

Finding a Mental Health Professional

A Personal Guide



Depression and Bipolar
Support Alliance

We've been there. We can help.



If you or someone you know is experiencing mood swings, persistent sadness or anxiety, or having trouble sleeping or eating, you might have decided it's time to seek help. If symptoms like these have started to interfere with your work, social or personal life—or if you experience a sudden change in mood that

makes you feel “not yourself”—a visit to a mental health professional might help you.

This brochure can help you through the process of finding and working with a professional. You might be hesitant to see a professional to talk about your thoughts and feelings. You're not alone; many people worry that they'll be labeled “crazy” or that they'll be judged. You may have heard people say that you need to “just snap out of it,” “control yourself,” “pull yourself up,” “have more faith” or that your symptoms are your fault. This is *not* true, and you're not “crazy.” Seeking help is the *best* thing you can do for yourself ... and the best way to start feeling better.

As you search for a health care provider, keep in mind that you have a right to expect certain things, no matter who you are, what challenges you face or how much money you have. These include:

- Privacy, confidentiality and respect
- Sensitivity to your needs and cultural background
- An understandable explanation of what is the matter and all of your treatment options
- Freedom to express yourself
- Freedom to find another provider if you're not satisfied with your treatment or don't think it's working as well as it should

■ Am I looking for talk therapy? If so, what kind of therapist do I need—someone who will listen to me, someone who will help me set goals, someone who will help me learn coping skills?

■ Do I have any concerns or questions about taking medication?

■ What has my health history been like? Include recurring physical problems like headaches or stomachaches, and habits like drinking, illegal drug use, prescription drug abuse or self-harm (cutting). Also include any treatment you've had in the past with a psychologist, therapist, social worker or psychiatrist and how it helped you.

- What options do I have to pay for treatment? (You may need to call your insurance company or Medicare/Medicaid provider to find out what's covered. If you'll be paying out-of-pocket, you may want to make a budget and see how much money you can afford to spend per week or per month.)

What kinds of professionals do I have to choose from?

■ Primary care doctor (MD or DO*)

A primary care doctor is the doctor you see for your preventative and general health needs: your family doctor, internist, ob-gyn, etc. While not specialists in mental or emotional disorders, primary care physicians can often effectively treat mild to moderate depression that responds well to treatment. Your primary care doctor should give you a thorough physical examination to see if there are any other illnesses or conditions that might be contributing to your symptoms. Your primary care doctor might talk with you about what's troubling you or prescribe medication for you. Or, he or she might refer you to a specialist like a psychiatrist or psychologist.

■ Psychiatrist (MD or DO*)

A psychiatrist is a doctor who specializes in diagnosing and treating emotional, behavioral and mental disorders and illnesses. If your primary care doctor isn't comfort-

*A doctor of osteopathic medicine (DO) is trained to treat and heal the entire patient as a whole. Like MDs, a DO completes four years of medical school and is licensed to prescribe medication. But DOs also receive an extra 300-500 hours in the study of hands-on "manual medicine" and the body's muscle and bone system.

able making a diagnosis, is unsure of your diagnosis or believes you may need a combination of treatments, he or she may refer you to a psychiatrist. Most psychiatrists see patients to prescribe and adjust medications only, but some offer talk therapy and medication.

■ **Psychologist (PhD, PsyD, EdD, MS)**

A psychologist has intensive training in emotional, behavioral and mental disorders and illnesses and can help you feel better by teaching you coping skills and helping you change the way you approach things. Most appointments with a psychologist usually last about 50 minutes, and you'll have a chance to discuss what's happening in your life and what you can do to get through it. In most U.S. states, a psychologist cannot prescribe medication.

■ **Social worker (DSW, MSW, LCSW, CCSW, LPC, MFCC) or Counselor/Therapist (MA, MS, MFCC, MFT)**

Social workers, counselors and therapists are highly trained professionals who work with thought- and action-related coping skills. Their methods are similar to psychologists' methods.

■ **Psychiatric nurse (APRN, PMHN)**

Psychiatric nurses work with individuals and families to evaluate needs and develop treatment plans. They may monitor treatment, assist with crisis intervention or offer counseling.

Most professionals use a combination of approaches and alter their approach to best help the person they're treating. They might also hold group or family therapy sessions. Some people find it helpful to get feedback from a group; others are more comfortable talking one-on-one.

