

Chris Cummings, PA-C · Telepsychiatry for adults & teens 16+ across Michigan

A Patient's Guide to Starting Psychiatric Care

Telehealth in Michigan: what to expect, how to prepare, and how to take the first step, at your own pace.

Free guide

Plain language

Educational, not medical advice

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In crisis? Call or text **988** any time.
This guide is educational only and is not medical advice.

WELCOME

You don't have to have it all figured out

Reaching out for mental health care can feel like a big step. This guide is here to make the process feel more familiar and a little less daunting.

Inside: what a first telehealth visit in Michigan is like, how to get ready, how medication and therapy fit together, and simple ways to care for yourself along the way.

A whole-person approach

I'm Chris Cummings, a Psychiatric Physician Assistant (PA-C). I see adults and teens 16+ (case by case) by video across Michigan. I believe mental health touches every part of life, so I try to look at the whole person: **mental, physical, social, and spiritual**. Care works best as a partnership. We use **shared decision-making**, which means you're part of every decision, and your values and preferences matter.

In my work I draw on **Compassion-Focused** approaches, **Mindfulness-Based Cognitive Therapy (MBCT)** ideas, and **Motivational Interviewing**. In everyday terms, that means meeting you with kindness instead of judgment, noticing thoughts and feelings with curiosity, and moving toward change at a pace that fits you.

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Please read: This guide is for general education only. It is not medical advice, a diagnosis, or a treatment plan, and reading it does not create a provider-patient relationship. Talk with a qualified provider about your own situation.

988 If you are in crisis or thinking about harming yourself, call or text 988 (Suicide & Crisis Lifeline) or chat at 988lifeline.org, any time, day or night. If you are in immediate danger, call 911.

SECTION 1

Signs it may be time to reach out

Everyone has hard days. It may be worth talking to a provider when difficult feelings stick around, keep coming back, or start getting in the way of the life you want.

Mood & emotions

- Feeling down, empty, or hopeless most days
- Worry or fear that's hard to switch off
- Irritability or mood swings that feel out of character
- Losing interest in things you usually enjoy

Body & daily life

- Big changes in sleep, appetite, or energy
- Trouble focusing, finishing tasks, or keeping track of time
- Racing heart, tension, or stomach upset with stress
- Using alcohol or other substances to cope

Relationships & work

- Pulling away from friends, family, or activities
- Struggling at work or school more days than not
- Avoiding situations you used to handle

Your gut feeling

- You've wondered for a while whether something more is going on
- People close to you have noticed a change
- What you've tried on your own isn't helping enough

A helpful rule of thumb

If symptoms last **two weeks or longer** and affect your work, school, relationships, or how you take care of yourself, it's reasonable to reach out. You don't need to be "bad enough" to deserve support. Getting help earlier is often easier than waiting.

988 **Reach out right away, don't wait**, if you're having thoughts of suicide or self-harm, feel unsafe, or feel unable to care for yourself. Call or text 988, or call 911 in an emergency. Veterans can dial 988 and press 1.

SECTION 2

What a first telepsychiatry visit is like

Telepsychiatry is psychiatric care by secure video. No waiting room and no drive through the snow. Here's what usually happens.

1

Before the visit

You'll sign up through the practice, complete intake forms, and get a link for your video visit. The practice will share details about insurance, fees, and scheduling, since those vary.

2

Log in from a private, comfortable spot

Your living room, a quiet bedroom, even your parked car. Use a phone, tablet, or computer with a camera. You'll usually need to be physically located in Michigan during the visit.

3

We talk. A lot.

The first visit is mostly conversation. We'll cover what's been going on, your health history, sleep, stress, what you've already tried, and what you hope to get out of care. It's okay if you don't know how to put things into words. That's part of what we figure out together.

4

We build a plan together

We'll talk through options, which might include therapy, lifestyle changes, medication, or more evaluation. You can ask questions, share concerns, and take time to decide. Nothing is decided for you.

5

Follow-up

Follow-up visits are usually shorter. We check in on how things are going and adjust the plan as needed. How often you meet depends on your needs and the plan.

