



National Alliance on Mental Illness

**nami**

**Missoula**

## **TREATMENT OPTIONS:**

**A Guidebook for Those Seeking Help for Mental Health Issues**





## **TREATMENT OPTIONS**

Innovations in the range of evidence-based medications, therapy and psychosocial services such as psychiatric rehabilitation, housing, employment and peer supports have made wellness and recovery a reality for people living with mental health conditions.

Choosing the right mix of treatments and supports that work for you is an important step in the recovery process. Treatment choices for mental health conditions will vary from person to person. Even people with the same diagnosis will have different experiences, needs, goals and objectives for treatment. There is no “one size fits all” treatment.

When people are directly involved in designing their own treatment plan, including defining recovery and wellness goals, choosing services that support them and evaluating treatment decisions and progress, the experience of care and outcomes are improved.

There are many tools that can improve the experience on the road to wellness: medication, counseling (therapy), social support and education. Therapy, for example, can take many forms, from learning relaxation skills to intensively reworking your thinking patterns. Social support, acceptance and encouragement from friends, family and others can also make a difference. Education about how to manage a mental health condition along with other medical conditions can provide the skills and supports to enrich the unique journey toward overall recovery and wellness.

Together with a treatment team you can develop a well-rounded and integrated recovery plan that may include counseling, medications, support groups, education programs and other strategies that work for you.

## **MENTAL HEALTH PROFESSIONALS**

Many types of mental health care professionals can help you achieve your recovery goals. These professionals work in inpatient facilities, such as general hospitals and psychiatric facilities, and outpatient facilities, such as community mental health clinics, schools and private practices.

Health care professional job titles and specialties can vary by state. The descriptions below give an overview of what to look for and what credentials to expect from a mental health professional. Finding the right professional is easier when you understand the different areas of expertise and training.

The [NAMI HelpLine](#) can provide information on how to find various mental health professionals and resources in your area. Please note that we are unable to provide specific recommendations to individual providers as we are unable to speak to the quality of their care.

### **Assessment and Therapy**

Therapists can help someone better understand and cope with thoughts, feelings and behaviors. They can also offer guidance and help improve a person's ability to achieve life goals. These mental health professionals may also help assess and diagnosis mental health conditions.

### **Psychologists**

Psychologists hold a doctoral degree in clinical psychology or another specialty such as counseling or education. They are trained to evaluate a person's mental health using clinical interviews, psychological evaluations and testing. They can make diagnoses and provide individual and group therapy. Some may have training in specific forms of therapy like cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT) and other behavioral therapy interventions.

Degree requirements: Doctor of Philosophy (Ph.D.) in a field of psychology or Doctor of Psychology (Psy.D.).

Licensure & credentials: Psychologists are licensed by licensure boards in each state.

### **Counselors, Clinicians, Therapists**

These masters-level health care professionals are trained to evaluate a person's mental health and use therapeutic techniques based on specific training programs. They operate under a variety of job titles—including counselor, clinician, therapist or something else—based on the treatment setting. Working with one of these mental health professionals can lead not only to symptom reduction but to better ways of thinking, feeling and living.

Degree requirements: Master's degree (M.S. or M.A.) in a mental health-related field such as psychology, counseling psychology, marriage or family therapy, among others.

Licensure & Certification: Varies by specialty and state. Examples of licensure include:

- LPC, Licensed Professional Counselor
- LMFT, Licensed Marriage and Family Therapist
- LCADAC, Licensed Clinical Alcohol & Drug Abuse Counselor

## **Clinical Social Workers**

Clinical social workers are trained to evaluate a person's mental health and use therapeutic techniques based on specific training programs. They are also trained in case management and advocacy services.

Degree requirements: master's degree in social work (MSW).

Licensure & credentials: Examples of licensure include:

- LICSW, Licensed Independent Social Workers
- LCSW, Licensed Clinical Social Worker
- ACSW, Academy of Certified Social Worker

## **Prescribe and Monitor Medication**

The following health care professionals can prescribe medication. They may also offer assessments, diagnoses and therapy.

## **Psychiatrists**

Psychiatrists are licensed medical doctors who have completed psychiatric training. They can diagnose mental health conditions, prescribe and monitor medications and provide therapy. Some have completed additional training in child and adolescent mental health, substance use disorders or geriatric psychiatry.

Degree requirements: Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO), plus completion of residency training in psychiatry.

Licensure & credentials: Licensed physician in the state where they are practicing; may also be designated as a Board Certified Psychiatrist by the Board of Neurology and Psychiatry.

## **Psychiatric or Mental Health Nurse Practitioners**

Psychiatric or mental health nurse practitioners can provide assessment, diagnosis and therapy for mental health conditions or substance use disorders. In some states, they are also qualified to prescribe and monitor medications. Requirements also vary by state as to the degree of supervision necessary by a licensed psychiatrist.

Degree requirements: Master of Science (MS) or Doctor of Philosophy (Ph.D.) in nursing with specialized focus on psychiatry.

Licensure & credentials: Licensed nurse in the state where they are practicing. Examples of credentials include, but are not limited to:

- NCLEX, National Council Licensure Examination
- PMHNP-BC, Board Certification in psychiatric nursing through the American Academy of Nurses Credentialing Center

### **Primary Care Physicians**

Primary care physicians and pediatricians can prescribe medication, but you might consider visiting someone who specializes in mental health care. Primary care and mental health professionals should work together to determine an individual's best treatment plan.

