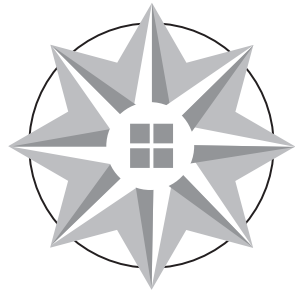
Part

3

Tools For Finding Care



Chapter 17

TOOLS FOR FINDING CARE – INTRODUCTION

If people suffer for years with misdiagnosed or untreated depressions, mental episodes or brain disorders, their lives deteriorate. Mental conditions are difficult for patients, family, friends and caregivers to understand. Healthy people may not put up with mental patients who are upset and upsetting. To recover and keep well, sick people need to find proper care. During episodes of depression, patients cannot always think clearly, react logically or behave consistently because their brains are dulled, their feelings are numbed and their capabilities are reduced by involuntary symptoms and negative effects of medications. They are not helpless. They can still read, listen, learn and discuss their symptoms, share their issues, explain their worries and outline their problems.

It is hard to keep hope alive if episodes of a chronic condition recur or worsen. Many patients need restorative healthcare. It makes sense to ask for quality care but the mental health system is overloaded and complicated. Catch-22s can distract patients who explore the twists and turns of the mental healthcare maze. *An experienced guide would be handy,* I thought to myself, after wandering around in the maze for nearly thirty years, feeling depressed for months at a time and coping with episodes, anxiety and migraines.

Although I consulted with physicians, psychiatrists and psychologists, I did not have a guide to competent care. During lucid periods, I wondered about developing tools to focus my energy, navigate the maze and find quality care. *A good set of tools would help,* I pondered, wondering what they might be like and where to get them.

As a consultant to healthcare professionals and mental patients, I studied the principles of psychology. People tend to repeat patterns of thinking, feeling and acting. With income reduced (when not well), I needed work to maintain my home, provide for my family and operate my business. Eventually, my parents understood and they helped me keep my home, research and write.

I read many books about mental illnesses before finding references for restoring mental health. I mapped out twelve steps for coping with a mood disorder, developed a mental healthcare compass and designed a healthcare planner. If you want to find care for depression, mental episodes and brain

disorders, you can use these tools: introduction to practice guidelines, practitioner assessment, annotated references, book reviews, negligence checklists, coping tips, healthcare compass, financial advice and TAYO – The Healthcare Planner. After you recover, you can live well.

Chapter 18

DEVELOPING A MENTAL HEALTHCARE COMPASS

I developed a mental healthcare compass after suffering with a mood disorder for many years. After problems finding care, I felt lost and alone. I ran low on hope and wondered if I would ever be diagnosed or treated. I was disappointed that my care involved short cuts. Experienced health professionals labelled my depressions, but they don't do enough medical or psychological testing to find the root causes of my problems. Misdiagnosis was superficial and not useful. After quick labels, the typical response was silence, antidepressant pills or talk therapies. I only seemed to get worse, even when cooperating with health professionals.

I was not a bad patient; I was cooperative. I wanted to get well. I believed the professionals would help me recover. As the years passed with no accurate diagnosis or restorative treatment, my trust eroded. When I was sick, an expert psychiatrist told me not to read. At a low point in 1995, I started to read about mental illnesses, their diagnosis and treatment. Even through the darkness of depression, I could read and understand. I wanted competent help. I developed a clear goal but I needed a direction-finder to navigate the mental healthcare maze.

My objective was to restore normal mood without negative effects. Before that, I was found fault with, watched deteriorating, given the 'silent' treatment, laughed at, labelled, drugged (with antidepressants and mood stabilizers which made me worse) and talked at (about dark thoughts, numb feelings and illogical behaviors). No health professional explained the involuntary symptoms or the cognitive effects of depression. A mood disorder affects thoughts, feelings and behaviors. I was rejected, excluded, disrespected and discounted – by health professionals. I was victimized by medical incompetence. Without proper care, I deteriorated. As the years passed, my undiagnosed and mistreated bipolar mood disorder got worse. I became anxious and upset, frustrated and angry. That seemed to encourage my caregivers to distance themselves while smiling blandly and saying things like, "You will get well," "Pull up your socks" or "You seem a bit down."

To test the "sock" theory, I experienced depression with thick socks, thin

socks, white socks, black socks, coloured socks, mismatched socks, socks hanging down and socks pulled up. I took my socks off and left my socks on. After my careful sock experiments, I can assure you that depression has nothing to do with socks. Socks don't make depression better and they don't make it worse.

To test the "down" theory (which I did while doing the sock tests) I tried lying down, standing up, sitting down and walking up and down. When I felt bad, it was a comfort to lie down. Lying down at night when I could not sleep was a torment. At night, restful sleep was elusive. Between "sock" experiments and "down" tests, I designed a compass to explore the mental healthcare maze. A compass has to be clear and easy to use. When a traveller gets lost, he needs help to find his way home. A compass can help people head in the right direction and reach their destination. If people get lost in the mental healthcare maze, they can use a compass to find their way to quality care. I reasoned that a healthcare compass would help patients, family, friends and caregivers cooperate and find effective care. A good compass would point the way forward and help patients renew their hope.

The typical compass has four directions – N, S, E and W. Within each direction, there are degrees to guide an explorer. I set out four directions for a mental healthcare compass. As I explored, I felt like a failure when I got worse. I could not explain symptoms to family, friends or caregivers. I had no language to describe the pain of depression. I had no sense of direction. I felt lost and alone.

During interviews with more than 150 other depression survivors, I expected to hear that they were properly diagnosed and effectively treated, but their experiences sounded like mine. Few were better, even after treatments. Some liked their doctors and took medications but their results were mixed. Others, after counselling, just accepted their conditions. A desperate few chose to end their lives rather than continue living with the painful torment of untreated or mistreated depression.

I wanted to survive depression, find quality care and restore mental health. Even though I studied life sciences and psychology at university and read about clinical cases of mental illnesses, I did not understand how health professionals did their work. Even after doctors, psychiatrists and psychologists practiced on me, I still had no idea that the health system was testing my persistence and resilience. I wandered around and through a maze of paradoxes and blind alleys.

As I listed symptoms and problems and noted possible solutions, I found a combination of positive words to focus my energy and renew my hope. The concept of a mental healthcare compass came to mind, I used it to find

care and recover! Let me explain how it worked for me so it can work for you!

There are four directions for diagnosis. Until a depressed person learns that they have a mood disorder and finds out what is making them sick, the person cannot understand their experience. Diagnosis involves finding out the name of an illness.

Four Directions for Diagnosis

1. Finding fault

With a mental illness, I was moody. To be more specific, I was variable, volatile and vulnerable (to repeated episodes of depression and rare times of hypomania). I was reactive, intense, hypersensitive, periodically creative, surgingly energized and hypergraphic (I wrote a lot). Intensity seemed to be built into my brain's design. When I was unwell with depression, my family tended to find fault with me. It makes sense that they would. After all, the fifteen characteristic and involuntary symptoms of depression are faults. A sick person has many symptoms and feels faulty.

For instance, too much variability, volatility and vulnerability are faults. Reactivity, intensity, hypersensitivity, periodic creativity and surging energy can be exhausting for patients, family and caregivers. Too much writing annoys slow readers. The profile of a person with a mood disorder involves characteristic patterns of human fallibilities, skewed toward the negative. Healthy people like to point out the faults of mental patients. It must make them feel good. Unfortunately finding fault is not the best way to make an accurate medical diagnosis of an illness.

2. Quick labels

Several mental healthcare professionals gave me quick labels like 'depression' or 'dysthymia' but without explaining. Maybe they assumed that I knew that depression was a medical condition and a mental disorder. They didn't outline the involuntary symptoms. Maybe they were too busy labelling to teach. One doctor did a handful of medical tests before deciding, after returning from his holiday a month later, that I was depressed. A quick label is not an accurate medical diagnosis.

3. Mistaken diagnosis

The mistaken diagnosis involved not being treated for anything or being treated for depression without any workup to determine whether I might have a bipolar mood disorder or any other problems. The result of a mistaken diagnosis was mistaken treatment. One antidepressant caused me to experience hypomania. That might have accelerated into mania except I

stopped taking the medication. I do not recommend that anyone should stop taking their medication. If you have experienced the painful torment of hypomania, you know that it can spiral out of control. If you get worse after treatment, you can question whether there was a mistake in your diagnosis.

4. Accurate diagnosis

The benefits of an accurate diagnosis became clear when I read the practice guidelines of psychiatry. Diagnostic decision trees explain that there are many causes of depression, mental episodes and brain disorders. Health professionals can run detailed tests to diagnose a patient accurately. Patient histories can offer clues about genetic factors, family of origin issues, and medications which can cause or contribute to symptoms. Medical tests can verify whether there are co-morbid conditions (e.g., a thyroid dysfunction). A mental status exam involves easy questions and careful observations. A competent health professional does a number of diagnostic tests before deciding what is wrong with the patient. When an accurate diagnosis is noted in the patient's file, it lets the patient and health professionals know what is causing the symptoms. Making a correct diagnosis helps a health professional develop a treatment plan with standard of care procedures.

The four directions of diagnosis gave me hope. After decades searching for care, I reviewed the directions. My experiences came into perspective. I decided to head in the right direction and search for care that would help me get well.

Along with four directions for diagnosis, the compass needed directions for treatment. I thought about my experiences and developed those directions.

Four Directions for Treatment

1. Do nothing

For decades, my family and I did nothing about my disordered brain. When I was depressed, we either kept quiet or found fault. When I was upset, unwell, anxious, frustrated, irritable or angry, they knew something was wrong. My faults convinced me that the do-nothing approach was what I deserved.

My sister summed up the do-nothing direction when she was in her twenties. By then, I had been depressed, off and on, for twenty five years. She pronounced me negative, argumentative and defensive and said she would exclude me from her life. Her rejection was painful. While I was struggling to cope with symptoms and searching for care, her dismissal came as a shock. I know now that her decision was right for her. She had her own problems and she had no time to help me with mine.