No one type of provider is better than another. The most important thing is your ability to work with the person, talk honestly and openly and make progress. Choose the one that's the best fit for you in terms of your needs, your comfort level and your finances.

Sometimes people see more than one professional. For example, a person might get medication from a family doctor and see a social worker for talk therapy.

Where can I look for a provider?

- Your family doctor. He or she can give you a referral.
- Your workplace employee assistance program or EAP. (If you're worried about confidentiality, first find out if this service is confidential.)
- Your insurance network. (If you have insurance, your insurance company may have a list of professionals that are "in the network" and rules for seeing those who are not.)
- Friends, family, community centers or places of worship. (Sometimes a friend or relative's doctor will recommend someone, since some people don't feel comfortable going to the same person a close friend or relative is seeing.)
- Professional associations. (The "Resources" section on page 16 has a list of organizations, phone numbers and websites.)
- Your city or state public health department. (Check your phone book's community, government or Blue Pages section.)
- Local hospital, or university teaching hospitals.
- A local doctor referral service.
- Your DBSA support group. (Participants may have recommendations or suggestions.)
- DBSA's online database of peer-recommended providers, www.DBSAAlliance.org/FindAPro.

What should I tell the provider?



Many people find it difficult to "open up" to a new doctor, especially if they're talking about feelings and emotions. Take another look at the list you made on page 3: "What are the main things I'm looking for help with?" Bring it with you to your first appointment. It can be a good way to start talking about the main things that are causing problems in your life, or the things you want to improve. Filling in the list on the next page can also be helpful.

- What medications (prescription or over-the-counter) am I taking? What vitamins or supplements am I taking? What medications have I taken in the past? Did they work?

- How much have I been drinking? What about drug use?

- Have I had thoughts of death, suicide or hurting myself, now or ever?

If you or someone you know has thoughts of death or suicide, call 9-1-1 immediately or contact a medical professional, clergy member, loved one, friend or crisis hotline such as (800) SUICIDE.

- What are my main concerns or fears about treatment? (*Example: I get uncomfortable talking about my feelings; I usually don't stick with things I start.*)

Remember that seeking help is no reason to be ashamed. You wouldn't be ashamed to ask for help with symptoms of diabetes, asthma or another health problem. Your mental health care provider should be someone who is approachable and with whom you feel comfortable. If, after a few appointments, you feel uncomfortable for any reason, it's often helpful to talk to him/her about it. If you're not satisfied with the way the provider addresses or responds to your concern(s), and still feel uncomfortable, it may be time to look for another provider.

After you've found a mental health provider who looks like he/she will fit your needs, call the office to make an appointment. Most of the time, you'll only need to give your name and phone number to the person who schedules the appointments. You'll be able to explain why you're seeking help during your appointment with the provider. (If you have concerns about privacy and confidentiality when talking to the provider or his/her office staff, it's important to know about a law called HIPPA, the Health Insurance Portability and Accountability Act. Your physical and mental health records are your personal property, and the HIPPA law helps to ensure that they are not shared with anyone without your permission.)

If you need help right away, let the person know. You don't need to go into detail; just say that you are in a crisis situation. If the first mental health provider you call can't see you soon enough, call others until you can find one who is able to help you quickly.

What should I expect at my first appointment?



In your first session, you'll probably do most of the talking. You should tell the provider why you're there and what you would like to get from treatment. The provider will tell you how he/she can help, and the two of you will work together to set goals and develop a treatment plan. After the provider gets to

know more about you and your situation, he/she may be able to give you an idea of how long treatment will take and when you can expect to feel better. Most treatment today is goal-oriented and doesn't necessarily go on indefinitely.

What questions should I ask the provider?

This will depend on your personal needs and concerns, but here are some questions you might want to ask:

- What type of training and experience have you had?
- What's your treatment philosophy/method?
- How long do appointments usually last, and how often will they be?
- Can I bring a friend or family member to my session? (Some people find this helpful.)
- How do you handle billing? Do you offer a sliding scale?
- How can I reach you in an emergency?

How will I know if I'm making progress?