Degree requirements: Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.).

Licensure & credentials: Licensed physician in the state where they are practicing.

### **Family Nurse Practitioners**

Family nurse practitioners (FNP) can provide general medical services like those of a primary care physician, based on each state's laws. Like primary care physicians, they can prescribe medication, but you might consider visiting someone who specializes in mental health care. Family nurse practitioners and mental health professionals should work together to determine an individual's best treatment plan.

Degree requirements: Master of Science (M.S.) or Doctor of Philosophy (Ph.D.) in nursing.

Licensure & credentials: Licensed nurse in the state where they are practicing. Examples of credentials include:

- NCLEX, National Council Licensure Examination
- FNP-BC, Family Nurse Practitioner Board Certified

### **Psychiatric Pharmacists**

Psychiatrist pharmacists are advanced-practice pharmacists who specialize in mental health care. They can prescribe or recommend appropriate medications if allowed in their state and practice setting. They are skilled at medication management—meaning they evaluate responses and modify treatment, manage medication reactions and drug interactions, and provide education about medications. Many have completed additional training in child/adolescent psychiatry, substance use disorders or geriatric psychiatry.

Degree requirements: Doctor of Pharmacy (PharmD). *Completion of residency training in psychiatric pharmacy is not required, but is common.*

Licensure & credentials: Licensed pharmacist in the state where they practice; may also be designated a Board Certified Psychiatric Pharmacist by the Board of Pharmacy Specialties.

## **Other Professionals You May Encounter**

### **Certified Peer Specialists**

These specialists have lived experience with a mental health condition or substance use disorder. They are often trained, certified and prepared to assist with recovery by helping a person set goals and develop strengths. They provide support, mentoring and guidance.

### **Social Workers**

Social workers (B.A. or B.S.) provide case management, inpatient discharge planning services, placement services and other services to support healthy living.

### **Pastoral Counselors**

Pastoral counselors are clergy members with training in clinical pastoral education. They are trained to diagnose and provide counseling. Pastoral counselors can have equivalents to a doctorate in counseling.

## **PSYCHOTHERAPY**

Psychotherapy, also known as “talk therapy,” is when a person speaks with a trained therapist in a safe and confidential environment to explore and understand feelings and behaviors and gain coping skills.

During individual talk therapy sessions, the conversation is often led by the therapist and can touch on topics such as past or current problems, experiences, thoughts, feelings or relationships experienced by the person while the therapist helps make connections and provide insight.

Studies have found individual psychotherapy to be effective at improving symptoms in a wide array of mental illnesses, making it both a popular and versatile treatment. It can also be used for families, couples or groups. Best practice for treating many mental health conditions includes a combination of medication and therapy.

### **Popular Types of Psychotherapy**

Therapists offer many different types of psychotherapy. Some people respond better to one type of therapy than another, so a psychotherapist will take things like the nature of the problem being treated and the person’s personality into account when determining which treatment will be most effective.

### **Cognitive Behavioral Therapy**

Cognitive behavioral therapy (CBT) focuses on exploring relationships among a person's thoughts, feelings and behaviors. During CBT a therapist will actively work with a

person to uncover unhealthy patterns of thought and how they may be causing self-destructive behaviors and beliefs.

By addressing these patterns, the person and therapist can work together to develop constructive ways of thinking that will produce healthier behaviors and beliefs. For instance, CBT can help someone replace thoughts that lead to low self-esteem ("I can't do anything right") with positive expectations ("I can do this most of the time, based on my prior experiences").

The core principles of CBT are identifying negative or false beliefs and testing or restructuring them. Oftentimes someone being treated with CBT will have homework in between sessions where they practice replacing negative thoughts with more realistic thoughts based on prior experiences or record their negative thoughts in a journal.

Studies of CBT have shown it to be an effective treatment for a wide variety of mental illnesses, including depression, anxiety disorders, bipolar disorder, eating disorders and schizophrenia. Individuals who undergo CBT show changes in brain activity, suggesting that this therapy actually improves your brain functioning as well.

Cognitive behavioral therapy has a considerable amount of scientific data supporting its use and many mental health care professionals have training in CBT, making it both effective and accessible. More are needed to meet the public health demand, however.

### **Dialectical Behavior Therapy (DBT)**

Dialectical behavior therapy (DBT) was originally developed to treat chronically suicidal individuals with borderline personality disorder (BPD). Over time, DBT has been adapted to treat people with multiple different mental illnesses, but most people who are treated with DBT have BPD as a primary diagnosis.

DBT is heavily based on CBT with one big exception: it emphasizes validation, or accepting uncomfortable thoughts, feelings and behaviors instead of struggling with them. By having an individual come to terms with the troubling thoughts, emotions or behaviors that they struggle with, change no longer appears impossible and they can work with their therapist to create a gradual plan for recovery.

The therapist's role in DBT is to help the person find a balance between acceptance and change. They also help the person develop new skills, like coping methods and mindfulness practices, so that the person has the power to improve unhealthy thoughts and behaviors. Similar to CBT, individuals undergoing DBT are usually instructed to practice these new methods of thinking and behaving as homework between sessions. Improving coping strategies is an essential aspect of successful DBT treatment.

