Healthcare **Communication** Review

On Building Health Partnerships: Food-for-Thought, Practical Tips, Resources

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Understanding and Managing

MENTAL HEALTHCARE

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On Mental Health, Mental Illness and Seeking Help

There are well-established, scientifically-proven links between mental functioning and physical functioning. We now know that, when change occurs in one, it also occurs in the other. For example, as described in the 1999 mental health report published by the U.S. Surgeon General (See Editorial, pg. 2), changes occur in the brain when mental functions are disturbed, and vice versa. When we think about it, however, even though many of us tend to separate mental from physical health, we have long accepted certain connections between them. How often, for instance, have we heard the claim that a woman's fragile emotional state was due to Pre-Menstrual syndrome – a condition brought about by hormonal (bodily) changes? What all this suggests, then, is that the widespread and long-held view of mental and physical health as being two separate areas of health is wrong.

Defining Mental Health and Diagnosing Mental Illness

That being said, a clear difference between mind and body does exist when it comes to defining what it means to be healthy or ill. As contradictory as it may seem, Chapter 2: Chapter Conclusions of the Surgeon General's Report notes that (unlike conditions of the body) there rarely are scientific tests for determining normal or abnormal states of mental health.

In the absence of a scientific basis for establishing (or defining) a normal state of mental health, the forming, and interpreting, of those definitions will be influenced by value judgments. According to a Mayo Clinic article, "Mental Health: What's Normal, What's Not," such judgments are grounded in cultural and societal values – values which may differ from society to society and within the sub-cultures of a society.[1] As an example, look at the following definition of mental health:

> **Mental Health** is "*a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*" – World Health Organization

This definition seems pretty clear, but what qualifies as "normal" stress? What does it mean to be fruitful? What does making a contribution to community mean? Further complicating the matter is the fact that there is no single point of normalcy but, rather, a range of normalcy. Although the same is true with respect to conditions that primarily affect our bodies, medical technology can generally tell us whether or not they are functioning within the range of normal. Such is not the case with respect to mental health.

See **MH, MI** *on pg.2*

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PO Box 661
Stone Ridge, NY 12484
Phone/fax 845-687-2328
info@healthcp.org
www.healthcp.org/

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Written/Edited By
Judith A. Greenfield, PhD, RN
judith@healthcp.org

GUEST AUTHOR
Howard H. Covitz,
PhD, ABPP, NCPsyA
HHCovitz@aol.com
Dr. Covitz, is a Licensed Psychologist practicing in Pennsylvania. He is on the Board of the National Association for the Advancement of Psycho-analysis and is the author of *Oedipal Paradigms in Collision*, nominated for the Gradiva Book of the Year Award.

From the Editor

The 1999 publication of the U.S. Surgeon General's Mental Health Report says it all. (See **www.surgeongeneral.gov/library/mentalhealth/chapter1/sec1.html**.) In a speech marking the release of his report, then Surgeon General David Satcher offered the following findings. First, the mental health of Americans is an essential component of our nation's public and economic wellbeing. Indeed, the report indicates that all mental health illnesses are second only to all cardiovascular conditions in the economic burden placed on our economy.

Second, mental disorders are real AND cannot be separated from physical disorders. "Mental illnesses," he stated, "ARE physical illnesses" – a claim that has long been supported by scientific studies. Not only are mental disorders real, he went on to say, but they are treatable. Treatment, however, cannot occur if it is not sought. And therein lies the problem. More than half of Americans who need treatment do not get it, Satcher reports. Why? Some do not seek it, often because of negative societal attitudes about mental illnesses. Some do not have access to it, often because of no health insurance or coverage that is less than adequate. Sadly, even those with insurance face greater limits on, and higher out-of-pocket expenses for mental healthcare than do those seeking medical healthcare.

This issue of the *Review* offers articles designed to help readers gain a better understanding of the issues around mental healthcare and ways to manage it. For those who don't seek care because they don't know when they or their loved ones might benefit from it, we offer the article on "Mental Health, Mental Illness, and Seeking Care." Other articles explain types of care and caregivers, resources that are available and how to go about finding and using them. As always, we hope that this issue of the *Review* will provide some useful guidance.
Be Well. *Judith A. Greenfield*

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This *does not* suggest that definitions of mental health are not useful. They are – though primarily as guidelines, which might alert individuals to the possible need for further examination of a person's mental condition.

With regard to mental illness, the aforementioned Surgeon General's report offers the following definition:

> *"Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning."*

Although experts claim it is easier to define mental illness, such definitions may also be more useful as guidelines that alert individuals to the possible need for further examination of a person's state of mental health.