It is harder to explain why doctors, psychiatrists and psychologists did nothing to help me get well. Maybe they were too busy. Maybe I wasn't sick enough. Maybe cutbacks stretched their resources too thin. Maybe they just didn't care.

2. Easy treatments

I tried two easy treatments. The first was the talk-about-it approach. My counsellors used calming generalities and reassuring platitudes. Therapists seem to know how to talk to depressed people without explaining that the patient has a mental illness which can be treated restoratively. If a depressed person shares dark-sided ideas or angry outbursts, therapists know how to explore those negative feelings, for months. My therapists likely knew that if they tell a sick person he seems angry, it can make the depressed person express more anger, fear and frustration. Therapists could offer supportive information along with their counselling, consideration and concern.

As mental health professionals, they always knew best. Their nimble minds ran rings around my dark and depressed brain. After reading that therapists have four hundred therapies in their therapeutic arsenals, I began to sympathize with them. They have so many sick patients and so many choices. It must overwhelm them.

The other 'easy' treatment involved prescription antidepressants. I trusted the doctors who prescribed them. Fortunately, I only spent a year in the drug-induced haze that these medications produced while I was already unwell with depression. I hoped that the pills would help. I believed that antidepressants, antianxiety and mood stabilizing medications would work, but my body does not tolerate them. I am hypersensitive to medications, hypersensitive to rejection and hypersensitive to just about everything. Bloody annoying. I felt like a failure when the pills added negative, side, adverse and toxic effects to my symptoms.

It seemed easy for mental health professionals to prescribe antidepressants and increase the doses even though these pills made me worse. The doctors hinted that the medications might have good effects but they did not warn me about the range of negative effects. It was scary to get worse while I was taking prescription medications.

Maybe the doctors were too busy to explain the effects of medications. Soon after my mood shifted to an uncomfortable level of high energy called hypomania, a consulting psychiatrist, seeing me for the first time, told me an SSRI antidepressant was the cause. I was upset that pills could make a sick person worse. A call to the drug company confirmed that their antidepressant is known to cause this problem in some people. Their neuropsychopharmacologist was sorry. He seemed sincere, encouraging and supportive.

He recommended seeing the psychiatrist and asking for a lower dose. I was pleased that the drug company's spokesperson was sympathetic but I could not bring myself to return to the psychiatrist for more mind-numbing drugs. While trying one of that doctor's prescriptions for sleeping problems, I had a paradoxical reaction: I did not sleep for two days and had an explosion of suicidal thoughts.

So much for the easy treatments.

3. Mistreatments

My experiences with mistreatments involved being 'treated' with silence, laughed at, put-down and found fault with. I was discounted and distanced, rejected and excluded. I took medications that made me worse (by causing negative, side, adverse and toxic effects and triggering hypomania). The mistreatments were practiced by eight healthcare professionals. The worst practitioner used to just smile and say, "You will get well!"

I understand health professionals trying quick and easy methods and hoping they might help. They seemed friendly when they smiled benignly. They experimented with pills, talked at me and worked through their repertoires. No matter how sick I was, they always got paid, either by me or by the public health system, even for mistreatments!

4. Restorative treatments

If you think restorative treatment is the impossible dream of a delusional mental patient, it may interest you to know that I found restorative care. I have been stable, relatively well, and nearly 'normal' since 1996. I recovered using orthomolecular medicine. The reference section of this book has many books that explain the restorative approach to mental healthcare. There are a range of restorative treatments.

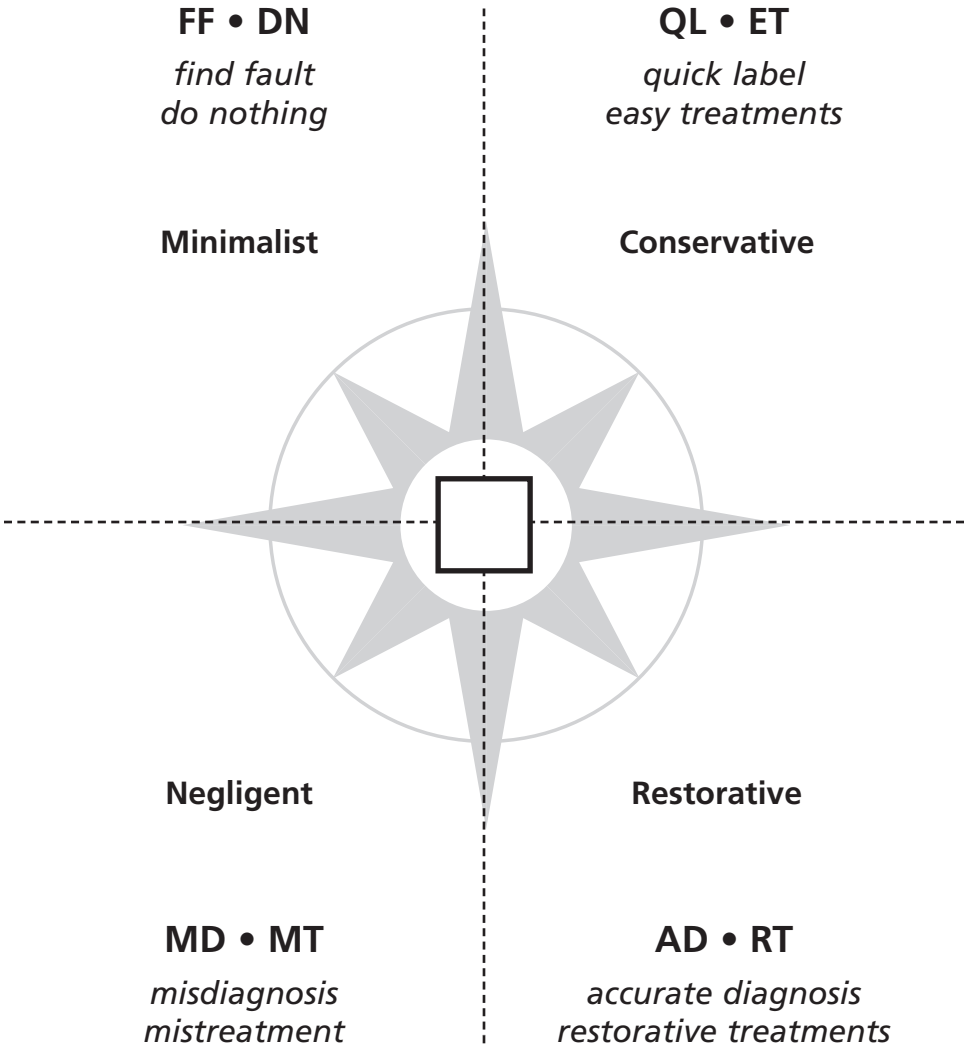
You might wonder if this was a placebo effect. After living with a deteriorating mood disorder from the age of seventeen to the age of forty-five, when I first heard about orthomolecular medicine, I was skeptical. I was pleasantly surprised that it worked quickly and helped me get well, without negative effects. After extensive reading, I learned that orthomolecular doctors combine the life science of biochemistry with the arts of medicine and psychiatry. They help patients restore and maintain mental health. Their books share clinical success stories, scientific research and medical information. They know how to help patients recover and keep well.

Directions for the Mental Healthcare Compass

During three decades of mental problems, I experienced all the directions of diagnosis and treatment. These directions fit nicely into a mental healthcare

MENTAL HEALTHCARE COMPASS

Directions for Diagnosis and Treatment



Who cares if patients get worse?

Which caregivers make the most money? How?

Is there bias against restorative care? Why?

With The Dark Pain Of Depression, It Is Human To Seem Stuck

compass design. I encourage you to use the compass when you are exploring the mental healthcare maze. It can guide your search for accurate diagnosis and restorative treatments.

It occurred to me to match each diagnosis direction with a corresponding treatment direction. A patient usually gets one or more treatments to go with each diagnosis. Any treatment can go with any diagnosis, but interviews with 150 depressed people taught me the four common combinations of diagnosis and treatment.

	Diagnosis	Treatment	Direction
1.	find fault	do nothing	FF • DN
2.	quick label	easy treatment	QL • ET
3.	mistaken	mistreatment	MD • MT
4.	accurate	restorative	AD • RT

Laying out these words in a compass design made me realize that I had risked my life for years by exploring the healthcare maze in the wrong directions. The compass helped me see that I could restore and maintain mental health if I followed the directions for accurate diagnosis and restorative treatments. The practice guidelines of psychiatry encourage this approach. The guidelines were developed by a consensus of health professionals. After practising on thousands of patients from 1971 to 1991, they developed effective procedures for diagnosing and treating mental conditions. Ethical health experts recommend accurate diagnosis and effective treatments.

Looking at the mental healthcare compass helped me see that my chances of restoring mental health were best if I searched for an accurate diagnosis of my condition and then found restorative treatments. It is no surprise that the practice guidelines recommend this quality of care.

Sick patients need good directions to explore the mental healthcare maze. The mental healthcare compass can help. Testing the mental healthcare compass proceeded steadily. The typical response from test subjects was, “Aha, now I see which way to to go!” or “What a relief to learn where to look for care!” People say the same things when they use the compass design with TAYO – The Healthcare Planner (more about this later).

It makes sense that mental patients can get better if they search for quality care, just as the practice guidelines of psychiatry recommend. Patients can use the compass to cooperate with competent health professionals, get an accurate diagnosis and focus on restorative treatments. If you are unwell with depression, mental episodes or a brain disorder, I encourage you to use the healthcare compass as you explore the mental healthcare maze. It can guide you toward restorative care.

About the Sucsan illustrations

The illustrations of the depression survivor's journey were provided by Charles Sucsan, a Quebec-based artist. You can walk with our depressed cartoon friend as he struggles through the darkness of depression, and uses the healthcare compass to explore the mental healthcare maze, find the light and get well.

