Dear Readers,

Suffering from emotional distress is something fairly common and normal. It can happen to anyone, young or old, male or female, whether born here or immigrated. Some people hesitate to consult a psychotherapist because they feel uncomfortable talking about their feelings, particularly with a stranger. Others can’t picture what takes place in psychotherapy, and others ask themselves if it even works.

This brochure, “Paths to Psychotherapy”, is therefore aimed first and foremost at people who have never consulted a psychotherapist and who would like to find out about the options available in case of mental health problems. Partners, friends and colleagues can also use the following pages for information purposes. This brochure offers easy-to-understand, scientifically proven information that you can rely on.*

We would like to encourage the reader to talk to people they trust during an emotional crisis, and to turn to a general practitioner or psychotherapist for help, as well. Don’t hesitate to talk about emotional distress or to seek professional help when the emotional stress becomes too overwhelming to cope with. Mental ill health can be treated just as successfully as physical ill health.

Best wishes

Prof. Dr. Rainer Richter
President of the Federal Chamber of Psychotherapists (BPtK)

* This brochure is intended for adults. A guidebook for children and young people is currently being prepared.
1. What is psychotherapy?

Psychotherapy is recommended when a person is suffering from complaints that have emotional or mental origins. Mental ill health may reveal itself through mental or physiological symptoms and problems in relationships.

Psychotherapy works by means of:
• professionally structured conversations and a therapeutically structured relationship between the psychotherapist and the patient
• practical exercises

Psychotherapy is intended to relieve and heal mental illness (see page 6: "When should I seek professional help?").
Psychotherapy is a scientifically evaluated treatment method that has been proven to be effective (see page 27: "Does psychotherapy work?").
Psychotherapy should be carried out only by psychotherapists who have successfully completed a state-regulated course of training and are thus licensed (Approbation) to practice (see page 8: "Where can I go when I need help?").

According to the legislation concerning psychotherapists (the German Psychotherapeutengesetz), psychotherapy is "the occupation that is undertaken by means of scientifically approved psychotherapeutic methods in order to establish, heal or relieve disorders that qualify as a disease for which psychotherapy is indicated". In scientific terms, psychotherapy is defined as a planned and controlled treatment process that can be described by means of teachable techniques and is based on a theory of normal and aberrant behaviour.
2. When should I seek professional help?

Almost everybody experiences emotional ups and downs. Most people come to terms with it in their emotional lives on their own. Many of them confide in their partners and friends and in this way are able to restore their inner balance. Sometimes, however, talking to people you are close to is not enough. If an emotional crisis continues over many weeks, then a conversation with a psychotherapist is advisable.

A psychotherapist is able to find out how psychotherapy can help you to treat your mental health problems. Emotional distress can become too destructive if, for instance, you are permanently anxious or depressed, or suffer from physical complaints for which no physiological cause can be found.

For example: Depression

Depression would be diagnosed if, for example, you have been feeling down or have experienced almost no interest in or pleasure from practically any activity practically every day for a period of two weeks. Separation from or the death of someone close to you can trigger strong feelings of sadness, low spiritedness, despair or anger and helplessness as well. Experiences of migration, flight or even rape or torture will also cause strong feelings. This is a normal emotional reaction. The phase during which a person comes to terms with the loss of another person can differ in length, often lasting longer than the traditional “year of mourning”. The loss often continues to be painful long after this period, particularly when the person in mourning thinks about the partner or family member they have lost. What is important, however, is that the intensity of the pain or other such feelings decreases with time. If this is not the case, if normal feelings and everyday life are still strongly affected and disrupted by the sadness even after a longer period of time, then it is advisable to seek help.

Recognised mental illnesses

Doctors and psychotherapists have agreed on an internationally recognised list of what are called “mental illnesses”. These recognised mental illnesses can be found in a so-called ICD-10 list. This ICD-10 list is an internationally recognised classification of all physical and mental illnesses. It was compiled by the World Health Organisation (WHO) and is mandatory in Germany. The mental illnesses are distinguished according to which symptoms the patient is currently suffering from. In many cases, patients are found to be suffering from more than one mental disorder at the same time. More detailed information on specific mental illnesses is to be found on the website (www.bptk.de) of the Federal Chamber of Psychotherapists (Bundespsychotherapeutenkammer) under “Patients” (Patienten). There you will find an overview of “Mental Disorders from A to Z” (Psychische Störungen von A bis Z).

Initial questions to ask yourself:

If you would like to check more closely whether psychotherapy might be advisable for you, then you might find the following list of questions helpful:

- Is this a new change for me?
- Am I finding that I can’t cope with my daily work without difficulty?
- Do I worry constantly and do I feel a lot of anxiety?
- Am I suffering from any physical complaints?
- Is my sleep disrupted, do I sleep too little or too much?
- Do I often feel aggressive, full of hatred, or irritated, or am I very intolerant?
- Am I often on sick leave?
- Do I have suicidal thoughts?
- Is there hardly anyone I can talk about my problems with?
- Does talking to friends no longer help me to find my inner balance?
- Is the change in me obvious to others?
- Has this been going on for more than three months?
- Do I feel as though none of this matters?

3. Where can I go when I need help?

In case of an ongoing emotional crisis you will find help in psychotherapists’ practices, outpatient departments and hospitals which take care of mental health, as well as in psychosocial counselling centres.

Not just anyone can call themselves a “psychotherapist” (Psychotherapeut). “Psychotherapist” is a legally protected professional title. A person may only call themselves a psychotherapist if they have successfully completed state-regulated training and if they treat mental illnesses using a scientifically approved psychotherapeutic method. Only psychological psychotherapists (Psychologische Psychotherapeuten), child and youth psychotherapists (Kinder- und Jugendlichenpsychotherapeuten) and medical psychotherapists (Ärztliche Psychotherapeuten) are allowed to call themselves psychotherapists.

Psychological psychotherapists

Psychological psychotherapists (Psychologische Psychotherapeuten) treat children, young people and adults. They have first completed a Masters degree in psychology at a university and then received a licence to practice as a psychotherapist (Approbation) after completing a three-to-five-year state-regulated training in psychotherapy. Licensed psychologists (Diplom-Psychologen) have a Masters degree in psychology, but no additional training in psychotherapy. They are employed primarily in research, in human resources departments, by psychological service providers or counselling centres and in business consulting.