While technology can not yet tell us whether or not an individual is mentally ill, the Surgeon General makes a point of stating that, although scientific tests generally can't establish the presence of mental disorders, other, specific indicators, are as good in diagnosing mental disorders as scientific tests are for diagnosing physical disorders. In fact, actual diagnoses of various mental disorders are facilitated by their more specific descriptions, published by the American Psychiatric Association in the

See **MH, MI** *on Pg. 5*

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On Choosing Mental Health Therapists

By Howard H. Covitz, PhD, ABPP, NCPsyA

Editors note: Readers interested in learning more about therapies and therapists than the limited descriptions below can find more in the book reviewed on page 8.

The field of mental healthcare, like that of other areas of healthcare, is complicated. Not only are there many different types of treatments, but there are often splinter groups within treatment types. Similarly, different types of mental health practitioners (or psychotherapists) that are generally set apart by the treatments they tend to provide, may actually practice any one or more types of therapies. Even so, understanding the following broad categories of treatments and therapists may help those who need to make mental healthcare choices.

Types of Mental Health Treatments

• **Psychodynamic psychotherapy**: a form of 'talk' therapy that includes psychoanalysis and psychoanalytic therapy. The basis of this form of therapy is that emotional problems can result from conflicts between rigid ways of coping with life's stresses during our early years (unconscious thoughts) and more effective ways of dealing with similar stresses during adulthood. By making unconscious thoughts conscious **(**by seeing them lived out in relationship with the therapist**)**, the roots of the problem are understood and more effective coping mechanisms are enacted. This process requires patients to talk about and openly explore things that come to their minds. Variations in the form of short-term dynamic therapies are also practiced.

• Cognitive Behavioral Therapy (CBT)

These are two different forms of therapy, which are often practiced together. The basis of behavioral therapy is that behavior is shaped by rewards and punishments; that a lot can go wrong in the process of shaping behavior; and that, positive reinforcement, can reshape behavior. The basis of cognitive therapy is that what people think and believe influences their behavior; 'bad' thoughts and beliefs can cause emotional problems such as depression, anxiety or eating disorders; and teaching patients better ways of thinking about things can relieve those problems. There is less interest in finding the original forms of these psychological problems than there is in psychodynamic therapies. CBT has been found to be effective.

• **Other Types of Therapy**

Other types of talk therapy include Gestalt, Rational Emotive and a variety of Family Therapies. No one variety of talk therapies has been scientifically proven to be significantly better than any other.

• **Medications**

Psychiatric medications have been found to be helpful, some would say required, for people with severe mental illness. For a variety of conditions, medication in combination with some other form of therapy has been found to be effective.

Some Types of Mental Health Practitioners

• **Psychiatrists** – MDs or Doctors of Osteopathy (DOs) – are physicians who typically complete at least a three year psychiatric residency after their internships. Some residency trainings restrict practice to the prescription of medications, others not. All psychiatrists may prescribe medications, however, and they are the only psychotherapists that can do so in most states.

• **Licensed Clinical Psychologists** – with PhDs or Masters degrees, depending on the state that licenses them – hold a graduate degree from an academic department that the state accepts as providing adequate training and have finished both a pre- and post-internship before sitting for a licensing exam. They are trained, and licensed, to do some combination of evaluation and/or psychotherapy and/or pencil and paper (psychological) testing.

• **Social Workers** – MSWs and LCSWs. Both MSWs and LCSWs may function as psychotherapists. MSW is the highest clinical degree available from the Social Work community. Both MSWs and LCSWs (whose post-degree training goes beyond that of the MSW) have completed extensive pre- and post-degree clinical training, that is comparable in hours and depth to the training completed by psychiatrists and licensed clinical psychologists. LCSWs are able to practice independently.

• **Counselors** – MA or PhD **–** are holders of degrees in psychological counseling. They are accepted as having been trained to place more emphasis on guiding and/or advising patients than in seeking the roots of problems.

• **Pastoral Counselors** – MDiv and DocDiv – hold degrees from theological seminaries. They have special training in working with people struggling with emotional issues. Some academic departments offer such training, as well.

Is Any One Type of Therapy/Therapist Better?

There is no convincing evidence that one form of therapy or therapist is clearly superior to another. For instance,

See **Choosing** *on Pg. 4*

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Choosing, *continued from Pg. 3*
even though I believe in the importance of getting to the root of the problem, which counselors generally don't try to do, I have found well-trained counselors whose depth exceeds that of many psychologists and psychiatrists. Furthermore, I believe the community of therapists is, indeed, like any other. Roughly one third of them are excellent, another third should be avoided at all cost, and a final third fall somewhere in between the two.