Studies have shown DBT to be effective at producing significant and long-lasting improvement for people experiencing a mental illness. It helps decrease the frequency

and severity of dangerous behaviors, uses positive reinforcement to motivate change, emphasizes the individual's strengths and helps translate the things learned in therapy to the person's everyday life.

### **Eye Movement Desensitization and Reprocessing Therapy (EMDR)**

Eye movement desensitization and reprocessing therapy (EMDR) is used to treat PTSD. A number of studies have shown it can reduce the emotional distress resulting from traumatic memories.

EMDR replaces negative emotional reactions to difficult memories with less-charged or positive reactions or beliefs. Performing a series of back and forth, repetitive eye movements for 20-30 seconds can help individuals change these emotional reactions.

Therapists refer to this protocol as "dual stimulation." During the therapy, an individual stimulates the brain with back and forth eye movements (or specific sequences of tapping or musical tones). Simultaneously, the individual stimulates memories by recalling a traumatic event. There is controversy about EMDR—and whether the benefit is from the exposure inherent in the treatment or if movement is an essential aspect of the treatment.

### **Exposure Therapy**

Exposure therapy is a type of cognitive behavioral therapy that is most frequently used to treat obsessive-compulsive disorder, posttraumatic stress disorder and phobias. During treatment, a person works with a therapist to identify the triggers of their anxiety and learn techniques to avoid performing rituals or becoming anxious when they are exposed to them. The person then confronts whatever triggers them in a controlled environment where they can safely practice implementing these strategies.

There are two methods of exposure therapy. One presents a large amount of the triggering stimulus all at once ("flooding") and the other presents small amounts first and escalates over time ("desensitization"). Both help the person learn how to cope with what triggers their anxiety so they can apply it to their everyday life.

### **Interpersonal Therapy**

Interpersonal therapy focuses on the relationships a person has with others, with a goal of improving the person's interpersonal skills. In this form of psychotherapy, the therapist helps people evaluate their social interactions and recognize negative patterns, like social isolation or aggression, and ultimately helps them learn strategies for understanding and interacting positively with others.

Interpersonal therapy is most often used to treat depression, but may be recommended with other mental health conditions.

## **Mentalization-Based Therapy**

Mentalization-based therapy (MBT) can bring long-term improvement to people with BPD, according to randomized clinical trials. MBT is a kind of psychotherapy that engages and exercises the important skill called mentalizing.

Mentalizing refers to the intuitive process that gives us a sense of self. When people consciously perceive and understand their own inner feelings and thoughts, it's mentalizing. People also use mentalizing to perceive the behavior of others and to speculate about their feelings and thoughts. Mentalizing thus plays an essential role in helping us connect with other people.

BPD often causes feelings described as "emptiness" or "an unstable self-image." Relationships with others tend to be unstable as well. MBT addresses this emptiness or instability by teaching skills in mentalizing. The theory behind MBT is that people with BPD have a weak ability to mentalize about their own selves, leading to weak feelings of self, over-attachment to others, and difficulty empathizing with the inner lives of other people.

In MBT, a therapist encourages a person with BPD to practice mentalizing, particularly about the current relationship with the therapist. Since people with BPD may grow attached to therapists quickly, MBT takes this attachment into account. By becoming aware of attachment feelings in a safe therapeutic context, a person with BPD can increase their ability to mentalize and learn increased empathy.

Compared to other forms of psychotherapy such as cognitive-behavioral therapy, MBT is less structured and should typically be long-term. The technique can be carried out by non-specialist mental health practitioners in individual and group settings.

## **Psychodynamic Psychotherapy**

The goal of psychodynamic therapy is to recognize negative patterns of behavior and feeling that are rooted in past experiences and resolve them. This type of therapy often uses open-ended questions and free association so that people have the opportunity to discuss whatever is on their minds. The therapist then works with the person to sift through these thoughts and identify unconscious patterns of negative behavior or feelings and how they have been caused or influenced by past experiences and unresolved feelings. By bringing these associations to the person's attention they can learn to overcome the unhelpful behaviors and feelings which they caused.

Psychodynamic therapy is often useful for treating depression, anxiety disorders, borderline personality disorder, and other mental illnesses.

## **Therapy Pets**

Spending time with domestic animals can reduce symptoms of anxiety, depression, fatigue and pain for many people. Hospitals, nursing homes and other medical facilities sometimes make use of this effect by offering therapy animals. Trained therapy pets accompanied by a handler can offer structured animal-assisted therapy or simply visit people to provide comfort.

Dogs are the most popular animals to work as therapy pets, though other animals can succeed as well if they are docile and respond to training. Hospitals make use of therapy pets particularly for patients with cancer, heart disease and mental health conditions. The pets that are certified to visit medical facilities meet a high standard of training and are healthy and vaccinated.

For people with a mental health condition, research has shown that time with pets reduces anxiety levels more than other recreational activities. Pets also provide a non-judgmental form of interaction that can motivate and encourage people, especially children. Veterans with PTSD have also found therapy pets helpful.

A session with a therapy pet and its handler may focus on specific goals such as learning a skill through human-animal interaction. Alternatively, simply spending time holding a therapy pet can have benefits such as lower anxiety levels.

Though more research is necessary to establish why animal therapy is effective, one theory is that humans evolved to be highly aware of our natural environment, including the animals around us. The sight of a calm animal reassures us that the environment is safe, thus reducing anxiety and increasing our own feelings of calm.