Child and youth psychotherapists

Child and youth psychotherapists (Kinder- und Jugendlichenpsychotherapeuten) are allowed to treat patients who are no older than 20. They have first completed a degree in education or social education at a university or a university of applied sciences or a Masters degree in psychology, and afterwards completed a three-to-five-year state-regulated training in psychotherapy and are thus licensed to practice (Approbation).

How can I find a psychotherapist?

You can find a psychotherapist in your area on the website of the State Chambers of Psychotherapists (Landespsychotherapeutenkammern). Here you can conduct a search by, for instance, typing in your postcode (Postleitzahl). You will then receive a list of psychotherapists in your postal area. You can be certain that the psychotherapists named in the lists are medically licensed (Approbation) and may thus call themselves psychotherapists. However, not all medically licensed psychotherapists have the accreditation of the association of statutory health insurance physicians (Kassenzulassung). If you wish to find a psychotherapist whose treatment can be billed to a statutory health insurance fund (Psychotherapeut mit Kassenzulassung), please ensure that you limit your search accordingly and tick the relevant box.

If you can, however, prove that you were unable to find a psychotherapist with the accreditation of the statutory health insurance who has the capacity to treat you, then you have a legal right under certain conditions to have the cost of your treatment by a self-employed office-based psychotherapist reimbursed by your health insurance (see page 31: “Reimbursement of costs”). In this case do not tick the relevant box when doing a search.

A list of the state chambers of psychotherapists can be found at the end of this brochure (page 38).

General practitioners (Hausärzte)

Many people visit their general practitioner (Hausarzt) first when they are suffering from emotional problems, either because they already know them or because they are initially aware of the physical symptoms which have arisen from emotional distress. If this is the case, they report symptoms such as sleep problems, stomach pains or palpitations to their doctor. Mental illnesses often also involve physical complaints. The general practitioner investigates whether an organic origin for the complaint can be ruled out and whether the complaint can be traced back to a mental illness. If the latter, your doctor will advise you to consult a psychotherapist so that you can be examined more carefully and to find out whether you are having a mental illness and, if this is the case, what specific mental illness it is.
Medical psychotherapists (Ärztliche Psychotherapeuten)

Mental illnesses are also diagnosed and treated by specialist physicians, in particular specialists in psychiatry, neurology or psychotherapy (Facharzt für Psychiatrie und Neurologie/Facharzt für Psychotherapie) as well as specialists in psychosomatic medicine and psychotherapy (Facharzt für psychosomatische Medizin/Facharzt für psychotherapeutische Medizin). These doctors have studied medicine at university and afterwards completed a course of training in the treatment of mental illnesses. They can, amongst other things, prescribe medication and conduct sessions in psychotherapy.

Outpatient clinics (Ambulanzen)

In addition to the psychotherapists’ practices, outpatient clinics (Psychotherapeutische Ambulanzen) are available. You can go to one of these clinics directly. Amongst these clinics are those located at universities, which are as a rule attached to an institute for clinical psychology or psychotherapy at that university, as well as psychotherapeutic outpatient clinics that belong to a hospital and outpatient clinics at training institutes for psychotherapists.

Psychiatric and psychosomatic treatment in hospitals

Treatment in a hospital (Krankenhaus) should be considered by patients when their illness is particularly serious and therapy on an outpatient basis is not enough or does not lead to improvement. The advantage of inpatient treatment (stationäre Behandlung) is above all that various treatment methods can be carried out in combination. For example, psychotherapy is conducted both individually and in groups in this context, and relatives can also be involved.

Hospitalised treatment can also have an additional advantage: in a clinic, it is possible to put some distance between yourself and those conflicts weighing on you at work or at home that could get in the way of the treatment of mental illnesses. After the end of a stay in hospital, however, you have to learn how to cope with these pressures once again, and to stabilise the improvements that you have achieved. This means it is usually necessary to have follow-up outpatient therapy. You can generally choose between various clinics for mental illnesses. In Germany there are:

- hospitals for psychiatry and psychotherapy (Krankenhäuser für Psychiatrie und Psychotherapie)
- hospitals for psychosomatic medicine and psychotherapy (Krankenhäuser für Psychosomatische Medizin und Psychotherapie)
- general hospitals with the relevant specialist units (Allgemeinkrankenhäuser mit entsprechenden Fachabteilungen)
- psychosomatic rehabilitation clinics (Psychosomatische Rehabilitationskliniken).

All inpatient facilities work with treatment concepts that may be put together out of a variety of building blocks such as psychotherapy (individually or in groups), medication, ergotherapy, creative therapy methods (such as art or music therapy), physiotherapy, and sport/movement therapy.

A variety of professionals work together closely as a team in a hospital, including physicians, psychotherapists, specialised therapists (such as ergotherapists) and nursing staff. Whereas in psychiatric units a combination of medication and psychotherapeutic interventions is usually to be found that can differ greatly in their weighting, psychosomatic units place an emphasis on psychotherapeutic treatment concepts.

Psychosocial counselling centres (Psychosoziale Beratungszentren)

You can also turn to psychosocial counselling centres in the case of a conflict or crisis. They offer help with coping with issues that a person sometimes can’t deal with on their own any more. Counselling centres are usually specialised and are aimed at particular people such as:

- children, young people and parents
- couples and families
- chronically ill people
- women

or they have a particular focus on issues such as:

- pregnancy
- sexuality
- addiction
- (anti-)discrimination
- trauma (for example: rape, torture)

Both social workers and social education workers as well as psychotherapists work in counselling centres. These centres are supported by cities and communities or churches as well as charity organisations and associations. Consultations are usually free of charge. The psychosocial services on offer can be used by anyone whose everyday conflicts threaten to overwhelm them. They are aimed at people experiencing normal life crises and problems.

You can find the addresses of these centres in the local telephone book, the local paper or on the internet, usually under the heading “Beratung” (counselling).
Special help for chronically ill people
Mental illnesses are not usually treated in social psychiatric centres (sozialpsychiatrische Zentren). These centres instead advise and support people with mental illnesses in their everyday lives, and help in case of a crisis. They also help to make a workable daily schedule and activities possible, prepare rehabilitation measures, facilitate working together with relatives, and help with problems at work. You can find the addresses of these social psychiatric centres on the internet on the websites of local health services.

