

Paths to Psychotherapy



Paths to Psychotherapy

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Prologue

Dear Reader,

In the course of any one year, one in three adults will suffer from a mental illness. Anyone – young or old, male or female, born in Germany or abroad – can be affected.

Yet, only one in five people suffering from a mental illness seeks professional help. Some shy away from speaking to a psychotherapist because they don't like to talk about themselves or their feelings, and particularly not with a stranger. Others are unable to imagine what psychotherapy entails. Still others wonder whether psychotherapy even works.

Our aim here is to encourage you to seek professional advice if you are ever faced with mental suffering. It is still the case that many mentally ill people wait too long before consulting a psychotherapist, their family doctor or a specialised physician. Those who don't wait to seek advice are able to save themselves a lot of unnecessary suffering. Mental illnesses are, for the most part, quite treatable. In fact, psychotherapy is a demonstrably effective and recommended treatment option for nearly every type of mental illness. So, whenever you find yourself coping with mental difficulties and conflicts, don't delay about getting professional help.

*To give you a better idea of when and how psychotherapy can help you, we have written this brochure titled *Paths to Psychotherapy*. While it is therefore primarily intended for people who have never been treated by a psychotherapist, the brochure can also enable those who have previously had psychotherapy to find out about the range of psychotherapeutic care and assistance that is currently available. Regardless of your previous experience with psychotherapy, this brochure offers you clear information about what a mental illness is, whether scheduling an initial appointment is advisable, and the circumstances in which psychotherapeutic treatment is necessary.*

Sincerely,



*Dietrich Munz
President, Bundespsychotherapeutenkammer
(BPTK – Federal Chamber of Psychotherapists in Germany)*

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1

Am I mentally ill?

Initial questions to ask yourself

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Am I mentally ill?

Almost everyone knows what mental highs and lows feel like. Indeed, most people cope with their emotional ups and downs very well on their own. Many of us talk about it with our life partners or friends and find our way back to a state of inner balance. Sometimes, however, such conversations with trusted individuals in our lives are not enough. If, in such cases, you experience a psychological crisis that continues for weeks, you should arrange an initial meeting with a psychotherapist.

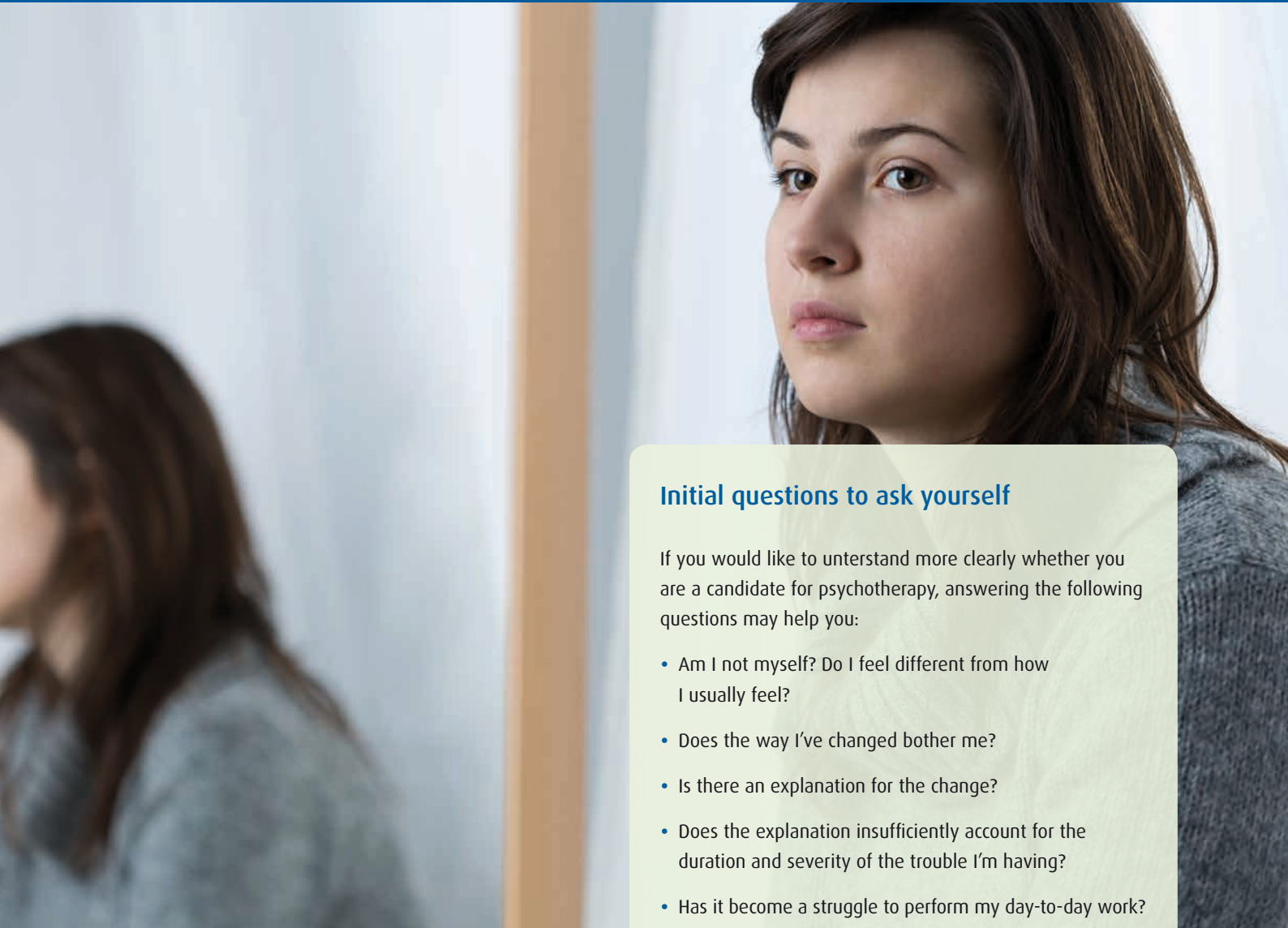
You might be suffering from a mental illness if, for example, you are persistently anxious or depressed, or if you have physical health issues for which no organic causes can be found.

The case of depression

Clinical depression is more than feeling low or dejected temporarily. Feeling like this for a few days does not necessarily mean that you are mentally ill. It is entirely normal for your mood to fluctuate. You should, however, consider consulting a psychotherapist if you continue to feel dejected after a longer period, and if conversations with those you trust no longer help.

A psychotherapist will ask you questions like these:

- Have you felt depressed for more than 2 weeks?
- Have you lost interest in things that you used to enjoy?
- Do you get tired more quickly? Are you sleeping poorly?
- Do you find it difficult to perform everyday tasks?



Initial questions to ask yourself

If you would like to understand more clearly whether you are a candidate for psychotherapy, answering the following questions may help you:

- Am I not myself? Do I feel different from how I usually feel?
- Does the way I've changed bother me?
- Is there an explanation for the change?
- Does the explanation insufficiently account for the duration and severity of the trouble I'm having?
- Has it become a struggle to perform my day-to-day work?
- Am I constantly worried and anxious?
- Do I suffer from any physical ailments?
- Do I have a sleeping disorder? Do I sleep too little or too much?
- Do I often feel aggressive, hateful or irritable, or am I very intolerant?
- Am I often on sick leave?
- Do I have suicidal thoughts?
- Do I hardly have anyone left to talk to about my problems?
- Does speaking to friends about how I'm feeling no longer help?
- Is the change in me clearly noticeable to others, as well?
- Have I been feeling like this for more than three months?
- Am I ambivalent about everything?

(Source: Rosemarie Piontek: Mut zur Veränderung Methoden und Möglichkeiten der Psychotherapie. Bonn, 2009)

Feeling dejected for a while does not, however, necessarily mean that you are suffering from clinical depression. The end of a relationship or the death of a loved one, for example, can trigger powerful feelings of sadness, despair, anger, and helplessness.

But a grieving person is not mentally ill, as grief is a normal psychological reaction. The length of time a person needs to come to terms with the loss of another person can vary; indeed, the process can take longer than a proverbial 'year of mourning'. The loss can continue to be painful for even longer, especially whenever the mourner thinks about his or her lost partner or relative. Nonetheless, the intensity of the pain or other feelings ought to diminish over time.

If they do not – if, even after quite a long period, the person's normal emotions and everyday life are still being strongly influenced and impaired by the grief –, it is advisable that he or she seek help.

The BPTK's guide for parents

This reference brochure – Paths to Psychotherapy – is intended for adults. We have published an additional brochure for the parents of mentally ill children titled Psychotherapie für Kinder und Jugendliche (available in German only), which you can download from the BPTK website in the section titled Publikationen under BPTK-Infomaterial.

You can also order this reference brochure from the head office of the BPTK.

(For our address, refer to the Impressum on page 78)

www.gefuehle-fetzen.de – Our website for young people

The BPTK also offers a website in German that is aimed at young people who want to find out what is going on with them and their feelings. There, they can read the stories of others their age about feeling 'infinitely sad', 'like a stranger in one's own body' or 'full of rage'. The website's info section also explains when it is advisable to seek help:

'Everybody has bad days. Once in a while, everybody feels depressed and hangs low for a few days. Every so often, we all pull the blanket over our heads and don't want to know about anything or anyone, 'anymore'. And from time to time, everyone feels a burning rage in their gut.

Our emotions sometimes run amuck. They can take us by surprise and prevent us from thinking about anything else.

Normally, we're able to cope quite well with these ups and downs. Often, it only takes a conversation with a friend or a parent, or writing a few lines in a diary, for us to feel somewhat better.

Life then returns to its normal rhythm.

But sometimes it's different.

We can be so severely tormented by something that it feels like we can't breathe. In these cases, moving on may take much longer. We feel a weight on our shoulders – or a lump in our stomachs – that doesn't go away. A rage keeps burning within us. A fear of something paralyzes us.

Or everything seems desolate and empty. We are devoid of emotions. We feel numb.

We're unable to rid ourselves of certain thoughts. Over and over again, the same unbearable tragedy plays out within us.

An appalling mess. Absolute chaos.

No resolution in sight. Complete hopelessness.

If this is how you feel, the moment may have come to get help.'



www.gefuehle-fetzen.de

Who can I turn to for advice if I am having psychological difficulties?

If you are seeking counselling for mental health problems, there are a number of people you can turn to initially, including your family physician. You may also contact a psychotherapist directly – i.e. without a referral – and schedule an appointment for a consultation with him or her. In addition to private practices, psychotherapists also work in outpatient clinics, psychiatric and psychosomatic hospitals, and psychosocial counselling centres.

On this point, it is important to bear in mind that not everyone is entitled to represent himself or herself as a psychotherapist. Like the terms ‘medical doctor’ and ‘physician’, ‘psychotherapist’ is a legally protected occupational title. Only those who have successfully completed a state-regulated education and examination and treat mental illnesses with scientifically recognised psychotherapeutic procedures may call themselves psychotherapists.

Psychotherapists may therefore only represent themselves as psychological psychotherapists, child and adolescent psychotherapists and medical psychotherapists. A medical psychotherapist may, for example, be a medical specialist in psychiatry and psychotherapy or a medical specialist in psychosomatic medicine and psychotherapy. On the other hand, alternative practitioners, such as naturopaths, may not represent themselves as psychotherapists. They, instead, call themselves, for instance *Heilpraktiker für Psychotherapie* (psychotherapeutic naturopaths) and establish *Heilpraxis für Psychotherapie* (psychotherapeutic naturopathy practice). In the case of alternative practitioners of psychotherapy, there is no guarantee that they are sufficiently qualified to treat mental illnesses with scientifically recognised methods. The *gesetzliche Krankenversicherung*, Germany’s statutory health insurance scheme, does not list psychotherapeutic treatment by naturopaths as a *Kassenleistung*, meaning that it is not covered by the scheme.



Licensed psychotherapists

In Germany, the cost of being treated by a registered psychotherapist is generally covered by the gesetzliche Krankenkassen, the country’s statutory health insurance funds. In order to invoice one of these funds for providing such treatment, the psychotherapist must, however, be licenced to practice psychotherapy. For those who are privately insured, what the insurance company will cover depends on the scope of the particular insurance policy. In the case of patients who are entitled to receive financial aid, the costs of psychotherapy are partially reimbursed upon request. The attending psychotherapist must, however, either be licenced in accordance with German social law or be able to provide documentary evidence that he or she is qualified in a procedure that complies with the Psychotherapy Directive.

Only those who have completed a state-regulated education and examination may call themselves psychotherapists.

Psychotherapists with a degree in psychology

Psychologische Psychotherapeuten, as they are known in Germany, treat adults but also children and adolescents. They will have completed a degree in psychology at a university, as well as 3 to 5 years of state-regulated psychotherapeutic training, before obtaining their licence to practise psychotherapy.

Meanwhile, as their title suggests, *Diplom-Psychologen* hold a degree in psychology but have no additional training in psychotherapy. They are mainly engaged in research, human resources management, psychological counselling centres, and organisational counselling.

Child and adolescent psychotherapists

Kinder- und Jugendlichenpsychotherapeuten are licenced to treat patients under 21 years old. After having completed a degree in pedagogy, social pedagogy or psychology at a university or university of applied sciences, they complete a 3-to-5 year state-regulated psychotherapeutic training course before obtaining their licence to practise psychotherapy.

Psychotherapists with a medical degree

Mental illnesses are also diagnosed and treated by medical specialists. Medical psychotherapists may, for example, be medical specialists in psychiatry and psychotherapy or in psychosomatic medicine and psychotherapy. These physicians have studied medicine at a university and then completed further training in the treatment of mental illness.

Primary care physicians

Many people will first go to their family doctor if they are having psychological difficulties because they have known them for a while, and therefore feel they can confide in them.

Indeed, some people first become aware of the physical symptoms of their mental illness. They might be sleeping poorly, experiencing stomach pains or heart palpitations. Many mental illnesses are associated with physical ailments. A primary care physician will examine whether there is an organic reason for the ailment or whether it is due to mental illness.

If your physical symptoms are psychological in origin and if conversations with your family doctor do not adequately address the issue, he or she should refer you to a psychotherapist for a consultation. The psychotherapist will examine your psychological symptoms more closely and advise you whether a therapy is necessary or whether any self-help treatments would be advisable.

Outpatient clinics

In addition to the psychotherapeutic practices, there are psychotherapeutic outpatient clinics within various institutions, including:

- universities,
- hospitals,
- training institutes for psychotherapists.

Generally, university outpatient clinics belong either to an institute for clinical psychology and psychotherapy, or the university's department for psychosomatics and psychotherapy, or its department of psychiatry and psychotherapy.

You can also call psychotherapeutic outpatient clinics directly and make an appointment without a referral.





