

## Dialogue Summary

### Allegheny County Coalition for Recovery Collaborative for Recovery Dialogues

*Location:*

**Center for Public Service Psychiatry**

**May 26, 2016**

***Participants:* Persons with lived experience with mental illness (Service Recipients)  
Psychiatry residents (Service Providers)**

***Facilitators:* Dr. Robert Marin, Paul Lee**

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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 (Service Providers) are indicated as “**SP**”.

***Question:* What is Recovery?**

SR: Coping with mental illness by working, volunteering, staying productive.

SR: Doing what it takes to get better.

SP: Recovery is individualized.

SR: Being able to use wellness tools.

SR: Living life with fullness and meaning.

SP: Using resources; not a 100% ‘fix’.

SR: Hell; an obstacle course.

SP: Providers often believe that path to recovery is different than how the service recipients view it.

SR: A journey.

SR: A non-linear process of moving forward, getting better.

**Question: How do you view the relationships involving the mental health system?**

SR: Support is needed; many don't get it.

SP: Relationships themselves can be stressful.

SR: It can be difficult to ask anyone for help - friends or service providers.

SR: Consciously evaluate where we are in the relationship.

SP: Respect is key. Example: Service recipient may not agree with recommended treatment such as involuntary commitment, but having mutual respect lets the recipient know that provider has chosen what they feel is the best option.

SR: There is a great deal of mistrust from all involved.

SP: Not really knowing what person in need of services thinks (as when they present in emergency room), can shake the provider's confidence, makes them second guess themselves.

**Question: What gets in the way of asking for help?**

SP: Bad experiences are prevent persons from reaching out and getting help.

SP: Poor advice from physicians and family.

SR: People don't listen.

SR: No trust, stigma from others.

SR: Self-stigma.

SR: People not knowing that recovery is possible.

SR: Sometimes people aren't cognizant of the need for help.

SP: Some aren't used to having people to rely on.

**Question: How do you work through disagreements in the relationship?**

SR: People must assert themselves.

SR: Reciprocity is key.

SP: Often service recipients don't know that they have a role in decision-making.

SR: Communication must be assertive, not aggressive.

SP: Honesty is important.

SR: Having a mutually respectful relationship is important.

SP: Maintaining self-control helps to de-escalate a potentially bad disagreement.

SR: A recovery-oriented approach should be used in uncomfortable discussions.

SP: The mental health profession is moving in a positive direction and providers are more willing to be more collaborative.

SR: People need to be made aware that they have choices.

SR: As recipients, we must honestly evaluate 'where we are'.

SR: Conversation styles are too different; providers should simplify things, use laymen's terms.

SP: Sometimes it's hard to know how to talk to a recipient.

SP: Assessments can be offensive.

SR: Not taking the age of the recipient into account can be a barrier to clear understanding and communication.

***Question:*** **We all have blind spots. How is it when we are 'missing something'?**

SR: There is self-awareness when being 'bitchy'.

SP: Recipients of services sometimes verbalize "You're not getting it!"

SP: Can be difficult for recipients to self-assess when mistakes are made.

SR: It's very frustrating when a provider doesn't understand what I'm verbalizing.

SP: We must learn to recognize when we make mistakes.

SP: It's important to look for 'red flags'.

SP: Sometimes transference happens; both parties pick up on each other's discomfort and act accordingly.

SR: Services should be more culturally competent; leads to better understanding.

**Question: How do/can relationships support the recovery journey?**

SR: Talk honestly.

SR: Situations work best when being authentic (using personal medicine).

SR: Have been purposely evasive to ‘test’ clinicians.

SP: Service recipients seem to respect us more and respond positively when we admit that we don’t know something or when we make mistakes.

SP: We must understand that we are all humans.

SR: Providers should make interactions a less negative experience.

SP: It’s okay that relationships are different and individualized.

SP: We must understand that sometimes the provider/recipient relationship will be uncomfortable.

SR: Providers should keep in mind that they are in a people-to-people profession. They should put themselves in the other person’s shoes.

**Reoccurring themes:**

- Recovery is seen as a process that is unique and individualized.
- More work can be done in relationship building within the mental health system.
- There are many barriers that lead to a reluctance/recognition of getting help for persons in need of mental health services.
- Self-awareness and mutual collaboration can support better communication in relationships.
- Both service recipients and service providers sometimes experience tentativeness in the relationship.