Alternative health practitioners offering psychotherapy (Heilpraktiker für Psychotherapie)
Alternative health practitioners (Heilpraktiker) are not licensed (Approbation) to practice medicine, but rather have permission to practice according to alternative health practitioner legislation (Heilpraktikergesetz). In order to gain this permission, the applicant must be over 25, have proven that he or she has completed at least a secondary school degree (Hauptschulabschluss), be morally responsible, suited to practice the profession from the point of view of health, and able to show, when examined by the department of health concerning their knowledge and abilities, that in practising alternative health methods he or she will not put the health of the population at risk.
Alternative health practitioners with comprehensive permission to practice alternative health methods are allowed to identify physical and mental problems and conduct their own therapy in the form of physical treatments. They frequently use alternative or natural health methods for the purposes of diagnosis and therapy. Some alternative health practitioners have only limited permission to practice (Heilkundlerlaubnis) in the field of psychotherapy. Alternative health practitioners are not guaranteed to be sufficiently qualified to treat mental illnesses with scientifically approved methods.
The cost of psychotherapeutic treatment by an alternative health practitioner is not covered by the statutory health insurance (Gesetzliche Krankenkassen). Alternative health practitioners are not allowed to call themselves psychotherapists (Psychotherapeuten). They therefore often refer to their own practices as “alternative mental health practices” (Heilpraxis für Psychotherapie) and speak of themselves as “alternative mental health practitioners” (Heilpraktiker für Psychotherapie).

4. What kind of psychotherapeutic treatments do exist?
Psychotherapeutic methods
There are a variety of psychotherapeutic methods available. The statutory health insurance carries the costs of the following three:
• analytical psychotherapy (Analytische Psychotherapie)
• psychodynamic psychotherapy (Tiefenpsychologisch fundierte Psychotherapie)
• behaviour therapy (Verhaltenstherapie)

There are other psychotherapeutic methods that are scientifically recognised, however the costs are not carried by the state health insurance companies:
• client-centred therapy (Gesprächspsychotherapie)
• systemic therapy (Systemische Therapie)

Analytical psychotherapy (Analytische Psychotherapie)
Analytical therapy is located within the tradition of classical psychoanalysis. It assumes that personal life experiences and above all conflictual unconscious ways of dealing with them can cause or serve to perpetuate mental illnesses. Life experiences are above all shaped by our relationships with other people, in which the early years are particularly formative. Once internalised and made unconscious, they influence a person’s picture of themselves and other people as well as a person’s fundamental attitude towards themselves and others. Additionally, feelings such as fear, shame, and aggression that are associated with extreme experiences that are difficult to process emotionally can have an unconscious effect on how people shape their lives and relationships. As life continues, ingrained patterns of experience and behaviour come into being that unconsciously influence our feelings, thoughts and actions. If these life experiences lead to unconscious conflicts, mental and physical complaints may develop.
In analytical psychotherapy, these life experiences, their processing, and their consequences for the present and everyday life are at the heart of treatment. Analytical psychotherapists help you to become aware of these unconscious processes and thus access those elements that are not comprehensible in order to experience them consciously. They ask you to describe what is going through your mind and how you feel inside without evaluating or judging what you say. They pay attention not only to what you say, but also to how you relate to yourself and your psychotherapist. During the course of treatment, a kind of pattern emerges which allows identification of the way you interact with yourself and others. Additionally, it will be determined whether this way of interacting, which made sense in the past, is still appropriate in your present life or whether it has persisted and led to an inappropriate way of experiencing and behaving or to symptoms of disease. During the course of therapy, you can gain a deeper understanding of yourself and your way of interacting with other people in order to learn from these experiences and find ways out of ever-repeating emotional dead ends.

During a course of analytical therapy, as a rule you lie on a couch and have no eye contact with your psychotherapist. This has the advantage that you are more free in your thoughts and feelings and can more fully address your inner world, thoughts, feelings and inner pictures. Analytical psychotherapy is a long-term form of therapy and takes two or more years. As a rule you agree to two or three therapy sessions a week with your psychotherapist.

Psychodynamic psychotherapy (Tiefenpsychologisch fundierte Psychotherapie)

Like analytical psychotherapy, psychodynamic psychotherapy assumes that our life is not only shaped by our will but rather that everything that we feel, think and decide also depends on unconscious psychic influences. These factors, which we are not aware of and cannot influence, include, in particular, inner conflicts which determine our later lives, especially if they were already present in our early years. Even a child experiences the normal human conflict between the wish to be independent and self-sufficient on the one hand, and protected and cared for on the other. Sometimes a child cannot solve a conflict of this sort because he or she is afraid of losing his or her mother or father. The intolerable conflict is then suppressed and forced into the unconscious in order for the child to protect him or herself from it. From here, however, the conflict continues to influence our feelings and thoughts and, above all, our relationships to other people. In a later life phase, when, for instance, we experience a painful separation, these early unconscious conflicts can once again influence our feelings and behaviour and even make us mentally ill.

A further cause of mental illnesses is also seen by the psychodynamic form of psychotherapy to be, for example, severe neglect, experiences of violence, or emotional coldness during the first years of life. Under such unfavourable life conditions, people develop no or only limited abilities to form an image of themselves and of others with all their positive and negative qualities, to live in stable relationships, to control their own behaviour or to empathise with other people.

Unconscious conflicts also determine the relationship to the psychotherapist. Psychotherapists who work psychodynamically help their patients to uncover the unconscious factors behind their mental complaints. At the same time, they support them in better solving their conflicts, thus enabling them to lead a healthier and less burdensome life. The dialogues demand a high level of openness and trust in the psychotherapist. Psychodynamic psychotherapy takes place in one-on-one conversations, generally once or twice a week, or in a group. This means of treatment can include creative therapy methods (art, music or body therapy). A course of therapy can take between three months and two years.

