

90 DAY PLAN **For Finding** **Quality Care**

A Layman's Workbook

from **FINDING CARE FOR DEPRESSION
MENTAL EPISODES & BRAIN DISORDERS**

by
Robert Sealey, BSc, CA



Contents

Acknowledgements 8
Preface 10
Introduction 11
How to Use the 90 Day Plan to Find Quality Care 17

The Trusting Patient



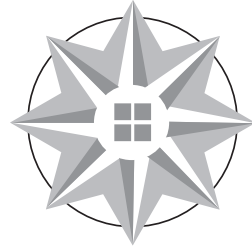
Ten Steps For Effective Mental Healthcare 18
Mental Status Worksheet 22

Exploring The Mental Healthcare Maze



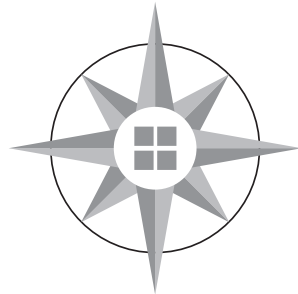
The Maze Diagram 24

Tools For Finding Care



90 Day Plan – Index	26
Rate The Healthcare Professional	28
Patient’s Progress Report For Month One	30
Patient’s Progress Report For Month Two	38
Patient’s Progress Report For Month Three	46

References for Restoring Mental Health



Quick Pick References and Reviews	55
--	-----------

Introduction

It took me decades to find my way through the mental healthcare maze. For nearly ten years, I suffered with depression without knowing I was sick. For an entire decade I was not diagnosed or treated. For another twenty years I was laughed at, silenced, misdiagnosed, mistreated, found fault with, drugged into oblivion, rejected, excluded and abandoned – by eight health professionals, and other people. At the age of 46, I learned about restorative mental healthcare. It worked wonders for my bipolar II mood disorder, migraines and anxiety.

When I wanted quality care for my recurring episodes of depression, I had problems finding competent medical advice. I mistakenly trusted doctors. My trust was betrayed not just once, but several times over twenty years. I believed that health professionals were well educated and carefully trained. I believed in their clinical experience. I assumed their methods were tested and proven by successful outcomes with other patients. Their professional manners and practice guidelines inspired my confidence. I trusted them too easily, one after the other. My professionals seemed competent; why would I question them about negligent short cuts?

I learned about mood disorders by reading. After living for decades with depression, migraines and anxiety, I finally found competent care. Now I check reference books before accepting medical advice. By reading and research, I learn how restorative procedures can help and whether there are negative effects. When I couldn't find layman's tips for surviving and living well with a mood disorder, I wrote a *Depression Survivor's Kit*. I wrote *Finding Care For Depression* after restoring normal mood and maintaining mental health for five years.

I have been stable since 1996. I don't know if a person with a bipolar mood disorder can ever be "normal" but I live well, work, consult with clients, research, write and provide for my family. I am still variable, volatile, vulnerable to episodes of depression (and high energy hypomanic times), reactive, intense, hypersensitive, periodically creative, surgingly energized and hypergraphic (I write a lot). I feel a lot better and am more stable than for years before.

Even if you suffer with depression or anxiety for years, please do not give up hope. You can find quality care. You may feel lost when you start to explore the mental healthcare maze. Even when you feel well, it is not easy to find

your way through a maze; it is much harder if you are sick or depressed. You may expect proper care, but head down blind alleys. You may be disappointed if you try shortcut alternatives (to accurate diagnosis and effective treatments).

Depression is an intensely painful condition. It has a variety of causes and there are a number of “cures.” The typical mood disorder patient suffers with up to 15 involuntary symptoms, is labelled by healthcare professionals and can be stigmatized by polite society. Patients can be shunned if family and friends don’t understand what is wrong. I wrote *Finding Care For Depression* with tips and traps, tools and tales, reviews and references so people can find restorative healthcare.

You can use this book if you are depressed or care for someone with a mood disorder, anxiety, dysthymia, bipolar disorder (also called manic depression), obsessive compulsive disorder, schizophrenia, autism, dyslexia, epilepsy, migraine, stroke, dementia, Alzheimer’s, Parkinson’s or any other chronic or episodic brain condition. People are using my ideas to find care for depression, mental episodes and brain disorders. This book is for laymen, caregivers and health professionals. The language is not technical. There are no DSM terms and no psycho babble.