Chapter 19

USING THE MENTAL HEALTHCARE COMPASS TO FIND CARE FOR DEPRESSION

I used the mental healthcare compass to find care for depression and other problems. After consulting with eight health professionals over twenty years, I felt helpless and hopeless because their advice did not work. I just got sicker. The compass helped me find quality care. Eventually, I was diagnosed accurately and recovered using restorative care for episodes of depression, hypomania and anxiety.

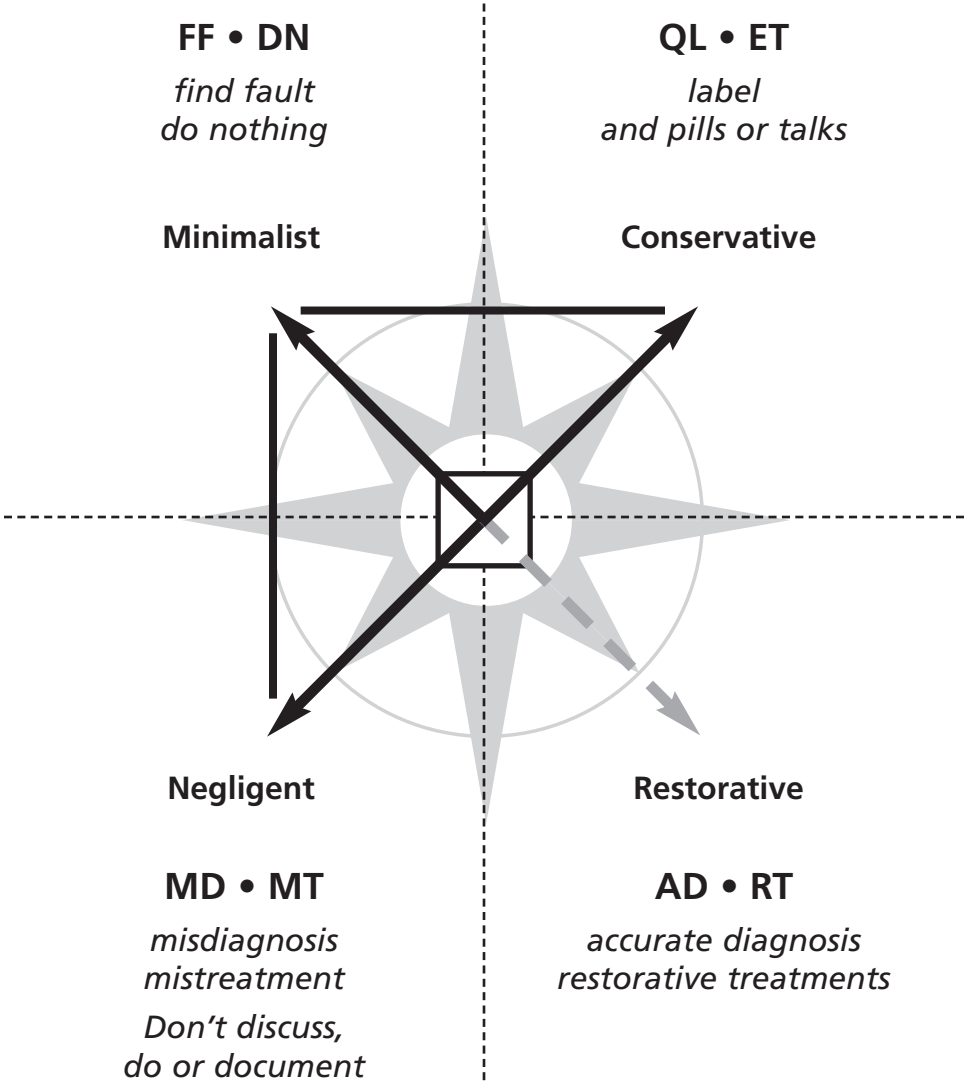
I wonder how patients can be restored by insightless talks, synthetic medications (with negative effects), silence, laughter, rejection, exclusion, faultfinding and other shortcuts. Surely most mental health professionals would diagnose patients accurately and care for them effectively. Why not me?

As I pondered failed relationships with health professionals, I thought, *Enough already! I want to restore normal mood without adverse effects.* It was time to learn about mental illness and understand what was happening in my brain. I needed a strategy to identify ineffective shortcuts and head toward recovery. If consultations with health professionals weren't helping, I could read their books!

I silently repeated my mental healthcare mantra, over and over again. *Restore normal mood without adverse effects.* I used the healthcare compass to consider the four directions for diagnosis: *find fault, misdiagnosis, quick label and accurate diagnosis. Then I pondered the four treatment directions: do nothing, mistreatment, easy treatments and restorative treatments.* It was obvious that each diagnostic direction fit with a corresponding treatment direction.

One day something clicked. It was not in my best interests to explore the 'find fault' and 'do nothing' directions. Misdiagnosis and mistreatments didn't work. Quick diagnosis and easy treatments made quick and easy money for health professionals but their methods did not help me.

- **Biased Toward Minimalist Effort**
- **Assumes Patients Are Incurable**



Expect Depression To Worsen With Misdiagnosis And Mistreatment

After twenty-eight years, I decided to explore the fourth direction of the mental healthcare maze. I wanted an accurate diagnosis and restorative treatments.

The practice guidelines of psychiatry explain how ethical psychiatrists use differential diagnostic testing to determine the root cause(s) of each patient's symptoms. A psychiatrist becomes a sleuth as he gathers clues and figures out what is making each patient sick. The workups involve patient histories, medical tests, mental status exams and interviewing patients to assess why depression is happening (e.g., asking about transitions, abuses, losses, grief or depressogenic, social or psychological factors). An accurate diagnosis is possible after analyzing the patient's life and considering history, biology, medical, social and psychological problems, lifestyle, environment and any other factors which are known to cause or contribute to symptoms of depression, mental episodes or brain disorders.

To get an accurate diagnosis, I reviewed my medical and mental histories – mood disorder symptoms since the age of seventeen – lengthy episodes of depression and rare hypomanias, monthly migraines and daily anxiety. High energy phases seemed to occur more often after an episode of hypomania that started when I was taking an SSRI antidepressant. Overall, my thinking was clear, logical and coherent. Even while suffering from depression, I could think and perceive accurately, albeit darkly. With no distortions of perception, hallucinations or psychosis, I did not have a thought disorder. Repeated episodes of depression with rare hypomanias, suggested that I might have a bipolar mood disorder, a form of manic depression. I read that there are mild to moderate forms of this condition, ranging from bipolar I, II and III, depending on how deeply and how often the patient has symptoms. My history and symptoms fit into the bipolar II category. However, the diagnosis was not complete without considering histories and medical factors.

My mental status did not suggest schizophrenia, autism or epilepsy, although periodic migraines were seizurelike in their sudden presentation. Medically, I had back problems in my 20s but flareups of back pain were rare after that. An infected prostate did not recur after treatment. Medically, there was nothing obvious. Two relevant conditions came to light after I reviewed the family medical history.

I learned that several family members had episodes of depression. My father's cousin, on dialysis for a polycystic kidney condition, wrote that she had dreadful depressions. My mother and sister get migraines. My father also has a kidney condition. He had a kidney removed after an oncocytoma.

My mother developed adult-onset type II diabetes. My sister was diagnosed with celiac disease. My grandfather was intense, moody and volatile. One of his daughters, my half aunt, had an eating disorder. A second cousin had episodes of depression.

The family history suggested possible causes of my symptoms. For instance, the difficulties suffered by my mother's side of the family, my mother's blood sugar disorder and my father's kidney disorder might suggest genetic factors affecting brain fuels and neurotransmitter levels. If my kidneys were not working correctly, maybe they could not clear psychiatric medications. Even low doses might cause side effects. That might explain why modest doses of lithium caused me to suffer tremors and slip into an apathetic state, suggesting possible lithium toxicity. If my ability to process and metabolize medication was limited, that might explain why I was hypersensitive to antidepressant medications. I needed to find a nontoxic antidepressant which was tolerable for people with borderline kidney dysfunction. My mother's diabetes made me wonder if I might have symptoms of hypoglycemia. My sister's diagnosis made me wonder if the wheat in certain foods might trigger problems. Maybe it would help to balance my diet, by reducing sugar and cutting out foods with gluten.

