A practical guide from shrinkMD

Getting psychiatric care in Maine without waiting three months

Real options for adults in Maine who need a psychiatrist and don't have months to spare. Honest about what works, what doesn't, and how to skip the long queue when there's a shorter one you didn't know about.

> **Who this guide is for**
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> You're an adult in Maine. You need psychiatric care, most likely for depression, anxiety, ADHD, mood swings, sleep problems, or medication questions. You've probably already tried to book somewhere and hit a wait or a closed panel. This guide gives you five real options, in order of how fast they work.

Shariq Refai, MD, MBA, FAPA. Board-certified psychiatrist. Founder, shrinkMD.

Updated 2026. Educational, not medical advice.

Why the wait exists in Maine

Before you read the options, three facts about the psychiatric-care landscape in Maine. Understanding them makes the rest of this guide make sense.

Maine's psychiatric-workforce shortage

Maine is designated a mental-health professional shortage area across most of its geography. The federal Health Resources and Services Administration (HRSA) tracks these designations at hpsafind.hrsa.gov, and Maine consistently shows one of the highest ratios of population to psychiatrist in New England.

Typical wait for a new psychiatric evaluation

In many parts of Maine, new-patient psychiatric evaluations are booking 60 to 120 days out. Rural areas often longer. The waits are worst for practices that accept insurance, because insurance-accepting psychiatrists are in shortest supply.

Coverage that most Mainers actually have

MaineCare and commercial plans do cover psychiatric care, but the provider directories are often out of date. Many listed psychiatrists aren't accepting new patients. Calling to confirm before you commit to a wait is worth the ten minutes.

None of these problems are your fault. And none of them mean you're stuck. Five paths follow. Read them in order and pick the first one that fits your situation.

Five real options, in order of speed

Ranked roughly from fastest to slowest. Not from best to worst. Which is right for you depends on how urgent your situation is, whether you can pay out of pocket, and what kind of care you actually need.

Option 1. Start with your primary-care clinician (fastest)

Your primary-care clinician in Maine can initiate common psychiatric medications and refer you if it's beyond their comfort zone. This is often the fastest way to start treatment. Many family-medicine practices in Portland, Bangor, Augusta, and Lewiston are comfortable starting SSRIs for depression or anxiety.

When this makes sense: mild-to-moderate depression or anxiety, a first-line SSRI or SNRI is a reasonable start, and you already have a PCP who takes you seriously. Typical time to first visit: 1 to 2 weeks.

When it doesn't: bipolar or possible bipolar (needs a psychiatrist, not an SSRI), OCD, severe symptoms, prior treatment failures, or if you're already on multiple psychiatric medications.

Option 2. Start therapy while you wait for psychiatry

A therapist can usually see you in 1 to 4 weeks, much faster than a psychiatrist. Evidence-based therapy (CBT for anxiety and depression, ERP for OCD, IPT for depression) works, often as well as medication for mild-to-moderate symptoms.

Psychology Today (psychologytoday.com/us/therapists) has a searchable directory filterable by insurance, specialty, and telehealth. Zocdoc (zocdoc.com) shows real availability. For sliding-scale therapy, openpathcollective.org matches you with therapists at $30 to $80 per session.

Option 3. Insurance-based psychiatrist (real, but slow)

If cost is the main constraint and you can wait, an in-network psychiatrist is the classic route. The catch: most are booking months out, panels are often closed, and the psychiatrist you finally see may not be the one who follows you long-term (some practices rotate).

Two questions to ask your insurance:

- "What's my out-of-network mental-health benefit?" (Percentage covered after deductible, and what the deductible is.)
- "What are the CPT codes 90792, 90833, and 99213 reimbursed at?" (These are the codes psychiatrists bill. This tells you what you'd get back from an out-of-network visit.)

The answer to those two questions changes the math on whether a cash-pay practice ends up cheaper.

Option 4. A cash-pay online psychiatrist (like shrinkMD)

Online cash-pay practices skip insurance entirely and generally book in weeks rather than months. You pay a published price up front and get a superbill you can submit to insurance for possible out-of-network reimbursement. shrinkMD is one of these, launching in Maine.

When this makes sense: you can pay out of pocket (or your HSA/FSA can), you want the same clinician every visit, you want a real 45- to 60-minute evaluation, and you can wait until your state opens (we're pre-launch in Maine; waitlist members book first).

When it doesn't: you need a controlled substance (stimulants for ADHD, benzos for anxiety). shrinkMD doesn't prescribe those. Not because of caution but because evidence-based alternatives work better long-term. If you need those medications, another practice will fit better.

