

Consumer/Provider Dialogue:

Who's In Charge?: Choice and Change

Webster Hall

5-6-2010

<p>Introductions:</p>	<p>Wes welcomed all to the group and introduced the purpose of the dialogue.</p> <p>Barbara shared information about “what is a dialogue?” Wes encouraged all participants to take a “non-judgmental stance,” letting go of any preconceived notions or biases. He also reminded the group that the dialogue is what the group makes it, and goes where the group leads. He encouraged participants to focus on their relationship with one another.</p> <p>Members shared their names, background, and organization affiliations, and the question or issue they were most interested in discussing with their counterparts.</p>
<p><u>Issue:</u> What makes the treatment relationship work?</p>	<p><u>Comment(s):</u> It is important that providers understand that people have other “life roles” in addition to their diagnosis. ©</p> <p>If the provider did not believe in me, I didn't believe in myself. When the provider included me in my own care, I did best. ©</p> <p>Having providers work with you and educate you to be able to make your own decisions and choices. ©</p> <p>As a doctor, I feel that trying to involve the patient in the decision making process is best. (P)</p>

<p>Issue: What is the difference between support and control?</p>	<p>Comment(s): As a consumer, I have the right to change my mind. The best learning process I have had in my recovery is when the provider let me fail. ©</p> <p>The difference between support and control is including me in the decisions that are made about my care. I think that allowing me to fail was my biggest learning experience, because I was given the power to control my own life choices. ©</p> <p>I demand to be treated as an equal. My CTT team works for me. ©</p> <p>As a consumer, I have the right to change my provider, however...I am limited to my choice. It is not like shopping in the traditional sense of the word, where you have endless choices of where to go. ©</p> <p>To me, recovery means living life on my own terms, and not the way that someone else wants it to go. ©</p> <p>As a doctor, there is this unconscious way that we think. "I don't want to fail, or be responsible for this person's failure." There is also a fear of liability. (P)</p> <p>It is a balance between drawing the line about when and when not a client should remain in control. (P)</p> <p>When the illness is in charge, I think that the doctor should be in charge. ©</p> <p>When a patient gets to the point that he or she is not well, then it is our job as doctors to take more of an active role. (P)</p> <p>Physicians do make recommendations out of genuine</p>

	<p>concern. (P)</p> <p>Where should the line be with control?(P)</p> <p>When a person with an addiction is at “rock bottom,” they are still allowed to make choices, they are not committed ©</p>
<p><u>Issue:</u> Inclusion in the community and stigma in the profession.</p>	<p><u>Comment(s):</u> I think this depends on your personal experience, what you have been exposed to. (P)</p> <p>I will say that it is based on whether you work on an inpatient unit, or the ER most of the time. The training that we go through in medical school and residency doesn’t address this well. We don’t see the folks that are doing well in the community. (P)</p>
<p><u>Issue:</u> How should we address one another?</p>	<p><u>Comment(s):</u> Until I worked in the mental health/behavioral health field, I didn’t know the difference between consumer, and patient. This seems unique to behavioral health. (P)</p> <p>I don’t like to be called “consumer,” I like to be called by my name. ©</p> <p>The consumer has the choice to shop around. The patient doesn’t have the freedom to change or “move around.” ©</p> <p>I don’t mind the word patient at all. I think the medical profession is an honorable one and “patient” is part of the art of medicine. Using the word consumer removes that. © and (p)</p> <p>There is power in language. Consumer is an “economic term.” The provider holds the power with the use of consumer/provider. Consumer is “disempowering.” In my own healthcare, I am “chair of the board.” ©, (P)</p> <p>The word “patient” is passive. Someone is acting on you, or doing something to you. ©</p>

	<p>I like the word consumer because it means that I have choice, and I've been in situations when I was a patient and didn't have choice. ©</p> <p>None of us want to be called anything but our names. ©</p> <p>The difference between a patient in a medical hospital and a psychiatric hospital is "way different." ©</p> <p>It is important to look at the way that people internalize what they are being called. I can remember when I was in the hospital for medical reasons, and I had credibility. However, the minute I became psychotic (after they weaned me from my meds), I immediately lost my credibility. (C)</p> <p>You can call me whatever you want. I am more concerned with how you treat me. ©</p> <p>As a doctor, I've been thinking about the patient terminology: I used to have stronger feelings about the whole Dr./Patient words to describe the relationship. Whatever the individual wants to be called doesn't have such a reflection on me. It is about them. (P)</p>
<p>Issue: How is recovery related to treatment?</p>	<p>Comment(s): The beginning of treatment begins with the recognition of a problem. The beginning of recovery begins with the awareness that positive change is possible. ©, (p)</p> <p>It is important to not only share the education about mental health, but the education about recovery.(c)</p> <p>To me, recovery is simple: "When the illness is no</p>

