following manuals to help to diagnose you:

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

The manuals are guides which explain different mental health conditions, They also explain symptoms of the conditions and how long certain symptoms should last for before a diagnosis should be made.

You may have had a combination of both psychotic symptoms with bipolar symptoms, to get a schizoaffective disorder diagnosis. However your symptoms should be clearly there for at least 2 weeks.<sup>4</sup>

### 3. What are the symptoms of schizoaffective disorder?

Symptoms of schizoaffective disorder are:

#### Manic symptoms

You may experience the following if you have mania.<sup>5</sup>

- Feeling happy or positive, even if things are not going well for you,
- Feeling overly active, energetic or restless.
- Feeling more irritable than usual.
- Feeling much better about yourself than usual.
- Talking very quickly, jumping from one idea to another or having racing thoughts.
- Being easily distracted and struggling to focus on 1 topic
- not needing much sleep.
- Thinking you can do much more than you actually can.
- Doing things you normally wouldn't which can cause problems. Such as spending lots of money, having casual sex with different partners, using drugs or alcohol, gambling or making unwise business decisions.
- Being much more social than usual.
- Being argumentative, pushy or aggressive.

#### Depressive symptoms

You may feel the following if you have depressive symptoms:<sup>6</sup>

- low mood,
- less energy, tired or 'slowed down',
- hopeless or negative,
- guilty, worthless or helpless,
- less interested in things you normally like to do,
- difficulty concentrating, remembering or making decisions,
- restless or irritable,
- sleep too much, not being able to sleep or have disturbed sleep,
- more or less hungry than usual or have a weight change, or
- thoughts of death or suicide, or attempt suicide.

#### Schizophrenic symptoms

Schizophrenia is a mental illness which affects the way you think. Symptoms can have an effect on how to cope with day to day life. Symptoms include:<sup>7</sup>

- **hallucinations.** You may hear, see, or feel things that are not there
- **delusions.** You may believe things that are not true
- **disorganised speech.** You may begin to talk quickly or slowly, and the things you say might not make sense to other people. You may switch topics without any obvious link.

- **disorganised behaviour.** You may wear clothes that are not appropriate to the weather. You may act inappropriately to other people, such as laugh if they tell you sad news
  - **catatonic behaviour.** You may feel unable to move or appear to be in daze.
  - **negative symptoms.** You may find it hard to think straight.
- You can find out more information about:

- Psychosis
- Bipolar disorder
- Schizophrenia
- Depression

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#### 4. Are there different types of schizoaffective disorder?

There are 3 main types of schizoaffective disorder.<sup>8</sup>

##### **Manic type**

A schizoaffective disorder manic type diagnosis means you have symptoms of schizophrenia and mania at the same time through a period of illness.

##### **Depressive type**

A schizoaffective disorder depressive type means you have symptoms of schizophrenia and depression at the same time through a period of illness.

##### **Mixed type**

A diagnosis of schizoaffective disorder mixed type means you have symptoms of schizophrenia, depression and mania when you are unwell.

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#### 5. What causes schizoaffective disorder?

Psychiatrists do not know what causes schizoaffective disorder. But we do know that you will have a chemical imbalance in your brain if you have the condition.<sup>9</sup> Research shows that genetic and environmental factors can increase your risk of developing the illness.

##### **Genetic factors**

Schizoaffective disorder is slightly more common if other members of your family have schizophrenia, schizoaffective disorder or bipolar disorder.<sup>10</sup> This suggests that genetics may have a role to play in the development of schizoaffective disorder.

## Environmental factors

Environmental factors are things that happen in your life. It is thought that stress can contribute towards a schizoaffective episode. Stress can be caused by many different things such as bereavement or employment problems.<sup>11</sup>

In particular it is thought that childhood trauma can cause the condition to develop in later life.<sup>12</sup> Research shows that bad treatment in your childhood can make psychosis more likely.<sup>13</sup>

There is information on self help techniques later on in this factsheet. Self help can help you to manage your symptoms and stress.

You can find out more information 'Does Mental Illness Run in Families?' at [www.rethink.org](http://www.rethink.org). Or contact our General Enquiries Team on 0121 522 7007 and ask for a copy to be sent to you.

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## 6. How is schizoaffective disorder treated?

National Institute for Health and Care Excellence (NICE) recommends that you should be offered a combination of medication and talking therapies.<sup>14,15</sup>

NICE create guides for health professionals to follow when treating and caring for a particular condition. The care and treatment for schizoaffective disorder can be found in different guidelines. The most common guidelines used are the following.