Therapy animals are not the same as service animals, who receive a higher level of training and learn specific tasks for assisting one person on a long-term basis. Service animals are considered working animals, not pets. They have shown some promise in helping people with mental health conditions, particularly PTSD and panic disorders.

## **ALTERNATIVE THERAPIES**

Traditional medical and therapeutic methods have improved over the years, but often they do not completely lessen or eliminate symptoms of mental illness. As a result, many people use complementary and alternative methods to help with recovery. These non-traditional treatments can be helpful but it is important to remember that, unlike prescription medications, the U.S. Food and Drug Administration (FDA) does not review or approve most of them.

The [National Center for Complementary and Integrative Health](#) (NCCIH) is the main government agency for investigating non-traditional treatments for mental illness and

other conditions. "Complementary health approaches," the term favored by NCCAM, encompasses three areas of unconventional treatment:

- Complementary methods where non-traditional treatments are given *in addition* to standard medical procedures
- Alternative methods of treatment used *instead of* established treatment
- Integrative methods that *combine* traditional and non-traditional as part of a treatment plan

## **Natural Products**

Some people find that taking supplemental vitamins and minerals lessens the symptoms of their mental illness. There are several ways these substances may help.

Data is still lacking on the effectiveness and safety of many complementary practices, but there are studies supporting some of these strategies seem to have minimal, if any, adverse effects.

## **Omega-3 Fatty Acids**

Omega-3 fatty acids are group of chemicals found in a number of different foods, including fish. Studies have found that certain types of omega-3 fatty acids are useful in the management of both medical and mental illnesses. Research shows that for young people experiencing an episode of psychosis for the first time, treatment with omega-3 fatty acids may help decrease their risk of developing a more chronic and serious form of schizophrenia.

## **Folate**

Folate is a vitamin required for the human body to perform many essential processes on a day-to-day basis. Also called folic acid or vitamin B9, folate is a compound that the human body is unable to make on its own. Some people with mental illness have been shown to have low folate levels and may benefit from treatment with additional folate supplementation. At the current time, the FDA has approved only one form of folate—l-methylfolate (Deplin)—for use in the treatment of depression and schizophrenia. L-methylfolate has not been approved as a primary treatment, but rather as an additional form of treatment.

## **Medical Foods**

Medical foods are another type of product containing natural ingredients. These are foods made with or without specific nutrients to help treat a health condition. For example, gluten-free foods are designed to give people with celiac disease the nutrients they need but without the gluten which makes them sick. Like supplements, medical foods are not as closely monitored by the FDA as prescription medicines.

## **Mind and Body Treatments**

Many people find that physical activity is beneficial to their well-being. Some types of mind and body treatments are:

- Yoga
- Exercise (aerobic and anaerobic)
- Meditation
- Tai chi

Some of these, such as meditation, are mental exercises, while others are mostly concerned with muscle movement. However, all mind and body treatments can improve mood, anxiety and other symptoms of mental illness. In addition, physical activity can help reduce weight gain, fatigue, and other side effects of many conventional medicines used to treat mental health conditions.

## **Equine Therapy**

Equine therapy, or equine-assisted psychotherapy (EAP), is a form of animal-assisted therapy that teaches individuals how to groom, care for and ride horses. The goal of horse therapy is to use experience with horses to improve emotional and behavioral outcomes.

Small studies and anecdotal evidence have shown equine therapy can help reduce symptoms of anxiety, depression and impulsiveness common to many mental health conditions. However, more data is needed to test its effectiveness.

A licensed equine therapy program is led by a mental health professional, who guides participants in reflecting on their relationship with the horse. Because horses live in herds and are prey to larger animals in the wild, they're highly sensitive to the emotions and behavior of others, including humans.

## **Make Sure To Check with Your Doctor**

Even simple vitamins can interact with medication. While something may be safe to use with one prescription medicine, it can make others less effective or toxic. Also, any new exercise or outdoor activity should be discussed with a doctor. People taking certain medicines for depression, schizophrenia or other illnesses should make sure to stay cool and drink enough water to avoid heat stroke. Other medicines may cause a drop in body temperature, so special preparation may be needed for cold weather.

## **BRAIN STIMULATION THERAPIES**

When treatments such as medication and therapy aren't able to relieve the symptoms of depression or another mental health condition, there are other options available. A psychiatrist might suggest electroconvulsive therapy (ECT) or other forms of brain stimulation. Brain stimulation therapies involve stimulating the brain directly with electricity, magnets or implants.

### **Electroconvulsive Therapy (ECT)**

ECT is a non-invasive medical treatment that is most often used with individuals who have a serious mental illness, such as major depression or bipolar disorder. It's performed under anesthesia and involves using small electric currents to trigger a brief, controlled seizure in the brain. ECT appears to create changes in brain chemistry that can quickly improve certain mental health symptoms.

Although ECT is effective, it's under used as a treatment option. This is possibly due to factors such as stigma and misinformation, lack of availability, or concerns over side effects. The reality of treatment with ECT is very different than it was decades ago, when it was in the early stages of development. As with any treatment approach, the goal is to provide the highest benefit with the least amount of risk, and ECT has since emerged as a safe and effective option.