Therapists: Choosing the Good…

In the end, I can only share my personal view. Any competent practitioner you go to should be willing and able to assist in referral for whatever they cannot provide (be that medication, testing, ancillary social services, talk therapy, etc.) I also think a *more important* reason for choosing a therapist has to do with the comfort level that is possible between the patient and the practitioner. I know no other way of determining this than meeting with a number of therapists. After doing so, either face-to-face or on the phone, you might ask yourself the following questions. If your answer to any of them is 'no,' I would recommend that you continue looking.

- Did the therapist seem honestly interested in your issues and not focused on her/his own rigid positions?
- Did you sense that the therapist respected the complexity of your life situation?
- Did the therapist avoid suggesting easy solutions to problems with which you've grappled for some time?
- Did you feel that, at some point in the future, you could build a degree of trust in this person?
- Did you sense that this healer treated you as a person in your own right, rather than an object?

…And Losing the Bad:
Some Rules of Thumb Based on My Patients' Stories

A patient of mine had been seen by a psychiatrist for many years. The psychiatrist would nod out, midway into her session. See found herself wondering: "Was he thinking? Pondering deep questions, perhaps?"

Rule 1: If they snooze, don't choose 'em.

Another patient found his previous therapist prone to exercising during sessions; his young wife wore hot pants as she watered the office plants.

Rule 2: If the office is too hot, see him or her not.

And, many patients have reported to me spending hours and months discussing their therapists' vacations or marital status. Not every session will be productive. Therapy is an art practiced between two humans. But my **Rule 3** is: **If work is not getting done, try to understand how it is that the two of you have become derailed from your initial trek and, if this fails, don't run but do walk towards another Healer.**

Informed Consent and Recovery

In general, and as it should be, patients have had the last say regarding treatment. That's because doctors are required by law to get their patients' informed consent before proceeding with treatments. Yet, in two notable ways, the getting and giving of informed consent has fallen short of what it should be. First, patients often don't get the full range of information and opportunities to discuss it – both of which are necessary for truly informed consent. Second, a reading of a 2004 White Paper, commissioned by the New York State Office of Mental Health, suggests that the practice of obtaining informed consent from mental health patients has not matched that afforded to patients seeking medical care. (Visit www.projectstoempower.org and click on 'White Paper' or call **845-452-2728**).

Who Can Claim the Right of Informed Consent?

Any competent adult who can understand, process and make a decision based on the information provided can claim the right of informed consent. On the surface, this might explain why mental health patients have not had the same opportunities to give their informed consent. After all, their mental or emotional problems may reduce their competency – that is, their ability to fully understand given information and make decisions. Right? Wrong!

Why? Because all adults are considered legally competent unless declared incompetent by the courts. Also, mental health patients generally *can* make decisions. They may not be decisions others agree with, but the same is true for patients seeking medical care. Further- more, just as for medical patients, decades of studies have shown that recovery is more likely to be improved for mental health patients who are given opportunities to be partners in their healthcare by, for instance, sharing in decisionmaking.

What This Means For Mental Health Patients.

This means that mental health patients not only have the right to actively participate in their care, beginning with choosing therapists and therapies, but also that it is in their best interests to do so. Some answers to HOW to be active can be found in the 2004 NYS White Paper, which outlines and describes ten rules for quality mental health services. While intended to guide mental health professionals, they also serve as working guidelines for patients. Remember, to sit back and give full responsibility to therapists for the quality of care provided is a step back to the days when patients were expected to just do what they were told, no questions asked! Today, when patients claim rights such as informed consent and shared decisionmaking, they also share some of those responsibilities.

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Diagnostic and Statistical Manual of Mental Disorders (DSM). However, using these descriptions alone is not sufficient to make a diagnosis of a particular disorder. While some 'abnormal" behaviors undeniably mean that a person is suffering from a mental disorder, many such behaviors may not.