Quick tech check

- ✓ Charge your device and test your camera and mic
- ✓ Find a spot with good Wi-Fi or cell signal
- ✓ Log in 5 to 10 minutes early
- ✓ Use headphones for privacy
- ✓ Keep your ID and insurance card nearby
- ✓ Have a phone number ready in case video drops

Visit length, format, and policies vary by practice. Check with the practice you book with for their specifics.

SECTION 3

How to prepare

You don't need to prepare perfectly. A few notes can help you feel more relaxed and make sure the things that matter most to you get covered.

Your story so far

- ☐ What's bothering you most, and when it started
- ☐ How it affects sleep, work, relationships, and daily life
- ☐ Past mental health care: diagnoses, therapy, hospital stays
- ☐ Major medical conditions and recent lab work
- ☐ Family history of mental health or substance use concerns
- ☐ Alcohol, nicotine, cannabis, or other substance use (honesty helps keep you safe)
- ☐ Big life changes or stressors lately

Your medication list

- ☐ Every current prescription, with dose and how often you take it
- ☐ Over-the-counter medicines, vitamins, and supplements
- ☐ Past mental health medications: what helped, what didn't, any side effects
- ☐ Allergies or bad reactions
- ☐ Your pharmacy's name and location

Tip: the worksheet on the next page lets you jot all of this down in one place.

Questions you might ask

- What do you think might be going on?
- What are my options, including non-medication options?
- What are the possible benefits, risks, and side effects of each option?
- How will we know if the plan is helping?
- How often will we meet?
- Should I be in therapy too? How do I find a therapist?
- What should I do if I have a side effect or concern between visits?
- How do refills and messages work at this practice?
- What can I do on my own that might help?

Your goals matter. Think about what "better" would look like for you: sleeping through the night, enjoying time with family, feeling steady at work. Sharing your goals helps shape a plan that fits *your* life.

My visit worksheet

Print this page or copy it into a notes app. Keep it private. Bring it to your visit.

What I most want help with

When it started & how it affects my life

My medications & supplements

Name	Dose	How often	Notes / side effects

Allergies / reactions

Pharmacy

My questions

What "better" would look like for me

988

Save it in your phone now: **988** for the Suicide & Crisis Lifeline (call or text), **911** for emergencies.

SECTION 5

Understanding medication options, in general terms

Medication can be one helpful part of care for some people. It isn't right for everyone, and it's never the only option. Here's how medication decisions generally work.

General categories you may hear about

Providers often talk about medications in broad groups based on what they're commonly used for, such as medications for **depression and anxiety**, **mood stability**, **attention and focus**, **sleep**, or **thought and perception concerns**. Each group includes several options that work in different ways. Which, if any, makes sense depends on you.

What goes into a medication decision

- Your symptoms, history, and goals, plus what you've tried before
- Other health conditions and medications, to watch for interactions
- Possible side effects and what matters most to you
- Your preferences, including whether you want to try medication at all
- Practice policies, especially for medications that need extra monitoring

Common realities

- Some medications take weeks to show their full effect
- Finding the right fit can take time and adjustments
- How long someone stays on a medication is different for everyone, and you revisit it together over time
- Responses vary from person to person

Safety basics

- Don't start, stop, or change a medication on your own; talk with your prescriber first
- Share every medicine and supplement you take
- Report side effects or new or worsening thoughts or mood changes promptly
- Store medications safely, away from others

General information only. No guide can tell you whether a medication is right for you, and no medication is guaranteed to work.

988 If you notice thoughts of suicide or self-harm at any point, including after a medication change, call or text **988** right away, or call 911.

Therapy vs. medication management

These are two different kinds of care, and many people use both. Here's a simple side-by-side.

	Therapy	Medication management
Who provides it	Therapists and counselors (for example, psychologists, licensed counselors, social workers)	Prescribing providers (for example, psychiatric PAs, nurse practitioners, psychiatrists)
What it focuses on	Building skills, understanding patterns, working through stress, relationships, and life events	Evaluation, diagnosis, deciding together whether medication fits, and monitoring how it's going
Typical visits	Often regular sessions, such as weekly or every other week	A longer first visit, then shorter follow-ups spaced out over time
Good to know	Finding a therapist you feel comfortable with matters	Includes more than prescriptions: lifestyle, sleep, and whole-person care are part of the conversation

Using both together

For many people, therapy and medication management work as a team. Your prescriber and therapist can each focus on their part, and with your permission, they can coordinate. Your provider can help you think about which mix might fit your needs.