- Psychosis and schizophrenia in adults: prevention and management.
- Bipolar disorder: assessment and management.
- Depression in adults: recognition and management.

### Which medication will I get?

The medication you are given will depend on the type of schizoaffective disorder you have. Your medication may be a mix of antipsychotics, antidepressants and mood stabilisers.

- Manic type schizoaffective disorder is likely to be treated with a mood stabiliser and an antipsychotic drug.
- Depressive type is likely to be treated with a mood stabiliser and antidepressant.
- For an acute episode of schizoaffective disorder you may be given antipsychotic medication.<sup>16</sup>

An acute episode means that you become very unwell quickly.

Your doctor may also prescribe you sleeping tablets or benzodiazepines. This type of medication is addictive so you will normally only have them for a short time.<sup>17</sup>

You may forget or not want to take your medication every day. You can ask your doctor about a depot injection instead. You will be given the injection every 2 or 4 weeks. You won't have to take tablets if you have a depot injection.

Your doctor may offer you antidepressants. Antidepressants can trigger manic episodes for some people.<sup>18</sup> Your doctor should monitor your medication.<sup>19</sup>

Your GP should consult a psychiatrist if they want to give you an antidepressant along side another medication such as lithium or antipsychotic medication.<sup>20</sup> Your doctor should do certain checks at certain times to monitor lithium and antipsychotic medication.<sup>21,22</sup>

### **What talking treatments should I get?**

The guidance says the NHS should offer you talking treatments and family intervention as part of your recovery. Cognitive Behavioural Therapy (CBT) is the main treatment NICE recommends. NICE guidance says that supportive psychotherapy or counselling will not help with psychotic symptoms. But your team should think about your preference and may offer you a different treatment if CBT is not available in your area.<sup>23</sup>

#### What is CBT?<sup>24</sup>

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

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

CBT aims to:

- help you to be aware of signs that your thoughts, feelings or behaviours are changing,
- give you a way of coping with your symptoms
- reduce stress, and  
improve your functioning

#### What is family intervention?

Family intervention is where you and your family work with mental health professionals to help to manage relationships. This should be offered to people who you live with or who you are in close contact with. The support that you and your family are given will depend on what problems there are and what preferences you all have. This could be group family sessions or individual sessions. Your family should get support for 3 months to 1 year and should have at least 10 planned sessions.<sup>25</sup>

Family intervention could be to:<sup>26 27</sup>

- learn more about your symptoms
- improve communication among family members.

Family intervention could help you and your family to:

- learn more about your symptoms,
- understand what is happening to you,
- improve communication with each other,
- know how to support each other,
- think positively,
- become more independent,
- be able to solve problems with each other,
- know how to manage a crisis, and
- improve mental wellbeing.

### Art therapy<sup>28</sup>

Arts therapy should be considered for you if your psychosis keeps coming back. This is known as reoccurring psychosis. Arts therapy may be more useful if you have depressive symptoms such as withdrawing from family and friends.

You will have arts therapy with a therapist. It will usually be in a group. It is there to mix different communication techniques with creativity.

Art therapy aims to help you to:

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

You can find more information about:

- Antipsychotics
- Antidepressants
- Mood stabilisers
- Benzodiazepines
- Medication - Choice and Managing Problems
- Talking treatments
- Early Intervention
- Crisis teams
- Community mental health teams
- Care programme approach.

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## 7. Who will manage my treatment?

Your GP should refer you to an 'early intervention team' for your first psychotic episode. Your GP should not give you antipsychotic medication without first talking to a psychiatrist.<sup>29</sup> You should be assessed quickly.

You will be able to access an early intervention team regardless of your age. Usually you will only be able to access early intervention teams for up to 3 years. But the team can consider longer if you are still unwell.<sup>30</sup> If there is not an early intervention team in your area you should be referred to a crisis team or community mental health team.<sup>31</sup>

These teams are known as secondary care teams in the NHS. They are usually made up of psychiatrists, psychologists, mental health nurses, social workers and support workers. The teams should support you to improve your quality of life. They can support you with things like:<sup>32</sup>

- treatment options,
- risk of harm to self or others,
- alcohol and drug use
- your weight,
- smoking,
- nutrition,
- physical activity
- sexual health
- relationships
- accommodation,
- employment, and
- education

You may be put under a package of care called the 'care programme approach' (CPA). This means that you will have a care plan and care coordinator to make sure that you get the support that you need.