If you and the professional you're seeing make a list of short- and long-term goals at the beginning of treatment, you'll be able to check the list and see if you're closer to reaching any of those goals. It's helpful to use a journal, a DBSA Personal Calendar or the online tools at DBSA's wellness site, www.FacingUs.org, to track your progress: how you feel each day and how you deal with difficult situations. You and your provider should also set a time to look back and review your progress. Improvement won't happen overnight, and the problems you're having might not completely disappear, but you should be able to see some change, even if it's just a better understanding of your own thoughts and feelings. Many people who keep journals or personal calendars are surprised when they look back to see that they have made a lot of progress. Another helpful tool to track your progress is the "How is my treatment plan working?" worksheet on pages 18 and 19.

It's also helpful to learn more about mood disorders (and any other illnesses you have) and their treatment options. Visit DBSA's website at www.DBSAAlliance.org, and check your local library for other books and reference materials. You can also ask your pharmacist for information if you're taking medication, or find information from the National Institutes of Health at www.medlineplus.gov.

What if I'm not making progress?

It's important to remember that, with any illness—physical or mental—treatment takes time and results aren't immediate. If you're taking medication, it might be several weeks before you notice a difference. Many types of psychiatric medicine can take several weeks to take effect. If part of your treatment is talk therapy, therapists need some background and experience with you to determine the approach that works best for you.

Sometimes, though, as hard as providers try, they might give you an incorrect diagnosis or lack the time to pay attention to your unique needs. After honestly looking at your goals and your feelings before and after an

adequate trial of treatment, if you believe that you're not getting better, you have a right to seek a second opinion (as you would with any illness) and to have the best treatment possible. You don't have to stay with your current provider. It's very important, though, to continue any medicine you're taking. To avoid harmful effects, *never stop taking medication without a medical professional's supervision.*

To find another provider, use the resources listed on page 16 and the knowledge you've gained from your time in treatment. Don't let one unsuccessful experience discourage you from trying treatment again. And don't blame yourself. Sometimes the match of professional and patient personalities doesn't work out, or a patient might make more progress with a different method of treatment. Keep trying, and don't give up hope. There *is* a way for you to feel better.

Let your current provider know you won't be returning for further treatment. You can also ask for a copy of your records or that they be transferred to your new provider. Your current provider's office will have you sign a form giving them permission to do this. Some offices charge a small fee, while others provide this service at no charge.

How can a DBSA support group help me?

If you think you might have a mood disorder, a DBSA support group can help by connecting you with people who have "been there" and know what you're going through. People who attend our groups live with a mood disorder or have a family member who does. They can share with you their experiences with treatment, coping skills and the recovery journey.

DBSA's peer-led support groups offer hope in a safe, confidential environment. They provide the caring and help that's important to lasting recovery and are a valuable addition to therapy and/or medication.

People who attend say that the groups:

- Provide a safe, welcoming place for mutual acceptance, understanding and self-discovery.

- Give them the opportunity to reach out to others and benefit from their peers' experience.
- Motivate them to stick with their treatment plans.
- Help them to understand that mood disorders do not define who they are.
- Help them rediscover their strengths and humor.

According to a DBSA survey, people who had been attending DBSA groups for more than a year were also less likely to have been hospitalized for their mood disorder during that year.



How can I deal with financial and insurance issues?

There's no easy answer to this question. Unfortunately, mental illnesses sometimes aren't insured at the same level as other illnesses. Sometimes mental health coverage isn't offered at all, or a person is unable to get health insurance. Here are some ways to try to reduce the cost of your treatment:

- Talk to your health care provider(s) about your financial situation and try to work out lower fees or a payment plan.
- Use your health department and other community- or state-provided services, many of which offer a sliding payment scale.
- Space out your allowable psychotherapy visits over time and work on developing skills you can use between visits.

- If you're taking medication, see if you qualify for any financial assistance programs like the ones listed at www.DBSAlliance.org/RxAssist. Also ask if your doctor has any free samples of your medicine to give you.
- Ask your doctor to contact your insurance company to ask if they'll allow more treatment for you.
- If you have trouble getting insurance because you've been treated for mental illness, see if your state has a risk pool, which offers insurance for hard-to-insure individuals. There's often a waiting list, and this insurance can be costly, but it is an option to consider. Visit www.HealthInsurance.org/risk_poolinfo.html to learn more.
- Get help before there's a crisis. A brief appointment to adjust your medication or talk about how you're feeling can prevent more costly interventions later.

There is hope.