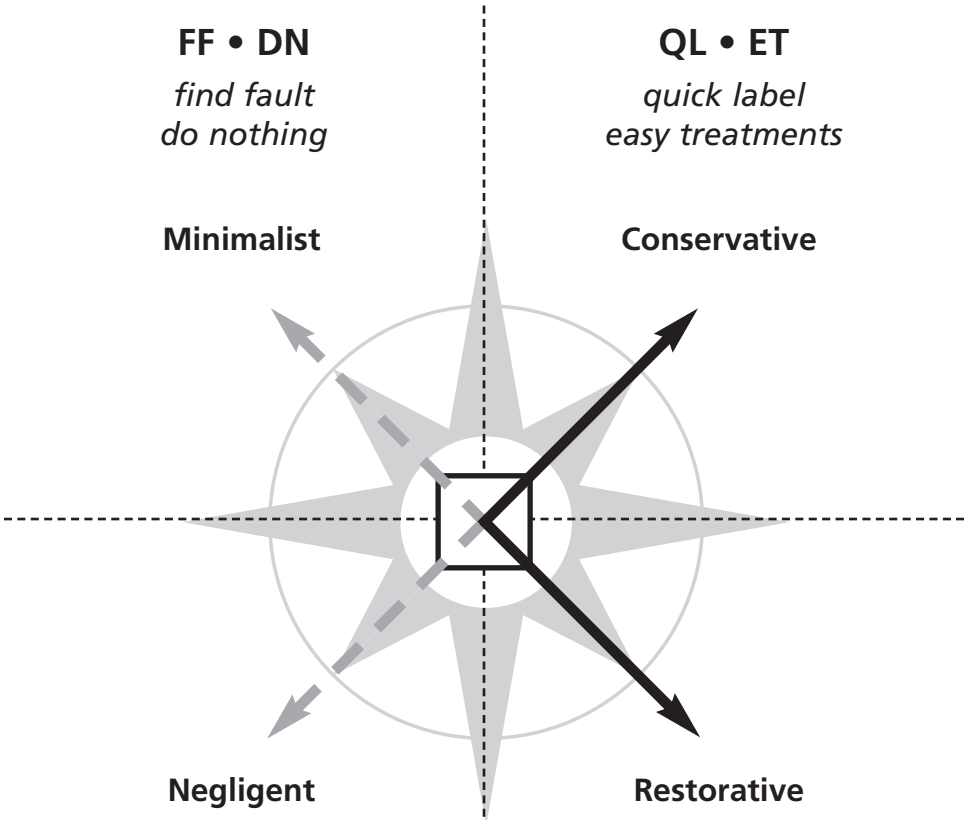
Repeating my mantra, I kept reading, hoping to find a medication with few side effects. An extract of the world's oldest living plant, gingko biloba, turned out to be an effective antidepressant and it reduced my anxiety. I sent away for European medical books about scientific research, clinical trials and success stories of patients whose brain problems resolved after they took extracts of gingko biloba leaves. Gingko is also used by patients who have certain kidney problems. I was skeptical but a few days after I started taking gingko biloba, I was surprised to get significant relief from symptoms of depression and anxiety. A mild GI discomfort went away after I added garlic to help with digestion. Not every case of depression responds so well to gingko. I have been taking gingko biloba since 1995 with odourless garlic as a digestive aid and valerian at night for sleeping. In my case, these plant extracts do not cause problems or negative effects. I learned which doses work, considered the half life and planned the timing. I researched how quality phytopharmaceuticals (plant extracts) are standardized during manufacture.

I learned that a person's diet and nutrition can affect their mood and brain function. It seems obvious that the body makes brain fuels from nutrient building blocks. Changing my diet to eliminate milk, cut down on white sugar and avoid white flour and wheat products seemed to help.

I read that kidney patients, not yet on dialysis, can benefit from a regimen

MENTAL HEALTHCARE COMPASS

Directions for Diagnosis and Treatment
(Consider the practice guidelines of psychiatry)

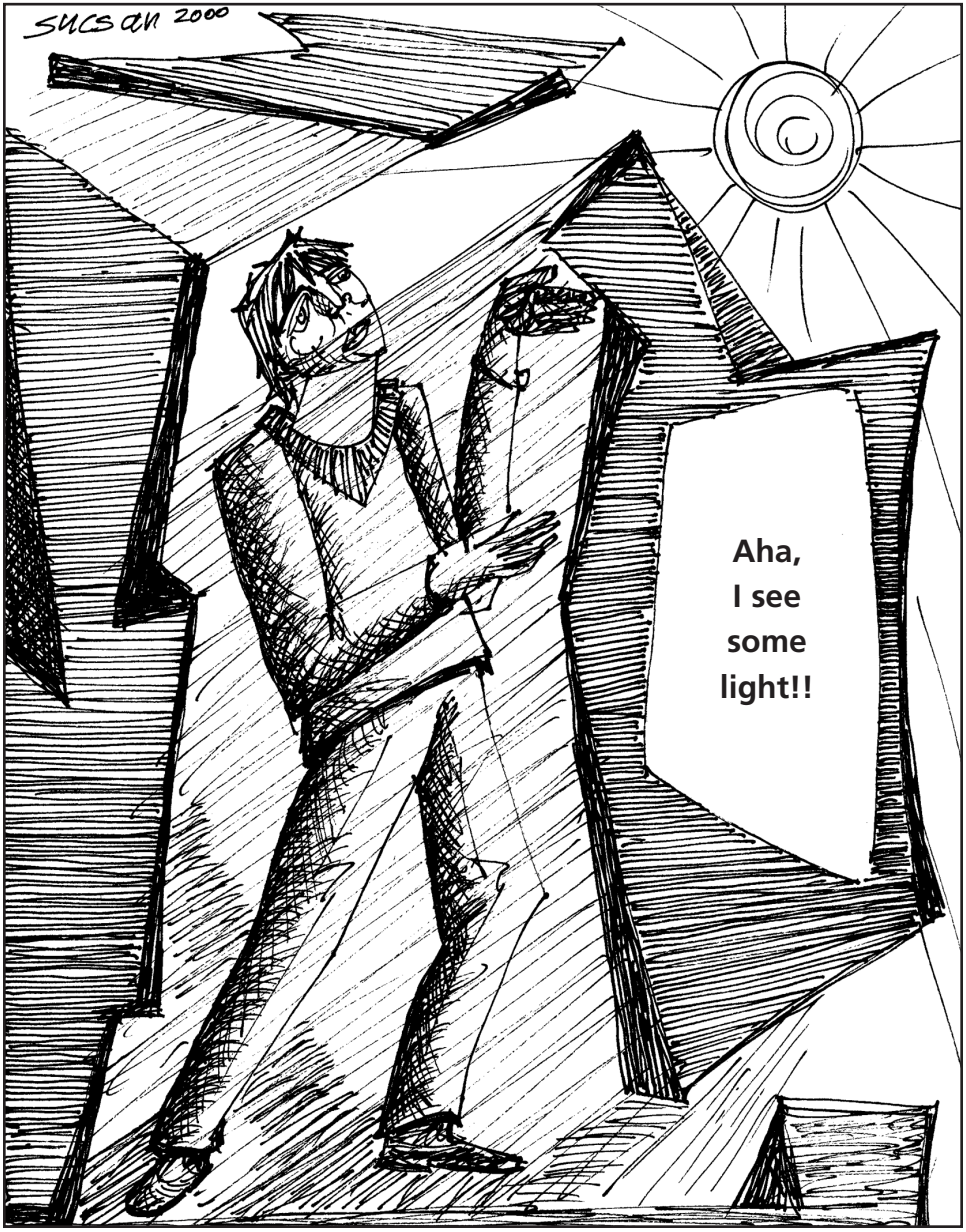


Which directions are best for patients? Doctors?

Which approaches diagnose correctly and treat effectively?

With A Quick Label – Easy Care
Or Is It An Easy Label – Quick Care?

Can a Good Outcome Happen?
Can Depression Clear Up on Its Own?
Can Any Illness Get Better by Magic?



of vitamins, minerals and amino acids. I experimented with supplements which are known to be safe and effective. I read that orthomolecular doctors recommend natural supplements for patients who have depression, mental episodes or brain disorders. Slowly, I developed a regimen that works for me however I had to learn the hard way that some supplements are not good for my brain. It is interesting that some supplements work better than others but not surprising. Dr. Roger Williams, a PhD biochemist, explains this in his book *Biochemical Individuality*.

Although they are known to help some depressed people, these do not help me:

1. Folic acid triggers hypomania within 1/2 hour. My antidote is GABA.
2. Vitamin B-3 triggers a flush and a brain fog. I only take small doses.
3. SAMe seems to over-rev me. It has this effect on some bipolars. I do not take it.
4. Glutamic acid unsettles me but GABA is calming.
5. L-tryptophan can unsettle me.
6. Too much l-carnitine can be overly energizing.
7. Too much coenzyme Q10 can be overstimulating. Small amounts maintain energy.

Information that a high histamine condition called histadelia can trigger episodes of depression came from the work of Dr. C. Pfeiffer. Recommendations in his book, *Nutrition and Mental Illness,* encouraged me to (1) take supplements of methionine (which come with choline and inositol), (2) take calcium and magnesium, (3) avoid folic acid and (4) take vitamin B-6 with zinc and manganese. Dr. Pfeiffer recommends increasing vitamin B-6 doses until the patient can recall dreams. I had not remembered dreams for decades, until the vitamin B-6 supplements restored my dream recall.

Other suggestions came from *The Way Up From Down*, by Dr. Priscilla Slagle, a California psychiatrist whose own depression responded well to nontoxic orthomolecular supplements. She recommends vitamins, minerals and amino acids (such as l-tryptophan, l-taurine and GABA). Her book explains how to take supplements, starting with small doses, slowly and learn which ones help. The goal is to restore normal brain function without negative effects.

Using my medical and mental history, family medical and mental history and books about restorative mental healthcare, I tried various supplements and developed the following regimen to restore and maintain mental health without adverse effects:

- moderate doses of plant extracts of gingko biloba, odourless garlic and valerian, as psychiatric phytopharmaceuticals;
- nontoxic supplements of vitamins, trace minerals, amino acids, energy and enzyme cofactors and antioxidants (trials with essential fatty acids were unclear)

Working slowly, over two years I learned to

- identify and avoid trigger supplements like folic acid, SAMe, glutamic acid and B-3
- change my diet to cut out milk and reduce intake of sugar and white flour products.

I slowly developed a restorative regimen by adding small doses of each supplement. I started with the lowest possible dose and learned, by trial and error, which ones work for me. Monitoring the effects of diet took time and I stopped eating foods which trigger depression episodes or brain fogs.