Inpatient treatment

To receive treatment in a hospital, you usually need a referral from a psychotherapist or a medical specialist. In emergencies, however, you can contact the outpatient department of a hospital directly and explain why you would like inpatient treatment.

In addition to your family doctor, the following specialists, in particular, can refer you to an inpatient treatment facility:

- psychological psychotherapists,
- paediatric and adolescent psychotherapists,
- medical specialists in psychiatry and psychotherapy,
- neurologists,
- medical specialists in paediatric and adolescent psychiatry and psychotherapy.

Various types of hospitals provide treatment for mental illnesses:

- psychiatric and psychotherapy hospitals,
- hospitals for psychosomatic medicine and psychotherapy,
- general hospitals with corresponding specialised wards.

Treatment in a hospital may be advisable if your mental illness is particularly serious, or if your outpatient treatment has not been adequate or has not led to any improvements. The main advantage of inpatient treatment is that you are monitored and cared for very closely and intensively, and that you receive immediate assistance in the event of psychological crises. In a hospital, you also generally receive combinations of various treatment methods, such as, for example, individual and group therapy, but also art therapy or music therapy, occupational therapy and physiotherapy, or sports therapy and movement therapy.

There may also be other reasons for inpatient treatment. A hospital stay can remove you, for instance, from stressful conflicts at work or in your family. Such sources of stress can make it difficult to treat mental illnesses. After a stay in hospital, however, you will need to learn to cope with such everyday strains. Once patients leave hospital care, their treatment must, therefore, be continued in a psychotherapeutic practice. After having received a lot of support in the hospital, you will then have to learn how to maintain the improvements you achieved there, in spite of the stressfulness of everyday life.

Whereas patients in a psychiatric hospital are generally treated with a combination of medication and psychotherapeutic interventions, psychosomatic hospitals focus on psychotherapeutic treatment concepts.

Psychosocial counselling centres

When facing conflicts and crises in your life, you can also turn to psychosocial counselling centres, which offer you help in coping with burdens that you may sometimes no longer be able to cope with on your own. Most of these centres specialise in treating specific groups of people, such as:

- children, youth and parents,
- couples and families,
- chronically ill people,
- women.

Others focus on particular topics, such as:

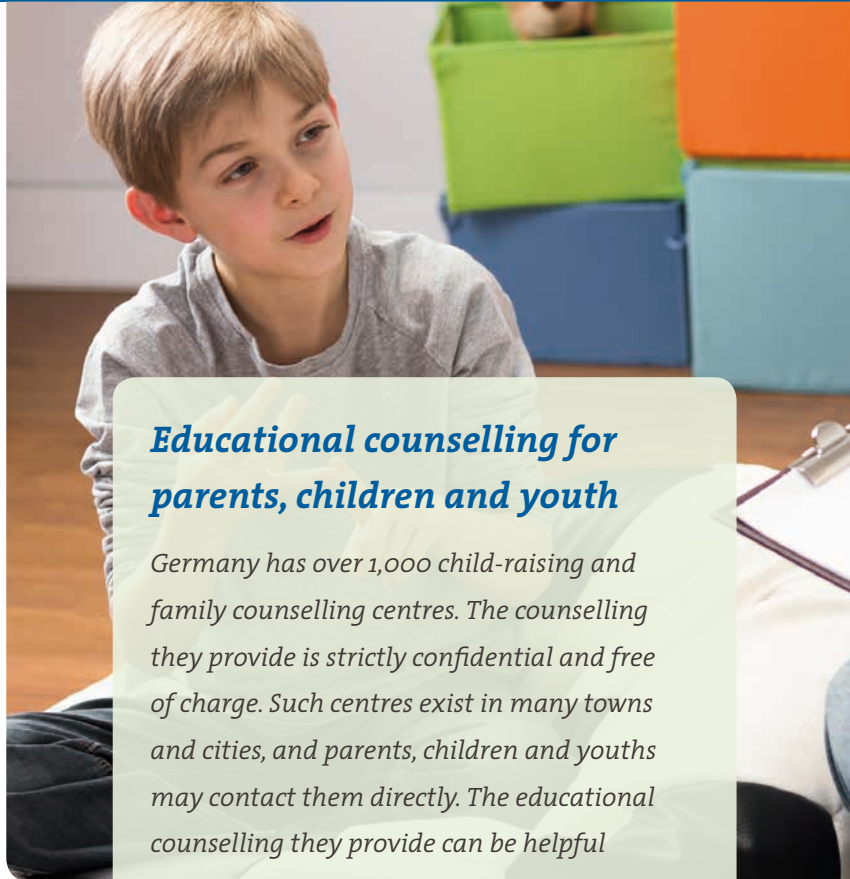
- pregnancy,
- sexuality,
- addiction.

Social workers and social pedagogues, as well as psychotherapists, work in counselling centres. These institutions are supported by municipalities, communities, churches, charities, and associations. Consultations are usually free of charge.

Their range of psychosocial services is available to anyone for whom everyday conflicts become too much to handle alone, and is aimed at people with personal and family-related problems and life crises. Generally, the addresses of counselling centres are listed in local telephone directories or can be found on the Internet by entering the keyword *Beratungsstelle*.

Special assistance for chronically ill people

Rather than providing comprehensive treatment for mental illnesses, social psychiatric centres counsel and support people with mental illnesses in their everyday lives, as well as through psychological crises. They assist people in bringing structure to their daily lives and in undertaking meaningful activities, and they prepare rehabilitative measures. In addition to treating the patients, they help their relatives, friends and work colleagues. An intrinsic goal of the centres is to integrate mentally ill people into society.



Educational counselling for parents, children and youth

Germany has over 1,000 child-raising and family counselling centres. The counselling they provide is strictly confidential and free of charge. Such centres exist in many towns and cities, and parents, children and youths may contact them directly. The educational counselling they provide can be helpful with respect to every aspect of child and youth development and upbringing. The centres can also assist with family conflicts, including parental separation and divorce, where the children are behaving in conspicuously abnormal ways or are having difficulties fulfilling scholastic requirements.

To obtain the address of a counselling centre near you, visit the website of the Bundeskonferenz für Erziehungsberatung (www.bke.de). Simply enter your postal code or the town in which you live.

Most social psychiatric centres are staffed by collaborative teams of physicians, psychotherapists, social workers and social pedagogues. Some centres also employ nurses and occupational therapists. They are members of the public health service, and the services they provide are among the obligatory responsibilities of Germany's districts and *kreisfreie Städte* (district-independent cities). Most of these services are provided at no charge. The addresses of these centres are listed on the websites of the various cities' and municipalities' health departments.



Addiction-related counselling

In Germany, there are special counselling and treatment options for mentally ill people who suffer from an addiction.

Many substances that influence a person's brain are also potentially addictive, in that they are experienced as pleasant, stimulating, calming or fear-relieving. These include alcohol, various medications, cannabis, heroin, cocaine or newer illicit drugs, such as crystal meth, as well as 'legal highs', such as incense blends and bath salts. Moreover, in addition to substance addictions, there is the irresistible desire to engage intensively in certain activities, such as gambling and computer games.

Drugs become a health hazard if they lead to mental or physical dependence. However, people who have a drug addiction or dependency are often unwilling to admit that they consume too much of it, and too frequently. No one likes to admit, for example, that he or she has lost control over how much alcohol he or she drinks on a regular basis. Indeed, many people are afraid of being labelled as 'alcoholics', shunned by friends, or dismissed by their employer.

Yet, there are many ways to get counselling without anyone else knowing about it. An initial person you can turn to for help is your family physician or another primary care physician. You can also discuss with a psychotherapist whether, for instance, your alcohol consumption is normal, or what you can do to reduce it – and a physician or a psychotherapist will naturally keep the matter confidential.

You can also seek counselling from drug abuse and addiction specialists who will provide you with answers to your questions – without anyone else finding out. And lastly, there are many self-help groups that offer you help and support.

The website of the Deutsche Hauptstelle für Suchtfragen (German Centre for Addiction Issues) is there for anyone seeking addiction counselling or therapy. It lists over 1,400 addiction counselling centres and approximately 800 treatment options in hospitals and rehabilitation clinics, as well as self-help groups.
www.dhs.de/einrichtungssuche.html

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Psychotherapeutic consultations

How do I find a psychotherapist?

Although psychotherapeutic practices are generally located close to residential areas, you can also consider if you would prefer to receive counselling or treatment close to your workplace. You can search for the addresses of practices on the websites of the *Psychotherapeutenkammern* (State Chambers of Psychotherapists) or the *Kassenärztliche Vereinigungen* (regional associations of statutory health insurance physicians, see the box on page 19 titled 'Searching for psychotherapists on the Web').

Sie sind hier: [Psychotherapeutensuche](#) / [Psychotherapeuten-Suchdienst](#)

Psychotherapeuten-Suchdienst

SCHNELLSUCHE

PLZ

Ortsname

Umkreis (in km)

Patientengruppe Kinder / Jugendliche
 Erwachsene

WEITERE LEISTUNGEN

ZUSÄTZLICHE ANFORDERUNGEN, BESONDERE WÜNSCHE



The first appointment

To make an initial appointment with a psychotherapist, you can call his/her practice directly. The hours during which the practice can be reached by phone will be posted on the practice's website or given in the outgoing message recorded on the practice's answering machine. During these hours, you can speak with either the psychotherapist or his/her receptionist to arrange an initial appointment.

You should bring your health insurance card with you to this first meeting, for which no referral is necessary. You also do not need to apply to your *Krankenkasse* (statutory health insurance scheme). Since 2017, these preliminary conversations have been designated as *psychotherapeutische Sprechstunden*, or psychotherapeutic consultations.

Searching for psychotherapists on the Web

State Chambers of Psychotherapists

There is a Psychotherapeutenkammer (State Chamber of Psychotherapists) in every federal state in Germany. Only the Ostdeutsche Psychotherapeutenkammer (East German Chamber of Psychotherapists) is responsible for more than one federal state, namely Brandenburg, Mecklenburg-Western Pomerania, Saxony, Saxony-Anhalt, and Thuringia. You will find a list of Germany's Psychotherapeutenkammern at the end of the brochure (from page 74).

To search for a psychotherapist in your area, visit the website of the Psychotherapeutenkammer in your federal state. On some of these websites, the ability to search for a psychotherapist is not offered right on the homepage but in the Patienten (patients) section. In either case, you will find a search field titled Psychotherapeutensuche, into which you simply enter your postal code to obtain a list of psychotherapists in your area. You can be assured that all those that are subsequently listed are licenced practitioners and thus entitled to represent themselves as psychotherapists.

Associations of statutory health insurance physicians

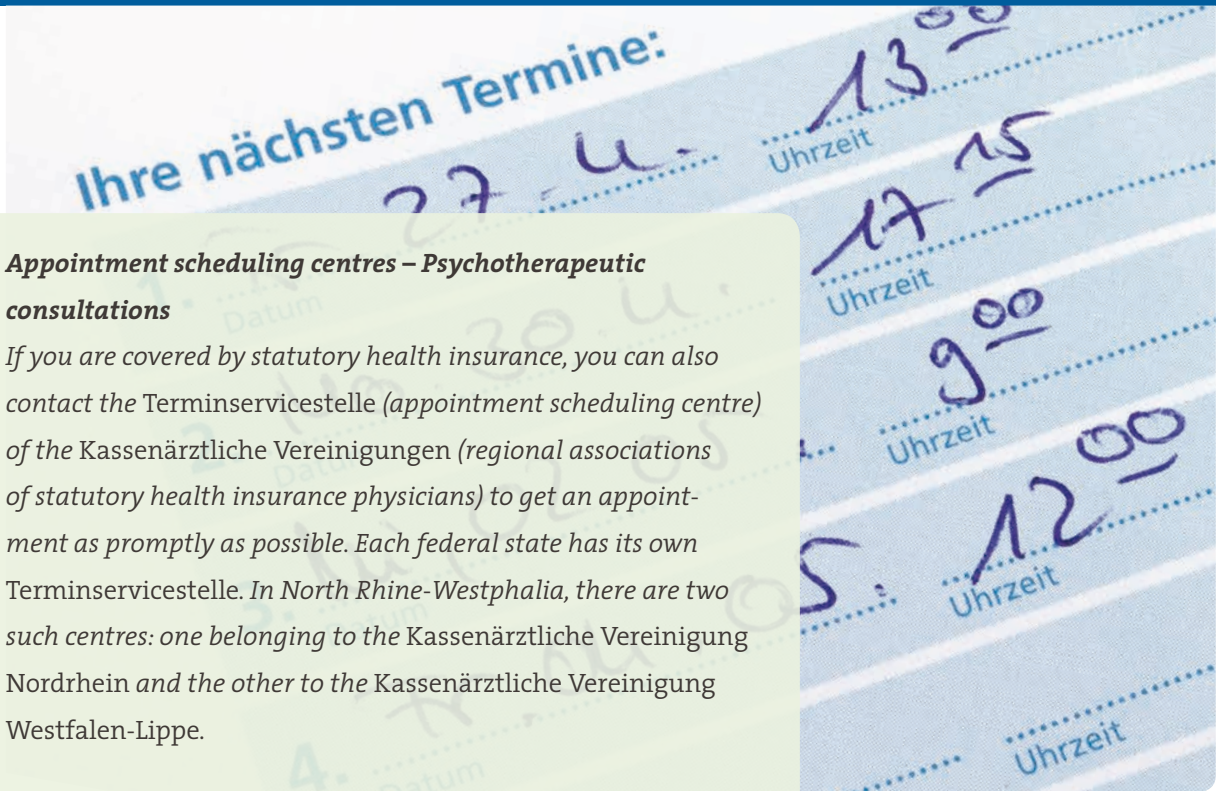
The addresses of psychotherapeutic practices are also published on the websites of the Kassenärztliche Vereinigungen. These associations represent all physicians and psychotherapists who are entitled to invoice Germany's statutory health insurance fund. You will, therefore, not find any private psychotherapy practices listed on these websites. There is a Kassenärztliche Vereinigung in every federal state. The best place to start is on the Arztsuche (physician search) webpage of the Kassenärztliche Bundesvereinigung (National Association of Statutory Health Insurance Physicians): www.kbv.de/html/arztsuche.php

Appointment scheduling centres – Psychotherapeutic consultations

If you are covered by statutory health insurance, you can also contact the *Terminservicestelle* (appointment scheduling centre) of the *Kassenärztliche Vereinigungen* (regional associations of statutory health insurance physicians) to get an appointment as promptly as possible. Each federal state has its own *Terminservicestelle*. In North Rhine-Westphalia, there are two such centres: one belonging to the *Kassenärztliche Vereinigung Nordrhein* and the other to the *Kassenärztliche Vereinigung Westfalen-Lippe*.