How I bring therapy ideas into med visits

Compassion-Focused

Meeting hard feelings with kindness rather than self-criticism.

Mindfulness-Based (MBCT)

Noticing thoughts and feelings with curiosity, without getting swept away.

Motivational Interviewing

Exploring what *you* want to change, and why, at your pace.

These approaches shape how visits feel. They are not a replacement for ongoing therapy with a therapist when that's recommended.

Self-care basics for the whole person

Self-care isn't a cure and doesn't replace professional care. But small, steady habits can support how you feel while you get care. Pick one or two to start, not all of them.

Mental

- Try a 60-second reset: two inhales through the nose, one long exhale
- Ground yourself with 5-4-3-2-1: see, feel, hear, smell, taste
- Notice self-critical thoughts and try talking to yourself like a friend
- Limit doom-scrolling, especially before bed

Physical

- Keep a steady sleep and wake time, even on weekends
- Get outside in daylight, especially in Michigan's darker months
- Move your body in ways you enjoy, even a short walk
- Eat regular meals and stay hydrated; notice how alcohol and caffeine affect you

Social

- Reach out to one person this week, even with a short text
- Say yes to low-pressure plans
- Let someone you trust know you're starting care
- Consider a support group or community activity

Spiritual & meaning

- Spend time on what gives your life meaning: faith, nature, creativity, service
- Try a few minutes of quiet reflection, prayer, or mindfulness
- Notice small things you're grateful for
- Reconnect with your values when things feel heavy

Be gentle with yourself. Some days, self-care is just getting through the day. That counts. Progress usually isn't a straight line.

988

Self-care tools are for everyday stress. **If you're in crisis, they're not enough on their own.** Call or text 988, or call 911 if you're in immediate danger.

SECTION 8

How to choose a provider

The right fit makes a difference. It's okay to ask questions, and it's okay to look for a different provider if the fit isn't right.

Things to consider

- ☐ **Credentials and licensure:** Is the provider licensed to practice in Michigan? What's their training in psychiatry?
- ☐ **Approach:** Do they involve you in decisions? Do they look beyond symptoms to your whole life?
- ☐ **Focus areas:** Do they work with your age group and the concerns you're facing?
- ☐ **Logistics:** Telehealth or in person? Visit times that work for you? How do messages and refills work?
- ☐ **Cost and coverage:** Check with the practice and your insurance plan about coverage and any out-of-pocket costs.
- ☐ **Comfort:** After a visit or two, do you feel heard and respected?

What is a psychiatric PA-C?

A Physician Assistant (PA) is a licensed medical provider who can evaluate, diagnose, and treat health conditions, including prescribing medication, as part of a health care team. The "-C" means the PA is certified by the National Commission on Certification of Physician Assistants (NCCPA). A psychiatric PA focuses that training on mental health care.

About working with Chris

I see adults and teens 16+ (case by case) by telehealth across Michigan through two practices, River Oaks Psychology and Resilience MHW. My focus is building a trusting relationship where we explore your options together, including whether medication is right for you, while honoring your values and preferences.

Adults & teens 16+

Telehealth across Michigan

Shared decision-making

Whole-person care

Each practice sets its own policies on insurance, fees, scheduling, and services. Please confirm details directly with the practice.

How to book with Chris

I see patients through two practices. Use either link below, sign up, and **select Chris Cummings PA-C as your provider**.

River Oaks Psychology

riveroakspsychology.com/find-a-med-provider/

Choose "Chris Cummings PA-C" when selecting a medication provider.

Resilience MHW

resiliencemhw.com/contact/

Mention that you'd like to see Chris Cummings PA-C.

Three simple steps

1

Pick a practice

Either link works. Check each site for insurance, fees, and availability.

2

Sign up and select Chris Cummings PA-C

Complete the practice's intake forms.

3

Bring your worksheet

Log in from a private spot in Michigan, and we'll take it from there, together.

988 Please don't wait for an appointment in a crisis. Call or text 988 (Suicide & Crisis Lifeline), chat at 988lifeline.org, or call 911 if you're in immediate danger. Booking links are not monitored for emergencies.

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