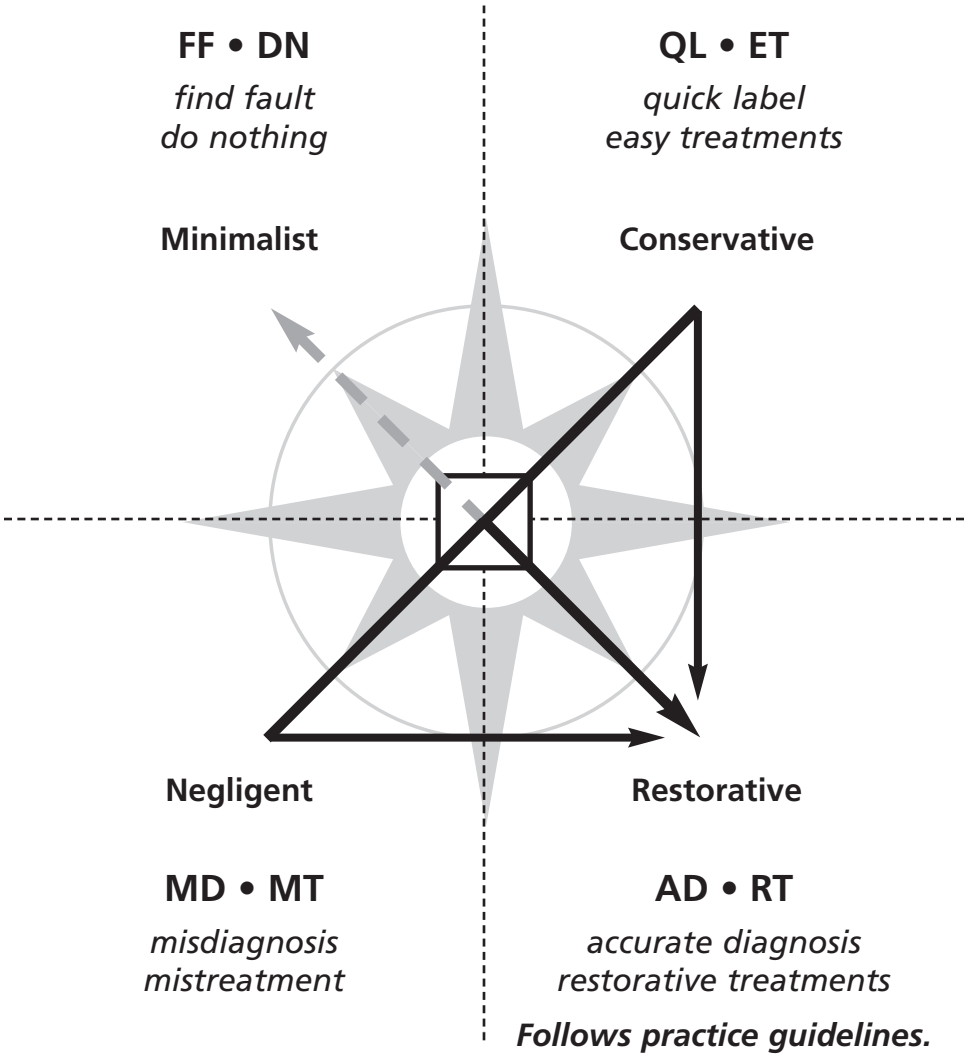
As my depression cleared up, I began to have calm afternoons, then normal days and my sleep regularized. Recovery was uneven but I gradually improved until I had a normal week. When I had my first stable month for decades, I knew I was on the right track. I expected episodes of depression to recur but as long as I take the regimen of plant extracts and supplements, avoid trigger factors and watch the diet, there are no prolonged depressions. Now and then, there is a bad afternoon if I eat the wrong things or forget to take the regimen of brain fuel cofactors.

After several normal months, I started to rebuild my life by shifting patterns of thinking, feeling and behaving toward the positive. This was easier when my brain was restored. I remembered therapy years before. With a stable brain, the advice of psychologists finally made sense. For instance, one psychologist recommended a daily journal to process personal issues. It helps to write goals and priorities, consider relationship possibilities and clear out personal garbage by writing in a daily journal.

I still monitor my mental health and take the daily regimen. Brain restoration and maintenance worked. I have been stable since 1996. Although I do not advise other people to take supplements without supervision, I suggest that they read and learn. The mental healthcare compass can help them search for competent health professionals and cooperate with accurate diagnoses and restorative treatments. The standard of care procedures, the recommendations in the practice guidelines of psychiatry and restorative mental healthcare using orthomolecular medicine can help many patients recover from depression, mental episodes and brain disorders.

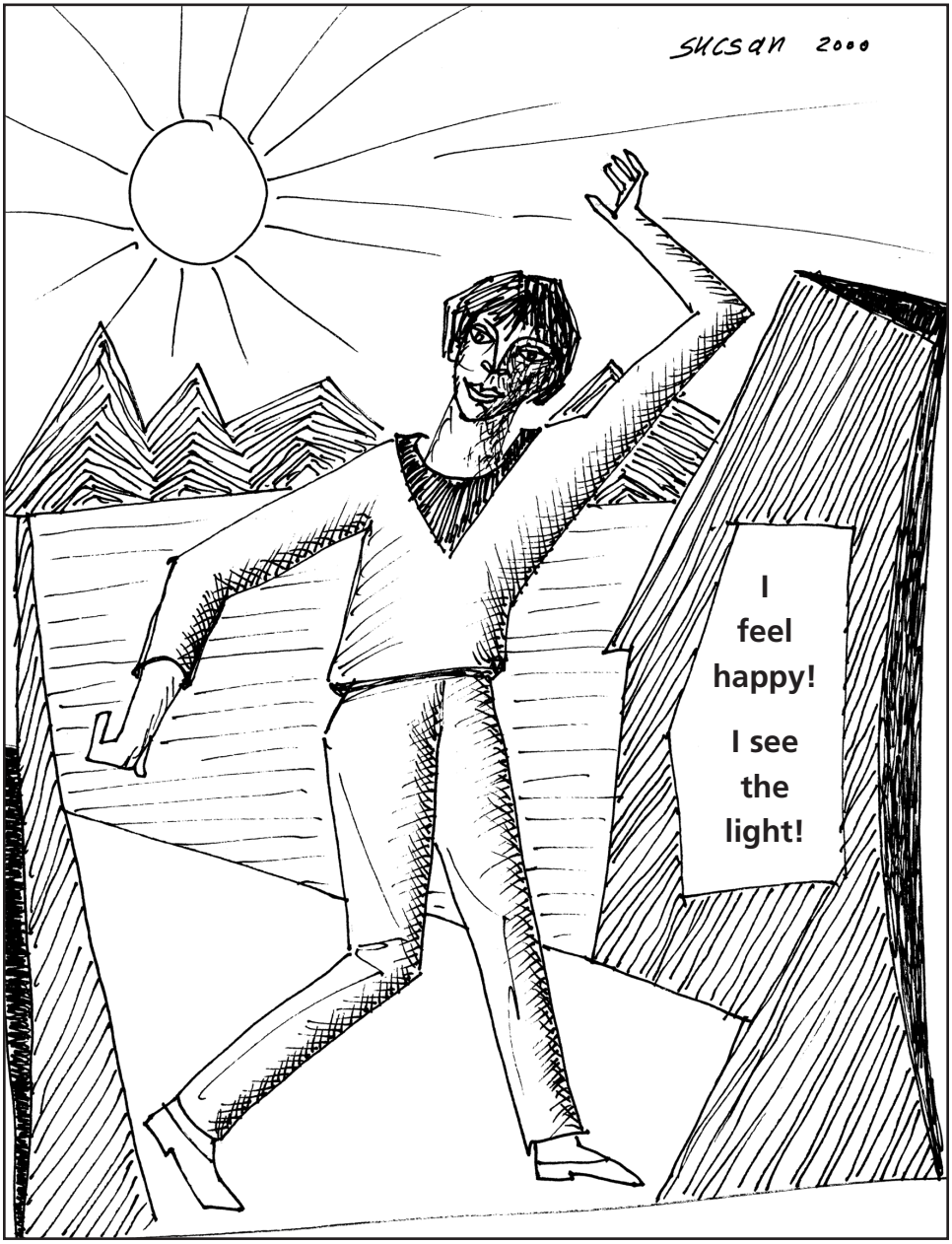
Each patient has to take responsibility for finding competent health

• Accurate Diagnostic Testing
• Leading to Restorative Treatments



With An Accurate Diagnosis And Restorative Treatments

Depression Lifts, the Outlook Brightens with Recovery and Restoration of Mental Health



professionals, cooperating with good advice, noting medical and mental histories, asking for accurate diagnosis and using effective treatments. In my case, it was helpful to take regimens of nontoxic supplements, plant-based extracts of botanical medications which mankind has used for centuries and eat a diet which is nutritious and works for mood disorders, migraines, kidney dysfunction and hypoglycemia. Other patients may not find my regimen helpful. As unique biochemical individuals, each person can benefit by taking medications and a regimen of supplements which are customized for their brain biochemistry.

Orthomolecular psychiatrists smile when I report my progress. They use the same approach with their patients. They do testing before they make a diagnosis. Then they design a program of restorative treatments for each patient. Their goal is to help each patient restore and maintain mental health by normalizing brain chemistry.

I used the mental healthcare compass to restore my mental health. Based on my success and after reading that research scientists and medical professionals developed restorative methods and after interviewing other patients who have been helped, I am pleased to recommend the mental healthcare compass as a tool for finding care. I encourage people who suffer with depression, mental episodes or brain disorders to use the compass to explore the mental healthcare maze, consult with competent health professionals and cooperate with restorative care.

Chapter 20

TWELVE STEPS FOR COPING WITH A MOOD DISORDER

1. **Learn the facts about mood disorders and the reality of mental illness.** Accept the symptoms, diagnosis, treatment, progress and prognosis; monitor self-esteem.
2. **Ask doctors to follow practice guidelines and use standard of care procedures.** Cooperate with competent doctors; avoid careless doctors who can make a sick patient worse. Do not trust short-cut alternatives; consider how healthcare laws focus on competent care.
3. **Select a treatment objective (e.g., restoring health without adverse effects):** Consider the variety of causes of mood disorders: genetic, medical, social and psychological. Explore restorative possibilities; medications, therapy, orthomolecular medicine and nutrition. Ask for help to recognize and reframe patterns of thinking, feeling, acting and reacting.

4. **Learn about positive practices for mental healthcare; practice mental self care.**
   Drug companies, doctors and pharmacists know about the negative effects of medications. Take responsibility for your illness; be kind to yourself; encourage other depressed people. Learn about quality care for mood disorders; connect, cooperate and ask for support.

