

The “direct marketing” approach of this paper seemed clever and potentially powerful to me when I created it. As I wrote it up, I found that I have been able to pull together a satisfying, comprehensive product. However, now that it’s finished, I expect objections from both people with mental illnesses and doctors.

From the point of view of people with mental illnesses, it’s fair to ask how I can speak for them. Even keeping the pronouns straight while speaking as though I have a mental illness and not a doctor was difficult. I can say that I probably learned almost everything in this paper from someone with a mental illness. But, for only a small portion of them can I remember who taught me, and often times I remember the lesson in my words and not in their words. Perhaps I should be giving them more credit instead of co-opting their ideas. I put all the bold highlights so that if you want to you can put these ideas in your words and take them back.

From the point of view of psychiatrists and other mental health professionals, I may seem to be overly critical or overly naive. On the one hand, some will say they’re already doing all of this, and on the other hand some will say it’s not possible to do all of this because there’s not enough time and resources. Here’s my point of view: I think we can do better. I’m giving them the “ammunition” to challenge us, because I think we can rise to the challenge. Why do I pick on doctors when I think virtually everything in this paper applies to all mental health professionals? For most people in our mental health clinics, seeing their doctor for medications is basically all their treatment. Therefore, psychiatrists are the ones easiest for them to pressure. Start with us. We’ll pass it on.

From the point of view of people not familiar with our system, they may think that most of this is just common sense. Surprisingly enough, most of this is not the way things are done now. We actually have rules against some of this. Our system has evolved over time into strange habits often driven more by fear, prejudice, and stigma than by pragmatism and humaneness; just like the community has. Together, let’s bring recovery out into the open.

Ask Your Doctor about Recovery

(2007)

Drug companies sell billions of dollars of pills using direct marketing to get consumers pressure and direct doctors. We should be able to use direct marketing to sell recovery too. After all, the recovery movement probably wouldn’t exist without the consumer movement. But what *specifically* should people pressure and direct their doctors, and other mental health professionals, to give them to promote their recoveries?

1) Help me trust you:

Virtually everyone would agree that if someone is going to make any psychological or emotional changes they have to trust the person who is trying to help them. If you’re going to help anyone recover they’re going to have to trust you.

Increasingly professionals have been relying on knowledge and expertise as the foundation for trust at the expense of relatedness. Just saying, “Trust me I’m a doctor,” putting diplomas and fancy books on the wall, and using big words that are hard to understand doesn’t really work. People have to know that professionals can relate to what they’re going through to trust them.

Here are a few key things to ask for to build trusting relationships:

- Please **listen**. Show a respectful curiosity. Don’t assume you know me too fast. Most misdiagnoses are made that way.
- Try to **believe me**. I may be lying, especially if I don’t trust you yet, but at least give credence to what I’m saying. I may experience things differently than you do, but try to get “insight” into my world, instead of just teaching me “insight” into your world.
- **Share some experience** you’ve had or know about that is similar in some important way to what I’m going through so I know you understand what I’m going through.
- Try to **bridge cultural gaps** between us (most commonly you are rich and white and I am poor and minority, or you were born and raised in another country, culture, and language and came here after medical school, but there are many other gaps).
- Show that you can **share my suffering**. Respond with some emotion of your own.
- **Show me that you care**. If I think you’re only working with me because it’s your job, it’s hard to trust you. Share with me why you care about me in particular.
- **Don’t reassure me** by saying, “It’s not that bad.” That’s likely to make me think you didn’t really get how things are for me. I wouldn’t face the stigma of seeing you if it wasn’t “that bad.” It’s better to say, “I get how bad it is and I’m going to stick with you anyway because I know a way out of here.”
- **Don’t keep me at a distance**. I know you have professional standards, but you can’t catch mental illness from me and I’m no more dangerous than anyone else. I know most “normal” people would reject me, but can you look into your heart instead of into your professional ethics for a reason to **accept me as I am before you try to change me**.
- **Show me that you understand me** in words I use, not in DSM diagnostic language. The second time I come to see you, read your initial evaluation aloud to me so I know you were listening and understand me. If you read it to yourself and it’s kept secret from me that decreases my trust in you. After that, keep reading progress notes out loud.

In a recovery based treatment, I do not trust you to be competent to do some treatment to me. I trust you to create a relationship where I can find strength in myself to use your treatments and rebuild my life.

2) Help me regain control of my life:

If someone is coming to see a psychiatrist or other mental health professional it's likely they are struggling with a persistent condition and that it's causing serious problems. Most people will avoid mental health treatment quite rigorously. They will struggle in secret until their problem goes away if it's a short term problem. They will struggle for a long time if there's no serious disruption in their life and even then it's usually someone else who drags someone in to see a professional. Remember two things: One, people will use anything, no matter how small, as a reason to avoid professionals some more even after they've begun treatment, and two, whatever they're telling professionals at first, this is a serious, long term problem that's causing serious problems or they wouldn't be there.