	<p>longer the center of your life.” ©</p> <p>To me, recovery means living life on my own terms, and not the way that someone else wants it to go. ©</p> <p>Is remission recovery? (C) Remission is a term used to describe symptoms. (P)</p> <p>So, a person can be in recovery, and still have symptoms? © Yes. (P) & ©</p> <p>I am not responsible for being sick, but I do have a responsibility to be well.(C)</p>
<p><u>Issue:</u> How do you think about the role of medication ?</p>	<p><u>Comment(s):</u> What is most important to you: Is it most important to be symptom free, or live with the side effects of the medications? (P)</p> <p>I needed to stop taking my medications to realize what I didn’t want my life to be. ©</p> <p>If you as a doctor are prescribing medications that you know are going to harm, or have the potential to harm then it is your responsibility to do lab work/blood test. ©</p> <p>I want to be on the fewest medications that I can be on. Now a days, medications are marketed to us-the consumers. No one ever told me about the contra-indications between my other medication and the Seroquel that I was newly prescribed. ©</p>
<p><u>Issue:</u> How do we communicate?</p>	<p><u>Comment(s):</u> Nobody ever asked me: Where do I want to be, they did ask me “what do you have to do to stay out of the hospital?” ©</p>

	<p>.</p> <p><u>Comment(s):</u> I think that as a doctor, more students and more schools should encourage their students to participate in these types of dialogues to learn more about what consumers need and want. (P)</p> <p>Where I am in medical school, I've noticed that a lot of people are just "ignorant," and from what I've seen, medical students are no different. (P)</p> <p>The issue of stigma is as much a part of the mental health delivery system as it is in the general population. Also, people internalize the stigma and have it against themselves. (C)</p>
<p><u>Issue: Transition Age Youth: How and why do they fall through the cracks?</u></p>	<p>Someone with a good working knowledge of the developmental process and stages should be consulted when it is a question of "just normal stages of adolescence," or "illness." MH providers don't have this knowledge vase so they should consult with a pediatrician (P)</p> <p>We need to look @ society in general. Now a days, kids have rights. ©</p> <p>One of the ways I coped (when I was younger), is that I became "anorexic and bulimic. Since I couldn't control my moods, I could control whether or not I ate, or gained weight." ©</p> <p>It is important to teach kids and adolescents that they can have control ©</p>
<p><u>Issue: Integration of Mental Health and Primary Care: what are the barriers?</u></p>	<p><u>Comment(s):</u> There is more of a stigma attached to mental health as opposed to physical health. ©</p> <p>There seems to be more of a stigma walking into a door labeled "psychiatrist," as opposed to one labeled "cancer center." ©</p>

	<p>My PCP is someone that I switched to because he disclosed to me that his son struggled with mental health issues. It seems as if he can understand me, which makes me feel more comfortable. ©</p>
<p>Issue: What is the importance of diagnosis</p>	<p>Comment(s): The problem is, that once a diagnosis is there, it seems to stick. ©</p> <p>I've had so many different diagnoses, doctors all seem to have a different idea. ©</p> <p>The stigma seems to come with the diagnosis. ©</p> <p>In school, we are taught to disregard all previous diagnoses, especially ones that you've made yourself. (P)</p> <p>Is a diagnosis a "blessing or a curse?" I can remember when I was first diagnosed, no one told me about the success stories. I can remember watching shows like CSI and the movie "Girl Interrupted." I gained a diagnosis, and I lost hope. ©</p>
<p>Conclusion:</p>	<p>Wes and Barbara concluded the session. Wes stated that what we learned from the dialogue is that there are "no absolutes." He stated "We all have our own point of view" He then asked for closing comments.</p> <p>One closing comment made by a dialogue participant: "People that have mental illness that are in prisons need special treatment, and specialized rehabilitation efforts."</p>