I have a BSc degree (with courses in biological and medical sciences and psychology) and a professional designation as an accountant. I have practical experience consulting with local clients since 1972. Thirty percent of my clients experience episodes of depression or other brain conditions (or care for affected family members). As an independent consultant and writer, my professional practice involves helping local clients deal with money matters. While living and working with my bipolar II mood disorder, I learned that many people have problems with chronic anxiety (for no obvious reasons) and depression (sucking the joy out of their lives). After years of problems, their hope runs low. Depression affects the brain by darkening perspective. Sick people may think they cannot find good information, or their health professionals will withhold restorative methods. I learned to trust what works but if something doesn’t work, I was told to consider other possible solutions until the problem gets solved. I thank my father for that valuable lesson. He taught me to persist.

I learned to read, research and write about restorative mental healthcare and depression survival. For medical care and therapy, I recommend qualified health professionals: doctors and therapists. I share reference books to help people learn about depression and find quality care. As a consultant, I give depressed people advice about money matters. As a depression survivor, I help clients cope with depression by coaching. I encourage people to find restorative care for depression and cooperate with competent health pro-

professionals. Even my mistakes can teach readers who not to trust, when to question short cuts and how to navigate the mental healthcare maze. You can learn from my tips, traps and tools. You can use my mental healthcare compass and you can use TAYO, The Healthcare Planner. You can find care for depression, mental episodes and brain conditions.

While working on another book, *Restoring Mental Health*, I interviewed over 150 depressed people and family members. Many people trusted me with their stories. I expected to hear that depressed people get good medical care and restore normal health. I was surprised that few people shared happy endings to their depression stories. If they are not accurately diagnosed or effectively treated, they continue to suffer.

As I listened to depressed people speak about their experiences, there seemed to be 4 patterns of care. The first three are expedient short cuts, but they are not consistent with the practice guidelines of psychiatry. They are minimal, negligent and conservative patterns.

1. Find fault and do nothing (but deny, blame, argue, worry, delay and wait) = **minimal**;
2. Misdiagnose and mistreat (happens more often than expected) = **negligent**;
3. Label quickly and suggest easy treatments (pills, talks, or both) = **conservative**.

The fourth pattern below is consistent with the practice guidelines:

4. **Diagnose accurately** (discover the root cause(s) or underlying medical illness(es)); and **treat effectively** (recover normal health without adverse effects) = **restorative**.

These patterns inspired me to design a mental healthcare compass.

I read many books about different kinds of care as I tried to find care. I learned that some mental health professionals recommend talk therapy for depression. Many books by professional psychologists and social workers report success using various talk therapies with mental patients. Empathy and counselling can help when people suffer with mental disorders. Articulate health professionals write about therapies. Their books outline the common practices and explain the range of techniques. Sadly, my experience with talk-talks didn't help me recover from my mood disorder. Counselling was helpful after I restored normal brain function. Before then, I was told that my patterns of thinking, feeling and behaving during episodes of depression were skewed toward the negative. Those put-downs weren't much help. I encourage you to read about therapies for depression and brain conditions. When a person struggles with involuntary mental health problems, there is much to be learned about the brain and

how patterns of thinking, feeling and behaving shift during episodes of depression. Therapy and counselling can help you understand the social and psychological issues involved with a mental illness. Some depressions have psychological or relationship triggers. If the cause of your depression is psychological or social, therapy can help you recover.

Psychiatrists, physicians and other qualified medical professionals recommend pills (and more pills) for mood disorders. They claim success using one or more of the 20 or so antidepressants, mood stabilizers and antipsychotic medications (commonly prescribed for depressed people). Sadly, the usual antidepressant medications did not help me get well. It was educational to take medications, but the effects were mostly negative. In my case, side effects, adverse effects and toxic effects made me worse. I leave it to psychiatrists to explain their medical practices. If you are advised to take pills for depression, remember to ask for an accurate diagnosis and read about your medications so you will be informed about the range of effects: good and bad.

An author has to read at least one book for every page he writes. I read many books about depression by mental healthcare professionals and survivors. Books by mental healthcare professionals such as psychiatrists and psychologists tend to explain a 2-step method: 1. label the patient's mental illness, problem or condition; and 2. recommend easy treatments. The "easy" treatments tend to follow a 3-step pattern: 1. talk therapy; 2. pills (and more pills, by prescription); and 3. combinations of talks and medications.

None of these books held the answers for me. I am curious about why these authors claim such methods are effective. I wanted restorative medical advice, with support, encouragement and respect. I hoped for better biological treatments than 2- and 3- step patterns. I wanted to know about the root causes of mood disorders. I wanted insights into the brain's experience of depression as a low-fuel condition and a chemical imbalance. I hoped to understand why depression has so many symptoms. I wanted to restore normal mood and maintain good mental health. I didn't want to mask symptoms of depression and anxiety while living with a lingering mood disorder. I didn't want to be sick for decades. I wanted to get better, not be stuck with symptoms of a chronic mental illness. Too often, I thought death would be better than living with depression so I kept on reading, asking questions and searching for care.