Determining what they do mean generally requires the professional judgment of mental health practitioners schooled in making such assessments – assessments that will be based on comprehensive interviews that cover length and severity of symptoms, the effect of the symptoms on them and the people around them, medical histories and more. In other words, we should not think in terms of people being either mentally healthy or mentally ill. As explained in the earlier-cited Mayo Clinic article, people who act in abnormal ways do not necessarily have diagnosable mental disorders. There are a lot of gray areas between mental health and illness – some of which require treatment and others of which may be helped by treatment, but do not require it.[2]

Seeking Help

One might ask: If there are so many gray areas between mental health and illness, how can people know when they or someone they know should seek help? Dr. Jack Gorman, a practicing psychiatrist and author of *The Essential Guide to Mental Health* [See Book Review, pg. 8] suggests that people ask the following questions when trying to determine if help may be needed: *Is the person in question "persistently" unhappy?* Or*, are people always unhappy with, or mad at, that person?* Dr. Gorman also suggests asking. *What will happen if the person does not seek help?* And *how might treatment harm the person?* In his view, the biggest harm would be "…getting talked into a treatment that won't help and only drains time and money." (See pg. 7 of his book.)

Other major hurdles to seeking help, besides trying to figure out whether or not it is appropriate, are fears of being seen as a failure or as being "crazy." These fears often persist despite public disclosures of prior mental illness by a large number of well-known and well-respected people that include astronaut Buzz Aldrin and comedian Drew Carey – both of whom, the February 28, 2007 issue of *Newsweek* reports, have suffered from depression. The need to eliminate or reduce the stigma associated with mental health care is continually being addressed and, perhaps, will one day succeed. In the meantime, the love and support of one's inner circle of family and friends may go a long way toward helping loved ones get the care they need.

[1] See **www.mayoclinic.com/health/mental-health/MH00042**

[2] See note 1.

On Organizational Resources

National Suicide Prevention Hotline
800-273-8255 • 888-628-9454 (español)

Numerous county governments, throughout the United States, dedicate a division to make sure that the needs of those of their residents with mental health disorders are appropriately served. For example, in Ulster County, New York, the Ulster County Mental Health Department oversees the mental health services provided by various organizations and facilities in that county. It is also licensed by the New York State Office of Mental Health to provide clinical services. As such it runs its own clinic, which accepts many insurance carriers and sets out-of-pocket fees according to ability to pay. (See **www.co.ulster.ny.us/mentalhealth**). Not all counties have comparable departments, but many do. To find out about your county, ask your physician, your county health department, or search the Internet, entering 'Mental Health,' your state's **and** your county's names.

Private, not-for-profit, national organizations, with a web of state and local agencies throughout much of America, offer information and support for those who suffer from mental illness and for their families. **Mental Health America** (**800-969-6642**) – formerly the National Mental Health Association – is one such organization. Visitors to **www.mentalhealthamerica.net** can find its local affiliates; a listing of local practitioners; learn about specific mental disorders and treatments; find tips for getting the most out of treatment by talking with doctors and much more. Local affiliates, which operate in many counties nationwide, generally offer a wide variety of educational and support programs for people of all ages as well as, in some cases, residential programs.

Between its web site (**www.nami.org**) and its toll free information helpline, **800-950-6264**, the **National Alliance on Mental Illness (NAMI)** provides information, support programs and referrals to state and local affiliates. Programs listed on their web site include: *Hearts & Minds* – a free, downloadable video and companion booklet on how to reduce the higher risks of heart disease and related conditions that people with severe mental illness face; a free, *Peer-to-Peer* course to help patients get and stay well; a free *family-to-Family* course to help family caregivers more effectively cope with, and help, their loved ones that are ill; and *In Our Own Voice* – presentations by people, talking about how they are able to live healthy lives, despite their serious mental illness. Contact your State NAMI (click on *State/Local NAMI*), to find out which of these and other programs are available in your area.

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On Communication Tips and Other Resources

For Mental Health Patient

The road to recovery starts with informed consent. (See pg. 4) In the beginning, this means learning about the diagnosis and selecting a therapist and treatment by using a process of giving, getting and discussing information and options. But the road to recovery calls for active patients to do more than just give informed consent. It calls on them to continually monitor their conditions, to communicate freely with their therapists, and to take other, non-medical steps (such as peer support, housing, education and employment) that also help with recovery. This is a lot of work when all patients may want is for someone to just give them a pill that would make them better. Getting better, however, often requires that patients have to do their part, too. Fortunately, help is out there.

What mental health patients need from their family caregivers is pretty much the same thing that any patient needs from their caregivers: a listening, understanding ear as well as practical and emotional support.

Local Mental Health Associations, for instance, offer a wide variety of support programs for patients of all ages – many of which are aimed at helping them manage their conditions and recovery. Offerings might include voluntary stays in temporary residences, where patients are encouraged to participate in setting their goals and support for achieving them is provided. In Dutchess, Orange, and Ulster counties of New York, PEOPLe, a peer-run organization, offers programs that include sending peer companions to meet with patients in their homes or other comfortable settings and help them "explore strategies for finding and maintaining wellness and to offer support through this process." (See www.projectstoempower.org or call **845-452-2728**).