5. **Manage relationships with family of origin, wife, children and friends.**
   Tolerate people who do nothing but find fault; accept contrarian views. Ask for RAISE: respect, approval, interest, support and encouragement. Watch for put-downs, negative judgements, rejection, exclusion and perfectionism.

6. **Grieve mental illness. Work through losses and dark times. Shift to positive.**
   Stages, struggles and stigma: fear, denial, anger, education, acceptance, peace and self-esteem. Effects on well-being: relationships, earnings, career, business, status and finances.

7. **Monitor mood continuums and use capabilities.**
   Every fallible human being can be productive; enhance your capabilities for positive purposes. Use restorative care to get well, live well, maintain normal brain function and recover zest.

8. **See through the glass darkly. The world of mental patients can be paradoxical.**
   Where rights are wrong and wrongs are right; long dark days; work to keep hope alive.

9. **Encourage yourself and others to get competent care. Keep your life light on.**
   To live well with a mood disorder; get depression coaching; find depression survivor buddies. Meet and learn from people who have mental conditions, caregivers and health professionals. Write a daily journal; respect the survivor's perspective; share information and help others.

10. **Integrate restorative biological and medical sciences with work and career.**
    Restore and maintain mental health and self-esteem; network with psychiatric survivors. Believe in capability instead of disability; use intense moods productively.

11. **Create symbols to help yourself, read and write, listen and learn.**
    Read and write to heal; share tips and traps; find articles; encourage restorative care. Meet writers, take courses, interview survivors, attend support groups, read and learn.

12. **Integrate mood disorder with a career. Find support services. Network.**
    Research, develop and apply tips and tools to live well, share and find work. Maintain contact with local professionals, family and survivors; build a self-help network. Encourage self and others to live well with a mood disorder; consider on-line resources

T Think
A About
Y Your
O Options

The Healthcare Planner

for
Patients, Health Professionals, Family and Caregivers

Focus on accurate diagnosis and effective treatments.
Cooperate with standard of care procedures.
Monitor quality of care; negotiate improvements.
Target successful outcomes; avoid bad results.

Chapter 21

TAYO – THE HEALTHCARE PLANNER: INTRODUCTION

TAYO – The Healthcare Planner was designed to help patients, health professionals, family and caregivers cooperate to find quality care. It encourages each patient and caregiver to Think About Your Options for diagnosis and treatment. TAYO, The Healthcare Planner, directs patients, health professionals, family and caregivers to focus on accurate diagnosis and effective treatments and help the patient restore mental health and keep well.

If depression, mental episodes and brain disorders are not diagnosed accurately or treated effectively, patients tend to get worse. Many patients gamble with their health by not getting quality care. TAYO can help people discuss their options, make better choices, plan for recovery and coordinate care. With a good plan, a successful outcome is more likely!

TAYO – The Healthcare Planner

TAYO uses three planning diagrams. Depression survivors and patients can do TAYO plans on their own or work with health professionals, family and caregivers. TAYO uses the mental healthcare compass for exploring the mental healthcare maze. There are four directions for planning healthcare:

1. **Minimalist** = FF & DN = find fault and do nothing
2. **Negligent** = MD & MT = misdiagnosis and mistreatment
3. **Conservative** = QL & ET = quick label and easy treatments
4. **Restorative** = AD & RT = accurate diagnosis and restorative treatment

There are Two TAYO Planners for Diagnosis and Treatment

The first planner is for diagnosis. Each participant can mark their choices. After each person notes their preferences, it will be obvious whether they are working together to obtain an accurate diagnosis.

The second planner is for treatment. Each participant can mark their choices. After each person notes their preferences, it will be obvious whether they are cooperating for restorative treatments.

The Third TAYO Planner Uses the Mental Healthcare Compass

The third planner combines the options for diagnosis and treatment with the mental healthcare compass. Each of the four directions has one diagnosis square and one treatment square. After using the diagnostic and treatment planners, people can mark their choices on the third planner.

Each person involved with the patient and his care can explore the mental healthcare maze by choosing diagnosis and treatment options. The goal of

Think About Your Options

T A Y O				
P	**D**	**F**	**C**	**Options For Diagnosis**
				FF Find fault
				MD Misdiagnosis
				QL Quick label
				AD Accurate diagnosis (1)

Note (1) – differential or root-cause.

T A Y O				
P	**D**	**F**	**C**	**Options For Treatment**
				DN Do nothing
				MT Mistreatment
				ET Easy treatments
				RT Restorative treatments

The Planners

P = patient
D = doctor
F = family
C = caregiver

The Plan

T = Think
A = About
Y = Your
O = Options

healthcare planning is for participants to explore in the same direction. The object is for the patient to get well, the family and caregivers to get their friend back in good health, restored with zest for life.

How can People Use the TAYO Planners?

The patient uses the 'p' squares. The doctor uses the 'd' squares. The family uses the 'f' squares. Other caregivers use the 'c' squares. People can discuss their choices and consider all the options.

Number of Plans

TAYO healthcare plans can be updated every day or whenever people say "TAYO – Think About Your Options!" The plans can be used for as long as it takes to find quality healthcare. Each person can copy the planning diagrams, review the choices and consider the options. People can compare their plans and discuss possibilities. Each participant can change his preferences and adjust his plan for a positive outcome.

Results of Healthcare Planning

There are many possible outcomes when patients, health professionals, family and caregivers use TAYO – The Healthcare Planner. Two outcomes are outlined:

A Bad Outcome Is Likely After Substandard Care

The Planners

P = patient
D = doctor
F = family
C = caregiver

T A Y O					
P	D	F	C	Options For Diagnosis	
		✓		FF	Find fault
			✓	MD	Misdiagnosis
	✓			QL	Quick label
✓				AD	Accurate diagnosis

T A Y O					
P	D	F	C	Options For Treatment	
		✓		DN	Do nothing
			✓	MT	Mistreatment
	✓			ET	Easy treatments
✓				RT	Restorative treatments

The Plan

T = Think
A = About
Y = Your
O = Options

With poor healthcare, what can happen?
Who gets better? Who gets paid?

The patient may want an accurate diagnosis and effective treatment but if no one else explores that direction, the patient is not likely to get well. Health professionals know all the options. If a sick patient deteriorates, the doctor can revise the diagnosis and plan new treatments. If a patient gets worse, the family loses, and caregivers lose. Whatever happens, health professionals still get paid.

If the patient wants restorative care, he will focus on the AD and RT squares and ask for quality care. If health professionals head off in other directions, the result is not going to be good. If there is poor care, the mental patient will stay sick – a bad outcome. This will lead to more patient visits and unnecessary suffering.

A Good Outcome Is Likely Using Quality Care

The Planners

P = patient
D = doctor
F = family
C = caregiver

T A Y O				
P	D	F	C	Options For Diagnosis
				FF Find fault
				MD Misdiagnosis
				QL Quick label
✓	✓	✓	✓	AD Accurate diagnosis

T A Y O				
P	D	F	C	Options For Treatment
				DN Do nothing
				MT Mistreatment
				ET Easy treatments
✓	✓	✓	✓	RT Restorative treatments

The Plan

T = Think
A = About
Y = Your
O = Options

With an accurate diagnosis and restorative treatment the patient can recover and keep well!

If the patient finds a competent doctor who is willing to accurately diagnose the root cause of the patient's symptoms and recommend effective treatments to help the patient get well, the patient can explore the restorative direction, cooperate with the doctor and make positive progress. With brief explanations, the doctor can explain the standard of care procedures for AD diagnosis and RT treatments. Family and other caregivers can be informed.

Quality care is most likely to produce a successful outcome. The patient gets well, the doctor gets paid, qualifies for referrals and builds his

professional practise based on success stories. The family has peace and caregivers see the patient recover and maintain mental health.

To enjoy a good outcome, participants can focus on the AD and RT squares. They can cooperate and explore the same directions until they discover the of the root cause(s) of the patient's depression, mental episodes and brain disorders (i.e., get an accurate diagnosis). Keeping in mind that over 50 medical conditions can cause or contribute to symptoms of depression and other brain disorders, it is important for each patient to be diagnosed accurately.

After making an accurate diagnosis, a competent health professional can usually recommend effective treatments. If a patient receives restorative care, the patient is likely to recover and keep well.

Overview of TAYO – The Healthcare Planner

TAYO comes with three planning diagrams. The first is for diagnosis; the second is for treatment and the third uses the mental healthcare compass. People can update TAYO – The Healthcare Planner every day or as convenient.

Each planner can focus on any of the options for diagnosis and treatment. People can explore any direction, compare notes and discuss choices. If patients, health professionals, family and other caregivers cooperate to head in the same direction, there will likely be quality care and a good result. If they explore in different directions, there will likely be poor care and a bad outcome.

TAYO – The Healthcare Planner can help people cooperate with accurate diagnosis and effective treatment of depression, mental episodes and brain disorders.

TAYO – THINK ABOUT YOUR OPTIONS – HEALTHCARE PLANNER

The Planners, their Options, and Hints for a Successful Health Plan

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 treatments
eg. pills and more pills and / or talks and more talks
RT = restorative treatments

- To resolve underyling 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.

