Preparing for a Mental Health Appointment

A practical guide to being heard, understanding your options and getting the support you need. Appointments may be with a GP, therapist, psychiatrist, mental health nurse or another professional. You do not have to explain everything perfectly to deserve help.

1 | Before you go: build a useful picture

Write down your three most important concerns in your own words. Include what has changed, when difficulties began, how often they happen, and what makes them better or worse. You can bring notes or ask someone you trust to help you prepare. If talking is difficult, ask the professional to read your written information.

Think about the impact on everyday life: sleep, eating, concentration, memory, motivation, sensory tolerance, relationships, work, study, self-care, social contact and safety. Specific examples are often more helpful than labels alone: “I missed three shifts because I could not leave the house” gives a clearer picture than “I feel stressed.”

2 | Symptoms, patterns and context

Describe emotional experiences such as persistent sadness, fear, irritability, numbness, shame, panic or sudden changes in mood. Include physical signs such as headaches, nausea, tension, fatigue, palpitations or disrupted sleep. Explain whether symptoms are constant, come in episodes or follow particular demands.

Mention important background only to the extent you feel comfortable: recent losses, trauma, caring responsibilities, bullying, major life changes, medical conditions, medication changes or previous mental health support. You can say “I am not ready to discuss the details today” and still explain how something affects you.

3 | Neurodivergent experiences that can be overlooked

For autistic and ADHD people, distress may be linked to sensory overload, masking, burnout, executive-function difficulties, rejection sensitivity, unexpected change or social exhaustion. Explain whether you appear composed in appointments but struggle afterwards. Being articulate or making eye contact does not rule out significant difficulty.

Differentiate what is longstanding from what is new. For example, you might have always needed routine but recently become unable to manage ordinary tasks; this change may be important. Mention shutdowns, meltdowns, periods of reduced speech, difficulties recognising feelings or delayed processing if relevant.

4 | Practical preparation checklist

Bring: your concerns list; a timeline of changes; current medication and supplements; relevant diagnoses or reports; previous treatment and its effects; allergies or significant health conditions; and any questions. You may also bring a trusted supporter, where the service permits, and request an interpreter or communication support in advance.

If you are worried about forgetting something, put your main concern at the top of your notes. It is acceptable to say, “I have written this down because I may struggle to explain it when anxious.”

During the Appointment: Communication and Choices

5 | Ask for an appointment that works for you

You can explain what helps you communicate: additional processing time, one question at a time, plain language, written instructions, reduced sensory distractions, a quieter waiting space, breaks, or permission to use notes. In the UK, reasonable adjustments may be required under the Equality Act 2010 where disability-related barriers apply; what is reasonable depends on the circumstances.

You might say: “I need a little longer to process questions. Please give me time to answer and write down the next steps.” If you lose your words, it is fine to pause, read from a prepared statement or ask to return to a topic.

6 | Explain what support you are seeking

You do not need to know the diagnosis or treatment in advance. Describe what you hope will change: feeling safer, managing anxiety, improving sleep, coping with work, understanding mood changes, or accessing an assessment. Ask what the professional thinks may be contributing and whether other physical or mental health causes should be considered.

If you have been dismissed previously, describe what was missed and its consequences. Try: “I understand this may have several causes, but my daily functioning has changed and I need us to explore it.” You can ask for an explanation if a referral or assessment is not recommended.

7 | Treatments, referrals and medication

Possible next steps may include talking therapies, self-management resources, medication, social prescribing, specialist assessment, occupational support or follow-up monitoring. Ask what each option involves, its likely benefits and limitations, waiting times, and what to do while waiting. You can ask for written information before deciding.

If medication is discussed, ask why it is being recommended, common and serious side effects, interactions with your other medicines, how long benefits may take, monitoring arrangements, and how to stop or change it safely if needed. Do not stop prescribed medication abruptly without clinical advice.

8 | Questions worth asking

- What are the possible explanations for my symptoms, and what needs checking?
- What support can I access now, and what are the referral or waiting-time options?
- What should I do if symptoms worsen or the suggested approach does not help?
- Can you explain the plan in writing, including who will contact whom and when?
- Are there adjustments or supports available for work, education or daily living?

9 | If you feel misunderstood

Ask for clarification, correct inaccurate assumptions and request that important information is recorded. You can say, “That is not quite what I meant. May I explain it another way?” If you remain concerned, ask about a second opinion, follow-up appointment or the service’s feedback and complaints process.

After the Appointment: Understanding the Plan

10 | Before you leave, confirm the next steps

Try to leave knowing what has been agreed, who is responsible, when you should hear back, and whom to contact if nothing happens. Ask for a written summary, appointment letter or accessible version of the plan. If a referral is being made, check which service will receive it and whether you need to complete anything yourself.

It can help to repeat the plan back: “So I will contact the service this week, you will send the referral, and we will review this in four weeks—is that right?” This is a useful check, not a sign you were not listening.

11 | Give yourself recovery time

Mental health appointments can be emotionally and cognitively demanding, particularly if you have disclosed difficult experiences, masked distress, managed sensory input or processed unfamiliar information. Where possible, avoid arranging too many demands immediately afterwards. Food, hydration, a quiet environment, movement or supportive contact may help.

You may remember additional details later. Write them down while they are fresh and ask the service how to share relevant information. Feeling unsettled after an appointment does not automatically mean it went badly.

12 | Keep a clear record

Record the date, clinician or service, main discussion points, recommendations, medication changes, referrals, review dates and unanswered questions. Keep letters or messages together in one accessible place. If you use a phone, a simple note with headings such as “Agreed”, “Waiting for” and “Questions” may be enough.

13 | If the plan is not helping

Follow up if your symptoms worsen, you experience troubling side effects, a referral does not arrive or you are struggling to manage while waiting. Explain what has changed and ask whether the plan needs reviewing. You do not have to wait until a crisis to seek further support.

14 | Safety and urgent support

If you are at immediate risk of harm or there is a medical emergency, call 999 or go to A&E.; In England, you can call NHS 111 and select the mental health option for urgent mental health support. Samaritans are available on 116 123 for emotional support in the UK and Ireland. Availability and local pathways may vary.

Your own appointment reflection

My main concern was: _____

The support or adjustments I asked for: _____

What was agreed, and by when: _____

What I still need to ask: _____

One supportive thing I can do afterwards: _____

A final reminder

You are allowed to need support, take notes, ask questions, disagree respectfully and request explanations. The aim is not to perform well in an appointment; it is to help the professional understand your experiences and work with you on a realistic plan.