According to its legal mandate, the appointment scheduling service of each *Kassenärztliche Vereinigung* must within one week of being contacted provide you with the name of a psychotherapist who has an opening in his/her consultation schedule for you. This opening does not, however, have to be within the same week. In fact, you might have to wait up to four weeks for the first consultation with the psychotherapist to whom you have been placed. This four-week period begins on the day on which you requested an appointment. If, for example, you call on a Wednesday, the scheduling centre has until the following Wednesday to give you an appointment for an initial consultation, and this consultation can take place up to 3 weeks later.

The scheduling centre is under no obligation to place you with a particular psychotherapist or to offer you an appointment that suits your schedule. You might also have to accept a longer journey to the appointment than expected. In fact, the centre is entitled to place you with a practice that is up to 30 minutes farther away by public transport than the practice nearest you. If you are, however, unable to attend a proposed appointment, you are to be offered another one. You must, however, inform the scheduling agent as quickly as possible that you are unable to make the appointment proposed. Should you not honour this second appointment, the scheduling centre will no longer be obliged to offer you a further appointment.



What will be discussed?

During your psychotherapeutic consultation, the psychotherapist will clarify with you in particular what psychological difficulties you have, how they should be understood, and therefore whether you need treatment.

The psychotherapist will ask you what difficulties you have, how long you have had them, how they affect your daily life and what you have done so far to cope better. Many psychotherapists also employ questionnaires and psychological tests in these preliminary consultations.

How many appointments might be involved?

A psychotherapist may schedule up to six 25-minute consultation appointments with each new patient. He or she may also combine several of these 25-minute units into a single appointment. Some psychotherapists will propose an initial 50-minute appointment.

When the patient is a child or adolescent, up to ten 25-minute consultation appointments may be scheduled. Here, the parents are also entitled to 100 minutes of consultation without the child/adolescent present.

A consultation before any treatment

Each patient must first have had a preliminary consultation with a psychotherapist during consultation hours before he or she can begin treatment. This meeting must last at least 50 minutes. An exception to this are patients who have been treated in a hospital or rehabilitation facility due to a mental illness in the last 12 months.



What do patients learn during psychotherapeutic consultations?

During a psychotherapist's consultation hours, people with psychological difficulties can be examined and advised within a short period of time. They find out, for example:

- *how their psychological difficulties are perceived and understood,*
- *what they can do themselves to recover, psychologically,*
- *what further counselling is available to them,*
- *if joining a self-help group would be appropriate,*
- *whether they need treatment due to a mental illness,*
- *what treatment would be suitable,*
- *whether they require particularly prompt assistance and, therefore, acute therapy,*
- *whether they are fit to go to work,*
- *whether their capacity to earn a living is at risk,*
- *whether individual or group therapy is more suitable,*
- *whether they should also consult a specialist in order to be prescribed additional medication,*
- *whether the severity of their illness requires in-hospital treatment.*

Prevention is better than treatment

Even if no treatment is necessary, you may be advised to do something to prevent what is troubling you from developing into a mental illness. With this in mind, a range of courses is offered that is aimed at helping you avoid the onset of mental illness. The courses teach you, for example, how to reduce your stress level at work better or how to resolve conflicts in your personal relationships more effectively – but also how to drink less alcohol or stop smoking.

Your psychotherapist may recommend that you take one of these pre-emptive courses offered by your Krankenkasse. The Krankenkassen provide special search tools on their websites to help you find the right course for you; otherwise, your psychotherapist can advise you about this. Preventing an illness is always better than treating it after it presents itself.

If you are not mentally ill but are burdened with problems in your family, it may also be helpful to contact a marriage or family counselling centre for a consultation. Such services offered by counselling centres are generally free of charge and are available to anyone overwhelmed by everyday conflicts.

When treatment is necessary

If you are mentally ill, the psychotherapist will explain the illness to you and describe the suitable treatment. He or she will inform you, for example, if medication is necessary in addition to psychotherapy and how long the treatment is likely to last. You will also receive this information in writing in a form titled *Individuelle Patienteninformation*.

You will not necessarily undergo treatment with the psychotherapist with whom you had the consultation, as he or she might not have the time available to take on another patient for treatment. In some cases, you might, therefore, have to look for another psychotherapist for the therapy you require (see the section titled 'Appointment scheduling centres – *Richtlinienpsychotherapie*' on page 25).

Self-help

Depending on your mental illness and personal inclination, it might also be useful to join a self-help group. In self-help groups, people who suffer from the same illness or have similar issues share their experiences and help each other. They offer yet another opportunity to tackle your difficulties yourself and find a solution. One of the most valuable experiences in a self-help group is discovering that there are many other people out there struggling with the same difficulties.

The diagnosis

Before treatment begins, the psychotherapist will make a diagnosis, meaning that he or she will determine which mental illness you have. Possible examples include depressive episode, social anxiety disorder, anorexia and post-traumatic stress disorder (PTSD). Some of the names of mental disorders are difficult to understand, so have your psychotherapist explain the diagnosis to you in plain and simple terms. Information on particular mental illnesses is also available in German on the website of the BPTK in the *Patienten* section.

Treatment guidelines

For many mental illnesses, there are guidelines in place for diagnosis and treatment. These are recommendations that are intended to be followed by psychotherapists and physicians and are based on the best knowledge available at the time they were created. In particular, these guidelines recommend which treatment options are available and when psychotherapy or medication is more advisable, or whether both work best together.

The terms employed for these illnesses must be derived from the International Classification of Diseases (ICD), a list of recognised diseases on which physicians and psychotherapists around the world have agreed. ICD-10, the 10th version of the ICD, is currently in effect as the internationally recognised description of all physical and mental illnesses and their symptoms. It was developed and prepared by the World Health Organisation and is binding in Germany.

Amongst the recognised guidelines in Germany is the *Nationale Versorgungsleitlinie Unipolare Depression* (national guidelines for the treatment of unipolar depression), which generally recommends:

- psychotherapy for mild depression,
- either psychotherapy or medication for moderate depression,
- both psychotherapy and medication for severe depression.

The complete guidelines are presented to patients in plain and simple terms (in German) at www.patienten-information.de.

There are also treatment guidelines for anxiety disorders, eating disorders, bipolar disorders and various addictions (alcohol, tobacco and crystal meth). For some of these guidelines, more accessible versions for patients are also available at www.awmf.org/leitlinien/patienteninformation.

You've just been told that psychotherapy would be advisable

A psychotherapist has determined during a consultation session that you are mentally ill and need treatment. In many cases, he or she will recommend *Richtlinienpsychotherapie* (directive-compliant psychotherapy, see the section titled 'What is Richtlinienpsychotherapie?' on page 24). Although she might perform the treatment herself, it is also possible that she is unable to take on another patient, in which case you will need to find another psychotherapist.

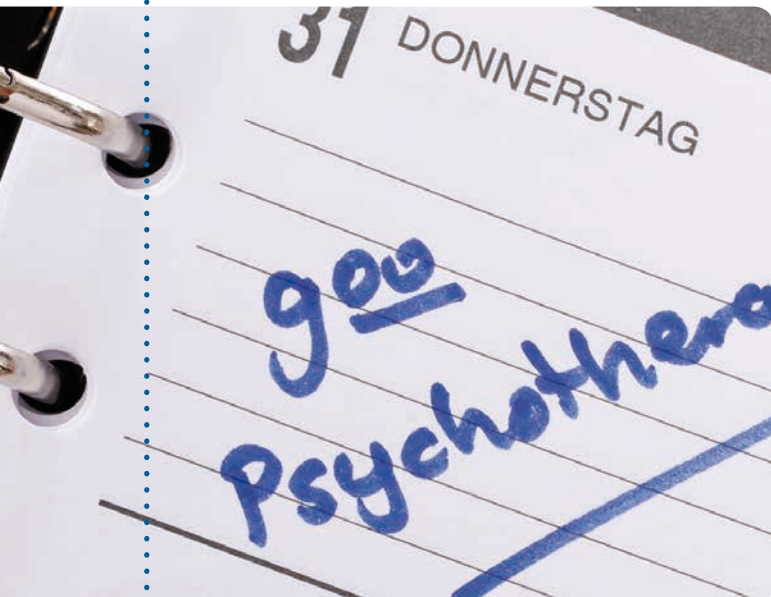
The loved ones of mentally ill people can also benefit from the experience and information-sharing that occurs in self-help groups. To find out more, visit the Nationale Kontakt- und Informationsstelle (national contact and information centre for self-help groups) at www.nakos.de. Right on this website's homepage, you can enter keywords like 'depression' and 'Berlin' to receive a list of Selbsthilfekontaktstellen (self-help contact centres) where you can receive advice in person about available self-help groups.

What is Richtlinienpsychotherapie?

In psychotherapy, mental illnesses are treated with scientifically proven methods. In Germany, the provision of psychotherapy is financed by the gesetzliche Krankenversicherung. However, only those psychotherapeutic methods that have been recognised as effective by the Gemeinsame Bundesausschuss (Federal Joint Committee) may be employed (see 'Federal Joint Committee', page 51).

These recognised psychotherapeutic methods are listed in the Psychotherapie-Richtlinie (committee's psychotherapy directive). Treating a mental illness with a recognised method is therefore also called Richtlinienpsychotherapie (directive-compliant psychotherapy). These methods currently include:

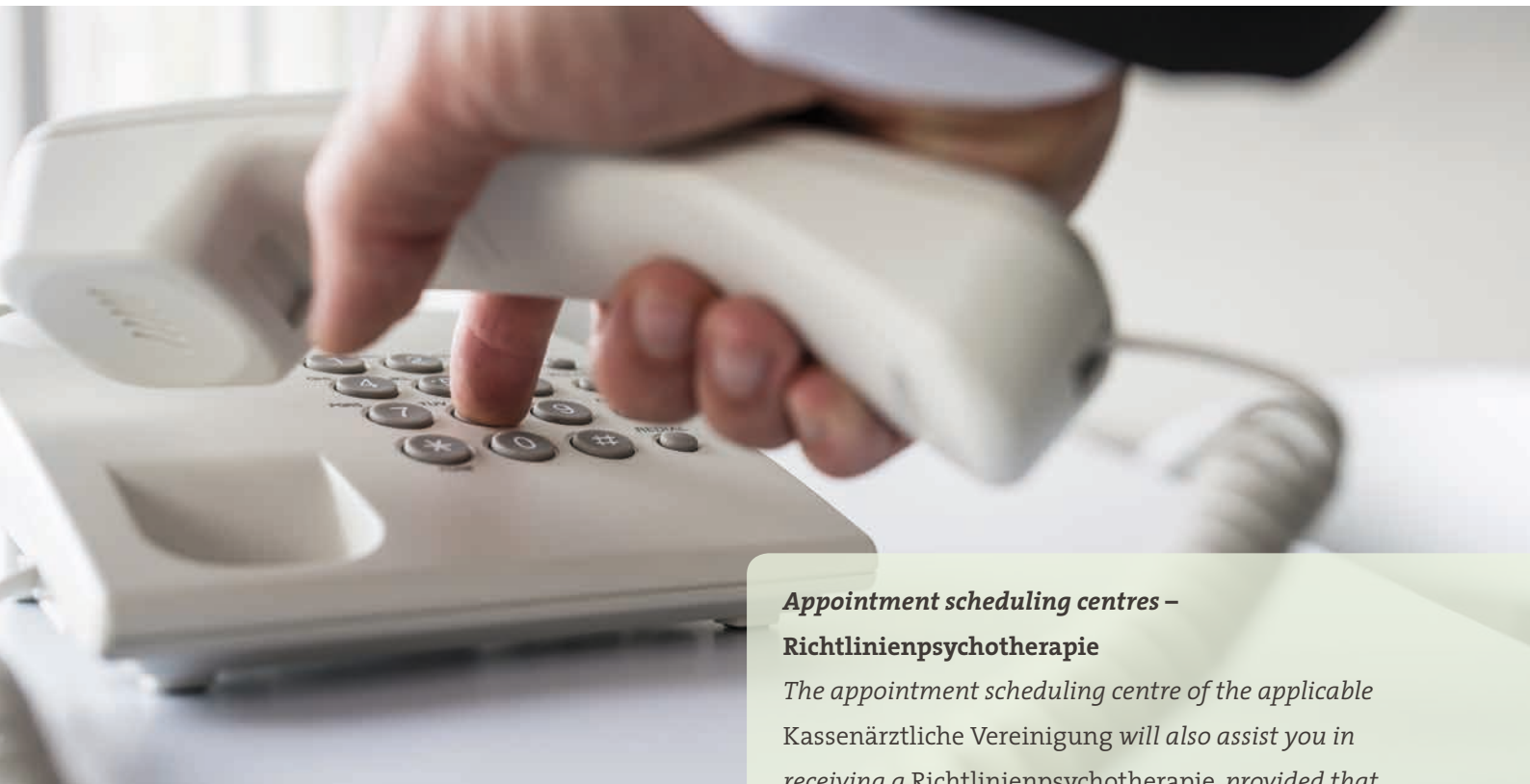
- psychoanalytic psychotherapy,
- psychodynamic psychotherapy,
- and behaviour therapy.



Waiting times

Unfortunately, you will not always find a registered psychotherapist who can treat you at short notice. Many psychotherapists have waiting lists.

If the psychotherapist with whom you have been in consultation cannot perform the treatment, you will need to find another one yourself. Your first step in doing so should be to inquire with the licenced psychotherapists nearest you (see 'How do I find a psychotherapist?' on page 18). Immediately during these initial phone calls, you should state that you have already had a consultation and have been advised to receive *Richtlinienpsychotherapie*.



The appointment scheduling centre will also help you in getting *Richtlinienpsychotherapie*.

**Appointment scheduling centres –
Richtlinienpsychotherapie**

The appointment scheduling centre of the applicable Kassenärztliche Vereinigung will also assist you in receiving a Richtlinienpsychotherapie, provided that your case is urgent. For this, the diagnosing psychotherapist will have had to certify in writing during the consultation that your need for psychotherapeutic treatment is urgent. This recommendation will also appear in the form titled Individuelle Patienteninformation. In this case, the appointment scheduling centre will find you a psychotherapist with whom you can begin your trial sessions.

The centre must attempt to arrange an initial appointment for a Richtlinienpsychotherapie that occurs within four weeks. If you find that you and the assigned psychotherapist are not compatible, you are entitled to be referred to another psychotherapist.

If the appointment scheduling centre is unable to arrange an appointment with a registered psychotherapist, it must then try to arrange an appointment in a hospital outpatient clinic for you.