The TAYO Planning Guide

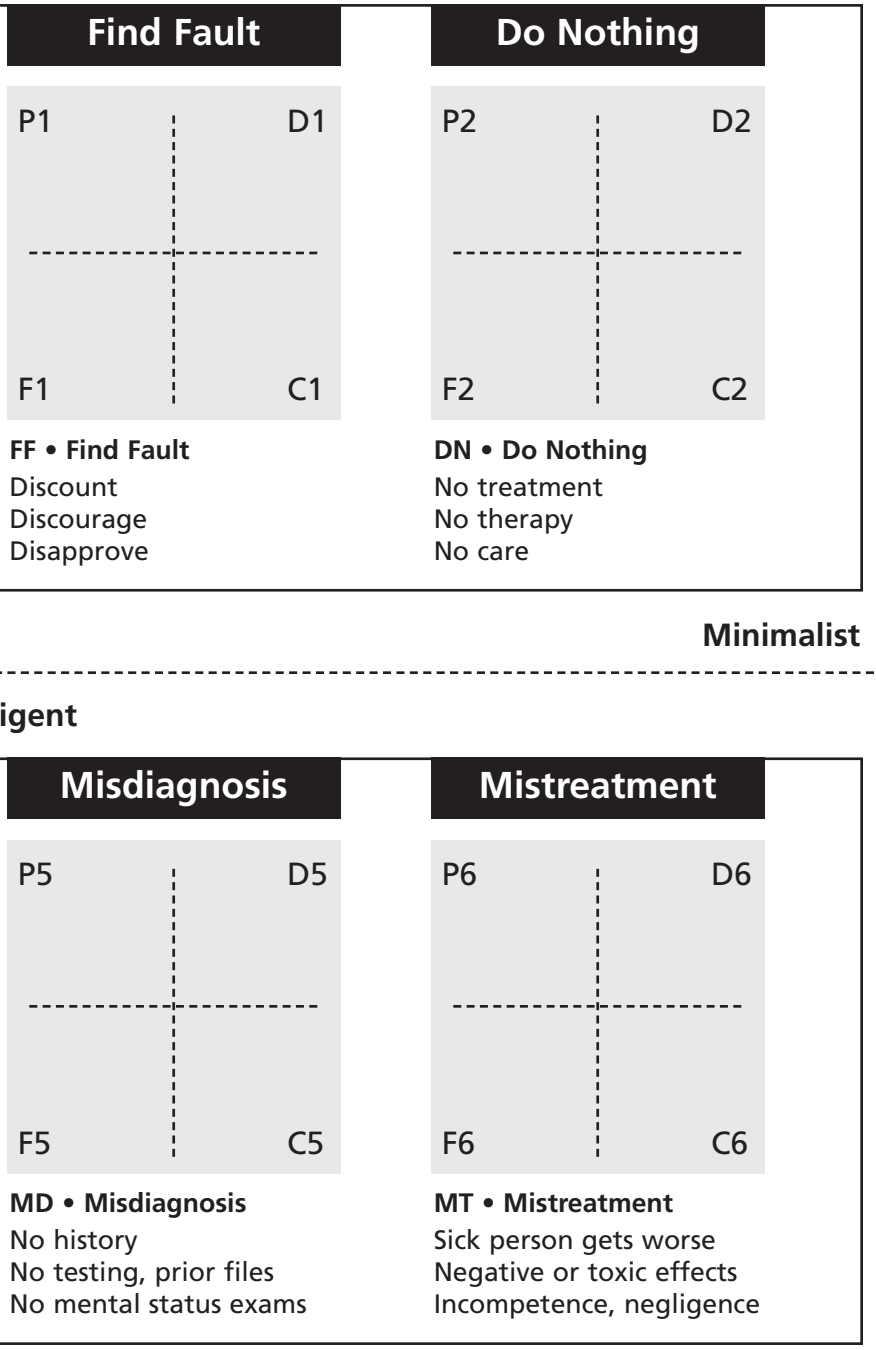
1. The patient uses the 'P' squares to consider the options and plan for diagnosis and treatment.
2. The doctor uses the 'D' squares to consider the options and plan for diagnosis and treatment.
3. Family members use the 'F' squares.
4. Caregivers use the 'C' squares.
5. Planners can compare and discuss.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

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.

TAYO – THINK ABOUT YOUR OPTIONS – HEALTHCARE PLANNER

For Patients, Survivors, Health Professionals, Family and Caregivers:
Planners can note their preferences for diagnosis and treatment
monitor quality of care, explore the mental healthcare maze



TAYO – THINK ABOUT YOUR OPTIONS – HEALTHCARE PLANNER

Patients use squares P1 – P8,
Health Professionals D1 – D8, Family F1 – F8,
Caregivers C1 – C8

Quick Label

P3 D3

F3 C3

QL • Quick Label
A short chat
A DSM label
A disorder

Easy Treatment

P4 D4

F4 C4

ET • Easy Treatment
Medications
Talk therapy
Shock therapy

Conservative

Restorative

Accurate Diagnosis

P7 D7

F7 C7

AD • Accurate Diagnosis
Mental status exams
Take histories
Diagnostic tests

Restorative Treatment

P8 D8

F8 C8

RT • Restorative treatment
Effective care
Treats root causes
Helps patient recover

Chapter 22

FINDING ADVICE ABOUT MONEY MATTERS

As an independent consultant, I work with local clients. About 30% suffer with depression, mental episodes or brain disorders. Since I have a bipolar II mood disorder and migraines, I understand how involuntary brain conditions can affect daily life. Every person wants to live well in spite of their symptoms and episodes. I encourage people to search for competent advice about medical and money matters. It helps to find professionals who understand mental illnesses, brain conditions and psychiatric guidelines. The best advisors know that distresses, strains and illnesses can affect education opportunities, job performance and career prospects not to mention earning capacity, investment capabilities and financial decisions.

Consultations with financial advisors can help sick people manage their money. Before advising, I learn about each client's comfort zone. When clients have business worries or tax tangles, they move out of their comfort zones. They appreciate care, concern, timely solutions and practical advice.

There is a circularity to the psychology of money. When a person feels well, he works hard, spends wisely, invests carefully and saves consistently. He is relaxed and motivated to perform well. He can work, earn and invest. He tends to make good money decisions. He lives well and adds to his savings. He provides for his family and plans for the future. When he gets sick, these things can shift to the negative.

Money patterns learned in childhood may be illogical or irrational but people tend to repeat familiar thoughts and feelings about money. Their spending habits are usually careful and consistent. However, when people get sick, their money perceptions shift toward the dark side. Their behaviors change as they struggle to keep up with their bills.

Mental distress can skew people's money patterns toward the negative. When people are unwell with depression, they can get stuck or spiral downward. They may feel helpless and hopeless. Their thoughts, feelings and actions may become unstable. They may take time off work and use their savings to pay for living costs, medications and therapy. If their conditions worsen, depressed people can lose hope and self-confidence. As their incomes decline, investments may destabilize and their decisions may become subjective. Depressed people feel the painful symptoms of their illness when they are thinking badly about their lives and feeling unsettled about their prospects. They can become anxious

or fear the worst. When their judgement is not normal, people can panic, act rashly or even harm themselves.

Sick people may have a good net worth but feel uncomfortable about their financial position. When depressed, people tend to recall their problems, ruminate about losses and worry about investments. When their perceptions are gloomy, they may focus on their fears or unstable situations. Things can shift from negative to overly positive if a mood-disordered person experiences high energy states known as hypomania (mild) or full blown manias (severe). During up and down mood disorder episodes, distressed people may dwell on past mistakes, obsess about illogical investments or spend money unwisely on grandiose schemes. They may not be predictable.

People with mood disorders use variable psychologies of money, depending on the status of their condition. When they are well and stable, they use their normal patterns. When depressed, their money patterns may become negative; when hypomanic, their money patterns can seem overly ambitious. Two of these patterns may not be realistic. Before a crisis develops, it can help to consult with a financial advisor who can review a financial plan and give independent advice.

Paradoxically, during high energy episodes of hypomania, people may focus more intensively, work harder, think faster, surge creatively and generate new ideas. It may be hard for them to listen when their energy is highly charged and they are overly optimistic. When clients are distressed, they appreciate supportive advice. They may have money worries while they are having symptoms of brain disorders. A depression episode can involve up to fifteen characteristic symptoms and there are opposite symptoms for hypomania. If a client has troubling symptoms, recurring episodes and chronic mental conditions for years, his mental condition can become a significant handicap. An untreated or lingering illness will affect job performance, career prospects, earning power, financial perceptions and money decisions.

A consultation between a financial advisor and a depressed client starts with an interview and focuses on making effective use of the client's capabilities and resources. An accountant normally helps a client prepare reports of their net worth and business operations, fill in tax returns and update career and personal plans. Clients want answers to money and investment questions, tax tips, and solutions to problems as they work to build their businesses, develop careers, maintain financial positions, increase their net worth or enjoy their retirement years.

During the first meeting with a new client, I listen carefully. Sometimes I wonder what is not being said. If a client seems depressed or has an involuntary condition, I try to understand his point of view. I draw on my own experience of living and working with a bipolar mood disorder for decades. I encourage each client to explore his capabilities, outline his mental and medical histories, ask family for background information and consult with health professionals to assess the genetic, medical, social and psychological causes of his condition.

If a client has a mood disorder, I explain that a depressed person can restore normal mood without adverse effects by finding competent medical advice and asking for restorative treatment. This involves searching for health professionals who have proper credentials and relevant experience. It is important to find caregivers who know about restorative mental healthcare. The best professionals do medical testing before making a diagnosis. They recommend nontoxic medications and they offer proven therapies which helped other patients recover and keep well.

Since 1996, I interviewed and worked with many people who have involuntary brain conditions such as depression, bipolar disorder, manic depression, dysthymia, anxiety, obsessive-compulsive disorder, post traumatic stress disorder, attention deficit hyperactivity disorder, autism, epilepsy, stroke, migraines, Menieres, dementia or cancer. They are fascinating people.

Their most common complaint is depression. I wrote a composite case based on consultations with several depressed clients. The story started when a local chap called for information about mental accounting services. During our first session, he reported suffering for decades with episodes of depression. He consulted with several healthcare professionals: a psychiatrist for medications and a psychologist for therapy. When he does not feel well, he constantly worries about his financial situation. Before we discussed the details, he asked if his personal, medical, psychological and financial information would remain confidential. Although an accountant does not have client-solicitor privilege, client information is confidential.

His diagnosis was not clear to him. He described being depressed but not manic. His doctor was treating him for unipolar depression, which usually involves black and blue moods. He was taking several medications but did not understand their potential for causing negative effects. At times he was talkative, but he did not seem to be excessive or inappropriate. Patient

education about mood disorders could teach him about his diagnosis, medications, therapy, treatments, options and prognosis. He could ask for a second opinion about his condition, testing, diagnosis and drugs.