Right now you might be dealing with symptoms that seem unbearable, and it's sometimes hard to be patient as you search for a professional and go through treatment. The most important thing you can do is believe that there is hope. Even if you don't feel 100% better right away, it's important to stick with treatment and remember that you are not alone. Treatment *does* work and recovery—living a full life in the community—is possible.

Other helpful *free* materials from DBSA

The following are just some of the informative resources available to you from DBSA. You can download these, and more, at www.DBSAlliance.org/publications free of charge. For a free printed copy, contact DBSA at (800) 826-3632 or bookstore@DBSAlliance.org.

*Dual Diagnosis and Recovery**

Finding Peace of Mind: Medication and Treatment Strategies for Bipolar Disorder

Helping a Friend or Family Member with a Mood Disorder

*Introduction to Depression and Bipolar Disorder**

Is It Just a Mood ... or Something Else? Information on Mood Disorders for Young People

*Myths and Facts about Depression and Bipolar Disorder**

New Technologies in the Treatment of Mood Disorders

Personal Calendar: A Monthly Diary

(one-month or six-month)

Psychotherapy: How It Works and How It Can Help

Suicide Prevention and Mood Disorders

Support Groups: An Important Step on the Road to Recovery

*Treatment Challenges: Finding Your Way to Wellness**

*You've Just Been Diagnosed ... What Now?**

* Available in Spanish/Disponible en español

Resources to Help You Find a Professional

The following resources can help you locate mental health professionals in your community. DBSA does not endorse or recommend any specific mental health facility, professional, treatment method or medication.

Please use these resources as a starting point only. Finding a provider that's right for you is a personal process that can take time. Be sure to find someone you feel you can speak with openly and honestly, and don't hesitate to get a second opinion.

The DBSA "Find A Pro" Search Engine

DBSA's "Find A Pro," www.DBSAlliance.org/FindAPro, is an online search engine that helps you find a professional or mental health facility recommended by individuals living with a mood disorder. New recommendations by you or your peers can be added at any time. You can search by city, zip code, type of professional, specialty, gender, age and language(s) spoken. The search results include a map to help you locate the provider or facility.

Additional Resources

1-800-THERAPIST

(800) 843-7274 • www.1-800-therapist.com

4 Therapy Network

(888) 484-3727 • www.4Therapy.com/locator

American Academy of Child & Adolescent Psychiatry

(202) 966-7300 • www.aacap.org

American Association of Christian Counselors

(800) 526-8673 • www.aacc.net/resources/find-a-counselor

American Association of Marriage and Family Therapists
(703) 838-9808 • www.aamft.org/TherapistLocator

American Medical Association
(800) 621-8335 • www.ama-assn.org/go/DoctorFinder

American Psychological Association
(800) 374-2721 • <http://locator.apa.org>

Anxiety Disorders Association of America
(240) 485-1001 • www.adaa.org

AtHealth.com
(888) 284-3258 • www.AtHealth.com/consumer

National Association of Social Workers
(202) 408-8600 • www.HelpStartsHere.org/common/search

Provisions Consulting, Inc., Mental Health Specialists
(877) 956-6400 • www.find-a-counselor.net

Suicide Prevention Hotlines

National Hopeline Network Suicide Hotline
(800) SUICIDE • (800) 784-2433 • www.hopeline.com

National Suicide Prevention Lifeline
(800) 273-TALK • (800) 273-8255
Assistance in Spanish/Ayuda en español (888) 628-9454
www.SuicidePreventionLifeline.org

SuicideHotlines.com's "Hotlines in Your State"
State-by-state listing of hotlines
www.SuicideHotlines.com

Information on Suicide Prevention

American Association of Suicidology
(202) 237-2280 • www.suicidology.org

American Foundation for Suicide Prevention
(888) 333-AFSP • (800) 333-2377 • www.afsp.org

Notes

How is my treatment plan working?

This worksheet can help you check your progress and find out which issues need to be discussed at future appointments. You might want to make copies and use one each week.

WEEK OF _____

NEXT APPOINTMENT _____

On a scale of 1 to 10, how do you feel?
(Circle the number.)