I learned that some great writers wrote insightful books about the painful experience of depression. I do not presume to write as eloquently as they do. The poignant words of brilliant writers describe the painful experience

of depression. Books about the history of psychiatry and the mental patients who suffered through early “cures” for depression do not help readers find effective care for their depressions but they are interesting, shocking and sad. You can learn about the experience of depression and the history of psychiatry, psychology and mental illness by reading these books. I encourage depressed people to read about mood disorders.

There can be a problem with talk, pills and the 3-step approach to mental healthcare if the sick person doesn’t get better. If easy treatments don’t work, the depressed person may suffer for years. People can get stuck: sick of being tired and tired of being sick, alone and lonely, helpless and hopeless while struggling with “the common cold” of mental illness (as depression is often described). Patients wonder who they have to consult to get proper care, and what they have to do to restore mental health and maintain normal brain function. Just as colds are left to run their course, many sufferers of depression are left to survive as best they can until their conditions resolve, even though they are not diagnosed accurately or treated properly.

I read many books before finding a scientifically valid and medically proven approach to effective mental healthcare (without adverse effects). This works well for me. While using this quality of care, I have been stable since 1996. While working on an independent depression project, I read books about restorative mental healthcare and interviewed depressed people. Many had never heard about restorative treatment for mood disorders and mental illnesses so I wrote a layman’s guide to mental healthcare references. I appeared in the TV documentary, “*Masks of Madness: Science of Healing*,” and met the founder of orthomolecular medicine, Dr. A. Hoffer, interviewed some of his patients and read several of his books. The word *orthomolecular* originated decades ago when biochemist Linus Pauling cooperated with Dr. Abram Hoffer to conceive a medical speciality based on human chemistry.

Orthomolecular means to straighten the molecules in the brain and restore normal biochemistry. It is fascinating to read about the pioneering work of these health professionals and learn how well their methods work. Orthomolecular health professionals continue to research and develop new regimens as they care for thousands of patients worldwide. They do not claim to have all the answers. They have effective techniques for restorative mental healthcare. I read books by many doctors who use restorative methods to help mental patients recover and maintain normal brain function, to the extent practical in each case.

Conventional doctors sometimes doubt the value of restorative methods

but orthomolecular doctors use accurate diagnosis and effective treatments, which is what the practice guidelines of psychiatry recommend. Their restorative approach applies the life science of biochemistry to the arts of medicine and psychiatry. Although orthomolecular medicine is not acknowledged as a conventional form of mental healthcare, its practitioners are credible scientists and caring health professionals

If you are unwell with depression, mental episodes or a brain disorder, you can take responsibility for reading and learning about your condition. You can think about your options and pay attention when you trust your life to a health advisor. If you want to get well, you can ask for restorative care. Restorative mental healthcare has been used for more than fifty years. You may have to persevere until you find competent mental health professionals who will accurately diagnose the root cause(s) of your condition and recommend restorative treatments. You can recover.

I hope the tips, traps, tools and references in this book will help you find effective care. You can use this layman's guide to benefit from the practices and principles of restorative mental healthcare. I look forward to hearing how you find quality care for depression, mental episodes or brain disorders.

TO ORDER

Finding Care For Depression Mental Episodes & Brain Disorders

**Send your cheque or money order
for \$32.09 (\$24.99 + \$5.00 postage + \$2.10 GST)
U.S. orders - \$24.99 (\$19.99 + \$5.00 shipping)**

**To: Robert Sealey, BSc, CA, SEAR Publications,
291 Princess Ave., Toronto, ON M2N 3S3**

Name: _____

Address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

For information about the SEAR Series, visit
www.searpubl.ca

How To Use The 90 Day Plan To Find Quality Care

This workbook can help patients and caregivers find quality care for depression, mental episodes & brain disorders. Even if you do not feel well, you can still use these tools. You can discuss practice guidelines, review common diagnoses and consider proven treatments. You can carry the mental healthcare compass and think about your options (TAYO). You can read reference books, study standard of care procedures and focus on effective methods. You can ask questions, cooperate with doctors, inform medical staff, note progress and follow up problems. You can show this plan to your family and health professionals. Your 90 days starts now!

The Trusting Patient

The practice guidelines of psychiatry can help patients and families find care and cooperate with competent mental health professionals.