He was taking several medications: antidepressant, antiseizure, antianxiety and sleeping pills. He could not concentrate, his mind seemed foggy, his memory was poor and he was unhappy. We discussed how a medication like lithium can stabilize a depressed person's mood, sometimes below his comfort level. Antidepressants and other medications often help but they can make a depressed person seem worse if there are negative effects. Apparently his doctor had not explained these risks and was not monitoring his blood levels of medications. A patient can ask his pharmacist for reports which outline the negative effects of prescription medications, check off side effects and discuss problems with his doctor. Adjustments in the dose, timing and type of medication can be made until the patient gets the most benefit possible with the fewest negative effects. If side effects worsen, a patient can ask his doctor to investigate drug reactions, monitor blood levels, change medications or reduce doses.

Before giving money advice, I ask each client to consider his treatment objective and let his doctors know his preferences. When people are not aware of the facts, I explain that antidepressants can numb the pain of depression, dull cognitive function and stimulate energy. Short-term depression is sometimes treated with this "numb-dumb-stim" approach. Chronic depression can be treated effectively using restorative methods. If effort is made to determine the root cause of the patient's symptoms, a good doctor can recommend effective treatments and help the patient get well. I ask each client if he wants to restore mental health without adverse effects and whether he has explained his healthcare goals and objectives to his health professionals.

If a client wants to get better, I suggest getting opinions from their local specialists. An orthomolecular psychiatrist, an internist, a neurologist, an endocrinologist or a naturopath can help. The field of orthomolecular psychiatry applies the life science of biochemistry to the art of medicine. These health professionals use detailed biological and medical tests and other diagnostic procedures to determine the root cause of each patient's chronic health problem. An orthomolecular doctor is trained to assess brain functions, identify biochemical imbalances and recommend supplements of vitamins, trace minerals, amino acids, energy and enzyme co-factors, essential fatty acids, antioxidants and other

nontoxic nutrients. They may recommend low doses of prescription medications. The restorative approach can help a depressed person recover normal brain function. With medical supervision, some patients can gradually reduce their antidepressant medications until there are fewer negative effects.

The typical depressed client usually thinks that his financial situation is in a dreadful state. Darksided ruminations are common during episodes of depression. A client may worry that he made bad investment decisions when he was sick. Even though I surprise the client by reviewing his mental status, symptoms, history, diagnosis and treatments before discussing money matters, we review his net worth, work, income, financial position, tax status and business issues. I explain that with proper medical advice, many patients can recover, adjust their medications, take nontoxic brain 'fuel' supplements and restore normal mood without adverse effects. When a client feels better, his dark and negative view of himself and his money slowly resolves. He realizes that his financial picture is brighter than he thought.

Many chronically depressed people have not worked to their full potential for years. They have painful memories of episodes and outbursts, medication effects and failed treatments, relationship problems and career setbacks. As a client gets better, I suggest that he plan to resume the work he enjoys, rebuild his career and reactivate his network of friends and contacts. This cannot happen overnight, but progress is possible after effective mental healthcare.

Financial consultants can help when clients are experiencing episodes of depression or a mental illness. The advice varies depending on each client's brain disorder. Adjustments in the nature and frequency of consultations depend on the stage of the illness and the severity of each client's problems. If a client is unhealthy when evaluating new investments, he may need advice before taking big steps, making unusual choices, planning large expenditures or considering major decisions.

I encourage each client to take responsibility for his illness, find restorative treatment, maintain his brain and cooperate with competent mental health professionals. I do not offer medical advice or therapy. If a client has a dark-sided focus, money worries or lingering doubts about restoring mental health, he can ask his accountant, banker, investment advisor, financial planner, lawyer or consultant for advice about personal and business planning, money matters and financial problems.

HELPING A RETIRED CLIENT AND HIS FAMILY COPE WITH DEPRESSION

Arthur, a 69-year-old retired professional, was worried, confused and upset. His cash position was tight after he withdrew $50,000 from his savings account, bought a new car and booked a six week cruise. He berated himself for overspending. Lately, he had trouble concentrating and difficulty sleeping. He was forgetful, lost his appetite, drove erratically and had blue moods. After his last episode of depression, Arthur stopped taking his antidepressant and sleeping medications. He was fed up with their side effects. Now he was dispirited and anxious about getting sick again. This time he felt a lot worse. His wife was concerned and his adult children were worried. They wondered what was wrong and whether they should do something to help Arthur.

"Do money problems cause depression?" Arthur asked Bob, his accountant. After a sigh, Arthur added, "Or, does depression cause money problems? "Neither," said Bob. "But people worry about money when they don't feel well. "Should we sell our home?" fretted Arthur "I don't think my wife can manage with me sick and the house to look after." "Before we chat about such a big change to your lifestyle, let's discuss how you can get proper medical care." said Bob. "If you can stabilize and maintain good health, you will be more comfortable. Then we can update your financial plan for retirement."

When a retired client suffers with a brain disorder and has money worries, it can challenge family and financial advisors who are not familiar with mental illness. Should they ignore medical matters? When concerns multiply, how can caregivers help? Without giving medical advice, an advisor can suggest that the client see his doctor, have a mental status exam, get an accurate diagnosis and cooperate with effective treatments. There is no need to panic. After the client's medical situation is clarified, an advisor can discuss money matters and update financial plans.

Quick tips for coping with episodes of depression

1. Brain disorders like depression and anxiety have a number of possible causes. These chronic but treatable conditions can be diagnosed accurately and treated effectively. If there is an uncharacteristic episode or any unusual behavior involving money, the family can call their doctor and schedule a check-up. After the client gets a diagnosis, the advisor can listen as the client or family members explain the ongoing treatments. A financial advisor can encourage the client and his family to monitor the progress of treatments and budget for healthcare costs.

2. Doctors can easily prescribe medications for depression and anxiety. If an episode continues or worsens, the client will need follow-up care to discover the root cause of the symptoms and get restorative treatments. A financial advisor whose client is deteriorating can encourage the client to ask for a second medical opinion.

3. Before stopping any medications, the client should consult with his physician. The doctor will explain how long to continue taking each one. An advisor can suggest that the client discuss concerns about medications with qualified health professionals. If the client has negative effects when taking prescribed pills, the patient and family can ask about adjusting doses. His doctor can see the client more often during transition periods and monitor the patient more closely. His pharmacist can discuss side effects. The client and family members can note the effects of pills, provide documentation and coordinate consultations with health professionals. A financial advisor can advise the client to make notes about ongoing difficulties.
4. Before making major decisions or spending money impulsively, the client can call a financial consultant. If the client reviews the situation with his accountant, banker, investment advisor, lawyer, planner or insurance agent, the client can get objective advice. An independent advisor can help the family recognize when to call for advice, help the client adjust his financial goals and offer objective advice about investments. When the client's diagnosis and treatments are known, a financial adviser can consider how healthcare costs will affect the client's financial and retirement plans.
5. After a spending spree, it will take time for the client to replenish his savings. An advisor can reassure a despondent client so he does not sink into despair while ruminating about money. With patience and persistence, the client's situation can improve. An advisor can do a financial check-up and encourage the client as he adjusts to his diagnosis and treatments. An advisor can help the client monitor expenditures, modify financial plans, rebuild his savings and adjust his lifestyle.

If a client gets sick with depression, a mental episode or a brain disorder, it takes time for the client, family and caregivers to understand what is happening, accept the involuntary symptoms, find competent care, learn about medications, monitor treatments and regain perspective. The client's family can help. A financial advisor can encourage a sick client to get medical advice, see his doctor and call his therapist. When the client is comfortable, the advisor can discuss money problems, resolve financial concerns, update financial plans and coach decision-making.

Chapter 23

CONCLUSION TO TOOLS FOR FINDING CARE

Patients and family can use the tools in Part Three to explore the mental healthcare maze and find restorative care for depression, mental episodes and brain disorders. The tools can help psychiatric survivors and caregivers who want to find competent care.

Mental patients can use these tools even when they are sick and tired of being sick. Patients may feel helpless and hopeless but they can still ask for restorative care. Patients can cooperate with competent health professionals. Many patients can get well, even those who suffer with multiple involuntary symptoms as well as negative effects of powerful medications. Trusting patients may be vulnerable. Mental patients may be stigmatized, laughed at, treated unkindly, shunned, discounted or silenced but they are worth caring about. They just want to get well.

Psychiatrists can follow their professional practice guidelines and use standard of care procedures for diagnosing accurately and treating effectively. If professionals do not have the time to explain the guidelines to patients, family and caregivers, they can recommend reference books. Patients trust doctors to use professional judgement when they apply guideline recommendations. Hospitals may not monitor the quality of care or report doctors who rely on short cuts. Patients, family and caregivers can review progress and ask for proper care. They can look for competent health professionals and cooperate with physicians who care enough to use practice guidelines consistently.

With four hundred or more talk therapies, there are no consistent standards for therapy. Research studies are analyzing the effectiveness of counselling. Even though therapy is an important part of the mental health system, there is little monitoring of the quality of counselling. With cost-cutting, closure of hospital beds and a staff shortage, there are fewer resources for teaching patients about their conditions, diagnosis, treatment and prognosis. Some patients have to find their own way through a dark and painful maze of fallibility, fear, frustration and failure.

Patients, family and caregivers should not give up hope. They can use the tools in this book to search for care. After an accurate diagnosis and effective treatments, many patients can recover and keep well. Patients who are misdiagnosed and mistreated can document their concerns and ask their doctors to apply standard of care procedures for restoring their health and keeping them well.

This book has practical tools for patients, family, and caregivers who want to explore the mental healthcare maze. There is a layman's introduction to the practice guidelines of psychiatry; tips and traps, tools and tales; mental healthcare reality check; health professional assessment and negligence checklists, a mental healthcare compass, TAYO – The Healthcare Planner and advice about money matters. Part Four has references for restoring mental health.