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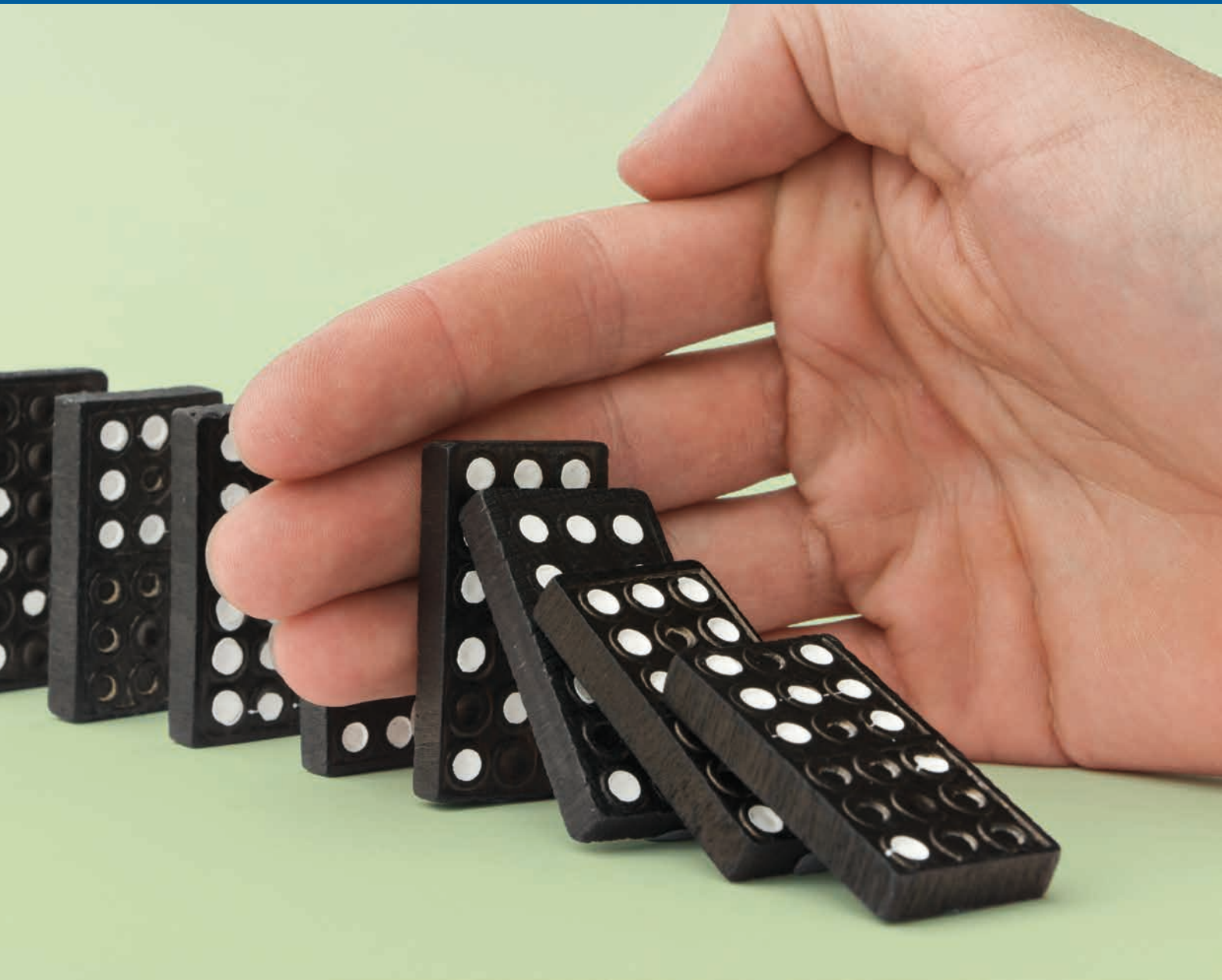
Your rights as a patient

Acute care – Responding rapidly to crises

If you are in crisis or facing exceptional circumstances, psychotherapists can also help you at short notice and offer you further post-consultation appointments. It is for these cases that Akutbehandlung (acute care) is intended. You are entitled to such urgent assistance if, for example, you are otherwise seriously or chronically ill, are no longer able to work, or would otherwise need to be admitted to hospital.

Akutbehandlung consists of up to 24 sessions of 25 minutes each. Several such 25-minute units can also be combined to form a much longer session of, for instance, 100 minutes. You are not required to apply to your *Krankenkasse* for *Akutbehandlung*. Instead, the psychotherapist who found during the consultation session that you require *Akutbehandlung* will provide you in your *Individuellen Patienteninformation* form with a written recommendation to this effect.

You will need this recommendation in particular if the psychotherapist with whom you were in consultation has no free appointments for *Akutbehandlung*. Armed with this recommendation, you will be able to find another psychotherapist on your own.



Appointment scheduling centres

If you cannot find a psychotherapist yourself who can treat you at short notice, you can turn to one of the *Terminservicestellen* (appointment scheduling centres) of the *Kassenärztliche Vereinigungen*. These centres must attempt to arrange an initial appointment for *Akutbehandlung* that occurs within two weeks. If the appointment scheduling centre is unable to arrange such an appointment, it must then try to arrange an appointment in a hospital outpatient clinic for you.

For this, the scheduling centre requires a recommendation for such treatment from the psychotherapist with whom you consulted. He/she will hand you an *Individuelle Patienteninformation* form containing this recommendation. You must provide the scheduling centre with the form's 12-digit code.

Before *Akutbehandlung* begins, you must be seen by a primary care physician (GP) or specialist. In particular, the physician must determine whether your psychological symptoms have any organic causes.

In special cases, *Akutbehandlung* can also begin without you having previously had a psychotherapeutic consultation. This is possible if you have previously been treated in a hospital or rehabilitation facility due to mental illness.

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Trial sessions

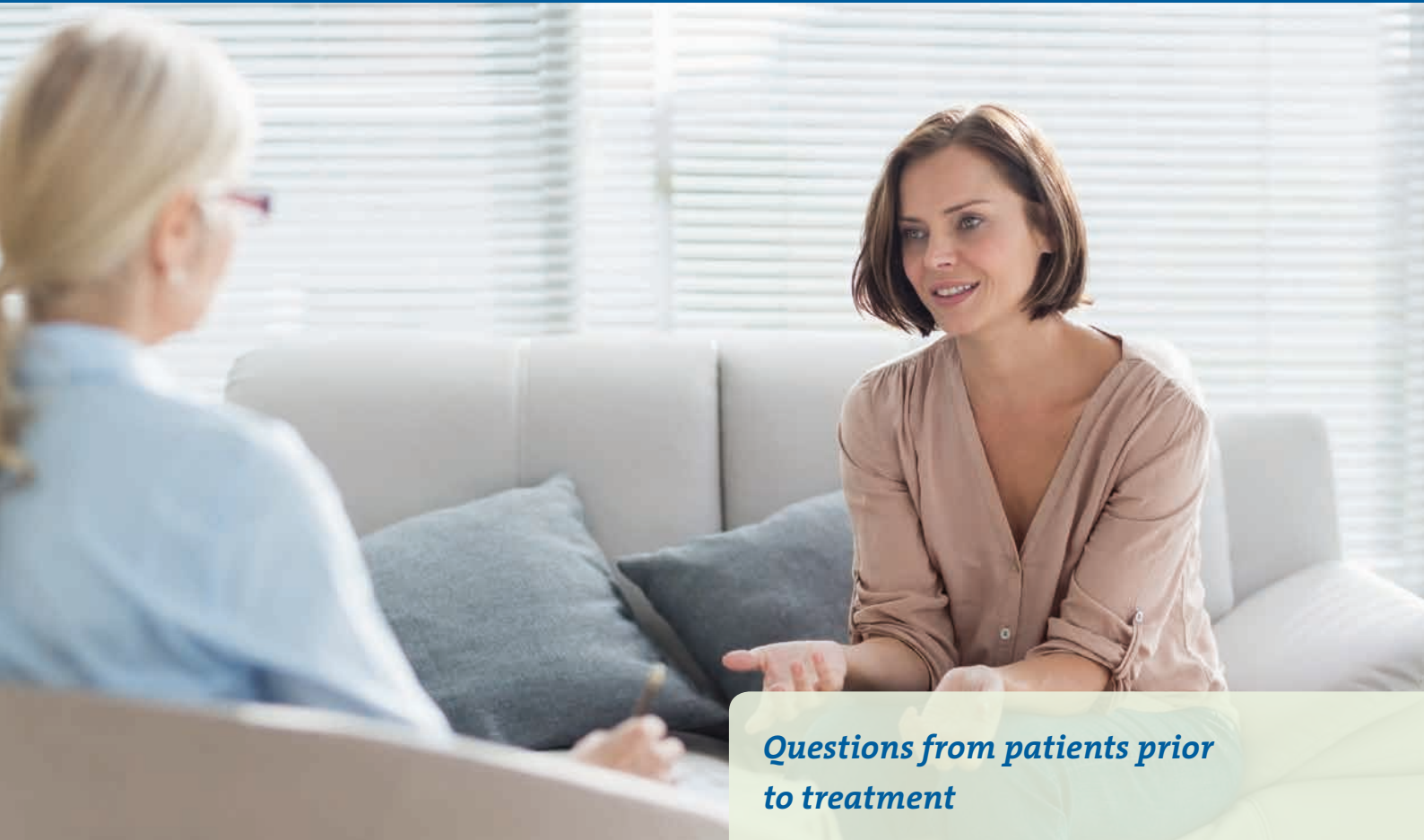
Before you begin a directive-compliant psychotherapy treatment, the psychotherapist who can provide treatment will conduct trial sessions with you. These are sessions intended in particular to determine whether the patient and the psychotherapist are personally suited to each other and can establish a trusting therapeutic relationship.

This is essential for your psychotherapy to succeed. During these introductory conversations, you should pay attention to whether you feel comfortable opening up to the psychotherapist, whether the 'chemistry' is right, and whether you can work together. After all, it is very important that you have the fundamental impression that you can talk to the psychotherapist about anything and everything. Meanwhile, the psychotherapist will be determining whether you are a good fit for therapy and whether he or she can offer the treatment that is right for you. For these reasons, these first sessions of psychotherapy are called probationary or trial sessions.

During these sessions, the patient can also ask any questions he or she may have about psychotherapeutic treatment (see the box titled 'Patient questions before treatment' on page 33).

The psychotherapist will also use the trial sessions to develop a treatment plan. In particular, he will explain to you which psychotherapeutic modality he considers suitable (see 'Psychotherapeutic methods' on page 45) and what specifically is to occur during therapy. If you agree with this treatment plan, either short or long-term therapy can be started (see 'Duration of psychotherapy' on page 39). You must, however, first apply to your health insurer for treatment coverage (see 'Applying to your health insurer for coverage' on page 35).

Before starting the treatment, a minimum of two and a maximum of four trial sessions of 50 minutes each must be completed. In the case of children and adolescents, up to 6 trial sessions can be held. You do not need to apply to your health insurer for the trial sessions, as it will cover the cost of these automatically.



Questions from patients prior to treatment

Before your treatment begins, you should use your first consultations with your psychotherapist to ask any questions important to you.

Here are some frequently asked questions:

- *What are the individual therapy sessions like?*
- *How long is the treatment expected to take?*
- *What is the psychotherapist's experience in treating my type of mental illness?*
- *How successful can the treatment be?*
- *What can I accomplish, realistically?*
- *What are my treatment alternatives?*
- *What if I have to cancel an appointment?*
- *What expenses might I have to pay as a patient?*

Are the patient and the psychotherapist mutually compatible?

For the treatment of your illness to be successful, it is important that the psychotherapist and the patient are a good fit. During the trial sessions, you should, therefore, try to get a sense of whether you can speak openly and trustingly with the psychotherapist. If this is difficult to imagine, you should speak about this with him or her. As a matter of principle, you have the option to seek another psychotherapist. If it is important to you that your psychotherapy be performed by either a male or a female psychotherapist, you should take this into account when choosing one.

It's important to be able to speak openly and trustingly with your psychotherapist.



Treatment protocol and consent

When the trial sessions have concluded, the psychotherapist will explain to you what the treatment might involve and decide together with you whether to begin psychotherapy. He or she will explain to you whether and with which psychotherapeutic methods (see page 45) your illness can be treated, and whether medication can also be considered (see page 49). He or she will describe the treatment alternatives, along with their benefits and drawbacks. He or she will also tell you how long the treatment will take (see page 39) and will set treatment goals with you. In the course of treatment, these goals are repeatedly reviewed and, if necessary, adjusted or changed. Once your treatment goals have been achieved, the psychotherapy can be concluded.

You must consent to the proposed treatment; otherwise, the psychotherapist is not permitted to treat you as a patient. Although it is sufficient to give your consent orally, many physicians will ask for it writing. You may revoke your consent at any time, without formality.

Information and consent

In principle, the psychotherapist must explain the treatment to the patient orally. At the beginning of treatment and, if necessary, during the course of treatment, the psychotherapist must explain the 'essential aspects' of the planned treatment plainly and understandably (§ 630c Bürgerliches Gesetzbuch – German Civil Code).

In particular, the patient must be informed about:

- *the diagnosis,*
- *the anticipated change in health (prognosis),*
- *the therapy (e.g. the general aspects of the proposed therapy method),*
- *and the measures to be taken during and after therapy (e.g. keeping a symptom diary).*



Applying to your health insurer for coverage

Before psychotherapy can begin, it must be determined whether your psychological difficulties have any physical causes. You must, therefore, first be examined by a primary care physician (GP) or specialist.

If no physical causes for your psychological difficulties are found, you can apply to your health insurer for psychotherapeutic treatment. The statutory health insurance funds only cover the costs of approved psychotherapy. An application for coverage is necessary for both short-term and long-term therapy.

You can obtain the application form, as well as further information, from your psychotherapist, who will help you fill it out. You must also sign the application before submitting it.

If long-term therapy is planned, your psychotherapist will also have to explain in a report why he considers treatment to be necessary and what he or she has planned for the therapy. The report is then reviewed by an expert who is himself/herself a psychotherapist. This step is called the *Gutachterverfahren*. The report does not name the patient and your health insurer is never given the opportunity to read it.

If your health insurer approves the psychotherapy, you can start treatment. If your application is rejected, the health insurer must justify its decision, as well as assign you someone to contact, including her/his contact details. You can appeal against the refusal with the support of your psychotherapist.

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In focus: The discussion

Psychotherapists conduct conversations with you. They exchange with you about your state of mind, your thoughts, feelings and aspirations. Initially, many patients ask themselves if that's enough – if it really helps simply to talk.

Finding the words to relate your thoughts, feelings and aspirations, and to express what's on your mind.

Experience shows that it helps much more than most patients starting psychotherapy for the first time consider possible. There are two reasons for this: Conversation helps you find the words to relate your thoughts, feelings and aspirations, and to express what's on your mind. During the conversation, the psychotherapist will ask you to find words to describe what is affecting you mentally.