Treatment with ECT occurs in a series, usually a couple of times a week. People are asleep during the procedure and wake up about 5-10 minutes after it has finished. They are able to resume normal activity in about an hour. Some people receive occasional "maintenance ECT" treatments after they complete their initial series. Between 70 and 90% of individuals who receive ECT treatment report an improvement in their depression.

Side effects of ECT are usually mild and may include:

- Headaches, muscle soreness, or nausea
- Short-term memory loss (may occur during treatment and tends to be brief)
- Longer-term memory loss (rarely permanent)

Find out more about [ECT and hear personal stories](#) from those who have used this treatment option.

### **Transcranial Magnetic Stimulation (TMS)**

TMS is a non-invasive treatment that uses magnetic fields to stimulate nerve cells in the brain. TMS is safe and effective, and is used to treat a range of mental and physical health conditions, including depression, obsessive compulsive disorder, PTSD, pain and substance use disorders, and others. This can be particularly important for individuals who have not benefitted from other treatments. For example, 30-64% of patients report an improvement in symptoms of depression.

During TMS, an electromagnetic coil is placed on a person's scalp near their forehead. Short magnetic pulses are painlessly directed into an area of the brain that controls moods. The doctor performing the treatment will determine the amount of magnetic energy needed during the first treatment session. TMS treatments usually last between 40-60 minutes. TMS does not require the use of anesthesia and person remains awake during treatment. Like ECT, several sessions occur over a period of weeks. Rapidly administered pulses are called repetitive TMS (rTMS), and can provide longer lasting changes in brain activity. You may see treatment referred to interchangeably as TMS or rTMS.

There are few reported side effects of TMS, which are usually mild and diminish over the course of treatment. The most commonly reported side effect is headache. Less commonly, people report scalp pain or facial twitching. The most serious risk of TMS is seizures, however current evidence suggests the risk of seizures is very rare (about 0.03%), with no evidence of permanent damage.

### **Other Brain Stimulation Therapies**

ECT and TMS are the most widely used brain stimulation therapies, but there are two other options available: Vagus Nerve Stimulation and Deep Brain Stimulation [VNS and DBS]. Research continues to accumulate, offering insight to these treatment options.

### **Vagus Nerve Stimulation (VNS)**

The vagus nerve carries messages between your brain and other areas of your body, controlling important functions such as heart rate, digestion, immune response, and moods. Treatment with VNS involves the use of a pulse generator, about the size of a stopwatch, that's placed in the upper left side of the chest to stimulate the vagus nerve.

VNS alters nerve activity in the body by sending mild electrical pulses through the vagus nerve to the brainstem. This pulse is then sent throughout the brain to change the way brain cells function, much like a pacemaker. VNS has been used for decades to treat seizure disorders, as well as for treatment-resistant depression.

Historically, VNS for treatment-resistant depression wasn't covered by insurance providers, making this treatment option out of reach for most people. However, in 2019 the Center for Medicare and Medicaid Services began allowing coverage for participants through a [randomized controlled trial in 100 study sites across the US](#).

Stimulation usually occurs without the person feeling it, but it can sometimes cause tingling in the skin, mild cough, voice changes, or hoarseness when stimulation is active. Side effects that are troubling can be addressed with a change to stimulation settings.

More studies are needed on the effectiveness of VNS for treatment-resistant depression, given that other forms of stimulation such as TMS and ECT have provided more supporting research on their effectiveness. However, current VNS study results appear promising, with estimates ranging from a 50-70% response rate.

A non-invasive version of VNS is also being investigated, known as transcutaneous auricular VNS, or taVNS. One such device has already been approved by the FDA for treating migraine and cluster headaches. Another version of taVNS has received a [Breakthrough Device Designation](#) by the FDA for the treatment of PTSD.

## **Deep Brain Stimulation (DBS)**

Deep brain stimulation (DBS) is used to treat symptoms of movement disorders, such as tremors associated with Parkinson's disease, and conditions like dystonia and treatment-resistant epilepsy. DBS is also used to treat severe obsessive-compulsive disorder (OCD) that hasn't responded to traditional treatment. Although DBS is used less frequently for OCD, studies indicate that it can be effective for debilitating symptoms.

More recently, DBS is being studied as a potential treatment for Tourette's syndrome, as well as for psychiatric conditions such as treatment-resistant depression associated with major depression and bipolar disorder. More information is needed on its effectiveness for these conditions, though studies involving severe and highly treatment-resistant depression have been encouraging. A promising area of research focuses on the use of DBS to target specific symptoms and brain circuits to develop unique, patient-tailored treatments. This approach has in part led to improvements in effectiveness for treating other conditions, including OCD.

DBS involves one or more tiny wires, or electrodes, that are surgically placed in the brain. These electrodes are connected to a very small pulse generator that is placed in the chest. There are possible side effects from surgery, or from the stimulation itself. Surgical side effects may include infection, headache, confusion, or hardware complications. Side effects related to stimulation may include numbness or tingling, tightness in facial or arm muscles, speech problems, unwanted mood changes, or lightheadedness. Once the device is ready to be used for stimulation, treatment providers work with individuals to establish device settings, and make further adjustments. This process can take weeks or up to a few months, and is designed to help find the best stimulation level for symptom relief, as well as for reducing any side effects that are experienced.

