

Dialogue Summary

Allegheny County Coalition for Recovery Collaborative for Recovery Dialogues

Location:

Center for Public Service Psychiatry

December 3, 2015

Participants: Persons with lived experience with mental illness (Service Recipients)
Psychiatry residents (Service Providers)
(Persons who are identified here as Service Recipients and Service Providers have indicated that to some degree, they fit the criteria for both)

Facilitator: Dr. Wesley E. Sowers and Sarah Goldstein

The following statements reflect how participants responded to questions asked by the facilitator. Those who have received psychiatric services are indicated as service recipients or “SR” and the psychiatry residents are indicated as “SP”.

***Question:* What are some of the challenges you face in services?**

SR: Providers think they are always right

SR: Providers make judgments based on labels

SP: It is uncomfortable to make possible life-changing decisions in a short period of time (i.e., WPIC DEC) that may affect a service recipient

SR: Treatment offered wasn't helpful

SR: It is hard to be honest with providers; there is a lot of distrust

SR: It is a fearful process

SP: There is a sense of power struggle between provider and recipient

SP: Experienced frustration at being told by service recipient that we weren't 'on the same page'

- SP: Assessment process is difficult; we have to rely on provider-recipient communication
- SR: We are told what we need instead of having the opportunity to say what we believe we need
- SR: As patients we don't always have personal insight to know if we are receiving the right services
- SR: Service providers cannot be trusted
- SR: Treatment is not individual-based
- SR: Dissatisfaction leads to frequent provider changes
- SR: Lack of mutual trust
- SP: It is difficult to assess someone in the short-term (DEC admittance)
- SP: Providers must rely on service recipients to be open and honest if they are to be helpful
- SP: Processes like 302s (involuntary commitment) are not taken lightly; careful consideration is given, but decision is based on available information which may be limited
- SR: Peer support is helpful
- SP: Integrated care would provide more concise evaluation
- SR: Services are not inclusive
- SR: System is not conducive to recovery
- SP: All treatment providers (physical health providers) should have input in mental health decisions

***Question:* What should this relationship be like?**

- SR: Some providers are 'in it for the money'; recipients are treated as 'numbers'
- SP: Providers don't always trust the system they work in

- SP: Providers sometimes feel powerless
- SR: Mental health checkups should be provided from birth, same as medical health checkups are offered
- SR: More peer services should be offered
- SR: It is easier to trust a physical care physician than a mental health provider
- SP: Providers want a better system
- SR: There should be a way that both physical and mental health can be tracked

Question: **Are there other things that we can do for each other to help establish trust?**

- SR: Open communication, honesty
- SP: Process should be less intimidating
- SR: Recipients should eliminate the attitude of “What can you do for me?”
- SR: Relationship between provider-recipient should be more collaborative
- SP: People require different things; sometimes service delivery is ‘one size fits all’
- SR: Trust should be reciprocal
- SR: People must believe in something greater than themselves; spirituality
- SR: Alternatives other than medications should be offered more
- SR: Service recipients are guinea pigs; medications don’t always work as expected and side effects can be harsh
- SP: Providers also feel the frustration of medication management
- SP: It is difficult for providers to know that someone suffering
- SR: No one seems to know what really works; ‘they’ try anything on us

Question: What about the idea of being a guinea pig? What does that imply?

SR: Confusion

SR: There is worry associated with taking medications

SR: We are being used

SP: Medications are prescribed to help; it's frustrating to know that this doesn't always happen

SR: The system doesn't work

SP: Side effects are a concern

SR: Prescribing medication is an experiment

Question: What should this relationship look like?

SR: People must continue to live their lives the best they can

SR: Spirituality should be considered as part of treatment

SR: Persons shouldn't rely so much on the mental health system

SP: There must be a compromise

SP: Integrated health care

SR: Each party must sacrifice

SR: Mutual respect

SR: Mental health check-ups should be a part of overall wellness checks

Question: What do we have control of to make the system better—what is the ideal relationship?

SR: Hire more peers

SP: Continue to develop integrated health care

SR: Build a better relationship; 'help doctors help you'

SP: Don't stop trying

SR: Have mental health treatment professionals meet recipients 'where they are';
ex: Physician was willing to pray

Reoccurring themes:

- Lack of trust in the recipient-provider relationship
- Communication barriers
- Better, more in-depth ways are needed in the evaluation process
- Power issues
- Everyone feels frustration over the impact of medications/side effects
- There is a feeling of powerlessness when prescribed medications don't work
- Mutual respect and reciprocity is needed
- Several Service Recipients and Service Providers specifically referenced their comments surrounding their experiences at the WPIC DEC
- Integrated health care would lead to better overall assessment and treatment