Guidelines for communicating with therapists and physicians can also be found on the Internet. Mental Health America's Dialogue for Recovery program offers materials to help patients with serious mental illnesses talk to their doctors about treatment goals, medications and other issues that may affect their recovery. (See www.mentalhealthamerica.net and click on 'Making the Most of Treatment' or call **800-969-6642**.)

The goal of helping mental health patients decide on, and follow through with, their choices for recovery is no less important if, even temporarily, they lose their ability to make decisions. However, the only way to assure that their choices will be honored, should that happen, is for patients to prepare Psychiatric Advance Directives (PAD) that both spells out their wishes and names someone as an agent who is authorized to direct doctors to provide treatment as specified in the Directive. Dialogue for Recovery includes information about PAD.

For Family Caregivers of the Mentally Ill

What mental health patients need from their family caregivers is pretty much the same thing that any patient needs from their caregivers: a listening, understanding ear as well as practical and emotional support. While a difficult role in any situation, it may be more challenging when mental illness is involved. Here, again, help in the form of programs and materials is available through the local, national organizations noted above as well as through other national and even international groups. For instance, a helpful "Tool Kit for Carers of People with Mental Illness" can be found at www.lifeline.org.au. Enter the above title in the search box and click 'go.' This publication addresses not only what caregivers can do for their loved ones, but what they MUST also do for themselves if they want to stay healthy and provide the best possible care. www.patienthealthinternational.com is another valuable source of information for "improving patient-family-doctor communication." Provided for those coping with Bipolar Disorder, others may find it helpful as well. Enter 'Bipolar Disorder' in the search box.

Caregivers and the HIPAA Privacy Rule

One sticky issue for caregivers of people over the age of 18 has to do with the Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which restricts the sharing of personal health information without the specific permission of patients. If adult patients do not name their family caregivers as people to whom their personal health information can be disclosed, those caregivers are not likely to get the information they may need in order to adequately fulfill their caregiving role. While there are no sure-fire ways to guarantee getting that information, the Spring/Summer 2005 publication of *Catalyst* explains the HIPAA rule and offers suggestions that might help. To find this issue, visit www.psychlaws.org. Click on 'Search This Site" (in the left column), then enter "Catalyst Archive." □

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Teamwork
Communication
Genuine Caring

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We envision a healthcare system where patients who want to be active participants in their healthcare will be encouraged and supported by the healthcare professionals who provide that care.

Our Mission
Our mission is to improve patients' understanding of, and participation in, their healthcare by fostering meaningful communication between patients, their caregivers and healthcare professionals.

Our Method
Our method is to focus on helping healthcare professionals, patients and their advocates build relationship and shared decisionmaking skills.

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Helping Patients Understand & Manage Their Care
As Partners In Care

BOOK REVIEW: *The Essential Guide to Mental Health*

By Jack M. Gorman, MD • St. Martin's Griffin, Publisher • $17.95

Dr. Gorman, a practicing psychiatrist and Professor in the Department of Psychiatry at Mount Sinai School of Medicine in New York City, begins this book by explaining the eight basic principles of what he calls, "the new psychiatry." These include:

- The purpose of treatment is to help patients get better;
- Only treatments that have been proven to work should be used;
- Treatments for many conditions are highly effective, though this is not the case for all conditions; and
- Psychiatric patients have the right to know their diagnoses, along with all relevant information about treatment options so that they can be part of the decisionmaking process.

Because making decisions requires an understanding of basic as well as specific information, he then goes on to provide both, beginning with descriptions of the different categories of therapists, treatments and their various settings, mental disorders and more. As part of this, he gives readers in-depth information about each type of therapist and treatment. But patients and their families also need to know what to expect from their therapists and treatments; what questions to ask; and what responses to those questions might signal the need to find another therapist. Gorman addresses this as well.

Choosing a therapist and treatment is just the beginning, however. Because the purpose of therapy is to get better, patients will need to know how to figure out if the therapy is working. To this end, he also addresses the subject of setting goals and figuring out what to do if those goals are not met. Finally, because practical matters such as insurance, fees, scheduling, confidentiality and the like must also be understood and managed by patients and their families, he covers those issues as well. What makes this book especially useful, however, is that it is written in an easy to read way. Readers don't have to be scholars in order to understand what he is saying. Can't beat that!□

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