Ten Steps For Effective Mental Healthcare	18
Mental Status Worksheet	22

Exploring The Mental Healthcare Maze

Medical mistakes can lead to a bad outcome. An awareness of the range of diagnoses and treatments can help patients understand their conditions.

The Maze Diagram	24
------------------------	----

Tools For Finding Care

The mental healthcare compass and TAYO – The Healthcare Planner can help patients, families and caregivers think about their options.

90 Day Plan – Index	26
---------------------------	----

References For Restoring Mental Health

Books can help patients, families and caregiver find care for depression, mental episodes and brain disorders. Restorative references get four stars.

Quick Pick References and Reviews	55
---	----

TEN STEPS FOR EFFECTIVE MENTAL HEALTHCARE

Patients, families and caregivers can discuss diagnosis and treatment and cooperate to find quality care. Trusting patients want to recover and live well. National associations of mental health professionals developed practice guidelines to educate health practitioners and laymen. The 1994 Practice Guidelines of the American Psychiatric Association refer to twenty years of articles in medical journals from 1971 to 1991. At the risk of oversimplifying the guidelines, 167 pages, **these ten steps outline the procedures** recommended for competent health professionals to evaluate and treat patients with depression and bipolar mood disorders.

1.(a) Intake interview – evaluate and outline the following:

- discuss mental status worksheet _____
- patient’s present concerns, symptoms _____

- mood disorder episodes, treatments – past and present _____

1.(b) List symptoms (before treatment).

- depression _____
- anxiety _____
- sleeping _____
- suicidal thoughts _____

- changes in appetites for food, pleasure, sex, interests _____

2.(a) Discuss detailed patient history.

- medical _____
- psychological _____
- developmental _____

2.(b) With permission, obtain past medical files or clinical profiles.

- from prior mental health professionals _____
- from family doctor _____
- from therapist, psychologist _____

3. Discuss detailed family history.

- medical _____
- mental _____

4.(a) Discuss differential diagnostic testing.

- medical _____
- biochemical _____
- psychological _____

4.(b) Discuss personal situation, identify distress, issues, transitions.

- developmental _____
- social _____
- family of origin _____
- education _____
- career, financial, employment _____

4.(c) Discuss patterns of thinking, feeling and behaving.

- helplessness, hopelessness _____
- stresses and strains _____
- relationships and transitions _____
- losses and grief _____
- ask about and monitor suicidal thoughts _____

4.(d) Discuss causes of patient's symptoms.

- genetic/biological _____
- medical/medications _____
- neurological _____
- psychological/social _____

4.(e) Discuss secondary factors and combination causes.

- secondary factors _____
- combination causes of depression/anxiety _____

4.(f) Discuss self-medication.

- alcohol/use of recreational drugs _____

4.(g) Discuss potential for comorbidity (two or more coexisting problems).

- mental health conditions _____
e.g., depression with anxiety _____
e.g., mood disorder with migraines _____
- substance abuse _____
- mental and underlying medical conditions _____

4.(h) Discuss diagnostic testing, patient history, mental status exam, make preliminary diagnosis and develop initial treatment plan.

- discuss with patient _____

- with permission, discuss with family or caregivers _____

4.(i) Discuss medical conditions – implement effective treatments for underlying chronic conditions (e.g., diabetes).

- status of medical conditions _____
- progress of treatment _____

5. Discuss medications using low but effective doses to maximize benefits and minimize risks of negative, ‘side’ effects. Obtain patient’s informed consent.

- synthetic medications
 - antidepressants _____
 - mood stabilizers _____
 - antianxiety _____
 - sleeping _____
 - antipsychotic _____
- phytopharmaceuticals _____
- document progress and problems with side effects _____

Note – The objective of medication is to minimize symptoms, not to numb-dumb-stimulate depressed patients or to make sick people worse by adding negative effects to their symptoms.

6. Discuss testing for deficiencies and using natural supplements to restore brain function without adverse effects.

Orthomolecular health professionals use this step for restorative care.

- vitamins (vital amines) _____
- trace minerals _____
- amino acids _____
- neurotransmitter precursors _____
- energy and enzyme cofactors _____
- antioxidants _____
- essential fatty acids _____

7. Discuss talk therapy or counselling.

Choice depends on causative factors and patient’s problems.