## **CRISIS TREATMENT**

Mental health crisis response services are a vital part of any mental health service system. A well-designed crisis response system can provide backup to community providers, perform outreach by connecting first-time users to appropriate services and improve community relations by providing reassurance that the person's needs are met in a mental health crisis.

## What Makes An Effective Mental Health Crisis Service?

Mental health crisis services vary depending on where an individual lives. Becoming familiar with the available services and how to access them is an important step towards being prepared for a psychiatric crisis. The better prepared a person is when faced with a crisis situation the better the outcome. The following are pieces that together make up an effective response system.

- **24-Hour crisis lines** are often the first point of contact for a person in crisis or their loved one. Telephone crisis services provide assessment, screening, triage, preliminary counseling, and information and referral services.
- **Walk-in crisis services**, such as clinics or psychiatric urgent care centers offer immediate attention. They focus on resolving the crisis in a less intensive setting than a hospital, though they may recommend hospitalization when appropriate. Walk-in clinics may serve as drop-off centers for law enforcement to reduce unnecessary arrests.
- **Mobile crisis teams** intervene wherever the crisis is occurring, often working closely with the police, crisis hotlines and hospital emergency personnel. Mobile teams may provide pre-screening assessments or act as gatekeepers for inpatient hospitalization and can also connect an individual with community based programs and other services.

## Respite Care and Residential Services

Crisis respite and residential services can help a person stabilize, resolve problems and connect with possible sources of ongoing support. Services that may be provided include physical and psychiatric assessment, daily living skills training, social activities, counseling, treatment planning and connecting to services. Crisis residential services can either be an alternative to hospitalization or a step-down setting upon leaving a hospital.

Crisis respite services are also beneficially because they can provide short-term relief to individuals who are caring for family members who might need more support outside of the home.

There are various models for providing respite care depending on how much support is needed:

- **Family-based crisis home support** is where the person in crisis lives with a screened and trained “professional family.” In addition to practical and emotional support from “family” members, mental health professionals visit the home daily for planning treatment.
- **Crisis respite centers and apartments** provide 24-hour observation and support by crisis workers or trained volunteers until a person is stabilized and connected with other supports. In some locations, peer support specialists provide encouragement, support, assistance and role models in a non-threatening atmosphere.

- **In-home support** is like a crisis apartment but in the person's own residence and may be used if separation from the everyday environment is not necessary.

### **Crisis Stabilization Units**

Crisis Stabilization Units (CSU) are small inpatient facilities of less than 16 beds for people in a mental health crisis whose needs cannot be met safely in residential service settings. CSUs may be designed to admit on a voluntary or involuntary basis when the person needs a safe, secure environment that is less restrictive than a hospital. CSUs try to stabilize the person and get him or her back into the community quickly.

### **Extended Observation Units (23-Hour Beds)**

23-hour beds, also known as extended observation units (EOUs) can be a stand-alone service or embedded within a CSU. Admission to an EOU is appropriate when the crisis can be resolved in less than 24 hours. EOUs are designed for persons who may need short, intensive treatment in a safe environment that is less restrictive than a hospital.

### **Hospitalization**

There may be times when a person is admitted to the hospital for intensive treatment. Private psychiatric hospitals, general hospitals with a psychiatric floor or state psychiatric hospitals are designed to be safe settings for intensive mental health treatment. This can involve observation, diagnosis, changing or adjusting medications, ECT treatments, stabilization, correcting a harmful living situation, etc.

If a person and their doctor agree that inpatient treatment is a good idea, they will be admitted on a voluntary basis, meaning that they choose to go. Some private hospitals will only take voluntary patients.

If a person is very ill and refuses to go to the hospital or accept treatment, involuntary hospitalization is an option. The legal standard for an involuntary hospitalization requires that a person be considered a "danger to self or others." This type of hospitalization usually results in a short stay of up to 3 days but can occasionally last a week or so longer.

For an involuntary hospitalization to be extended, a court hearing needs to be convened, and a judge and two doctors must agree that there is still a need for hospitalization. The rules for involuntary hospitalization are done at the state level. The initial criteria are typically based on whether or not there is an immediate safety risk to his or herself or others. In other states, other criteria, such as being severely disabled, may be used as criteria for involuntary hospitalization.

Before a person is discharged from the hospital, it is important to develop a discharge plan with a social worker or case manager. Family members should be involved in discharge planning if the person is returning home or if they will need significant

support. A good discharge plan ensures continuous, coordinated treatment and a smooth return to the community.

### **Partial Hospitalization or Day Hospitalization**

Partial hospitalization provides care and monitoring for a person who may be having acute psychotic symptoms without being a danger to self or others. It allows a person to return home at night and is much less disruptive. It can also be used as a transition from inpatient hospital care before a complete return home.

### **Emergency Rooms**

When it isn't possible to get treatment from a mental health center or private doctor, or a situation escalates into an emergency and safety is a concern, a visit to an emergency room might be the only option.

Situations that might require a trip to the emergency room include:

- A suicide attempt
- Assault or threatening actions against another person
- Hearing voices, paranoia, confusion, etc
- Drugs or alcohol use

If you are [calling 911](#), be sure to tell the operator that it is a “mental health emergency” and ask for emergency responders with Crisis Intervention Team (CIT) training. Many first responders will approach a mental health situation differently if they know what to expect.