Behaviour therapy (Verhaltenstherapie)

Behaviour therapy assumes that people differ in their susceptibility to mental illness on the basis of psychic and social characteristics which have developed in the course of their lives, as well as genetic and physiological factors. Against this background, distressing experiences or stress can trigger a mental illness. Other factors can protect people against mental illness: for example, trusting stable relationships, the ability to accurately perceive oneself and others, or the meaning that you see in your life or the tasks you perform. Reactions from the environment towards
Paths to Psychotherapy

4. What kind of psychotherapeutic treatments do exist?

Client-centred therapy (Gesprächspsychotherapie)

Client-centred therapy, also known as person-centred therapy (Gesprächspsychotherapie, Klientenzentrierte Psychotherapie, Personenzentrierte Psychotherapie), assumes that it is essential for a person’s healthy development that his or her fundamental need for positive and unconditional esteem, particularly that of his or her parents, is fulfilled. Negative experiences and unfavourable developmental conditions in childhood can lead to a person developing a negative image of him or herself. That person’s ability to have constructive experiences and gain an increasingly good understanding of him or herself and continue to develop can be limited by this. Added to this are distressing living circumstances as well as possible problems with partnerships or at work. From the point of view of a client-centred therapist, mental problems develop when a person, mostly unconsciously, does not allow him or herself to accept feelings and experiences that are in contradiction to their self-image.

Client-centred therapy assumes that everyone carries within themselves the ability to develop and unfold positively. The patient is therefore, even in the case of mental illness, the person best able to analyse his or her personal situation and work out solutions to his or her own problems. In client-centred therapy, the patient is regarded as “the expert on him or herself”. This is why self-exploration plays a central role in this form of therapy. According to this type of therapy, the natural process of development and healing is supported in particular by the therapist empathising with the patient while avoiding judging them as far as possible and giving him or her feedback. The psychotherapist accepts the patient unconditionally. This means that they consistently say yes to the person they are, to their nature, though without agreeing at the same time with every aspect of the way they act. In the process, the psychotherapist and patient meet as equals and the psychotherapist approaches the patient in an open and honest manner. In this way, they establish a climate that encourages development and that helps the patient to become well again. These experiences and the skills newly gained during the course of therapy also help the patient to find creative solutions for problems in the future. Further developments in client-centred therapy emphasise in particular the patient’s emotional experiences and focus on changing feelings and thoughts. In client-centred therapy, the patient and the psychotherapist sit opposite one another. The course of treatment usually takes six months to a year, with one therapy session per week.

Systemic therapy (Systemische Psychotherapie)

In systemic therapy, the focus is on the social context in which a mental disorder comes into being – for example, the family. This is why a patient’s partner or a child’s parents are also included in the therapy. This form of therapy is not limited to wor-
The psychotherapists will also want to know from those people who are important to the patient how they experience him or her and how their relationships are organised. In the process, the psychotherapist attempts to understand how the patient became ill and what role is played here by the family or other social relationships and communication structures, but also what dynamic has come into being in the family as a result of the serious mental illness of one of the family members.

The psychotherapist works together with you to find a solution for your problems and makes you aware of your strengths. Systemic therapy, for instance, works with family sculptures: the patient positions members of his or her family in the form of symbolic figures in relation to each other so that the emotional relationships between them as he or she sees them are expressed. A family sculpture can make invisible bonds and deadlocked communication processes visible. Conflicts within relationships and harmful bonds can thus be better recognised and worked with.

Systemic therapy assumes that the improvement of mental problems is initiated within the therapy sessions, but that the decisive changes take place between the sessions. The period of time between sessions may therefore also be longer. At the start of therapy, it can be one to two weeks long, and towards the end up to six or eight weeks. Altogether, systemic therapy doesn’t usually consist of more than 25 therapy sessions. However, long-term therapies can also be conducted. The individual therapy appointments take place in the form of single or double sessions.

Medication

Psychotherapists do not prescribe medication. Psychotropic drugs are medicines that affect a person’s central nervous system and can thus relieve states of anxiety, tension, or depression. Many psychotropic drugs can, however, have side effects, and some lead to physical dependence after being taken for long periods of time. Medical treatment alone is usually not sufficient in order to heal a mental illness. In most cases of mental illness, psychotherapy works just as well, if not better. In addition, there are some mental illnesses for which there is no specific medication, such as eating disorders or borderline personality disorder. Psychotherapy is the treatment method that most strongly employs your ability to heal yourself and fosters independence. People who are treated with psychotherapy remain mentally stable more frequently and for longer. In the case of many mental illnesses, psychotherapy is more effective than treatment with medication alone. Sometimes, however, a combination of psychotherapy and medication is advisable.
5. What happens during psychotherapy?

Psychotherapists diagnose and treat mental illnesses. Psychotherapists may discuss your current emotional problems with you; they can help you to recall past painful experiences and to work through them; or they can help you to clarify conflictual relationships and consider with you how you could behave differently in stressful situations.

Psychotherapists work on two levels:
• by means of the therapeutic relationship, which develops during the therapy
• by means of techniques for reflection and practical exercises that you learn during therapy

Going to a psychotherapist directly
You can turn to a psychotherapist directly. You need only your health insurance card. You do not need a referral from a general practitioner or specialist. If you do not know any psychotherapists, you can ask friends or acquaintances or use the websites of the state chambers of psychotherapists (Psychotherapeutenkammer) or regional associations of statutory health insurance physicians (Kassenärztliche Vereinigung)(see the list on page 38).

Initial interviews – without submitting an application
The psychotherapist agrees with you on an initial appointment for an interview, during which he or she will spend 50 minutes’ time with you. Initial interviews are for the purpose of getting to know each other and finding out whether you have a complaint that needs treatment. The psychotherapist asks you what mental problems you are suffering from, how long you have been suffering from them, how they make you feel in your everyday life, and what you have done so far in order to cope better. He or she will also ask you why you want psychotherapy, and what you expect from the treatment. He or she asks you this in order to better understand your motives and expectations, and in order to check whether he or she can actually help you. Some psychotherapists use questionnaires and psychological tests during this phase.

The most important thing about these initial interviews is that you also get an impression as to whether you can speak openly and confidently with the psychotherapist. You should also be able to talk to him or her about subjects that may be embarrassing or painful to you or that make you anxious.

In order for psychotherapy to be successful, it is very important that you can confide in the psychotherapist. If you are not sure after the first appointment, you can agree on further sessions or seek another psychotherapist. You have between five and eight sessions for these initial interviews.