Consider the following:

- cognitive restructuring _____
- behavioral therapy _____
- interpersonal, family, marital therapy _____
- psychotherapy _____

- anger management _____
- anxiety management _____
- phobia desensitization _____
- PTSD therapy _____

8. Discuss symptoms and problems before, during and after treatment.

- depression _____
- anxiety _____
- sleeping _____
- suicidal thoughts _____
- changes in appetites for food, pleasure, sex, interests _____
- relationships _____
- career, financial, business _____

9. Discuss progress – moods and treatments.

- depression / hypomania / anxiety / sleeping _____
- checklists – Burns, Hamilton, Beck or other _____
- take blood tests, note medication levels _____
- test kidney, thyroid and liver functions _____

10. Discuss the following:

- illness – name, history, stigma _____
- involuntary symptoms _____
- triggers and risk factors _____
- treatment options
 - treatment of underlying medical conditions _____
 - medications – discuss risks, benefits, negative effects _____
 - use of nontoxic brain ‘fuel’ supplements _____
 - therapy, counselling _____
 - other possibilities: ECT, EEG neurofeedback, TMS _____
- prognosis for future recovery _____

Notes:

MENTAL STATUS WORKSHEET

1. Appearance

Physical – grooming, dress, facial expressions, height, weight
Background – sex, age, race, ethnic origin

2. Behavior

Movements during interview – level and range of activity

3. Attitude toward examiner

Interpersonal behavior to interviewer, emotional reactions

4. Affect and mood

Affect – emotional tone, content, type, depth, intensity
Mood – self-report of how client is feeling

5. Speech and thought

Speech – rate, volume, amount
Thought – process and content, watch for suicidal ideations
Delusions, obsessions – false or paranoid beliefs, ruminations

6. Perceptual disturbances

Hallucinations – false visual, auditory, olfactory, gustatory, tactile
Delusions – distorted perceptions, disturbances in logic

7. Orientation and consciousness

Orientation vs. disorientation – name, place, time
Consciousness – range is from alert to comatose

8. Memory and intelligence

Memory of past experiences – remote, recent, immediate
Intelligence – problem solving, practical, creative

9. Reliability, judgment and insight

Reliability – credible, trustworthy report of self, situation
Judgement – constructive and adaptive decisions, impulsive
Insight – understands emotional or psychological nature
of problems

Ref – Clinical Interviewing, R & J Sommers-Flanagan, J. Wiley & Sons, NY, 1999

	Patient seems appropriate	Patient seems unwell	Note specific observations and concerns
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

THE MAZE OF MENTAL DIAGNOSES AND TREATMENTS

There are many possible causes for brain disorders:

1. symptom, syndrome, sign of medical illness, a mental illness (e.g., a mood disorder, involuntary, kindled or learned illogic, anxiety or helplessness)
2. physical, medical, neurological, psychological, biological, metabolic, inherited condition, environmental, individual overload, unresolved transition, loss or grief *(continued on page 25)*

There are many possible treatments:

Conventional – medicate symptoms and talk i.e. counsel

General practitioner or family doctor	Psychiatrist	Psychologist, therapist social worker, counsellor
test for, treat related medical conditions e.g., hypothyroid	test for underlying medical conditions	refer to physician for medical testing
<p style="text-align: center;">counselling</p> <p style="text-align: center;">antidepressants</p> <p>**watch for 'side' effects</p>	<p style="text-align: center;">talk therapy</p> <p style="text-align: center;">antidepressants</p> <p>**watch for 'side' effects</p>	<p style="text-align: center;">talk therapy</p>
<ul style="list-style-type: none"> • refer to specialists for in-depth diagnosis-treatment 	<p>choices include:</p> <ul style="list-style-type: none"> • SSRI, TCA, MAOI • antiseizure / sleeping • antianxiety (alone or combinations) • lithium (mega dose of a trace mineral that affects brain function) <ul style="list-style-type: none"> • severe cases may mean <ul style="list-style-type: none"> • antipsychotic drugs • ECT • hospitalization 	<p>Focus of therapy</p> <ul style="list-style-type: none"> • self, others and the world • shift from negative to positive • unrealistic expectations • contexts of therapy include: <ul style="list-style-type: none"> • overloads, depletions • self esteem, assertiveness • grief – unresolved • relationships, abuse • metaphors, issues • learned helplessness • cognitive restructuring • transitions <ul style="list-style-type: none"> • may recommend seeing physician for diagnosis of medical illness(es) and / or prescribing antidepressants

** Note – synthetic antidepressant medications are known to cause negative side effects in some people.

Reprinted with permission of SEAR Publications from the Depression Survivor's Kit.