A person can expect to be registered upon arriving at the emergency room. This will involve paperwork and answering questions about insurance, medical history, etc. Medical staff will then quickly make an assessment to determine how urgently care is needed. A psychiatric examination will establish a “working diagnosis” and determine a plan of action. Most people will receive tranquilizing medications, crisis counseling, an explanation of what’s happening and a referral for treatment after discharge.

Having a [crisis plan](#) that determines steps to take to prevent a crisis and to handle a crisis once it's developed can help prevent emergencies from escalating.

## **TREATMENT SETTINGS**

Treatment is not a one size fits all approach. Where you go for mental health treatment depends on your situation and recovery needs. Knowing where to look and what to expect can help reduce confusion and stress.

Mental health care professionals that provide services include psychologists, psychiatrists, psychiatric or mental health nurses, social workers and counselors.

Psychiatrists prescribe and manage medications. Finding a professional who accepts your health insurance can help cover the cost of services, but some psychiatrists and other doctors do not accept insurance.

### **Private Practice**

Individual, family and group therapy sessions are held in a variety of settings, a common one being private practice. [A professional in private practice](#) may work out of a variety of places, from an office to her home. Meeting weekly, bi-weekly or monthly with a care provider, can provide a person better understanding of relationships, feelings, behaviors and how to manage symptoms and reduce the risk of relapse.

### **Community or County Mental Health Centers**

A community or county mental health care center often provides public mental health care services when a referral to a private doctor or therapist is not possible. Centers are operated by local governments to meet the needs of people whose mental health condition seriously impacts their daily functioning. Some of the services a person might receive from a community or county mental health center include outpatient services, medication management, case management services and intensive community treatment services.

Often centers manage contracts with mental health service providers and refer clients for employment, day program services, residential treatment services, therapeutic residential services and supportive residential services.

Psychiatrists, psychologists, social workers, counselors and peer support specialists work at centers to provide the range of services clients need. Some centers use the Assertive Community Treatment (ACT) team-based care model to coordinate a client's care. Services may include psychiatry, case management services and help with employment and substance use issues.

Most of the people getting services from a community or county mental health care center receive Social Security disability benefits and rely on Medicaid to fund their treatment needs.

Mental health centers often have emergency walk-in services or a mobile crisis unit with clinical staff able make an on-site evaluation of a person's condition. The purpose of both is to deescalate, stabilize the individual and determine the next steps.

### **Substance Abuse Treatment Centers**

Some people with mental health conditions also have [substance abuse concerns](#). The most widely used form of treatment is integrated intervention. With this treatment, a person receives care for both a specific mental illness and substance abuse. Types of substances abuse centers include:

- **Detoxification facilities.** Withdrawal from alcohol can be life-threatening and requires medical supervision. Opiate withdrawal is less risky, but detox can be important to organize community-based efforts to provide sobriety supports.
- **Acute Residential Treatment (ART) programs.** ART are short-term, highly focused treatment programs that help individuals solidify their recovery and sobriety.
- **Intensive Outpatient Programs (IOP).** IOP allows individuals to work, go to school and carry on their regular activities while also providing services and supports, such as a 12-step program to remain sober.

## Teletherapy and Telepsychiatry

Liberalization of teletherapy and telepsychiatry coverage in many health plans means professionals can now provide many treatments virtually. Most visits in this way require a camera on a smart phone or computer—but not all. This therapy can be delivered by phone. Your therapist or health plan will be able to answer your questions on their use of this technology.

The [literature strongly suggests](#) that the quality of teletherapy care is as effective as in-person sessions for most people with most conditions. It is not ideal for everyone, however, as some people strongly prefer talking in person, in a safe space dedicated to healing. There are also some populations — like geriatric patients and people with autism spectrum disorder — in which this form of treatment may not be as effective as in-person. Only you can decide what is right for your recovery journey.

Check with your health care provider and/or your health plan to see what options are available to you.

## MEDICATIONS

***Please Note: You should discuss any information in this section with your mental health care provider.***

Psychiatric medications influence the brain chemicals that regulate emotions and thought patterns. They're usually more effective when combined with psychotherapy. In some cases, medicines can reduce symptoms so other methods of a treatment plan can be more effective. For example, a medication can ease symptoms of depression like loss of energy and lack of concentration, allowing an individual to engage more in talk therapy.

However, predicting who will respond to what medication can be difficult because different medications may work better for one person than for another. [Doctors](#) usually review clinical records to see if evidence exists for recommending one medicine over another. They also consider family history and side effects when prescribing medication.

Be persistent until you find the medication (or combination of medications) that works for you. A few psychiatric medications work quickly, and you will see improvements within days, but most work more slowly. You may need to take a medication for several weeks or months before you see improvement. If you feel as though a medication isn't working, or you're having side effects, consult with your provider to discuss possible adjustments. Many people won't experience side effects, or they will go away within a few weeks, but if they continue, changing medications or dosage will often help.

Treatment typically consists of pills or capsules, taken daily. Some can also be available as liquids, injections, patches or dissolvable tablets. People who have difficulty remembering to take medications daily or people with a history of stopping medication may have better results by taking medication as a shot at the doctor's office once or twice a month.

Your provider will likely start at a low dose and slowly increase dosage to achieve a level that improves symptoms. Following your provider's instructions will reduce side effects and discomfort when possible. Understand the role medicines can play for key symptoms.