These first meetings are called “probationary sessions” (probatorische Sitzungen). Your health insurance covers the costs of these sessions in any event. In order for the psychotherapist to be able to bill these sessions, you must take your health insurance card with you. If you have not been seeing a doctor during this quarter, you also have to pay a quarterly practice charge (Praxisgebühr) of €10 to the psychotherapist. You do not, however, have to submit an application to your health insurance at this time.

Patients’ questions
You can use the initial interviews to ask the therapist questions. Ask him or her all of the questions that are important to you and that you want to clarify or at least address in order to decide whether you want to be treated through psychotherapy. Many patients ask the following questions:
• Is the psychotherapist entitled to bill the health insurance companies?
• What costs might I as a patient possibly have to cover myself?
• What about when I have to cancel an appointment?
• What are the individual treatment sessions like?
• How long does the course of treatment take?
• What experience does the psychotherapist have in treating the mental illness concerned?
• How successful can the treatment be?
• What treatment alternatives do I have?

Professional secrecy (Schweigepflicht)
What you discuss with your psychotherapist is not passed on to anyone else – not to your employer and not to your health insurance. Psychotherapists are bound by
The diagnosis

It is a precondition of psychotherapy that you have a diagnosis of a mental illness. Psychotherapists make a diagnosis according to the ICD-10 list – for example, F32, "depressive episode", or F40.0, "agoraphobia". Ask your psychotherapist to explain the diagnosis to you in terms that you can understand.

Treatment plan and patient agreement

Psychotherapists ask you expressly after the first "probationary" sessions whether you agree to treatment. They will suggest a specific treatment to you, explain the alternatives, and agree on the goals of the treatment with you. Psychotherapists will explain to you which psychotherapeutic methods they use in treatment. They may explain the advantages and disadvantages of an additional or alternative treatment using medication.

The health insurance application

In order to be treated, you must submit an application to your health insurance. The insurance has to approve the application before you can begin treatment. The insurance will cover only the cost of a treatment that has been approved. You can get the application form as well as further information from your psychotherapist. He or she will help you fill in the application. You will need to sign the form. Psychotherapists must also write a report in which they give reasons as to why they think that treatment is necessary. This report is then examined by an expert who is a psychotherapist him or herself. This expert report procedure is called "Gutachterverfahren" in Germany. The health insurance itself will not, however, be able to read the report.

If your health insurance agrees to cover the cost of treatment, you can start psychotherapy. If the expert rejects the application, the patient and the psychotherapist can contest the decision together.

With regard to short-term therapies, which include up to 25 therapy sessions, the expert report process usually does not take place, but you must nevertheless submit an application to your health insurance.

Treatment

Psychotherapy does not work overnight. You should therefore prepare yourself for a period of treatment lasting several months, during which you will have at least one session of 50 minutes a week with your psychotherapist.

The first working phase is about understanding your illness better, about getting a clearer idea of what will happen during treatment, and about developing a trusting relationship with your psychotherapist. Together with you, the psychotherapist will seek solutions for your most pressing conflicts and complaints.

The middle phase of the therapy, which makes up the greater part of the treatment, is about dealing with concrete problems and finding new ways of coping with them. You will try out unaccustomed ways of behaving and have new experiences. You will understand your problems better and learn to recognise your “typical patterns”. Maybe you will mourn losses or changes that you have suffered or you are able to allow suppressed feelings to emerge, can express them and give them a direction.

The emphasis and contents of the psychotherapy will be very different from individual to individual, according to what you have experienced and which coping strategies you have developed so far, which abilities you bring with you, and which approach suits you.

Doubt and difficult phases

Mental illnesses can be treated. Most mental illnesses, however, have come into being over a long period of time. Sometimes months or even years are needed for their treatment. However, it is possible to no longer have excessive anxiety, no longer be constantly preoccupied with distressing thoughts, or to stop drinking alcohol. Changes in interpersonal conflicts or habitual thought and behaviour patterns are not easy to achieve. But psychotherapists are very experienced in under-
standing other people and helping them to sort out emotional problems. Your psychotherapist will also show you how you can help yourself in future by learning to better recognise distressing situations and thus deal with them better so that they do not make you ill. However, not every treatment is successful. If you are not happy with the progress being made in psychotherapy, then this is a reason to talk to the therapist about the treatment and possible alternatives. Ask him or her any questions you may have. Speak directly about your doubts and seek a common decision about further treatment. As a rule, treatment of a mental illness takes longer, the longer you have been ill and the more frequent the symptoms are. An anxiety disorder can therefore sometimes be better treated than a depression that you have had since your youth. Treatment can also take longer if you have several mental illnesses at the same time or if you know no one who can support you. Some mental illnesses also become chronic, which means that they do not disappear completely.

Side effects
As with other treatments, effects can emerge in psychotherapy that are unintentional and disadvantageous for the patient. The mental symptoms can become worse, or new symptoms can emerge, leading to a state of being overwhelmed or a feeling of being dependent on the psychotherapist. There has so far been little investigation into the side effects of psychotherapy. According to the studies that do exist, it is assumed that about one in every ten patients is worse off after therapy than they were before. The greatest risk factor for failed therapy is a problematic relationship with the psychotherapist. It is therefore crucial that you pay attention to the "chemistry" when looking for a therapist. If you don’t feel comfortable with the therapist, you should look for another. You can also, however, end a course of therapy at a later point if you have been dissatisfied for a while and seriously doubt that the therapy will be successful. The length of a course of therapy does not depend on the number of hours that have been approved by the health insurance. Professional psychotherapists respect your decision. You can end any course of therapy at any time. You can also change your psychotherapist.

The end of treatment
At the start of treatment, treatment goals are agreed upon together and the treatment plan is explained. It should therefore be clear to you when these goals have been achieved. You can recognise a successful course of therapy by the fact that you actually feel better, that the symptoms are receding, and that you are more aware of your own strengths. Good psychotherapists do not work with you longer than necessary, and in the end make themselves redundant. The end of therapy always means taking leave. The psychotherapist was probably an important person for you for a while. Maybe you will experience the end as a loss. It can be a good idea to discuss this subject during the final therapy sessions and focus on the feelings and early experiences associated with this. The last phase of treatment is about preparing you for the time after the treatment. The questions that might arise at this point could, for example, be:

- What are the goals for your continued development?
- What are you going to do in order to maintain what you have achieved and to continue to come closer to your long-term goals?
- What can you do if your problems reappear or become more acute?