> **shrinkMD, if it's a fit**
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> Board-certified, physician-led, same clinician every visit. First evaluation $295 with a psychiatric nurse practitioner or $395 with a psychiatrist. Follow-ups from $150. Optional $49/month membership if you want it. To hold your spot in the Maine waitlist: shrinkmd.com/waitlist

Option 5. Crisis and safety-net resources (right now, if needed)

In Maine, the 24/7 Maine Crisis Line is 1-888-568-1112. The national 988 Suicide and Crisis Lifeline is available by call or text. For a medical emergency, call 911. NAMI Maine (namimaine.org) has a warmline for non-crisis support.

988 (call or text) reaches trained crisis counselors 24/7. It's for acute distress, thoughts of harming yourself or someone else, or just needing to talk to a real human right now. Not a replacement for ongoing care, but the right first step when things are urgent.

What to bring to any first psychiatric visit

Same list whether you go to a PCP, a psychiatrist, a therapist, or an online practice. Bringing this cuts your intake in half and gives your clinician a real picture from minute one.

- A list of every medication you take (name, dose, how often, who prescribed it). Include supplements and over-the-counter.
- A list of every psychiatric medication you've tried in the past, roughly when, roughly what dose, and roughly why you stopped. Guessing is fine.
- Any known drug allergies or reactions.
- Whether close biological family members (parents, siblings) have psychiatric diagnoses. "Yes, mom had depression" is enough.
- A short list of what you're hoping to get out of the visit. Two or three sentences.
- Photo ID and insurance card (if using insurance).

Eight questions to ask before you commit

Use these on any practice you're considering, cash-pay or insurance, online or in-person.

- Are you accepting new patients right now, or is there a waitlist? How long?
- Will I see the same clinician every visit, or does it rotate?
- How long is the first appointment? How long are follow-ups?
- What does a first appointment cost, all-in? What do follow-ups cost?
- If you don't take my insurance, do you provide a superbill I can submit for reimbursement?
- What's your policy on controlled substances (stimulants, benzos)? (This isn't a good-or-bad question; it just tells you if the practice is a fit.)
- How do prescriptions get sent? How do I refill between visits?
- How do I reach my clinician between visits if a problem comes up?

Word-for-word scripts

Copy these. Fill in the blanks. It's fine to sound scripted; the person on the other end talks to people reading from scripts all day.

> **Calling your insurance about out-of-network mental health coverage**
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> *"Hi, I'm looking at seeing an out-of-network psychiatrist and I want to understand my benefits. Could you tell me: what percentage does my plan cover after my out-of-network deductible? What's my current out-of-network deductible and how much have I met? And what are CPT codes 90792, 90833, and 99213 reimbursed at? I'll write it down. Thanks."*
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> **Calling a psychiatrist's office to check availability**
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> *"Hi, I'm looking to establish care as a new adult patient. Are you accepting new patients right now in Maine? If yes, what's the soonest available appointment for a psychiatric evaluation? And does that appointment stay with the same clinician for follow-ups? Thanks."*
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> **Asking your PCP to start treatment or refer you**
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> *"I'd like to talk about starting psychiatric treatment. I've been struggling with [depression / anxiety / sleep / focus / mood swings]. If it's something you're comfortable starting, I'd like to try. If it's beyond what you handle, I'd appreciate a referral to a psychiatrist and any suggestion for what I can do in the meantime."*

Red flags to watch for

- A practice that won't tell you the price of an evaluation before you book.
- A practice that promises controlled substances (stimulants for ADHD, benzos for anxiety) after a 15-minute intake. Real evaluations don't work that way.
- A practice that uses a different clinician every visit and calls it "team-based care."
- A telehealth platform that pushes you toward a specific medication in the intake questionnaire before you've talked to anyone.
- A practice that won't provide a superbill if you're paying cash. There's no clinical reason to withhold one.
- Anyone who tells you "the first visit is free" but then requires you to pay a subscription before that free visit gets scheduled.

If you want to hear from us when we open

shrinkMD is a small, physician-led online psychiatry practice launching in Maine. The waitlist is how you get first access. Two fields, no spam. One email when booking opens in your state, and you go before the public.

> **Join the Maine waitlist**
>
> shrinkmd.com/waitlist | support@shrinkMD.com | 877-747-4656

Whether you end up as a shrinkMD patient or not, we hope this guide saves you time and gets you the care you need. If any of it was useful or wrong, email me directly: shariq@shrinkMD.com.

Shariq Refai, MD, MBA, FAPA. Board-certified psychiatrist. Founder, shrinkMD.

Educational content. Not medical advice. Reading this doesn't create a clinician-patient relationship. If you're in crisis, call or text 988 or 911.