In psychotherapy, you might recognise and express thoughts and feelings for the first time, which you were previously unaware of. This will enable you to perceive yourself and what you are experiencing differently and more precisely. This 'recognition of what is affecting you

mentally' and talking about it with your psychotherapist is an important first step in a course of psychotherapy.

It can then be a matter of thinking together with the psychotherapist about what you want to change about the way you deal with yourself and others and what makes the change difficult. Changes are not easy; they are often challenging. The psychotherapist, therefore, assists you in imagining possible changes and in making them. You explore what you want to do differently and discuss it with your psychotherapist. This will enable you to alter your personal relationships and your everyday life in such a way that you will no longer suffer through them or no longer suffer through them as much.

In psychotherapy, you develop a therapeutic relationship that helps you to get acquainted with previously unknown aspects of your psychic life. At the same time, you become better able to recognise patterns in your behaviour and relationships that have been stressful in your life. Or you will learn practical exercises that will help you to cope better with stress and problems in your life. A psychotherapist, therefore, conducts conversations with you. Psychotherapists consider this kind of communication to be the most effective means of recovery from psychological difficulties and illnesses.

Professional confidentiality

Your psychotherapist may not tell anyone about what you are discussing in psychotherapy – not your employer or your partner or other family members – unless you explicitly wish them to do so.

Psychotherapists are bound to secrecy. Specifically, they are forbidden to pass on personal information about a patient to others without the patient's express consent (§ 203 Strafgesetzbuch – German Criminal Code). Violating this confidentiality is punishable by imprisonment for up to 12 months or by a fine.

Duration of psychotherapy

Most mental illnesses develop over weeks, months and, often, even years. Their successful treatment also requires sufficient time – usually months, but sometimes even years. Generally, the longer a mental illness has existed, the longer its treatment takes. A new depressive disorder may, therefore, be treated more quickly than a chronic depression that you have been suffering from since your youth.

As a rule, you should be prepared for a treatment period of several months. During this time, you will usually receive one 50-minute treatment session a week. In some cases, it will be several such sessions a week. In the final phase of a therapy, longer intervals between sessions can also be appropriate.

In psychotherapy, a basic distinction is made between short-term and long-term therapies. Your psychotherapist will discuss with you the length of treatment that he or she finds advisable in your case. Whether for a short-term or long-term therapy, you must first apply to your health insurer for treatment coverage (see 'Applying to your health insurer for coverage' on page 35).

In the case of statutory health insurance, your *Krankenkasse*, initially approves a fixed number of treatment sessions in the form of so-called *Stundenkontingente* (session quotas). The allotted number of sessions determines how many treatment sessions are initially possible. If the agreed treatment goals are reached ahead of time, the psychotherapy can also be terminated earlier. If, how-

ever, the goals have not been achieved by the time the approved number of sessions has been used, psychotherapy can be extended. This requires submitting another application for coverage.

Short-term therapy

The most common psychotherapy is short-term therapy. Roughly three-quarters of psychotherapeutic treatments do not take longer than 25 50-minute sessions. Short-term therapy is divided into two segments, each consisting of 12 treatment sessions. If the first 12 sessions are not sufficient, a further 12 sessions can be requested from the patient's health insurer. If it becomes apparent in the course of short-term therapy that a longer treatment period is required, the short-term therapy can also be converted into long-term therapy.

Long-term therapy

In the course of conversations with your psychotherapist, it may become clear that a longer treatment period is necessary. The potential number of treatment sessions involved in long-term therapy depends on the psychotherapeutic method employed. Roughly a quarter of psychotherapeutic treatments are long-term and about one per cent of treatments consist of more than 100 sessions. Long-term therapies can also be extended. In this case, as well, an application must be submitted to your health insurer.

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Long-term therapy sessions

The statutory health insurance funds approve a fixed number of treatment sessions in the form of so-called *Stundenkontingente* (session quotas). The allotted number of sessions determines how much treatment time is initially possible. If the psychotherapist and the patient determine together that the agreed goals of the treatment have been achieved, psychotherapy can also be terminated earlier. Psychotherapy therefore often takes a shorter period of time than that of the approved number of sessions.

The size of *Stundenkontingenten* varies depending on the psychotherapeutic method to be employed. In the case of behaviour therapy and psychodynamic psychotherapy for adults, up to 60 sessions are initially allotted; whereas up to 160 sessions are initially approved for psychoanalytic psychotherapy. In addition, as indicated in the table below, there are quotas for group therapy sessions, which are double-unit sessions, for some of the therapy methods. Long-term therapies can be extended. In this case, another application must be submitted to your health insurer.

	Psychoanalytic psychotherapy	Psychodynamic psychotherapy	Behaviour therapy
Long-term therapy			
Adult (individual/group)	160/80	60	60
Child (individual/group)	70/60	70/60	60
Adolescent (individual/group)	90/60	90/60	60
Therapy extension			
Adult (individual/group)	300/150	100/80	80
Child (individual/group)	150/90	150/90	80
Adolescent (individual/group)	180/90	180/90	80

Note: The figures indicate the allowable number of 50-minute sessions in each case.

Treatment phases

At the beginning of psychotherapy, the aim will be to establish a sound relationship with your psychotherapist and to talk about your illness and its symptoms. This process of getting to know each other will already begin during the trial sessions (see page 32).

This phase is usually followed by grappling with your illness and the underlying problems associated with it. Over time, you will understand these problems of yours better. For example, you will start to recognise typical patterns to how you have shaped relationships, solved conflicts and tried to overcome problems. With the support of your psychotherapist, you can try new approaches to these things and gain new experiences. You may also go through difficult phases in which you have doubts about whether psychotherapy is good for you or helps you (see 'Difficult phases in psychotherapy' on the right).

The approaches to psychotherapy are very specific, depending on what you have experienced and what strategies you have developed so far to deal with problems and conflicts. Your psychotherapist will help you to find out which skills you have and which approach suits you best.

Every approach, however, has the same single objective: that your feelings, your thoughts and your behaviour will no longer hinder you in mastering the challenges you face in your family life and work life and in resolving interpersonal conflicts. It is possible not to be overly afraid of people and circumstances. It is possible not to withdraw into yourself again and again and to occupy yourself with stressful thoughts. It is possible to relax without alcohol or sedatives, to overcome fears and to leave everyday stress behind.

Psychotherapy can be very effective in helping you overcome your mental illness.

Sometimes, however, mental illnesses become chronic, which means that they do not completely disappear. Psychotherapy is then about helping you to live better with your illness and to cope with stress factors in your life as well as possible.

Difficult phases in psychotherapy

Phases in which you doubt the effectiveness of psychotherapy can be part of treatment. It may also happen that your psychological symptoms temporarily intensify in the course of treatment. It is also possible that other psychological difficulties occur. You might find that it's all too much for you or that things aren't progressing fast enough.

If so, you should discuss these things with your psychotherapist. A psychotherapist is well aware of the problems and difficulties that can occur during treatment.

If you remain dissatisfied for a prolonged period of time and have fundamental doubts about the success of your treatment, there are low-threshold counselling services set up by some psychotherapist associations that can also help. You can find their contact details on the website of the Psychotherapeutenkammer in your region. Naturally, you can also terminate a course of therapy prematurely. If you do, your psychotherapist will respect this decision. If you wish, he or she will be able to recommend a colleague to continue your treatment.

With the support of your psychotherapist, you can try new approaches to these things and gain new experiences.

The end of your psychotherapy is reached when the goals you have set for yourself with the psychotherapist have been achieved. Your psychotherapist will not treat you any longer than necessary. In fact, his or her aim is to help you get along in the future, if possible without any psychotherapeutic assistance.

It may also be that you and your psychotherapist have the impression that you are on the right track, but not yet at your destination. In this case, you can extend your treatment. Short-term therapy may be followed by long-term therapy, and it is also possible for long-term therapy to be extended. Both require a professionally justified application to the health insurer (see 'Long-term therapy sessions' on page 42).

The end of therapy also entails parting ways with your psychotherapist. In most cases, it is sensible to discuss the impending end of the therapeutic relationship in the final sessions of therapy.

The final phase of psychotherapy is about preparing you for the future. Some of the questions you might be asking yourself in this phase are:

- What are my goals for my further development?
- What can I do to preserve what I have achieved and advance towards my longer-term goals?
- What can I do if my mental difficulties recur or worsen?

A smooth transition at the end of treatment

To ensure that the end of psychotherapy is not too abrupt from one week to the next, the intervals between your final treatment sessions can be increased. In this case, you might end up only seeing your psychotherapist once a month, for example. The aim of this phase is also to prevent relapses – also known as relapse prophylaxis. These efforts will improve the likelihood that your progress made in therapy will be retained.



Psychotherapeutic methods

Different paths – the psychotherapeutic methods

Many of the various paths that can be taken in conducting psychotherapeutic consultations have proven to be highly effective; however, not all are covered by the *gesetzliche Krankenversicherung*. Those that are covered currently are:

- **psychoanalytic psychotherapy,**
- **psychodynamic psychotherapy,**
- **behaviour therapy.**

The health insurers cover the costs for:

- **neuropsychological therapy.**

This can be used to treat organically caused mental disorders.

Also effective, according to studies, is:

- **systemic therapy.**

At present, the statutory health insurance funds do not cover the costs of this psychotherapeutic procedure if it is performed by a registered psychotherapist. Psychotherapists in hospitals and psychosocial counselling centres, however, have greater leeway. In principle, any effective psychotherapeutic method can be employed in these institutions.

Individual and group therapy

Outpatient psychotherapy usually consists of individual therapy in which a patient talks with a psychotherapist. Group therapy, however, is also becoming increasingly common, sometimes as a supplement to individual therapy. In group therapy, 3 to 9 patients and a psychotherapist sit together in a circle so that everyone can see each other. The sessions are usually 100 minutes long, but there are those that last only 50 minutes. The benefit of group therapy is that each patient is able to learn from the accounts and experiences of the others as observers. In addition, each of the patients gets feedback from the others.

Psychoanalytic psychotherapy

Psychoanalytic psychotherapy goes back to psychoanalysis, which was established by Austrian neurologist Sigmund Freud at the end of the 19th century and has been further developed ever since. According to analytical psychotherapy, mental illnesses are caused by inner conflicts that people have experienced in their lives and in their relationships – in particular in their first years of life. The human psyche often excludes – i.e. represses – painful and particularly stressful experiences from conscious perception. These suppressed conflicts, however, continue to influence how we think, feel and act. Our early relationships with our parents and siblings, for example, shape our later relationships as adults. They can also lead to mental illness if the patterns we learned as a child turn out to be disruptive or useless in later life. According to psychoanalytic theory, mentally ill people repeat relationship patterns that were originally a solution but no longer prove helpful in other relationships.

In a psychoanalytic session, the psychotherapist will help you to recognise your relationship patterns and the repressed feelings, memories and inner conflicts that go with them. In return, you describe to the psychotherapist what thoughts and memories are going through your mind without evaluating or passing judgement on what you are saying.

While listening, he/she will assume that the associations are not random but in some way telling about what is affecting you mentally and shaping your behaviour. Your therapist will also pay attention to how you shape your relationship to him/her. He/she will be operating on the assumption that your relationship with him/her will shed light on patterns that you have learned, in particular as a child, or that have been shaped by past traumatic experiences. By discussing your associations and relationships, you will be able to recognise and clarify why you feel and act the way you do, and whether it is still appropriate in your current circumstances. The aim is to find new paths away from the recurring dead-ends through a deeper understanding of yourself.

In psychoanalytic psychotherapy, you usually lie on a couch and have only limited eye contact with the psychotherapist. This permits you to be freer in your thoughts and feelings, and allows you to turn more towards your inner world. Psychoanalytic psychotherapy is usually a long-term therapy and often lasts two or more years. It generally involves two or three therapy sessions per week.

Psychodynamic psychotherapy

Psychotherapy based on psychodynamic psychology also has its roots in psychoanalysis. It also assumes that certain unconscious conflicts, which we were unable to resolve in an earlier phase of life, influence later life. These repressed experiences can later be reactivated by new events, thus placing a heavy burden on us and causing mental suffering.

A psychotherapist who practices psychodynamic psychology will also help you to recognise the unconscious conflicts that are currently leading to your mental suffering. She or he will look with you for ways to solve these conflicts so that they burden you less and no longer make you mentally ill.

In psychodynamic psychotherapy, you do not lie on a couch but sit opposite your psychotherapist and maintain eye contact. The psychotherapist will usually schedule 1 or 2 treatment sessions per week with you. The treatment is often shorter than with psychoanalytic psychotherapy and can last between 6 months and 2 years.

Behaviour therapy

Behaviour therapy assumes that our psyche and behaviour are shaped by our life experiences. From these experiences, we draw our conclusions about how best to relate to ourselves and others. The behaviour therapist emphasises that many of our psychic qualities, behaviour patterns and abilities have been learned. Depending on the genetically inherited sensitivity of the individual, mental illnesses can be triggered by stressful experiences. Such burdens can trigger stress in the form of physical and psychological reactions. If the burdens are too great or last too long, mental illnesses can develop.

In behaviour therapy, it is also important how you shape your relationships and how you deal with conflicts. Your psychotherapist first asks you what you are suffering from, about what is currently burdening you and affecting your life. Together with you, he/she looks for explanations for these disturbances. He/she, for example, talks to you about why it is difficult for you to socialise more, about what bad experiences you have had, but also about how these experiences shape your expectations in every subsequent situation.

The psychotherapist examines your patterns of thinking with you and discusses with you how you can change them. The purpose here is to question your assumptions about what might happen in new circumstances in your life and to explore new approaches of dealing with them. In pursuing these objectives, behaviour therapy requires your active collaboration. This might, for example, involve you trying out new behavioural patterns in your life between therapy sessions and practising newly learned skills on your own. Your psychotherapist will help you to understand better how you shape your relationships with others and how to change your behaviour so that you get along better with people and suffer less.

In behaviour therapy, you sit opposite the therapist. Behaviour therapists often schedule just one weekday treatment session per week with patients. Sometimes, however, there will be several sessions scheduled in one week. This might, for example, involve him/her leaving the practice with you to face a real-life situation that is inordinately frightening to you. In most cases, the treatment lasts half a year to a year but sometimes longer.

Neuropsychological therapy

Neuropsychological therapy is a special therapy for mental disorders that may occur, for example, as a result of an accident or a stroke. These disorders are caused in particular by injuries to, or diseases of, the brain. For example, if you have suffered a head injury in a car accident, you might not be able to concentrate as well afterwards or your memory might be poorer. Another possibility is that you become severely withdrawn from the world and lose any interest in things that once interested you.

This might be due to the fact that life after a brain injury can be very different. People with brain injuries often have to cope with significant disabilities. Also, their intellectual capacity and mental resilience might not be as they used to be. Some patients are so ashamed about no longer being able to perform mentally with a proficiency that others take for granted that they are reluctant to socialise at all.

