

HALF OF ALL ADULTS WILL STRUGGLE WITH A MENTAL HEALTH PROBLEM IN THEIR LIFETIME.
PRIORITIZING YOUR BRAIN HEALTH IS AS IMPORTANT AS PRIORITIZING YOUR BODY HEALTH. BELOW ARE A SET OF QUESTIONS TO HELP YOU GET STARTED.

- ◆ 46% percent of people say that they won't bring up a problem if their provider doesn't ask.
- ◆ 59% of people are afraid of how their providers would respond if they had a mental health condition.
- ♦ 63% of adults didn't know how to bring up mental health or how to explain what they were feeling.

It's ok and normal to feel nervous about talking about your problems. But reaching out for help is the right next step. How will getting help and talking about these concerns make a big difference in your life?
◆ 64% of adults didn't know if mental health concerns were enough of a problem to mention. For example, if they should wait to see if things got worse.
When you think about your mental health, what experiences are most bothersome to you?
How do these symptoms get in the way of doing things you want to do? OR What would you do if you didn't have these symptoms?
◆ 67% reported they were afraid to talk about mental health concerns or admit that there was a

IT'S NORMAL TO FEEL FEAR AND AMBIVALENCE ABOUT ADDRESSING YOUR ISSUES. WHEN AND HOW TO GET HELP IS UP TO YOU. YOU CAN CHOOSE TO WAIT, TRY THERAPY, OR TRY MEDICATIONS. BELOW IS A CHART THAT MIGHT HELP.

FREQUENTLY	Watchful Waiting	Talk Therapy	Medication	
ASKED QUESTIONS	10 11 12 1 9 3 8 7 6 5		R	
HOW DOES THIS WORK?	This means no active treatment; you may visit your clinician more frequently to monitor your symptoms, compare options and discuss your lifestyle, current support and coping strategies.	Therapy works by helping you solve problems and clarify your thoughts. This is typically a weekly 30-60 minute session. In person: Working with a therapist.  On a computer: Using a program on your own or with support from your clinician by email or phone.	Selective Serotonin Reuptake Inhibitors (SSRIs) are medications that address symptoms by affecting your brain chemistry. These pills are usually taken once a day.	
WILL THIS WORK?	23 out of 100 people recover in 3 months by visiting a clinician without receiving an active treatment. 53 out of 100 people recover in a year without receiving an active treatment.	In addition to the 23 people who recover without treatment, another 14 out of 100 people recover in 2 months by using talk therapy. Treatment usually lasts 8 to 10 weeks, but can last longer. Computer programs are more effective with regular clinic check-ins.  Combination therapy  In addition to the 23 people who r 26 in 100 people recover with a co therapy.	In addition to the 23 people who recover without treatment, another 17 out of 100 people recover in 1 month by using SSRI medication. Treatment usually lasts 6 to 12 months. You should talk to your clinician if you are thinking about stopping medication.	
WHAT ARE THE RISKS?	The risks of watchful waiting are that your symptoms may continue or get worse.	The risks of talk therapy are that it can cause discomfort, anxiety, and/or stress.	The risks of medication are that it can cause side effects like nausea, diarrhea, and drowsiness, which affect up to 17 in 100. Sexual problems affect up to 13 in 100. Sweating, shaking, difficulty sleeping, and dry mouth are less common.	
HOW MUCH DOES THIS COST?	Cost will depend on the type and frequency of visits to your clinician. Work with your clinician and/or insurance company to determine your costs.	In person: Prices will vary. Work with your clinician and/or insurance company to determine your costs. On a computer: "MoodGym" is an example of an online program that you can access for free at www.moodgym.com.au	Without insurance: Prices vary by pharmacy. In general fluoxetine, citalopram, and paroxetine cost less than \$5 for a 30-day supply. Sertraline usually costs less than \$40 and escitalopram less than \$130 for a 30-day supply.  With insurance: Prices vary by plans.	
IS THERE ANYTHING ELSE I CAN DO?	Resources may also be available in visiting with friends can reduce sy	your workplace, community, or onl mptoms.	ine. Exercise, healthy eating, and	

<ul> <li>♦ 69% were nervous about what would happen if they were diagnosed with a mental health condition. The fear was higher for individuals with other health problems. Additionally, 79% of adults were nervous about what would happen if they were diagnosed with a mental health condition.</li> <li>♦ 72% also feel like they already had enough to deal with and didn't feel like they had the time or energy to deal with a mental illness/another illness.</li> </ul>
Having multiple health problems is emotionally taxing. Venting about those fears can help. Use this space to journal out your concerns. What have you been going through in life with your physical health problem or other life problems? What does it mean to you to have mental health concerns? What is scary about this situation? What is scary or difficult about not making the choice to get help?
REMEMBER – YOU ARE NOT ALONE. MANY PEOPLE ARE LIKELY TO FEEL THE FEARS AND CONCERNS YOU'RE EXPRESSING.
There are things we can do that help both our physical problems and our mental health problems. These strategies include reducing our stress, increasing positive relationships, and recommitting to healthy habits like eating and exercise). What are a few things you can start to do that can help alleviate physical and mental nealth problems?
◆ 57% didn't know who they should talk to about their mental health concerns.
Who are some people in your life, like your family and friends, who you can talk to about your concerns?

Which of your	providers would	l be helpful	to discuss th	is with fror	n a treatmer	nt perspecti	ve?	
♦ 63% of ad	lults didn't know	/ how to bri	ng up menta	al health or	how to expl	lain what th	ney were feelir	ng.
about with you are common s these sympton	ugh your sympto ur provider? For ymptoms for bo ms cause distres te each sympton	example, m th physical ss and impa	nany people and mental airment. Use	feel like he health prol the space	art palpitation plems. Docto below to lis	ons, low en ors also like st your sym	ergy, or sleep to know how ptoms you w	issues much
1 2 Not much imp	3 pact/distress	4	5	6	7	8 F	9 ligh impact/d	10 istress
List of sympto	ms					Level of	impairment/d	istress
Among the op	tions presented	to you, circ	le the option	you're inte	erested in pu	rsuing.		
Watchful Waiti	ng		Talk The	erapy			Medi	cation
•	i <b>ng about Watc</b> l ugh how long yo			valuate nex	t steps.			

How will you know if things got better?
How will you know if things got worse?
What will you do next if watchful waiting doesn't work?
you're thinking about Talk Therapy Have you been to therapy before? If yes, what did you like about it? If no, what do you want to get out of therapy?
What characteristics would be important for you in a therapist?
you're thinking about Medication What medications are you taking now (for both physical and mental health)?
Do you know what mental health medications your family has taken in the past that might work for you?

For more resources visit Mental Health America at mhanational.org. Check out free and anonymous mental health screens and treatment resources at mhascreening.org.