THE MAZE OF MENTAL DIAGNOSES AND TREATMENTS

3. neurotransmitters: genetic imbalance, depletion, interference with synthesis; metabolism; cellular energy; biological systems responding to ongoing distress
4. diet may lack nutrients; missing enzyme cofactors may imbalance or interfere with normal brain function, promote yeast; environment may be a factor (e.g., toxic metals / enzymes)

Restorative		
European practitioners, naturopaths	Orthomolecular medical professionals physicians / psychiatrists / other	Other approaches
<p>test for, treat related physical illness e.g., hypothyroid</p> <p>talk therapy</p> <p>antidepressants</p> <p>**watch for 'side' effects</p> <ul style="list-style-type: none"> • may treat using natural medications i.e., phytopharmaceuticals which are often less toxic than synthetics, possibly milder acting • refer to specialist for in-depth diagnosis and treatment 	<p>test for, treat related physical illness e.g., hypothyroid</p> <p>talk therapy, counselling</p> <p>antidepressants (nontoxic)</p> <p>**watch for 'side' effects</p> <p>Extensive biological testing looking for root cause(s)</p> <ul style="list-style-type: none"> • may treat with natural supplements to restore normal brain function: <ul style="list-style-type: none"> • vitamins e.g., B-6 • trace minerals, e.g., Zn, Mn • amino acids e.g., l-tyrosine • precursors, cofactors • may consider: metabolism interference e.g., yeast imbalance e.g., toxic metals 	<ul style="list-style-type: none"> • exercise • light • rest, relaxation • art, beauty • nature walks • distractions, hobbies, pastimes • meditation <p>Other professionals</p> <ul style="list-style-type: none"> • homeopath • herbalist • acupuncturist • chiropractor <ul style="list-style-type: none"> • may consider noninvasive nonsynthetic • CES, EEG
	<ul style="list-style-type: none"> • may consider cellular energy enzyme cofactors e.g., Coenzyme Q10 • may consider stress hormone precursors e.g., DHEA • may consider diet: <ul style="list-style-type: none"> • add nutrients • avoid allergies • food allergies • balance 	

90 DAY PLAN FOR FINDING QUALITY CARE

INDEX – How to use

The patient, doctor, family, and caregivers can ask for quality care at the start of the 90 day period. Discuss possible diagnoses and proven treatments. Document patient’s progress for three months.

Outline past health problems – patient and family	27
Rate the health professional	28
1st Month of _____ Year _____	
Patient’s progress report for month one	30
2nd Month of _____ Year _____	
Patient’s progress report for month two	38
3rd Month of _____ Year _____	
Patient’s progress report for month three	46

After 90 days of diagnosis and treatments:

If there are problems with diagnosis and / or treatments, the patient or family members can ask their health professionals to –

1. Discuss the medical file.
2. Review the practice guidelines.
3. Revisit the diagnosis.
4. Ask for a second opinion.
5. Consult with a specialist.
6. Recommend different treatments.

If there is progress and the patient is recovering, the patient or family members can ask their health professionals to –

1. Discuss the prognosis for a full recovery.
2. Consider the list of medication side effects.
3. Assess the benefits of therapy and counselling.
4. Confirm the importance of continuing treatments.

HEALTH PROFESSIONAL RATING

My health professional...

Respects	R	<input type="checkbox"/>	1
Approves	A	<input type="checkbox"/>	1
Includes	I	<input type="checkbox"/>	1
Supports	S	<input type="checkbox"/>	1
Encourages	E	<input type="checkbox"/>	1
Total		<input type="checkbox"/>	

Profile of a R.A.I.S.E. Practitioner (Scores between 3 and 5)

- focuses on guideline quality of care, sincere communication, cooperation and competence
- follows professional practice guidelines for accurate diagnosis and effective treatment
- cooperates to help the patient restore mental health and maintain high functioning
- encourages recovered patient to live well

How to use the form

The patient or family members can rate their mental health professionals, discuss problems and cooperate to improve the quality of care.

My health professional...

Disrespects	D	<input type="checkbox"/>	-1
Disapproves	D	<input type="checkbox"/>	-1
Excludes	E	<input type="checkbox"/>	-1
Discounts	D	<input type="checkbox"/>	-1
Discourages	D	<input type="checkbox"/>	-1
Total		<input type="checkbox"/>	

Profile of a D.D.E.D.D. Practitioner (Scores between -3 and -5)

- seems sincere but there are problems with the quality of care, shortcuts, non-communication and concerns about competence
- fails to diagnose accurately or treat effectively
- watches sick patient get worse
- if patient is not diagnosed or treated, the practitioner does not seem concerned, even when the patient deteriorates
- knows worsening illness increases risk of suicide

How to cope with a D.D.E.D.D practitioner

If the practitioner does not make a differential diagnosis or offer effective care, the patient or family members can consult with a specialist or ask for a case review by a supervisor.