Although many people may want professionals to take control of their lives, fix them, and then send them on their way, persistent, destructive mental illnesses are usually not rapidly curable. We're usually in this for the long haul. Even if someone has very severe symptoms, destruction, and disability, if they work together with professionals, they can recover and rebuild their lives. Professionals can help people regain control of their lives from their illnesses, but if they're going to recover, their treatment can't be something else they don't have any control over.

Here are a few key things to ask for to build your control during treatment:

- **Help me find the strengths within me** to retake control of my life. I don't mean strengths like I can sing and play basketball. I mean the kind of strengths I can use to take control and rebuild; things like persistence, morals, strong family, hopefulness, caring, or enthusiasm. Don't tell me about how strong you are and how you're going to be able to help me. Tell me about the strengths you see inside of me, some of which I may not see myself, that are going to sustain my recovery.
- **Help me learn how to use medications**, not to just take them...even if I have to start and stop them and suffer a lot to learn how to use them. Give me **meaningful education and meaningful choices** and then help me learn from my choices so I don't waste my suffering.
- **Collaborate with me** instead of telling me what to do and then checking if I've complied with your orders. There are lots of subtle, and not so subtle, ways for you to get me to do what you think would be good for me. You may have my best interests at heart and you're probably right, but whenever you resort to manipulation or coercion I'm taking a step backwards in taking control of my life. Then I'll have to recover from both my illness and your treatment.
- **Help me to learn how to help myself.** Teach me **coping skills** and **self help skills**. Cognitive Behavioral Therapy and Wellness Recovery Action Plans both have proven effectiveness. Don't just leave this to someone else. Work it into our regular meetings. After all, you're not always there when I'm struggling and you don't take calls at 2 AM. Someday you won't be my doctor anymore and I have to learn how to take care of myself.
- **Help me learn how to set my own goals.** At first I may be too discouraged to set any goals because I may not be able to **visualize what recovery can look like** for me.

- **Help me learn to function in life even with my symptoms.** People who are deaf and blind and in wheelchairs can have meaningful lives. So can I. I may have to do **rehabilitation** to rebuild function I've lost and I may have to learn **adaptations** to cope with ongoing disabilities. **Don't wait "until I'm ready"** to begin rehabilitation and adaptations. I may never get enough self confidence or sense of self control unless I can get some tangible success going that surprises me. I may only start to believe I can rebuild after I'm already doing it.

In a recovery based treatment the focus isn't on you taking care of me and helping me feel better. It is on me taking control of my own life so I can take care of myself and function even if I'm not always feeling well.

3) Help me rebuild my life:

Unfortunately, mental illnesses tend to be very destructive. They may impact every part of someone's life including home, job, family, friends, income, schooling, intimate relationships, legal status, and even their spiritual life. Anything may be in harm's way. It can feel like the mental illness has swallowed the person up and become their entire life. Unfortunately, treatment often increases this effect when treatment plans are designed to be illness centered instead of person centered and services are diagnostically driven instead of relationship driven. People no longer live in homes. They are placed in treatment settings. They no longer have jobs. They are given therapeutic activities. They no longer have friends or families. They are helped to develop social support networks. Too often services designed to rebuild lives must wait until their illnesses are stabilized and controlled.

Most people don't want to wait to rebuild their lives. The process of rebuilding a life can lead to an illness being less severe as often as treating an illness can lead to rebuilding a life. If someone gets out of a homeless shelter they may not feel as depressed and suicidal even without raising their medications. If they're trying to build an intimate relationship they might not pay as much attention to their voices. If they're trying to hold down a job they might not use as many drugs. Recovery doesn't have to proceed, "First we treat an illness, and when you are well enough, then you can rebuild your life." We can treat illnesses and rebuild lives at the same time and they will reinforce each other.

Here are a few key things to ask for to rebuild your life during treatment:

- Don't divide my treatment up with you treating my illness and someone else helping rebuild my life when you're finished. From the very beginning, **focus my treatment on achieving my life goals, not on reducing my symptoms.** Ask me how my symptoms interfere with my life and help me see your treatment as a tool to reduce that interference and achieve my goals. When I ask to get off my medications, ask me if I've found some way to achieve my goals without them or if I've changed my goals.
- Don't base everything you do on my illness. **Include the rest of my life.** It's probably important. I'm not just an interesting case of some diagnosis. I'm a person too. Ask me about me.