Of course, psychotherapy does not get rid of every problem that you might be faced with. Life will continue to have its ups and downs. Psychotherapy can’t change that. You may, however, notice a difference: the ups and downs don’t bother you as much. You notice negative changes much earlier and are better able to take action against them.

Extending treatment
You can also extend treatment if you and your psychotherapist are of the opinion that you are heading in the right direction but have not reached your goal yet. In
order to do this, an application for an extension (Verlängerungsantrag) based on expert opinion has to be submitted to your health insurance.

Complaints about your treatment
Psychotherapists have passed a code of professional conduct for themselves. This code regulates their professional rights and obligations. These regulations serve, for example, to:

• promote trust between patient and psychotherapist
• ensure the quality of psychotherapeutic work
• secure the protection of the patient
• protect and promote the freedom and standing of the profession

In the chapter entitled “What rights do I have as a patient?” (page 34), you can learn in more detail what regulations psychotherapists must observe during treatment. Complaints can be made to the state chamber of psychotherapists (Landespsychotherapeutenkammer) responsible for you: there is a list of state chambers at the end of the brochure (page 38). The chambers have the task of investigating and penalising infringements of the professional code by their members. If psychotherapists infringe the code of conduct, the responsible chamber may reprimand them, fine them, and instigate professional law proceedings, which can go as far as revoking their licence to practice (Approbation).

6. Does psychotherapy work?
Psychotherapy does work – this has been demonstrated. Its healing effect has been confirmed over the past decades by numerous international studies. For this reason, the costs are covered in Germany by the statutory health insurance.

Results of psychotherapy research
The effectiveness of psychotherapeutic treatment has been researched scientifically and confirmed for almost all mental illnesses. It is well established that psychotherapy works for disorders such as anxiety disorders, depression, addiction, personality disorders, eating disorders, post-traumatic stress disorders and attention deficit and hyperactivity disorders (ADD/ADHD). The studies show that patients who have had psychotherapy achieve not only a clear short-term reduction in psychological distress and improvement in quality of life, but also experience long-term, stable positive treatment outcomes.

Studies on depression, for example, were able to show that depressive phases are considerably shortened by a course of psychotherapy and the risk of becoming depressed again is halved. Studies on panic disorders were able to show that more than 80 percent of patients treated with psychotherapy were doing better than those treated routinely. According to a recent meta-analysis, it is also the case that psychotherapy was able to bring about a clear improvement in 45 percent of patients with a generalised anxiety disorder compared with only 14 percent of patients who received routine treatment. Similar successes with psychotherapy could be shown for a broad spectrum of mental illnesses.

The so-called effect size has become the established measure for describing the effectiveness of treatments. According to global surveys, the average effect size for psychotherapies constitutes 0.88. Psychotherapy thus has a higher probability of succeeding than, for instance, bypass operations (0.8).

Treatments with an effect size of more than 0.8 are rated by scientists as very effective. An effect size of 0 means that there is no impact, 0.2 means a limited impact,
and 0.5 means a medium impact. Put differently, this means that a patient who undergoes psychotherapy has comparatively a very high chance of feeling noticeably better within a few months.

Scientific advisory board for psychotherapy

Not all psychotherapeutic methods and techniques have been scientifically approved. In Germany, whether a psychotherapeutic method can claim that it is "scientifically approved" is decided by the scientific advisory board for psychotherapy (Wissenschaftlicher Beirat Psychotherapie). Six experts from the Federal Chamber of Psychotherapists (Bundespsychotherapeutenkammer) and six from the German Medical Association (Bundesärztekammer) are in this committee. Following fixed regulations, it examines whether enough scientific investigations have been carried out that prove the effectiveness of a method. Only then can this psychotherapeutic method be regarded as scientifically approved.

One study alone is not enough. The studies must additionally fulfil scientific standards, which means that they must have been conducted using a sufficiently large number of patients. They must also, however, have shown the effectiveness of the psychotherapeutic method by having compared a group of patients who were treated with a group of patients who were not treated. It is also important that it was previously established beyond doubt that the patients were ill before receiving treatment. Of course, a psychotherapeutic method is not allowed to cause damage. If ten percent of the studies show that a method has "considerable damaging effects", then the method has failed.

The scientific advisory board for psychotherapy has so far given scientific recognition to the following psychotherapeutic methods:

- behaviour therapy (Verhaltenstherapie)
- psychodynamic psychotherapy (Psychodynamische Psychotherapie), consisting of the so-called "guideline methods" approved by the statutory health insurance: analytical psychotherapy and psychodynamic psychotherapy (Analytische Psychotherapie und Tiefenpsychologisch fundierte Psychotherapie)
- client-centred psychotherapy (Gesprächspsychotherapie)
- systemic psychotherapy (Systemische Therapie)

Federal Joint Committee (Gemeinsamer Bundesausschuss)

Psychotherapeutic methods that are paid for by the statutory health insurance first have to be examined by a further committee. The statutory health insurance only pays for forms of psychotherapy that have been checked by the Federal Joint Committee (Gemeinsamer Bundesausschuss, G-BA). In the G-BA, physicians, psychotherapists, hospitals and health insurances decide together which medical treatments are to be paid for by the statutory health insurance companies. Patient representatives have an advisory role in the meetings. The G-BA examines whether psychotherapeutic methods are useful and whether they are medically necessary and efficient.

The G-BA approves to be paid for by the statutory health insurance only those psychotherapeutic treatment methods whose efficacy in the case of the most frequently occurring mental illnesses has been proven. These include, for example, depression, anxiety and somatoform disorders – that is, physical complaints for which no organic cause can be found. From the viewpoint of the G-BA, a "broadly based qualification" is thus ensured for psychotherapists with regard to the most frequent mental illnesses. It is particularly the case with mental illnesses that a large number of disorders emerge at the same time, so it must be ensured that psychotherapists are properly able to provide professional treatment. The G-BA has thus far approved the following psychotherapeutic methods as being effective:

- analytical psychotherapy (Analytische Psychotherapie)
- psychodynamic psychotherapy (Tiefenpsychologisch fundierte Psychotherapie)
- behaviour therapy (Verhaltenstherapie)

Guidelines

Specialised treatment concepts or scientifically tested treatment guidelines (Behandlungsempfehlungen) exist for many mental disorders. When all the most important groups of experts in Germany have agreed on common treatment recommendations for a particular illness on the basis of a systematic evaluation of research results in the form of a structured procedure, then these are published under the name of S3 Guidelines (S3-Leitlinie), or national disease management guidelines (Nationale Versorgungsleitlinien).

