

It's OK to Ask for Help

What does it take to get you to the doctor? Maybe not much. A bad cough and fever might be enough, or a mysterious new pain that has you worried or maybe it is a broken bone.

But what if you've noticed a worrisome change in your mood, sleep patterns, work habits, gambling, drinking or relationships? What if you start thinking about suicide? These are times when you should be asking for help, sooner rather than later.

But for many people the act of going to a company employee assistance program (EAP) or making an appointment with a therapist looks like an insurmountable hurdle. Even though an estimated 23 percent of Americans will experience a mental health problem in any given year, almost half do not seek treatment.

Maybe it's a feeling that you need to handle your problems alone, maybe you're embarrassed about expressing your feelings, maybe you're worried that the therapist will judge you or tell your boss or family that you've been to the office. Help is available for mental as well as physical health, but too few seek out mental health counseling.

Myth of mental illness as a sign of weakness

Advances in education and research have improved our understanding of mental illnesses, and the success of treatments. Experts now believe that mental illnesses are probably the result of chemical imbalances in the brain. A person with such an imbalance may inherit the condition, or it could be brought on by extreme stress or substance abuse or changes in your own chemical make up as the result of pregnancy, medicines, menopause and normal aging.

Mental illnesses can cause many types of behaviors such as extreme sadness and irritability, and in more severe cases, hallucinations and total withdrawal. It is important for you to know that these behaviors cannot be changed at will and many times are completely out of your control.

The good news is that people with mental illnesses do recover and resume normal activities when they receive proper support and treatment.

Fear that seeking help may harm one's career

Employees are protected by strict rules, both as to privacy and nondiscrimination. If you don't know these rules, ask your employer. If your company offers an EAP, take advantage of the opportunity to talk confidentially with a professional who can help you sort through your concerns, and direct you to appropriate resources.

Your employer would much rather you get the help you need—for your sake and the company's.

Seeking help is best done early, before problems have snowballed into a crisis. In other words, the best time to get help is when you have a sense that something is wrong but may not be convinced yet that help is absolutely necessary, and before a supervisor might notice a problem.

Misconceptions about the therapy process

Some may be held back by false notions about the therapy process, says Tina Tessina, PhD, a licensed psychotherapist based in Long Beach, Calif. “People come into my counseling office looking so scared, as if I’m going to put thumbscrews on them,” she says. One element of their fear is a phenomenon she calls “autophobia,”—literally, “fear of self.” Tessina says people are afraid of their own emotions, and of what might happen if they acknowledge them. They think, “If I ever start crying, I’ll never stop. If I let myself really express my anger, I’ll do real damage,” she says.

Tessina says some people also fear being told they’re “crazy.” Patricia A. Farrell, PhD, a licensed psychologist and author, says they may even worry about involuntary confinement. “They think, ‘If I tell anybody that I have this panic disorder or I’m depressed, they’ll think I’m crazy and they’ll put me in a hospital.’” In fact, says Farrell, people are confined against their will only in extreme cases. One effect of managed care has been to make therapy as short, nondisruptive and efficient as possible.

Farrell says patients also might have fears about the therapy sessions themselves. Typical therapy in an EAP, for example, isn’t a deep, uncomfortable probe into childhood traumas and inner thoughts. It’s more like a short series of problem-solving sessions, focused on particular behaviors or thought patterns and learning techniques to change them. “A lot of therapy is two people working together for the best outcome for that individual,” she says. “It’s more like learning how to do things a little better ... You go out and you try something and you come back to discuss it.”

This type of therapy works well on problems that haven’t yet become job- or life-threatening crises. All the more reason to seek help early and nip trouble in the bud.

The danger of waiting

“Usually by the time something is noticeable at work so that management says you have to go in and do something about it, it’s usually pretty bad,” says Tessina. Farrell says it’s time to get help “when something is causing disruption in your life on an almost daily basis ... and it seems to have gone on for a couple of weeks.”

And with suicide, the risk of not getting help in time is far worse than a lost job or relationship. Farrell says planning for suicide is a red alert. Any time a person starts hoarding medication or thinking about a suicidal act in other concrete terms, “you better have an immediate plan to get help.”

Telling another person about your problem is the necessary first step to solving it, and maybe even saving your life.

Resources

National Institute for Mental Health
Publications for the public
www.nimh.nih.gov/publicat/index.cfm

It Ends With You: Grow Up and Out of Dysfunction by Tina Tessina, PhD. New Page, 2003.

How to Be Your Own Therapist by Patricia A. Farrell, PhD. McGraw-Hill, 2002.

Sources: Tina Tessina, PhD; Patricia A. Farrell, PhD; National Institute of Mental Health, National Mental Health Association

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