Sometimes people with brain injuries are no longer able to pursue their previous professions or to continue working at all.

Neuropsychological therapy is intended to alleviate psychological and physical difficulties caused by brain injury. Patients learn how to live with their limitations and how to compensate for them as best they can. The aim is to enable them to live their lives as independently as possible. Sessions are usually once a week but can be more frequent, and the treatment takes several months.

Neuropsychological therapy is offered by specialised psychotherapists who have completed additional training that lasts at least 2 years. The term *Klinische Neuropsychologie* (clinical neuropsychology) is generally included on their practice's signage and on their websites.

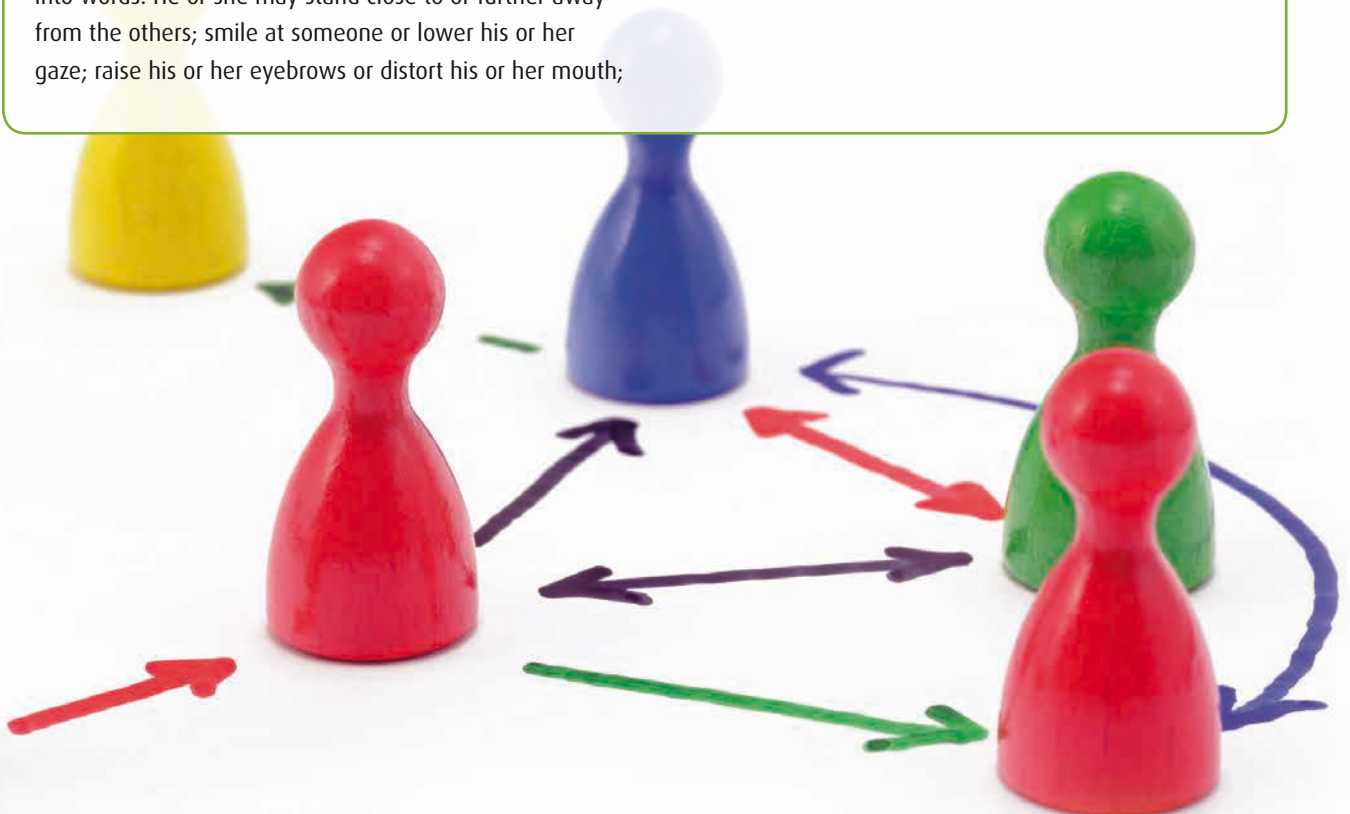
Systemic therapy

Systemic therapy emphasises that mental illness can also arise from the way people interact with each other in their everyday relationships. It assumes that important causes of a patient's mental illness can, in particular, be found in his or her network of family relationships. Systemic therapy therefore usually also involves the patient's partner in life or parents, in the case of child patients. This enables conflicts and relationships that have caused illness to be better recognised and dealt with. One focus of systemic therapy is to leverage the strengths of the patient and family members in jointly developing solutions for existing problems and conflicts.

Systemic therapy works, for example, with so-called family sculptures whereby the various relationships in a family are illustrated by the family members positioning themselves in the room in a way that expresses what they feel for each other and how close they are to each other. This exercise triggers feelings and thoughts among parents and children that are symptomatic of the real family relationships. Through this physical expression, each family member is able to express more than he or she can put into words. He or she may stand close to or further away from the others; smile at someone or lower his or her gaze; raise his or her eyebrows or distort his or her mouth;

fold his or her arms or stretch them towards someone. If the patient's family members cannot or should not be involved in the treatment, the patient can slip into each of the family member's roles. In this way, he or she is able to better understand family relationships and the dynamics in his or her family and develop solutions together with the psychotherapist.

Systemic therapy assumes that the changes that are necessary for someone to recover from a mental illness do not occur primarily during treatment sessions. Instead, it assumes that therapy sessions only serve to provide impetus that will enable the patient or his/her family to find better ways of solving the difficulties and conflicts in their day-to-day lives. The intervals between treatment sessions can, therefore, be greater than in the case of other psychotherapy methods. They can be every one or two weeks, initially, and every six or eight weeks towards the end of treatment. Overall, systemic therapies usually do not last longer than 25 sessions. Individual sessions take place as single-unit or double-unit sessions.





Medication

Psychotherapists do not prescribe medication. However, in the case of some mental illnesses, such as severe depression, it is advisable to take medication in addition to undergoing psychotherapy. For other mental illnesses, just one of these two treatments is sufficient. In this case, the patient can decide, after consulting the psychotherapist, what he or she prefers: psychotherapy or medication. There are, however, many mental illnesses for which psychotherapy alone is the most advisable method. Your psychotherapist will advise you during your consultation and trial sessions what is recommended for your condition (see 'Treatment guidelines' on page 23).

Nonetheless, psychotherapy offers one major advantage over medication: It strengthens your capacity to heal yourself. Medicines often only work as long as you take them; whereas, psychotherapy usually remains effective long after you have had it. People who have received psychotherapy are more likely to be mentally stable afterwards – and remain so for a longer period of time.

How effective is psychotherapy?

Psychotherapy is verifiably effective. Its curative effect has been proven by a large number of scientific studies. Recent reviews have shown that psychotherapy is highly effective and, in fact, more effective than many treatments for physical illnesses. Roughly eight out of ten people who undergo psychotherapy experience an improvement in their state of health that is greater than that amongst those who have not undergone therapy. Patients with mental illnesses also discontinue psychotherapy much less frequently than those undergoing drug therapy. Moreover, the effects of psychotherapy are more lasting than those of medication. For the vast majority of patients, the success of their psychotherapy lasts well beyond the end of treatment.

Psychotherapy is verifiably effective. Its curative effect has been proven by a large number of scientific studies.



But as with treating physical illnesses, psychotherapy does not work for every patient. Indeed, between about 5 and 10 per cent of patients feel worse after therapy than they did before it. It is therefore wise to speak to your psychotherapist at an early stage if you are having any doubts about whether the therapy will help you or if you fear your illness is worsening due to the therapy.

For the vast majority of patients, the success of their psychotherapy lasts well beyond the end of treatment.

In Germany, various panels of experts are currently evaluating and summarising scientific studies on the treatment of mental illnesses. The *Wissenschaftliche Beirat Psychotherapie* is a body that in particular examines the effectiveness of psychotherapeutic methods (see 'Psychotherapeutic methods' on page 45). It is not, however, empowered to decide whether treating a mental illness with a particular psychotherapeutic method must also be paid for by the statutory health insurance funds. This is the responsibility of the *Gemeinsame Bundesausschuss* (Federal Joint Committee, see page 51).

A scientific advisory board on psychotherapy

Known in German as the *Wissenschaftliche Beirat Psychotherapie*, this body examines whether a particular psychotherapeutic method is to be recognised as scientifically valid. The board has a legal mandate to do so (§ 11 *Psychotherapeutengesetz* – Psychotherapy Act) and consists of 12 scientifically and therapeutically respected psychotherapists and physicians, half of whom are appointed by the BPTK and half by the *Bundesärztekammer* (Federal Medical Association).

The board examines, according to established rules, whether there are sufficient scientific studies that prove the effectiveness of a psychotherapeutic method. To date, it has recognised the following methods:

- behaviour therapy,
- psychodynamic psychotherapy (including psychoanalytic psychotherapy),
- and systemic therapy.

In addition, it has recognised the following psychotherapeutic treatments as scientifically valid for specific purposes:

- neuropsychological therapy (for mental disorders caused by brain injuries),
- client-centered psychotherapy (for affective disorders, adjustment disorders and stress disorders and for psychotherapeutic treatment of somatic diseases),
- interpersonal therapy (IPT; for affective disorders and eating disorders),
- eye movement desensitisation and reprocessing (EMDR; for the treatment of post-traumatic stress disorders),
- hypnotherapy for addiction disorders (proven for smoking cessation) and as a complementary psychotherapeutic treatment of somatic disorders.

The Federal Joint Committee

New psychotherapeutic methods that are to be paid for by the statutory health insurance funds must also be reviewed by the *Gemeinsame Bundesausschuss* (Joint Federal Committee). Rather than a committee of Germany's *Bundestag*, it is a committee composed of health insurance funds, doctors, psychotherapists and hospitals who jointly decide, for example, which services those with statutory health insurance receive in return for their insurance premiums. To date, patient representatives have only taken part in the committee's meetings in an advisory capacity.

The *Gemeinsame Bundesausschuss* has thus far recognised the following psychotherapeutic methods as being effective:

- neuropsychological therapy (see page 47),
- eye movement desensitisation and reprocessing (EMDR) for the treatment of post-traumatic stress disorders. EMDR is performed as part of treatment with behaviour therapy, psychodynamic psychotherapy or psychoanalytic psychotherapy.
- psychoanalytic psychotherapy (see page 46),
- psychodynamic psychotherapy (see page 46),
- behaviour therapy (see page 47),



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Treatment in hospital

When might inpatient treatment be advisable?

While outpatient therapy is generally preferable to inpatient therapy, treating severe mental illness in a psychotherapeutic practice is not always adequate. Sometimes outpatient therapy cannot alleviate symptoms sufficiently; or the patient may experience a severe psychological crisis. In these cases, the psychotherapist might suggest that you undergo inpatient treatment. A psychiatric or psychosomatic hospital can then offer you more comprehensive and intensive treatment than is possible in a practice.

The main advantage of inpatient treatment is that you are monitored and cared for very closely and intensively, and that you receive immediate assistance in the event of psychological crises. Treatment in hospital usually consists of a combination of therapy methods. Whereas patients in a psychiatric hospital are generally treated with a combination of medication and psychotherapeutic interventions, psychosomatic hospitals focus on psychotherapeutic treatment concepts. In addition, you will often receive both individual and group therapy, as well as sports and movement therapy, occupational therapy, physiotherapy, and art or music therapy.

Inpatient treatment can offer a further benefit: A hospital stay can remove you, for instance, from stressful conflicts at work or in your family. Such sources of stress can make it difficult to treat mental illnesses. It can, therefore, sometimes be helpful to treat you in the absence of these everyday sources of stress.

After a stay in hospital, however, you need to learn to cope again with these everyday strains. It is, therefore, usually advisable after your hospital stay to continue treatment in a psychotherapeutic and/or psychiatric practice. It is the responsibility of your hospital to support you in ensuring that your therapy continue as seamlessly as possible.

If your mental illness is likely to lead to crises that may require you to be admitted to hospital, you should discuss this with your psychotherapist and plan ahead. You and your psychotherapist can, for example, decide together which hospital is right for you. Some hospitals have special treatment options for specific mental illnesses. The BPTK also provides a checklist to help you select a hospital (see 'The BPTK checklist for psychiatry and psychosomatics' on page 55).



The BPTK checklist for psychiatry and psychosomatics*

Before deciding which hospital you wish to be treated in, you should find out about your psychotherapist's treatment concept with his or her assistance. If the hospitals' websites provide insufficient information to do so, you should contact the hospitals directly and ask to speak to a patient relations clerk. In some cases, it can be wise to schedule an exploratory appointment with a hospital to clarify whether the treatments it offers are the right ones for your illness.

Here are some questions you could ask in your first conversation with the hospital:

- *What is your typical treatment plan for my condition?*
- *How often would I get psychotherapy? Would it be individual or group therapy?*
- *Is there a specific department and/or a specific treatment concept for my condition?*
- *Do I decide on my treatment together with the attending physician or psychotherapist?*
- *What are my treatment alternatives?*
- *Would I have a say in which medications and what dosages I receive during treatment?*
- *What other therapies would I be offered (e.g. sports therapy, occupational therapy)?*
- *How will the hospital assist me after I'm discharged?*

The complete BPTK checklist including further details is available at www.bptk.de/uploads/media/20100506_bptk-checkliste_psychiatrie_psychosomatik.pdf.

**Please note that this checklist is only available in German.*



Planned admission

To receive treatment in a hospital, you usually need a referral from a psychotherapist or a physician. Many hospitals conduct preliminary discussions with prospective patients before their admission to clarify whether inpatient treatment is necessary and whether the hospital can offer the treatment that the patient requires. In addition to your family doctor, the following specialists, in particular, can refer you to an inpatient treatment facility:

- psychological psychotherapists,
- paediatric and adolescent psychotherapists,
- medical specialists in psychiatry and psychotherapy,
- neurologists,
- specialists in paediatric and adolescent psychiatry and psychotherapy.

Various types of hospitals provide treatment for mental illnesses:

- psychiatric and psychotherapy hospitals,
- hospitals for psychosomatic medicine and psychotherapy,
- General hospitals with corresponding specialised wards.

Emergency admission

When you have a mental illness, you can go through crises that require immediate assistance. This is particularly the case when your mental illness is very severe or chronic. In such crises, you should first try to reach a psychotherapist or a physician. It is not, however, always possible to do so quickly enough. In emergencies, you can, therefore, contact a psychiatric hospital directly and explain why you wish to receive inpatient treatment.