In the case of mental illness, only one such set of national disease management guidelines exists so far, which is for depression (www.depression.versorgungsleitlinien.de).

Altogether 31, professional associations as well as patient and relative representatives were involved in the development of these National Care Guidelines. In these guidelines you can find out, among other things, whether the experts would tend to recommend psychotherapy or treatment with medication. In the case of mild depression, for example, the experts would recommend treatment consisting of psychotherapy alone, whereas for a major depression they would recommend a combination of psychotherapy and medication.

Further valid S3 Guidelines exist for the diagnosis and treatment of eating disorders and post-traumatic stress disorders (last updated: January 2012).
7. Who covers the costs?

Statutory Health Insurance
Psychotherapy is a service covered by the statutory health insurance in Germany. This means that health insurance pays for psychotherapy. All you need is your health insurance card.

Application
Psychotherapy is a service that needs to be applied for (antragspflichtige Leistung), which means that you must submit an application after the probationary sessions (Probatorische Sitzungen) and before the start of treatment. The relevant form and further information can be obtained from your psychotherapist. As a rule, psychotherapists will take care of most of the paperwork for you. All you have to do is read through the form and sign it. You do need to have your health insurance card with you, though.

Licence to practice (Approbation), accreditation (Zulassung), approved methods (Richtlinienverfahren)
Psychotherapists must fulfil particular criteria in order to be able to bill the statutory health insurance companies. They must:
• be licensed to practice ( Approbation ), that is, have the permission of the state to treat people
• be approved by an association of statutory health insurance physicians ( Kassenärztliche Vereinigung )
• use a psychotherapeutic method that has been proven scientifically to be effective and is approved ( Richtlinienverfahren )
So far these methods include the following:
• analytical psychotherapy ( Analytische Psychotherapie )
• psychodynamic psychotherapy ( Tiefenpsychologisch fundierte Psychotherapie )
• behaviour therapy ( Verhaltenstherapie )

No supplementary costs
If your health insurance grants your application for psychotherapy, then it will pay the entire cost. You don’t have to pay anything. If, however, you do not have a referral note from your general practitioner ( Hausarzt ), then you will have to pay the practice charge ( Praxisgebühr ). This is a quarterly flat-rate charge to patients for treatment in the amount of €10.

Extension
A course of therapy can be extended. In order to do this, you will need to submit an application.

Application refused
The statutory health insurance may refuse an application. You can file an objection against a refusal of an application. If this objection is refused as well, you can sue via the social court ( Sozialgericht ), which is free of charge for everybody.

Reimbursement of costs
There are not enough psychotherapists who have been licensed by an association of statutory health insurance physicians ( Kassenzulassung ). Because of this, patients often have to wait for months, sometimes even longer, for treatment. However, if you can prove with documentation that you have contacted several psychotherapists and are in urgent need of treatment, then the statutory health insurance must reimburse the cost of treatment by psychotherapists who have not yet been ap-
proved by an association of statutory health insurance physicians (Kassenärztliche Vereinigung). These psychotherapists are licensed by the state to practice (Approbation), but do not have the accreditation (Kassenzulassung) of a statutory health insurance physicians association. These psychotherapists work in a private practice. They will write you a bill, which you can then submit to your health insurance. However, you should get your health insurance’s approval in writing for this kind of billing in the form of reimbursement of costs beforehand. You can get further information about reimbursement of costs from your state’s chamber of psychotherapists (Landespsychotherapeutenkammer) or from the internet at www.bptk.de.

Data protection

The application to your health insurance includes a report on what you are suffering from and your medical history. Neither your name nor other data that might reveal your identity are included in this report. The report is made anonymously and is sent to the health insurance in a separate sealed envelope. The health insurance sends the unopened letter and possibly other documents relating to previous treatment to an expert who examines the reasons given for the application without knowing who the person concerned is.

Private health insurance

The services provided by the private health insurance are not uniformly regulated. What is decisive is what the person insured and their insurer have agreed on in their contract. Many private insurances refuse to provide insurance cover for mentally ill people or limit their cover in the case of mental illness. Like the statutory health insurance companies, the private insurance companies usually only reimburse the cost of treatment methods that have been scientifically approved (Richtlinienverfahren). It is in any case advisable to get confirmation in written form that the costs will be reimbursed before beginning treatment.

State subsidies

If you are a civil servant, part of the cost of treatment by an approved psychotherapist is subsidised by the state (Beihilfe). In general, this amounts to about 50% of the costs. In any case, it is advisable to get confirmation in written form that the costs will be reimbursed before beginning treatment.

Child guidance counselling (Erziehungsberatung) for parents, children and young people

There are over 1,000 child guidance and family counselling centres (Erziehungs- und Familienberatungsstellen) in Germany. Counselling in these centres is strictly confidential and free of charge. Parents, children and young people looking for advice can contact a local centre directly. Child guidance counselling is frequently used for behavioural difficulties in children and young people and when they are having problems at school. You can find the address of a counselling centre on the website of the “Bundeskonferenz für Erziehungsberatung” (national conference on educational counselling, www.bke.de). All you have to do is type in your postcode (Postleitzahl) or place of residence (Wohnort).

Social services department (Sozialamt)

If you do not have health insurance and are in financial difficulties, you can also apply for psychotherapy through the social services department.

Self-paying patient (Selbstzahler)

If you pay for the psychotherapy yourself, then you will mainly be treated in the same way as if you were insured privately. The costs of treatment are decided by the psychotherapists’ scale of charges and fees (Gebührenordnung für Psychotherapeuten). Before beginning treatment, you should come to a clear and ideally written agreement about the kind of treatment you want to receive, how long the treatment should be, and how much it will cost.
8. What rights do you have as a patient?

General patients’ rights in Germany
Patients have rights. Psychotherapists must inform patients about their rights and respect these rights. The Federal Ministry of Health (Bundesgesundheitsministerium) has summarised the legal situation for patients in a understandable form on their homepage (www.bmg.bund.de > Prävention > Patientenrechte).