1 2 3 4 5 6 7 8 9 10

1=sad, tired, anxious, tense, irritable, withdrawn
10=happy, rested, relaxed, energized, involved in life

Check any words that describe how you felt this week:

- Trouble concentrating or making decisions
- Sad/crying
- Joyful/pleased
- Overeating/not eating
- Slept too much/trouble sleeping
- Irritable/angry/worried/anxious
- Calm
- Don't care/pessimistic
- Lazy/no energy
- Interested/involved in life
- Aches and pains
- Guilty/hopeless/worthless/overwhelmed
- Clear thinking
- Wanted to be alone
- Happy/content
- Thoughts of death or suicide
- Working well
- Alcohol/substance use
- Active
- Other: _____

Have my family, coworkers or friends said anything about my mood? If so, what have they said?

Did I have any difficulties sticking with my treatment plan (*medication, talk therapy, support groups, etc.*)? If so, what were they?

Did my medication make me feel bad in any way? How?

I experienced the following side effects this week:

- Nausea
- Sexual difficulties
- Constipation
- Dizziness
- Weight gain/loss (___ lbs.)
- Shortness of breath
- Shaking
- Dry mouth
- Other: _____
- No side effects

In what ways am I feeling better than last week?

Do I think I could be doing better?

- Yes No

If yes, in what ways?

Symptom Checklist

This checklist can help you prepare for a first-time discussion with your provider, or evaluate your daily or weekly progress. However, it is *not* meant to help you diagnose yourself. Only a health care professional can diagnose you.

Symptoms of depression

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Irritability, anger, agitation
- Worry, anxiety
- Pessimism, indifference
- Loss of energy, persistent exhaustion
- Unexplained aches and pains
- Feelings of guilt, worthlessness and/or hopelessness
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former interests, social withdrawal
- Excessive use of alcohol or chemical substances
- Recurring thoughts of death or suicide

If you or someone you know has thoughts of death or suicide, call 9-1-1 immediately or contact a medical professional, clergy member, loved one, friend or crisis hotline such as (800) SUICIDE.

Symptoms of mania

- Increased physical/mental activity and energy
- Exaggerated optimism and self-confidence
- Grandiose thoughts, inflated sense of self-importance
- Excessive irritability
- Aggressive behavior
- Decreased need for sleep without feeling tired
- Racing speech, racing thoughts
- Impulsiveness, poor judgment
- Reckless behavior like spending sprees, impulsive business decisions, erratic driving and sexual indiscretions
- In severe cases, delusions and hallucinations

Please help us continue our efforts.

We hope you found the information in this brochure useful. Your gift will help us continue to distribute this information and help people find health care professionals. To learn more, call (800) 826-3632 or visit www.DBSAlliance.org.

Yes, I want to make a difference. Enclosed is my gift of:

\$100 \$50 \$20 Other _____

NAME

ADDRESS

CITY

STATE

ZIP

FAX

E-MAIL

Check or money order (payable to DBSA)
 VISA MasterCard Discover AmEx

ACCOUNT NUMBER

EXP. DATE

NAME AS IT APPEARS ON CREDIT CARD

SIGNATURE (REQUIRED)

- I wish my gift to remain anonymous.
 Please send me _____ donation envelopes to share.
 I'd like details on including DBSA in my will.
 I have enclosed my company's matching gift form.

If you would like to make your gift a Memorial or Honorary Tribute, please complete the following:

In memory of/In honor of (circle one):

PRINT NAME

Please send an acknowledgment of my gift to:

NAME

ADDRESS

CITY

STATE

ZIP

Please send this form with payment to:

DBSA, 730 N. Franklin St., Ste. 501, Chicago, IL 60654-7225 USA

Questions? Call (800) 826-3632 or (312) 642-0049.

Fax credit card payments (Visa, MasterCard, Discover or AmEx) to (312) 642-7243.

Make secure online donations at www.DBSAlliance.org.

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We've been there.
We can help.

Depression and Bipolar Support Alliance

The Depression and Bipolar Support Alliance (DBSA) is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders, DBSA has more than 1,000 peer-run support groups across the country. Nearly five million people request and receive information and assistance each year. DBSA's mission is to improve the lives of people living with mood disorders.

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Fax: (312) 642-7243
Website: www.DBSAAlliance.org

Visit our updated, interactive website for important information, breaking news, chapter connections, advocacy help and much more.

This brochure was initially reviewed by DBSA Scientific Advisory Board member Eric J. Nestler, MD, Professor and Chairman of the Department of Psychiatry at University of Texas Southwestern Medical Center, and by Jane Ann Cartwright of DBSA MDSG New York. Its revision was reviewed by DBSA Director of Scientific Affairs Brenda Bergeson, MD.