You should definitely do so if you are having persistent thoughts about wanting to be dead, about dying, about committing suicide or about harming others. In the case of very severe mental illnesses, such thoughts and impulses can repeatedly occur.

In such phases, it may be that you no longer feel able to endure your deep depression, or that you feel completely helpless, at the mercy of others, or persecuted. You may have the impression that you no longer see any light at the end of the tunnel and no longer believe that your condition is improving. However, such phases of hopelessness and wishing to die are expressions of your mental illness. With professional help, it is possible for your condition to improve again. Even after long periods of stagnation or repeated psychological crises, even severe suffering can be alleviated to a surprising degree.

When you have a mental illness, you can go through crises that require immediate assistance. This is particularly the case when your mental illness is very severe or chronic.

Treatment agreement

Many mentally ill people are reluctant to receive hospital treatment, particularly if they have been admitted against their will. During mental crises, you may no longer be able to see the need for treatment, due to your mental illness.

But even the terms of emergency hospital admissions, including those that you resist due to your mental state during the crisis, can and should be planned in advance. Patients can determine beforehand the hospital to which they wish to be admitted in an emergency, as well as what treatment they wish to receive. This can avoid a great deal of drama if an emergency admission is needed, as the patient will already be familiar with the attending physicians and psychotherapists and will have taken part in deciding what is to be done.

To ensure that nothing happens against the patient's will, even in the event of serious psychological crises and an emergency admission, the patient can conclude a *Behandlungsvereinbarung* (treatment agreement) with the hospital. By means of this written agreement, the patient can determine beforehand the hospital to which he or she wishes to be admitted, as well as what treatment he or she will receive there.

Compulsory regionally-based provision of psychiatric care

In principle, patients are free to choose the hospital for the treatment of their mental illness. However, psychiatric hospitals and the specialised wards of general hospitals are usually obliged to admit patients from a particular catchment area.

For this reason, you might be rejected by hospitals that do not serve your region, i.e. catchment area. It is, therefore, important to know before any emergency arises which psychiatric hospital serves your region.

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Medical rehabilitation

Mental illnesses can also become chronic. Such chronic illnesses can sometimes lead to being able to work for only a few hours at a time or not at all. Those without employment may find that they are no longer able to fulfil their family and/or household duties.

To restore your ability to work or to prevent your mental illness from leading to permanent disabilities, your psychotherapist can then prescribe *Medizinische Rehabilitation* (medical rehabilitation).

Sometimes even a long treatment period conducted by a psychotherapist in private practice is not enough to alleviate a mental illness decisively. The patient's difficulties persist and severely restrict daily life. Such serious and chronic mental illnesses can, for example, lead to you not being able to work for a long time. This can result in your needing to receive more intensive treatment, which is what hospitals and rehabilitation clinics are for.

If your psychotherapist determines that the sessions in his practice are not sufficient, he can recommend *Medizinische Rehabilitation*. He will particularly recommend such rehabilitation if, for example, you have been on sick leave several times due to your mental illness or if your illness is preventing you from performing your household chores for a longer period of time and from participating in social life.

You can also apply for rehabilitation if, for example, there is a risk that you will not be able to work for a long period of time or even need to enter early retirement. Primarily intended for employees, such rehabilitation is aimed at preventing early retirement from the working world due to mental illness. You must submit your application for such care to the *gesetzliche Rentenversicherung* (statutory pension insurance).

Nevertheless, those who are not employed can also receive *Medizinische Rehabilitation*. Housewives, house-husbands and pensioners can also be prescribed rehabilitation, as can mentally ill children and adolescents. Rehabilitation can be advisable for such patients if their mental illness is becoming chronic and/or if they are no longer able to perform their household responsibilities. It can also be prescribed if it enables a patient with a chronic illness to lead a more active social life.



There are rehabilitation centres that specialise in the following types of mental illness:

- general psychosomatic rehabilitation for adults,
- general psychosomatic rehabilitation for children and adolescents,
- special rehabilitation for people with chronic conditions, such as psychoses, severe manic-depressive illnesses, and personality disorders.
- special rehabilitation for people with addictions to, for example, alcohol, prescription medications, and illicit drugs,
- special mother/father-child therapy retreats.

This rehabilitation is usually paid for by the *gesetzliche Krankenversicherung*. If you have been gainfully employed for less than 6 months in the past 2 years, your health insurer is responsible for covering the expenses, rather than the *gesetzliche Rentenversicherung* (statutory pension insurance). Your psychotherapist can prescribe such rehabilitation, particularly if you are suffering from a long-term mental illness.

There are also special mother/father-child rehab programmes for parents. These are intended for psychologically overburdened parents. Some of the psychological symptoms that justify such rehabilitation are exhaustion syndrome, adaptation disorder, restlessness and anxiety, feeling depressed, sleep disorders and chronic headaches. The children of these parents are normally permitted to come along, as long as they are under 13 years old. Generally, the statutory benefit is offered by the *Krankenkassen* as therapy retreats for mothers, fathers and their children. Rehab together with the child is particularly recommended when it is believed that it can strengthen the relationship between parent and child.

During such medical rehabilitation, you will receive individual and group psychotherapeutic therapy in particular for your illness but also medical treatment. Other typical components of the treatment programme that you receive if required are physiotherapy, occupational therapy, social counselling, and training in health-related behaviour, as well as support counselling concerning occupational and social reintegration. While these medical rehabilitation services have mainly been offered in inpatient centres, there is now an increasing range of all-day outpatient services available, which allow patients to sleep at home.

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Statutory health insurance

In Germany, psychotherapy is financed by the *gesetzliche Krankenversicherung*, meaning that the statutory health insurance funds generally cover the costs of psychotherapy for those it insures. So, you can simply go to a psychotherapy practice during its consultation hours with your health insurance card and without a referral.

Applying to receive treatment

In the course of your initial consultations, the psychotherapist will determine whether you are mentally ill and therefore need treatment (see page 18). If the psychotherapist advises you to undergo directive-compliant psychotherapy (see the section titled 'What is *Richtlinien-*

psychotherapie?' on page 24.), you must initially attend at least two trial sessions (see 'The trial sessions' on page 32).

You must then submit an application to your health insurer. The health insurer must approve the psychotherapy before the treatment can begin. You can obtain the required application form and further information from your psychotherapist. As a rule, your psychotherapist will assist you with these administrative matters. All you need to do is read the form and sign it. It is important, however, that you have your health insurance card with you.

Short-term therapy (see page 39) has a unique feature. In the case of this therapy, which initially lasts 12 hours, only you, the patient, receive the response from your health insurer as to whether the therapy has been approved. You should immediately pass this information on to the psychotherapist so that treatment can begin.

No additional costs

If your health insurer has approved your application for psychotherapy, it will cover the costs of psychotherapy in full. You will not have to cover any costs, whatsoever.

Therapy extension

Therapies can be extended; however, it requires submitting another application for coverage.





Refused applications

Health insurance companies are entitled to reject applications for coverage; you are entitled to appeal such a refusal. If your appeal is rejected, as well, you can file a complaint with the *Sozialgericht* (social court). Lodging such complaints is free of charge.

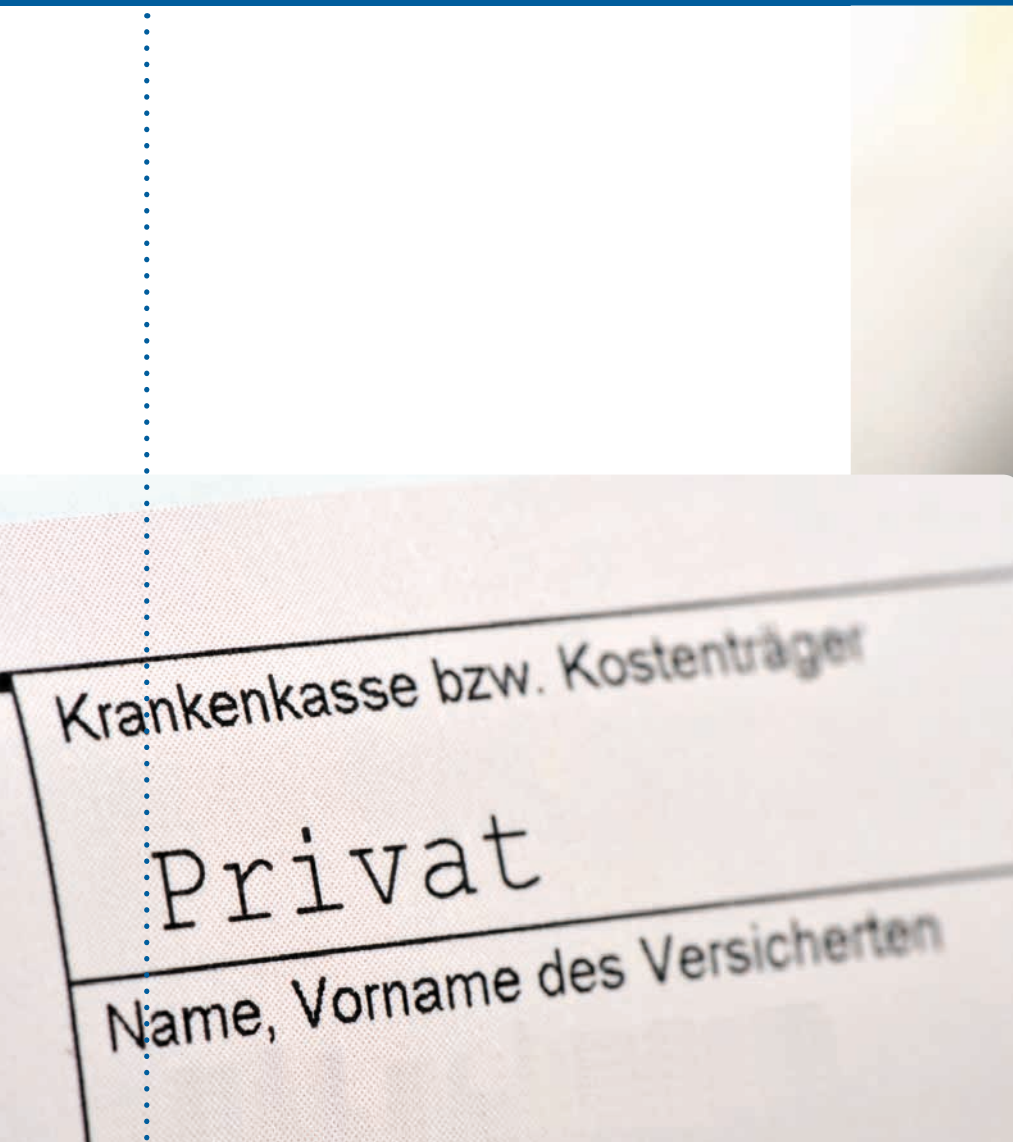
Privacy protection

Applications for long-term therapy received by the *gesetzliche Krankenkassen* are reviewed by assessors. Such applications also include a report containing details of the applicant's psychological symptoms and medical history, as well as a description of the planned therapy. This report is, however, anonymous in that it does not contain the patient's name or any other information that might identify him/her. Furthermore, it is sent to the health insurer in a separate, sealed envelope. The patient's health insurer sends the report unopened to the assessor, perhaps along with further information concerning previous treatments. The assessor then evaluates the grounds for treatment presented in your application, without knowing who you are.

Reimbursement

In many regions of Germany, there are too few psychotherapists approved by the gesetzliche Krankenkassen. Therefore patients often have to wait months for a treatment to start. You can get help in searching for an available psychotherapist from the Terminservice-stelle of your region's Kassenärztliche Vereinigung. If, however, they cannot find a registered psychotherapist or a hospital outpatient clinic offering psychotherapy, there is one last possibility of receiving treatment: the so-called Kostenerstattungsverfahren (cost-reimbursement process).

Here you request, in an application to your health insurer, that it cover treatment provided by a psychotherapist in private practice, due to your being unable to find an available psychotherapist elsewhere. You will receive a letter from the Kassenärztliche Vereinigung attesting to their inability to find you a treatment opening. This letter must be submitted with your application as proof. With this letter, you must also enclose the certificate from the psychotherapist whom you initially consulted and who determined that you urgently require psychotherapeutic treatment due to a mental illness. Finally, you should inform your health insurer which psychotherapist in private practice can provide the treatment.



Private health insurance

Private health insurance benefits are not subject to universal regulation. If you are privately insured, you must refer to your health insurance policy to determine what is covered and what is not.

Some *private Krankenversicherungen* (private health insurance companies) generally restrict benefits for mental illness, while others refuse to insure someone against mental illness at all, if he/she was mentally ill in the 5 years prior to signing the health insurance contract.

Private health insurance companies also usually only reimburse the costs of treatment using psychotherapeutic methods recognised by the *Gemeinsame Bundesausschuss* (see box 'What is *Richtlinienpsychotherapie*?' on page 24). In any case, it is always advisable to confirm in writing the assumption of costs by your private health insurer prior to beginning treatment.

Private health insurance benefits are not subject to universal regulation.



Benefit scheme for civil servants

A benefit scheme for Germany's civil servants covers part of the cost of their psychotherapeutic treatment. Generally, the scheme pays 50 per cent of these costs. Those insured by the scheme must apply for this partial coverage. The application and approval procedure for this financial assistance is essentially based on statutory health insurance regulations.

***Bundeswehr* soldiers**

According to a contract between the *Bundesministerium der Verteidigung* (Federal Ministry of Defence) and the BPTK, *Bundeswehr* soldiers can, in principle, also be treated in psychotherapeutic practices. To receive such treatment, a soldier needs a referral from his/her troop physician. The costs of treatment are assumed by the *Bundeswehr* (German armed forces).

***Sozialamt* (Social Welfare Office)**

If you are not covered by any health insurance and find yourself in a financial emergency, you may apply to the *Sozialamt* for psychotherapy funding.

Private payers

If you bear the costs of the psychotherapy yourself, you will usually be dealt with like a privately insured individual. The costs of treatment are based on psychotherapist fee scales. Before treatment begins, you should make clear arrangements, preferably in writing, about the type, duration and costs of your treatment.

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General patient rights in Germany

Patients have rights. Psychotherapists must inform patients of their rights and respect these rights, which in particular include:

- Fundamentally, the patient has the right to choose his/her physician, psychotherapist, and hospital, as well as the right to switch to a new physician, psychotherapist or hospital. The patient may seek a second opinion from another physician or psychotherapist.
- The patient has the right to determine the type and extent of medical treatment himself/herself. He/she may decide whether to be treated or not. The patient can, therefore, refuse a medical recommendation, even if it appears medically or psychotherapeutically necessary.
- The physician or psychotherapist must inform the patient, in principle by means of a personal conversation, about the nature and extent of treatment measures and the associated risks well in advance of beginning treatment, and obtain the patient's consent. Forms and information sheets, etc. may not replace this conversation but only complement it (see also 'Treatment plan and consent' on page 34).
- All information, documents and data relating to patients must be treated confidentially by doctors, psychotherapists, nursing staff, hospitals and health insurers. They may only be shared with the consent of the patient or in accordance with statutory provisions.