Some of the more important points that also apply to psychotherapists are:

- The patient has a basic right to choose their doctor and hospital themselves and to change them. The patient is allowed to get a second medical opinion.
- The patient has a right to decide on the kind of medical treatment and the extent of this medical treatment. The patient can decide whether he or she wants to be treated. He or she also has the basic right to turn down a medical decision even if it appears medically advisable.
- The doctor must inform the patient early enough before treatment and on principle in the context of a personal consultation about the nature and extent of treatment measures, explain the risks involved, and obtain the patient’s permission for this treatment. Forms and information sheets cannot replace the consultation.
- Information, documents and data concerning the patient are to be treated confidentially by doctors, nursing staff, hospitals and health insurance companies. They can be passed on only with the agreement of the patient or on the basis of legal regulations.

Rules of professional conduct
Psychotherapists are obliged by law to be members of a state chamber of psychotherapists (Landespsychotherapeutenkammer). Doctors who work as therapists are obliged to be members of a state medical council (Landesärztekammer). These are public bodies. Each federal state has a state chamber of psychotherapists. The only exception is the East German chamber of psychotherapists (Ostdeutsche Psychotherapeutenkammer) for the states of Brandenburg (Brandenburg), Mecklenburg-West Pomerania (Mecklenburg-Vorpommern), Saxony (Sachsen), Saxony-Anhalt (Sachsen-Anhalt) and Thuringia (Thüringen). The chambers regulate, amongst other things, the professional rights and obligations of their members. These regulations are laid down in the so-called professional code of conduct (Berufsordnungen). This professional code of conduct is obligatory for all members of the chamber. They serve for example to:
- promote trust between patients and psychotherapists
- ensure the quality of the psychotherapeutic occupation
- ensure that the patient is protected
- maintain and promote the freedom and standing of the profession

Rules of professional conduct (Regeln der Berufsausübung) include:

Duty of care (Sorgfaltspflichten)
Psychotherapists must not take advantage of the trust, ignorance, gullibility, helplessness or financial hardship of the patient or make unjustified promises or be unsuitably discouraging with regard to the success of the treatment.

Patient consent (Einwilligung)
All treatment must be consented to by the patient.

Information about treatment
Psychotherapists inform their patients about:
- indication
- type of treatment
- therapy plan
- treatment alternatives where relevant
- possible risks involved in treatment
- fee structure
- the duration of a single session
- frequency of the sessions
- the probable duration of the entire course of treatment
Fees (Honorierung)

The fee for self-pay patients and those insured privately should be calculated according to the regulation of fees for psychotherapists (Gebührenordnung für Psychotherapeuten/GOP) if not otherwise legally determined. Issues regarding fees are to be settled at the start of therapy or counselling. Any deviation from the legally determined fees (Honorarvereinbarungen) are to be in written form.

Professional secrecy (Schweigepflicht)

Psychotherapists are obliged to maintain professional secrecy with what has become known to them or been confided to them by patients or third parties in connection with their professional activity. Information about patients and third parties may be used only in an anonymous form in accordance with the federal laws on data protection (Bundesdatenschutzgesetz) in the context of consultation amongst colleagues, supervision or for the purposes of scientific research and teaching.

Abstinence

Psychotherapists are not allowed to abuse the relationship of trust with their patients in order to satisfy their own needs and interests. Their professional activities are to be compensated by means of the agreed fees alone. They may not be the beneficiary of presents, attentions, inheritances or bequests, either directly or indirectly, unless their worth is negligible. This rule of abstinence also applies to the time after the therapy has ended as long as a need for treatment or relationship of dependency still exists between the patient and the psychotherapist. The psychotherapist alone is responsible for irreproachable professional conduct.

Sexual contact is forbidden

Any form of sexual contact between a psychotherapist and his or her patient is forbidden.

Prohibition of discrimination

Psychotherapists are obliged to respect the dignity of their patients without distinction of any kind such as sex, age, sexual orientation, social origin, nationality, race, religion or political opinion. Patients must not be discriminated against due to these criteria.

Documentation of treatment and the patient’s right to access this documentation: Psychotherapists are obliged to document treatment and counselling. This documentation should contain at least the date, anamnestic data, diagnoses, case conceptualisations, psychotherapeutic measures and, where relevant, the results of psychometric tests. Patients have the fundamental right to be given access to this documentation on demand. This also applies after treatment has ended. Psychotherapists may refuse this access to documentation, entirely or in part, only if this would be harmful to the health of the patient and this risk to health cannot be relieved elsewhere. Reasons for this refusal of access must be given to the patient.

Patient enquiries

Enquiries by patients who are in the course of treatment must be responded to promptly, and immediately in the case of an emergency, as long as there is no special reason for not doing so. If the psychotherapist is prevented from doing so, alternative possible contacts are to be provided.

Practice premises

The rooms in which psychotherapists practice must be separate from their private living space.

Any patient may make a complaint to a state chamber of psychotherapists (Landespsychotherapeutenkammer) about psychotherapists who are members of this chamber. The chamber is obliged to follow up every complaint and to examine whether conduct has taken place that has transgressed the professional code. A list of these chambers can be found on the next page.
In an emergency

If you have completely lost the courage to live, if you are plagued by unbearable anxiety, or if you no longer know what is real and what is not, then you should definitely seek help. Speak to someone about how you don't know how to carry on. Please don’t keep it to yourself. It is these kinds of emotional crises that can quickly push people beyond their limits. Sometimes even small causes can have enormous effects.

Turn to someone you know well. If you can’t get hold of someone you trust right away, then you can turn to someone who knows a lot about emotional crises and understands what you are going through. Partners, relatives, friends or colleagues can also get advice when they see that someone is in an acute crisis and they don’t know what they can do to help.

In such cases, it would be best to get help from the doctor or psychotherapist who treats you. If they cannot be reached at short notice, then you can turn to the nearest psychiatric hospital (psychiatrisches Krankenhaus) or general hospital (Allgemeinkrankenhaus) with a specialised department.

In addition, many towns and regions have set up a crisis service (Krisendienst) to help people in an emotional crisis, and can be reached 24 hours a day and will also come to your home if this is necessary. You can find these crisis services on the internet as well, if you do a search using the term “Krisendienst” and add the name of your town, for example, “Krisendienst Berlin.”