When stopping a medication, work with your doctor to taper off properly. This allows brain chemicals to adjust to the change. Stopping medication suddenly can result in uncomfortable side effects.

In some cases, psychiatric medication may be a short-term aid taken only for a few months. In others, medication may be long-term, or even lifelong. Some people are afraid that taking a medication will change their personality, but most find that medication allows them to take charge of their lives.

## **PSYCHOSOCIAL TREATMENTS**

Psychosocial treatments include different types of psychotherapy and social and vocational training, and aim to provide support, education and guidance to people with mental illness and their families. Psychosocial treatments are an effective way to improve the quality of life for individuals with mental illness and their families. They can lead to fewer hospitalizations and less difficulties at home, at school and at work. Check with your [local NAMI affiliate](#), your community mental health center or health care provider to see what psychosocial services are available in your community and what may be provided under your health insurance plan.

### **Types of Psychosocial Treatments**

#### **Psychotherapy**

Often called talk therapy, psychotherapy is when a person, family, couple or group sits down and talks with a therapist or other mental health provider. Psychotherapy helps people learn about their moods, thoughts, behaviors and how they influence their lives.

They also provide ways to help restructure thinking and respond to stress and other conditions.

## **Psychoeducation**

Psychoeducation teaches people about their illness and how they'll receive treatment. Psychoeducation also includes education for family and friends where they learn things like coping strategies, problem-solving skills and how to recognize the signs of relapse. Family psychoeducation can often help ease tensions at home, which can help the person experiencing the mental illness to recover. Many of NAMI's education programs are examples of psychoeducation.

## **Self-Help and Support Groups**

Self-help and support groups can help address feelings of isolation and help people gain insight into their mental health condition. Members of support groups may share frustrations, successes, referrals for specialists, where to find the best community resources and tips on what works best when trying to recover. They also form friendships with other members of the group and help each other on the road to recovery. As with psychoeducation, families and friends may also benefit from support groups of their own.

## **Psychosocial Rehabilitation**

Psychosocial rehabilitation helps people develop the social, emotional and intellectual skills they need in order to live happily with the smallest amount of professional assistance they can manage. Psychosocial rehabilitation uses two strategies for intervention: learning coping skills so that they are more successful handling a stressful environment and developing resources that reduce future stressors.

Treatments and resources vary from case to case but can include medication management, psychological support, family counseling, vocational and independent living training, housing, job coaching, educational aide and social support.

## **Assertive Community Treatment (ACT)**

Assertive community treatment (ACT) is a team-based treatment model that provides multi-disciplinary, flexible treatment and support to people with mental illness 24/7. ACT is based around the idea that people receive better care when their mental health care providers work together. ACT team members help the person address every aspect of their life, whether it be medication, therapy, social support, employment or housing.

ACT is mostly used for people who have transferred out of an inpatient setting but would benefit from a similar level of care and having the comfort of living a more independent life than would be possible with inpatient care.

## **Supported Employment**

Work can be an essential step on the path to wellbeing and recovery, but challenges that come with mental illness can make it more difficult. There are programs, however, designed specifically to help with work readiness, searching for jobs and providing support in the workplace.

## **Vocational Rehabilitation (VR)**

VR provides career counseling and job search assistance for people with disabilities, including mental illness. VR program structures vary from state to state. To learn more about your specific state program, visit your [state's VR agency](#).

## **Individual Placement and Support (IPS) Supported Employment**

IPS programs are evidence-based programs that help people with mental illness locate jobs that match their individual strengths and interests. Once an individual locates a job, IPS programs provide continuous support to help the person succeed in the workplace. IPS Supported Employment teams include employment specialists, health care providers and the individual with mental illness. If the individual agrees, family members or a significant other may be part of the team.

## **Clubhouses**

Clubhouses are community-based centers open to individuals with mental illness. Clubhouse members have the opportunity to gain skills, locate a job, find housing, and pursue continuing education. Members work side-by-side with staff to make sure the program operates smoothly. Members also have the opportunity to take part in social events, classes and weekend activities.

## **Case Management**

Living well with a complicated health condition (physical or mental) can require working with a number of medical providers and support resources. Case management can help individuals coordinate these services.

A case manager has knowledge of local medical facilities, housing opportunities, employment programs and social support networks. He or she is also familiar with many payment options, including local, state and federal assistance programs. This person can serve an important role in helping you or your family member get the best treatment possible.

A case manager will assess your needs and explain what resources are available in your area. He or she will explain the process of applying for services and help you collect the necessary documents to prove eligibility. A case manager will then keep in touch with you to ensure that you continue to have your treatment needs met. How to fill out

official forms, how to get transportation to appointments—these are all questions a case manager can help with.

Case managers are professionals with certification in case management or degrees in social work. They are typically employed by large health insurance companies or by local county and state governments. If you are staying in a hospital or your doctor has recommended a case manager, you may automatically receive a call from one. If you do not have a case manager and would like to, ask about the process of getting one. Your best bet is to call your state or county department of health, social services or aging.

Remember that your case manager is there to work with you for your benefit. Ask questions and if you don't understand the answers, ask again. A good case manager can't guarantee you'll get every resource you apply for, but he or she should definitely keep you informed and listen to your concerns.

[All information is taken from [www.nami.org](http://www.nami.org) July 2022.]