The core regulations regarding patient rights can be found in the *Bürgerliche Gesetzbuch* (German Civil Code) in the subsection dealing with the treatment contract (§ 630a). On its website, the *Bundesministerium für Gesundheit* (Federal Ministry of Health) has summarised the applicable law in an understandable manner in German (www.bmg.bund.de, under *Themen > Prävention > Patientenrechte*).



Rules of professional conduct

Psychotherapists are by law required to be members of a *Psychotherapeutenkammer* (State Chamber of Psychotherapists). Meanwhile, all physicians practising psychotherapy are compulsory members of a *Landesärztekammer* (State Chamber of Physicians). These chambers regulate, among other things, the professional rights and duties of their members. They set out these rules in so called *Berufsordnungen* (codes of professional conduct), which are binding on all chamber members. The codes of conduct serve, for example:

- to promote trust between patients and psychotherapists,
- to ensure the quality of psychotherapeutic practice,
- to ensure patient protections,
- to preserve and promote the freedom and reputation of the profession.

The following rules are particularly important for patients:

Duties of care

Psychotherapists must not exploit the trust, ignorance, credulity, helplessness, or economic hardship of patients, nor make inappropriate promises or discouragements concerning the success of outcomes.

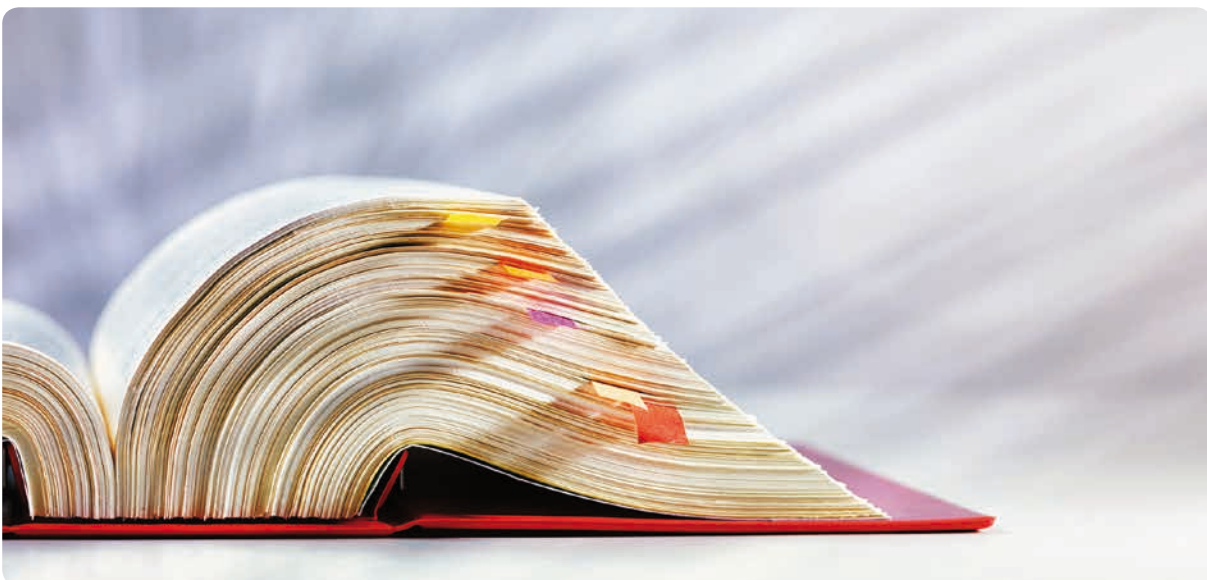
Information and patient consent

Every treatment requires consent. In principle, the psychotherapist must explain the treatment to the patient orally. She/he must explain the 'essential circumstances' in an understandable manner at the beginning of and, if necessary, during treatment (§ 630c *Bürgerliches Gesetzbuch*). In particular, the patient must be informed about:

- the diagnosis,
- the anticipated change in health (prognosis),
- the therapy (e.g. the general aspects of the proposed therapy method),
- and the measures to be taken during and after therapy (e.g. keeping a symptom diary).

Remuneration

Any issues regarding fees must be clarified at the beginning of the psychotherapy. In the case of patients with statutory health insurance, the health insurance funds will cover the costs of their treatment. In the case of patients who are bearing the costs themselves and those who are privately insured, the costs of treatment are based on psychotherapist fee scales. Any deviations from statutory fee levels are to be stipulated and justified in writing in a fee agreement.



Professional confidentiality

Psychotherapists are bound to secrecy regarding the information with which they have been entrusted, and which they learn from patients or third parties in connection with their professional activities. Information on patients and third parties may only be used anonymously within the contexts of collegial consultation, intervision, supervision, or for the purpose of scientific research and teaching in accordance with the Federal Data Protection Act.



Abstinence

Psychotherapists must not abuse the trust relationship of patients in order to satisfy their own interests and needs. Their work will be compensated exclusively at the agreed fee. They may not be the direct or indirect recipients of gifts, gratuities, inheritances or bequests unless their value is small. This abstinence requirement also applies to any length of time after the psychotherapy has ended in which the patient still needs treatment or in which the patient is in a dependent relationship with the psychotherapist. Attending Psychotherapists are solely responsible for ensuring that they conduct themselves in accordance with professional ethics.

Sexual contact prohibited

No sexual contact of any kind between psychotherapists and their patients is permitted. In addition to being contrary to the rules of professional conduct for psychotherapists, such activity is unmistakably prohibited by German criminal law, which states that anyone who commits sexual acts, or has sexual acts committed, upon a person entrusted to him or her for psychotherapeutic treatment and thus exploits that therapeutic relationship is punishable by imprisonment of between 3 months and 5 years (§ 174c *Strafgesetzbuch* – German Criminal Code). Any attempt to do so is also legally punishable.

Any sexual assault that occurs during psychotherapeutic treatment is also prohibited and a criminal offence. If you have been the victim of a sexual assault by your therapist, do not hesitate to report this, normally by contacting the *Psychotherapeutenkammer* of your federal state (see list on page 74). You should also bring charges against the psychotherapist. According to § 174c *Strafgesetzbuch*, any sexual abuse whereby a consultative, therapeutic or care relationship is exploited is a punishable offence.

Many patients hesitate to report that they have been sexually assaulted for a long period of time because they are ashamed or because filing such a complaint would endanger the therapist's professional existence. If you feel particularly uncertain about what to do, you can seek advice. All of Germany's *Psychotherapeutenkammern* consider it their responsibility to inform patients about the rules of conduct that psychotherapists must follow. Some of the chambers also have an ombudsman office, which patients can contact directly. Others have a hotline for patients to call. Many chambers will arrange consultation appointments on request, and all of them have qualified specialists provide patients with advice.

Documentation of treatment and patient access

Psychotherapists are obliged to document their treatment and counselling. This documentation must contain all of the measures and results that are essential from a disciplinary point of view for current and future treatment, in particular, the patient's medical history, diagnoses, examinations, test results, findings, therapies and their effects, interventions and their effects, consents and information. Additionally, any letters from physicians must be included in the patient file.

Patients must, at their request, be granted access to any medical records pertaining to them. This also applies after their treatment has concluded. Psychotherapists may only refuse access in whole or in part if doing so would pose a serious risk to the patient's health, and if no other means to avert this risk are available. The psychotherapist must explain her/his reasons to the patient for refusing access to the patient's medical records.

Patient inquiries

Inquiries from patients in ongoing treatment must be answered promptly (and in emergencies, immediately), unless extenuating reasons preclude it. If the attending psychotherapist is prevented from doing so, the patient must be informed of alternative persons to contact.

Location of psychotherapeutic practice

The premises in which psychotherapists practise their profession must be separate from those in which they conduct their private lives.

Complaints

Every patient is entitled to complain to a *Psychotherapeutenkammer* about a psychotherapist who is a member of that chamber. The chamber is obliged to investigate every received complaint as to whether there has been any professional misconduct. In the following pages, you will find a directory of Germany's *Psychotherapeutenkammern*.

Help and advice on health-related issues are also provided by the *Unabhängige Patientenberatung Deutschland*, a non-profit and free advice centre based in Berlin that can be reached on 0800 011 77 22.

The centre is financed by the central association of the statutory health insurance funds and the association of private health insurers.

“How are you?”

Usually, the initial response you get to this question is ‘Good!’ It is the answer that we normally expect from each other in everyday life. But if you ask more detailed questions, you will receive much more detailed and, above all, very particular answers. The events we experience may be comparable, but the way that each of us reacts to them can be very different. Just as people deal with their psychological burdens and conflicts in a multitude of ways, there are countless ways in which mental illnesses develop. The treatment protocols that psychotherapists design for them are, therefore, equally diverse. It is another reason why psychotherapists stress the need to plan and design treatment together with each individual patient.

It also explains why we hope that this brochure will inform you about the key things that happen in psychotherapy. In your particular case, however, the plan for treating your mental illness might very well be quite different. At the centre of every psychotherapy is the individual patient. His or her particular life story, the current nature of his or her suffering and his or her previous attempts at finding a solution will determine the path he or she takes together with the psychotherapist.

Addresses

**Landeskammer für Psychologische Psychotherapeuten
und Kinder- und Jugendlichenpsychotherapeuten
(Landespsychotherapeutenkammer)**

Baden-Württemberg
Jägerstraße 40
70174 Stuttgart
Tel.: 0711. 674 47 00
info@lpk-bw.de
www.lpk-bw.de

Search tool: www.lpk-bw.de

(> Patienten > Psychotherapeutensuche)

**Bayerische Landeskammer der Psychologischen
Psychotherapeuten und der Kinder- und Jugendlichen-
psychotherapeuten (PTK Bayern)**

Birketweg 30
80639 München
Tel.: 089. 515 555-0
info@ptk-bayern.de
www.ptk-bayern.de

Search tool: www.ptk-bayern.de

(> Patienten & Ratsuchende > Psychotherapeuten-Suche)

**Kammer für Psychologische Psychotherapeuten und
Kinder- und Jugendlichenpsychotherapeuten im Land
Berlin**

Kurfürstendamm 184
10707 Berlin
Tel.: 030. 887 140-0
info@psychotherapeutenkammer-berlin.de
www.psychotherapeutenkammer-berlin.de

Search tool: www.psych-info.de

Psychotherapeutenkammer Bremen

Hollerallee 22
28209 Bremen
Tel.: 0421. 277 20 00
verwaltung@pk-hb.de
www.pk-hb.de

Search tool: www.psych-info.de

**Hamburgische Kammer der Psychologischen
Psychotherapeutinnen und Psychotherapeuten und
Kinder- und Jugendlichenpsychotherapeuten und
-psychotherapeutinnen**

Hallerstraße 61
20146 Hamburg
Tel.: 040. 226 226-060
info@ptk-hh.de
www.ptk-hamburg.de

Search tool: www.psych-info.de

**Landeskammer für Psychologische
Psychotherapeutinnen und -therapeuten und
Kinder- und Jugendlichenpsychotherapeutinnen und
-therapeuten**

Psychotherapeutenkammer Hessen
Geschäftsstelle
Frankfurter Straße 8
65189 Wiesbaden
Tel.: 0611. 531 68-0
post@ptk-hessen.de
www.lppkjp.de

Search tool: www.lppkjp.de

(> Patienten und Ratsuchende > Psychotherapeutensuche)

Psychotherapeutenkammer Niedersachsen (PKN)

Leisewitzstraße 47
30175 Hannover
Tel.: 0511. 850 304-30
info@pknds.de
www.pknds.de

Search tool: www.psych-info.de

**Kammer für Psychologische Psychotherapeuten
und Kinder- und Jugendlichenpsychotherapeuten
Nordrhein-Westfalen**

Willstätterstraße 10
40549 Düsseldorf
Tel.: 0211. 522 847-0
info@ptk-nrw.de
www.ptk-nrw.de

Search tool: www.ptk-nrw.de

(> Patienten > Finden Sie einen Psychotherapeuten in Ihrer Nähe)

Ostdeutsche Psychotherapeutenkammer

Kickerlingsberg 16
04105 Leipzig
Tel.: 0341. 462 432-0
info@opk-info.de
www.opk-info.de

Search tool: www.opk-info.de

(> Patienten > Therapeutensuche)

LandesPsychotherapeutenKammer Rheinland-Pfalz

Diether-von-Isenburg-Straße 9-11
55116 Mainz
Tel.: 06131. 930 55-0
service@lpk-rlp.de
www.lpk-rlp.de

Search tool: www.lpk-rlp.de

(> Patienten > Psychotherapeutensuche)

Psychotherapeutenkammer des Saarlandes

Scheidter Straße 124
66123 Saarbrücken
Tel.: 0681. 954 55-56
kontakt@ptk-saar.de
www.ptk-saar.de

Search tool: www.psych-info.de

Psychotherapeutenkammer Schleswig-Holstein

Sophienblatt 92-94
24114 Kiel
Tel.: 0431. 661 199-0
info@pksh.de
www.pksh.de

Search tool: www.psych-info.de

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In emergencies

If you find yourself in a situation that you can no longer bear; if, for example, you have simply lost your will to face life's challenges, or are plagued by overwhelming fears, or if you feel that you are completely losing control over yourself, or if you no longer know what is real and what is not, then you should definitely seek help. Talk to someone about no longer knowing how to cope. After all, psychological crises, in particular, can quickly push people to their limits. Sometimes even minor causes can have great psychological effects.

Turn to someone you know well. If no one you know and trust can be reached immediately, you can also turn to someone who is familiar with mental crises and understands what you are going through. Life partners, relatives, friends and work colleagues of those who are suffering from such acute crises can also seek advice about what to do.

In such cases, it is best to seek help from a physician or psychotherapist. If you are unable to reach either one at short notice, you can also contact the on-call physician service provided by the *Kassenärztliche Vereinigungen* (national hotline: **116 117**) or you can go directly to the nearest psychiatric hospital or general hospital with an appropriate department. In acute psychological emergencies, especially when there is an immediate danger to yourself or others, you should call the emergency services (**112**) or the police (**110**) immediately.

In addition, many cities and regions have set up crisis response services that support people in psychological emergencies. They can be reached around the clock and, if necessary, will come to your home. You can also find these crisis services on the internet by searching for *Krisendienst* along with the name of your city, e.g. *Krisendienst Berlin*. Additional help and counselling services in circumstances of acute crisis are offered by the *Telefonseelsorge*, a call-in service offering anonymous, free advice and counselling at any time of the day or night at nationwide phone numbers **0800 1110111** or **0800 1110222**.