If your symptoms respond well to treatment you can be referred back to your GP. You should be asked if you are happy for this to happen. Your GP will monitor your symptoms. And will do physical health checks with you.<sup>33</sup>

Your GP may refer you back to secondary care teams if:

- treatment hasn't helped you to get better,
- you have bad side effects from medication,
- you are misusing alcohol or drugs, or
- you are a risk to yourself or other people.

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

If you are not happy with your treatment you can:

- talk to your doctor about your treatment options,
- ask for a second opinion,

- 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 right to a second opinion. But your Doctor should listen to your reason for wanting a second opinion.<sup>34</sup>

### **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.

You can search online to search for a local advocacy service. If you can't find a service you can contact the Rethink Mental Illness Advice Service on 0300 500 927, we will look for you. But be aware that this type of service doesn't exist in all areas.

### **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:

[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).

You can find out more about:

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

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

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## 9. What are self-care and management skills?

You can learn to manage your symptoms by looking after yourself. Self care is how you take care of your diet, exercise, daily routine, relationships and how you are feeling.

### Peer Support and self-management programmes

Peer support means that you get support from people who have mental health problems.

- You can get peer support by joining a support group, or
- You may be able to get peer support and self management programmes through your mental health team.

Peer support through the community mental health team should be given by a person who has recovered from psychosis and is well.<sup>35</sup>

Peer support and self-management programmes should give you information and advice about:

- how medication can be helpful,
- help you to notice and manage your symptoms,
- how to access mental health support,
- how to access other support services,
- how to cope with stress and other problems,
- what to do in a crisis,
- help you to build a social support network,
- help you to notice when you are becoming unwell, and
- help you to set personal recovery goals.

### 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 inform 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.

### Make a Wellness Recovery Action Plan

A Wellness Recovery Action Plan (WRAP) is a plan that you make. The idea of the WRAP is to help you stay well and achieve what you would like

to. The WRAP looks at areas like how you are affected by your illness and what you could do to manage them.

There is more information about the WRAP in the further reading section at the end of this factsheet.

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## 10. What risks can schizoaffective disorder cause?

The risk of suicide is higher for the first few years after your symptoms start.<sup>36</sup> Seek treatment early and make a crisis plan. The right treatment can help control your symptoms and therefore lower the risk of suicide.

You can make a crisis plan yourself or you can ask someone to help you. A crisis plan is a plan of action that you will follow to help with suicidal feelings. Usually a plan will include activities that help you to relax and a list of people. The people may be your friends, a health professional or a charity.

You can find out more about **'Suicidal thoughts, how to cope'** at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team 0121 522 7007 and ask them to send you a copy of our factsheet.

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## 11. What if I am a carer, friend or relative?

### Support for you

You can get support if you support someone with schizoaffective disorder. These are some options for you:

- Family Intervention through the NHS
- Join a carers service
- Join a carers support group
- Ask your local authority for a carers assessment
- Read about the condition
- Apply for welfare benefits for carers

### Supporting the person you care for

You might find it easier to support someone with schizoaffective disorder if you understand their symptoms, treatment and self-management skills.

You should be aware of what you can do if you are worried about their mental state or risk of self-harm. It can be helpful to know contact information for their mental health team or GP. You could find out if your loved one has a crisis plan. You could help your relative to make a crisis plan if they don't have one.

You can find out more information about:

- Supporting someone with a mental illness
- Carers assessment and support planning
- Benefits for carers
- Getting help in a Crisis
- Helping someone with suicidal thoughts
- Responding to unusual thoughts and behaviours
- Confidentiality and information sharing – for carers, friends and family

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

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FURTHER  
READING

### **Wellness Recovery Action Plan (WRAP) Plus. Formerly living without Depression and Manic Depression - Mary Ellen Copeland, PhD.**

The Wellness Recovery Action Plan® or WRAP® is a self-designed wellness process. You can use a WRAP to get well, stay well and make your life your own. It was developed in 1997 by a group of people who were searching for ways to overcome their own mental health issues and move on to fulfilling their life dreams and goals.

**Website:** <http://www.mentalhealthrecovery.com>



USEFUL  
CONTACTS

### **The Hearing Voices Network**

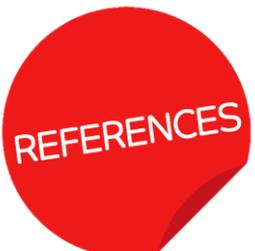
This service gives support and understanding for those who hear voices or experience other types of hallucination.