PATIENT'S PROGRESS REPORT

5 Steps For Month One _____ (Date)

1. Healthcare Reality Check – at the start of the month **31**

- Based on your condition, assess your care.

2. Mental Healthcare Compass – choose a direction **32**

- Consider your options; circle your preferences.

Patient

FF & DN	MD & MT	QL & ET	AD & RT
---------	---------	---------	---------

3. Visits with health professionals – note who helps **33**

On balance, do your advisors –

R.A.I.S.E.?	D.D.E.D.D.?
Yes	No
Yes	No

Do you ask for quality care?

Do your professionals follow practice guidelines?

4. ASTER details – outline the care **34**

- Indicate

- Assessments
- Treatments
- Effects
- Results

PROGRESS	PROBLEMS

5. TAYO healthcare planner – show who cooperates. **36**

- Note the preferences of patient and caregivers; discuss differences.

Patient

Health professionals

Family

Caregivers

FF & DN	MD & MT	QL & ET	AD & RT
FF & DN	MD & MT	QL & ET	AD & RT
FF & DN	MD & MT	QL & ET	AD & RT
FF & DN	MD & MT	QL & ET	AD & RT

Questions:

HEALTHCARE REALITY CHECK

Trusting my life to minimal care –

- When I get sick, symptoms trouble me. My doctor, family and friends know.
 - No one seems to listen to my problems; no one helps; nothing changes.
 - I feel helpless and hopeless, sick and tired, rejected and excluded.
 - Minimal care does not help me to... _____
-

Sick, then sicker, feeling like a victim –

- I don't know what is wrong; my treatments seem to make me worse.
- My pills have negative, adverse and other uncomfortable side effects.
- My concerns are not resolved; week after week I get worse.
- My treatments do not relieve my symptoms. They hurt me.
- I would like my doctor to find the root cause(s) of my problems.
- I want my doctor to recommend helpful treatments.

Coping with conservative care –

- Soon after a quick chat, I got a label, pills and then a few therapy sessions.
 - Some days I feel a bit better; most days I still have symptoms.
 - Side effects bother me at times; after taking my medications, I notice that... _____
 - With a stigmatized mental illness, people seem to exclude me.
 - Cautiously optimistic, on my good days, I make some progress.
 - I also notice... _____
-

Restored after effective care –

- After mental status exams, patient & family medical & mental histories, medical tests and psychological assessments, my diagnosis was... _____
 - My doctor explained pros and cons of treatments, then noted my consent.
 - The care helped; I got better; most days I feel well.
 - With a stable brain, I can understand counselling and accept therapy.
 - I am rebuilding my life, renewing my relationships and enjoying my life.
 - I am working (or updating my education); and getting on with my career.
 - I am pleased with my progress... _____
-

1st Month _____ Year _____

VISITS WITH HEALTH PROFESSIONALS

Date: _____

Name of professional: _____

Discussion: _____

Recommendations: _____

Results: _____

Date: _____

Name of professional: _____

Discussion: _____

Recommendations: _____

Results: _____

Date: _____

Name of professional: _____

Discussion: _____

Recommendations: _____

Results: _____

How to use the form

The patient or family members can make brief notes to document their visits with mental health professionals.

TAYO – THINK ABOUT YOUR OPTIONS HEALTHCARE PLANNER

Patients, Professionals, Family and Caregivers
Can note their preferences for diagnosis and treatment.

The Planners and their squares

P = patient (uses P1 to P8)
D = doctor, health professional
(uses D1 to D8)
F = family (uses F1 to F8)
C = caregiver (uses C1 to C8)

The Options

Four Options for Diagnosis

FF = find fault
MD = mistaken diagnosis
QL = chat and a quick label
AD = tests and an accurate diagnosis

- to find the root causes

Four Options for Treatment

DN = do nothing
MT = mistaken treatment
ET = easy treatment
eg. pills and more pills and / or talks and more talks
RT = restorative treatments

- To resolve underlying medical, mental, metabolic, biochemical, psychological or social problems.
- To restore normal brain function without causing negative effects, (to the extent possible in each case).

A Riddle

Which of the 64 outcomes is best?

4 planners x 4 diagnoses x 4 treatments = 64 possibilities.

