

An Evening Dialogue sponsored by the  
Allegheny County Coalition for Recovery, Collaborative for Recovery Dialogues  
And

Center for Public Service Psychiatry of Western Psychiatric Institute & Clinic  
Webster Hall, Pittsburgh, PA

June 8, 2017

**In attendance** were 13: 8 persons in recovery, 5 Psychiatry Residents

**Facilitators:** Bob Marin and Charlene Saner

**Summary writer:** Margaret Park (Note: Responses from both residents and those who receive psychiatric services are direct quotes that relay themes that emerged during many responses to facilitators and participants prompts.)

Introductions were made around the room.

**Facilitator question 1:** “What is the meaning of recovery?”

Some responses from persons in recovery: You have to be ready for recovery. Recovery is not being in pain and not being in the hospital. It means I can function on my own in the community. For me it is the balance of my physical, mental, and spiritual health (with much agreement around the room). Recovery to me means being able to give back. It means sharing my story. Recovery is a journey. It’s like I am in control. Recovery started for me when I *wanted* (emphasis from speaker) to stop going inpatient. For me it means every day I live with a schedule. You have to work every day at recovery.

Some responses from residents: Recovery is not just an end state and it must be defined by the person who is in recovery. It is about progress. Substance Abuse (SA) recovery has been studied more and for longer. Recovery starts with a willingness. “Recovery” is less condescending and less patriarchal. It is more patient-driven. Recovery is about the goal of working toward who you want to be.

**A question from a resident to persons in recovery:** “What kind of negative experiences have you had from providers?”

Responses: Being overmedicated. Having a label put on me. The stigma of labels is like a death sentence. Providers tell you and your family to not have any reasonable expectations. ‘Just take your meds’—not any hope. Goals are what recovery and life is about. Sometimes they just don’t help and they can overwhelm you. Many people in recovery said they were wrongly diagnosed and then treated for something they did not have.

**Facilitator question 2:** “Where does stigma come from?”

Responses from people in recovery: Stigma comes from the inside. It also comes from society. Any and all of your problems are attributed to mental illness.

**Facilitator question 3:** “How can both groups combat stigma?”

The theme from persons in recovery: All present agreed that the defining of “normal” was problematic. There was agreement that having difficulties in life is what is normal. One stated that celebrities and others ‘coming out’ was helping to normalize having difficulties large and small. A significant amount of time was spent with opinions from some persons in recovery about the whether or not the concept of ‘mental illness’ had any validity at all. Some thought that it did not. Discussion went in the direction of

the way the media and politicians unfairly use the concept of mental illness to scapegoat a whole segment of society.

Responses from residents: Seeing persons on the DEC (the Diagnosis and Evaluation Center at Western Psychiatric Institute and Clinic) has helped because you see people in different stages of recovery. [The DEC employs professional Certified Peer Specialists.]

Many persons from both groups contributed the idea that mental health diagnoses were “nonsense” and could be harmful to individuals. That led to discussion about Social Security Disability Insurance and Social Supplemental Income. One person in recovery said being declared disabled for life was like a prison sentence.

**Facilitator question 4:** “What are the barriers to good care?”

This led to a lively back and forth discussion.

Residents responded: Time! A person in recovery said, “At least give me some eye contact!” Residents’ responses related to systemic issues over which they felt they had no control. “It is hard to give good care in fifteen minute increments but it is possible.” She related how a professor at Pitt Medical School had demonstrated how it could be done. She said it was impressive but still elusive to her. Another resident described it thus, “The system is intolerant of ambiguity. The healthcare system is designed by cardiologists and internists. Plus the whole health care system is morally bankrupt due to the fee for service structure. The remuneration pays the same for those who care about patients and those who do not.” Another added, “We are all part of that system and we need to advocate for changes.”

**Facilitator question 5** -- to persons in recovery: “What can service users do with an oppressive system?”

Responses from persons in recovery: A couple said there wasn’t anything that services users could do. Another agreed and added, “They still hide from you and give you a number from the DSM (Diagnostic and Statistical Manual) and then the diagnosis”. A third interjected with, “Well we are exponentially better than Chicago! You here want to hear from people – like in these dialogues”. Another said, “Why should I have to go to a psychiatrist at all? I am trying to go back to work so I’m paying my own bills. I know the meds I need after all these years. I know what works! Why can’t I just go to my primary care provider and get the same meds I’ve been getting for years and years? Going to a psychiatrist is just another co-pay for me that I can’t afford”.

**Facilitator question 6** -- to the residents: “Did you not know how hard it would be? Are you still passionate about your work?”

One replied, “I am most drawn to the areas of the system and the people most in need of help who are the most marginalized”.

**A question from a person in recovery:** “What are you doing—what can you do to help people not come back to your office?”

Time allowed for two responses—one from each represented group. A resident said, “It depends on the patient’s stage of recovery. A person with long-term recovery said, “It depends on the doctor’s comfort level.”

The dialogue closed congenially with everyone thanking each other for a great night and dinner.