**Telephone:** 0114 271 8210

**Address:** c/o Sheffield Hearing Voices Network, Limbrick Day Service, Limbrick Road, Sheffield, S6 2PE

**Email:** [nhvn@hotmail.co.uk](mailto:nhvn@hotmail.co.uk)

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



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[www.patient.co.uk/doctor/Schizoaffective-Disorder.htm](http://www.patient.co.uk/doctor/Schizoaffective-Disorder.htm) (Accessed 3rd April 2017).

<sup>3</sup> World Health Organisation. *International Statistical Classification of Diseases and Related Health Problems 10th Revision. Schizoaffective disorders*

F25.<http://apps.who.int/classifications/icd10/browse/2016/en#/F25.2> (accessed 27<sup>th</sup> April 2017) .

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- <sup>4</sup> As note 1
- <sup>5</sup> As note 1
- <sup>6</sup> As note 1
- <sup>7</sup> American Psychiatric Association. *Diagnostic and Statistical manual of mental disorders 5<sup>th</sup> edition*. Page 50.
- <sup>8</sup> World Health Organisation. *International Statistical Classification of Diseases and Related Health Problems 10th Revision*. Schizoaffective disorders F25.  
<http://apps.who.int/classifications/icd10/browse/2010/en#/F25> (accessed 3<sup>rd</sup> April 2017)
- <sup>9</sup> As note 1
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- <sup>11</sup> As note 1
- <sup>12</sup> As note 1
- <sup>13</sup> Barker, V. et al. An integrated biopsychosocial model of childhood maltreatment and psychosis. *BJPsych*, 2015; 206(3), p.177 – 180
- <sup>14</sup> National Institute for Health and Clinical Excellence. *Psychosis and schizophrenia in adults: prevention and management*. Clinical Guidance 178. London: National Institute for Health and Clinical Excellence; 2014. para 1.3.4.1.
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- <sup>16</sup> As note 1
- <sup>17</sup> NHS. *Treatment options for insomnia*.  
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- <sup>20</sup> As note 19, para 1.8.1.6.
- <sup>21</sup> As note 14, para 1.5.1.3.
- <sup>22</sup> As note 18, para 1.10.19 - 1.10.24.
- <sup>23</sup> As note 14, para 1.4.4.4.
- <sup>24</sup> As note 14, para 1.3.7.1..
- <sup>25</sup> As note 14, para 1.3.7.2.
- <sup>26</sup> Dorset Healthcare NHS. *What is family intervention?*  
<http://www.dorsethealthcare.nhs.uk/WS-Dorset-HealthCare/Downloads/Managing%20Your%20Health/Therapy%20Information%20Leaflets/L130-09FamilyIntervention.pdf> (accessed 26th April 2017).
- <sup>27</sup> As note 14, para 1.3.7.2..
- <sup>28</sup> As note 14, para 1.4.4.4.
- <sup>29</sup> As note 14, para 1.3.2.1.
- <sup>30</sup> As note 14, para 1.3.1.4.

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<sup>31</sup> As note 14, para 1.3.1.2.

<sup>32</sup> As note 14, para 1.3.1.3..

<sup>33</sup> As note 14, para 1.5.3.2.

<sup>34</sup> General Medical Council. *Good Medical Practice*. Manchester: GMC; 2013. Para 16(e).

<sup>35</sup> As note 14, para 1.1.6.1.

<sup>36</sup> As note 14, page 6.

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This factsheet is available  
in large print.



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## Rethink Mental Illness Advice Service

Phone 0300 5000 927

Monday to Friday, 9:30am to 4pm  
(excluding bank holidays)

Email [advice@rethink.org](mailto:advice@rethink.org)

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### Did this help?

We'd love to know if this information helped you.

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

or write to us at Rethink Mental Illness:

RAIS  
PO Box 17106  
Birmingham B9 9LL

or call us on 0300 5000 927.

We're open 9:30am to 4pm  
Monday to Friday (excluding bank holidays)



Leading the way to a better  
quality of life for everyone  
affected by severe mental illness.

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

### Need more help?

Go to [www.rethink.org](http://www.rethink.org) for information on symptoms, treatments, money and benefits and your rights.

### Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

### Need to talk to an adviser?

If you need practical advice, call us on 0300 5000 927 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

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