Find Fault		Do Nothing	
P1	D1	P2	D2
-----		-----	
F1	C1	F2	C2
FF Find Fault Discount Discourage Disapprove		DN Do Nothing No treatment No therapy No care	

Minimalist

Negligent

Misdiagnosis		Mistreatment	
P5	D5	P6	D6
-----		-----	
F5	C5	F6	C6
MD Misdiagnosis No history No testing, prior files No mental status exams		MT Mistreatment Sick person gets worse Negative or toxic effects Incompetence, negligence	

How to use TAYO

1. Think about the options for diagnosis and treatment.
2. Circle your preferences.
3. Discuss the quality of care.

Quick Label		Easy Treatment	
P3	D3	P4	D4
F3	C3	F4	C4
QL Quick Label A short chat A DSM label A disorder		ET Easy Treatment Medications Talk therapy Shock therapy	

The TAYO Planning Guide

1. The patient uses the 'P' squares to consider the options and plan for diagnosis and treatment.
2. The doctor uses the 'D' squares to consider the options and plan for diagnosis and treatment.
3. Family members use the 'F' squares.
4. Caregivers use the 'C' squares.
5. Planners can compare and discuss.
6. All planners win if the patient gets well!

Conservative

Restorative

Accurate Diagnosis		Restorative Treatment	
P7	D7	P8	D8
F7	C7	F8	C8
AD Accurate Diagnosis Mental status exams Take histories Diagnostic tests		RT Restorative treatment Effective care Treats root causes Helps patient recover	

Hints for a successful outcome

1. Restoring mental health is more likely after an accurate diagnosis and effective treatments.
2. People can discuss, compare and cooperate.
3. Planners can agree to explore the same directions and coordinate their plans for positive progress.
4. Health professionals can plan to follow professional practice guidelines for accurate diagnosis and use standard of care procedures.
5. Health professionals can plan to use proven, safe, effective and restorative treatments.

PATIENT'S PROGRESS REPORT

5 Steps For Month Two _____ (Date)

1. Healthcare Reality Check – at the start of the month 39

- Based on your condition, assess your care.

2. Mental Healthcare Compass – choose a direction 40

- Consider your options; circle your preferences.

Patient

FF & DN	MD & MT	QL & ET	AD & RT
---------	---------	---------	---------

3. Visits with health professionals – note who helps 41

On balance, do your advisors –

R.A.I.S.E.?	D.D.E.D.D.?
-------------	-------------

Do you ask for quality care?

Yes	No
-----	----

Do your professionals follow practice guidelines?

Yes	No
-----	----

4. ASTER details – outline the care 42

- Indicate

Assessments

Treatments

Effects

Results

PROGRESS	PROBLEMS

5. TAYO healthcare planner – show who cooperates. 44

- Note the preferences of patient and caregivers; discuss differences.

Patient

FF & DN	MD & MT	QL & ET	AD & RT
---------	---------	---------	---------

Health professionals

FF & DN	MD & MT	QL & ET	AD & RT
---------	---------	---------	---------

Family

FF & DN	MD & MT	QL & ET	AD & RT
---------	---------	---------	---------

Caregivers

FF & DN	MD & MT	QL & ET	AD & RT
---------	---------	---------	---------

Questions:

HEALTHCARE REALITY CHECK

Trusting my life to minimal care –

- When I get sick, symptoms trouble me. My doctor, family and friends know.
 - No one seems to listen to my problems; no one helps; nothing changes.
 - I feel helpless and hopeless, sick and tired, rejected and excluded.
 - Minimal care does not help me to... _____
-

Sick, then sicker, feeling like a victim –

- I don't know what is wrong; my treatments seem to make me worse.
- My pills have negative, adverse and other uncomfortable side effects.
- My concerns are not resolved; week after week I get worse.
- My treatments do not relieve my symptoms. They hurt me.
- I would like my doctor to find the root cause(s) of my problems.
- I want my doctor to recommend helpful treatments.

Coping with conservative care –

- Soon after a quick chat, I got a label, pills and then a few therapy sessions.
 - Some days I feel a bit better; most days I still have symptoms.
 - Side effects bother me at times; after taking my medications, I notice that... _____
 - With a stigmatized mental illness, people seem to exclude me.
 - Cautiously optimistic, on my good days, I make some progress.
 - I also notice... _____
-

Restored after effective care –

- After mental status exams, patient & family medical & mental histories, medical tests and psychological assessments, my diagnosis was... _____
 - My doctor explained pros and cons of treatments, then noted my consent.
 - The care helped; I got better; most days I feel well.
 - With a stable brain, I can understand counselling and accept therapy.
 - I am rebuilding my life, renewing my relationships and enjoying my life.
 - I am working (or updating my education); and getting on with my career.
 - I am pleased with my progress... _____
-

