

# Dialogue Summary Form

## Allegheny County Coalition for Recovery

**Title:** Psychiatric Residents and Behavioral Health Consumers.

**Date:** April 19, 2011

**Consumer-Provider Collaborative:** The Center for Public Service Psychiatry of Western Psychiatric Institute and Clinic, University of Pittsburgh School of Medicine

**Dialogue Location:** CPSP Sterling Plaza, Oakland, Pennsylvania

**Facilitators:** Wes Sowers, M.D. and Margaret J. Park, M. Div

**Participants:** Thirteen individuals participated in the dialogue; additionally, there were two facilitators and two observers.

### **Self- Identified Provider:**

Six (6) psychiatry residents.

One identified as a family member of an individual with a MH diagnosis.

### **Self-identified Consumers/Survivors and Family Members:**

Seven (7) MH consumers.

One identified that children and grandchildren are also consumers, one individual has a brain disorder resulting from an accident, one individual has both bipolar and alcoholism diagnoses, four individuals noted they are consumers and worked in the services system as well.

### **Beginning Open-ended Question**

**Stigma – please share all thoughts and experiences related to this topic**

#### **Consumers**

- Consumers have negative stigma perspectives about providers.
  - Stigma results from experiences of maltreatment, disrespect, loss of personal value and independence.
- Consumers have negative stigma perspectives about other consumers.
  - Stigma is a function of years of MH diagnosis being integral to identity, being treated in a specific way by providers created those ‘examples’ for consumers to treat each other based on diagnoses.
- Consumers would like a relationship with their psychiatrist beyond the medication role.

#### **Providers**

- Providers have negative stigma perspectives about consumers.
  - Stigma stems from providers’ lack of experience, judgments and fear.
  - Individuals noted that efforts to ignore fears opens the door to experiences with consumers and ultimately eliminates fear.
- Reported experiences of disrespect and abuse from patients.
- Balancing “professional” provider role and “human” elements of treatment is very difficult.
- Psychiatrists would like a relationship beyond medication with their patients, but are often constrained by the demands and boundaries of the job.
- Overall education, training and mentoring for providers/psychiatrists needs to shift to incorporate more ‘lived’ experiences and less focus on hospitalized and in-patient environments.

## **Themes:**

### Stigma and Sources

Stigma exists for both consumers and providers. Much of the consumer to provider stigma is often a result of prior mental health service experiences - physical maltreatment, misuse/overuse of medications, disrespect and traumatic loss of personal value and rights. Consumers noted varying levels of these experiences and stigma reactions and spoke of consistent efforts to remember not all providers (and progress of the service system) will not treat them this way, but often these feelings stem from many years of service trauma.

Providers spoke more hesitantly about their preconceptions; however comments ultimately revealed fears of the unknown (lack of experience) and some situations of abuse and disrespect have contributed to their stigma. By attempting to move past those fears and experience each patient individually, participants noted letting go of their stigma perspectives.

### Relationships and Roles

Both consumers and providers agree that building stronger, more equal relationships can improve patient-provider communication, and create more effective, successful treatment. As an element of this relationship, one individual noted it is important to understand the distinction between when a consumer's illness is 'in control' and when a consumer is truly voicing dissatisfaction or problems with a situation. An understanding of this dynamic will help providers to work most effectively with their patients.

Providers struggle most with outlining and defining their role, incorporating characteristics of both a knowledgeable doctor and a compassionate person. Individuals noted that, at times, they had to present themselves more formally and detached than they want to be, in an effort to garner the respect and treatment cooperation. Additionally, several individuals noted their attempts to engage patients on a more personal level were deemed 'unprofessional' by colleagues. Consumers also appreciate having clarity in roles. Several noted that they had a few experiences with professionals stepping too far outside of the traditional role of doctor, and that made them uncomfortable.

Providers and consumers alike expressed a desire to extend expand and relationships for consumers not actively taking medications. Consumers see that relationship as another opportunity for someone to step in if help is needed, and to monitor their mental wellness. Providers appreciate how an extended relationship would open the door to treat all aspects of a patient. However, providers have few options for accommodating patients not on medication, due to billing requirements for each hour of the day.

### Provider Training

Provider participants noted there is an inherent gap in education, training and experiences for resident psychiatrists. In general, they reported that training is limited to hospital treatment environments - which is only one facet of the full spectrum of consumers and services. Most importantly, this does not provide frequent opportunities to see or practice the human aspect of patient-doctor relationships. Several individuals noted that experiences such as the dialogue event would offer some of the missing piece, but that it would have to be an initiative accepted by the 'system', so that time would be built into their schedules to participate.