- Help me set and achieve not just illness related goals, but also **quality of life goals** – like getting an apartment, a job, a girlfriend, enrolling in school, reconnecting with my family, raising my children, going back to church . Help me **keep track of what I accomplish**.
- Help me **access services and supports to achieve my quality of life goals**. I don't expect you to be an expert in housing, employment, financial benefits, legal problems, education, etc. but I want help in these areas. I often don't know where help is, so you need to know who I should be talking to besides you. You'll often have to **fill out paperwork** to access these supports and services so build time into your schedule to do this and learn how. For example, I know it can take an hour to fill out a social security disability evaluation in a comprehensive way, but I'll get about a quarter of a million dollars worth of support over my lifetime if you spend the time to do it right.

In a recovery based treatment the goal is not just to treat a mental illness. The goal is to help someone with a mental illness have a better life.

4) Help me heal from destruction and rejection:

The process of recovery is not just a treatment process or a rebuilding process. It includes a healing process. That's why there has to be an emotional component to recovery and recovery based treatment relationships. There are many people who have been given pills that make many of their symptoms go away and they've even been given supports for their life, but they are still crippled from their illnesses unable to rebuild a full, meaningful life. Serious mental illnesses cause lots of destruction to both my life and myself. People need help grieving and then recovering from that destruction as much as from the illness itself.

Elizabeth Kubler-Ross described a set of stages people go through when they are facing a terminal illness: Denial, anger, bargaining, depression, and acceptance. Several people have worked to describe a similar set of stages that people go through when they recover from a destructive illness, usually including hope, empowerment, self responsibility, and attaining meaningful roles. Even as doctors help hospice patients work their way through those stages to "die with dignity" mental health professionals can help people in recovery from mental illnesses work their way through these stages to "live with dignity."

A good deal of the destruction comes from the rejection from ourselves, other people, and our communities. People with mental illnesses end up stigmatized and isolated inside and out. For healing to be effective it has to include a welcoming back into life.

Here are a few key things to ask for to help as you heal and work through the stages of recovery:

- **Help me be hopeful.** For you to help me build hope **you have to be hopeful**. Keep in touch with people you've helped who have moved on and are doing well. **Collect success stories** to remind you that you do help people and to encourage me. **Hire some successful people** with mental illnesses in your program to inspire and mentor me.

- **Help me believe in myself.** Describe what you think I can accomplish so that I can see it too. If I can see it, then I can do it.
- **Help me be more self responsible.** This is going to be hard for you, because you care about me and you don't want anything seriously bad to happen to me, but you may be protecting me from opportunities to grow. Remember, I can't be care taken into recovery. Caring and care taking aren't the same things and the opposite of care taking isn't abandonment. Risk taking doesn't have to be reckless. **Stay by my side** as I make mistakes so I can learn from them. **I don't want to waste my suffering.** I'm not going to sue you if something bad happens unless you've been negligent or mistreated me. I know there will be bumps in the road to recovery.
- Don't take care of me. **Teach me how to take care of myself and get caring for myself.** Don't make decisions for me. **Guide me to make better decisions as I learn** from my successes and failures. Don't protect me from risk. Walk along side me **and help me prepare for risks and learn from my risk taking.** Don't shield me from responsibilities. Help me meet and **increase my responsibilities.** Don't keep me away from the stresses of the world. **Help prepare me for the world and help the world welcome me.**
- I don't want to be just a chronic mental patient for the rest of my life. **I want other meaningful roles in my life too.** I want to live, not just exist. You'll have to help me find what is meaningful to me personally. Likely places to look for meaning are work, family, sex and intimacy, and spirituality and religion, just like for "normal" people. Talk to me about all those possibilities. You may have to **get over your preconceptions** about what people with mental illnesses can do and you may have to **get over your discomfort or inexperience** talking about those areas, but if we only talk about my illness, I'll end up lifeless.
- Help me **find meaning in my suffering.** Many people who recover say their illness was a blessing in disguise. It may be terribly wounding, but it can leave me with gifts as well. Help me dig deep to **find those gifts.**
- Sometimes your job is to help me get along better in our community and sometimes your job is to help **make the community a better place for me** to get along in. **Fighting stigma** is a hard job. You have to get out in the community yourself and talk to people. Don't just educate them. Help them feel an emotional connection to me. **Breaking down prejudice and segregation** is about building connections, compassion, acceptance, and inclusion. I can do this work alongside you too. **Set a good example** by fighting prejudice and segregation in yourself and your workplace.

In a recovery based treatment, healing isn't just from the illness. Healing is also from the destruction and the rejection.

5) Take the long view:

Recovering from serious mental illnesses is a long and winding road. It's sometimes tempting to go for the quick fix, but that's more likely to lead to disillusionment, frustration, and withdrawal. Everyone has faced moments where nothing seems to work. Fortunately, the road to recovery is not a narrow road. People can make a lot of mistakes, wander all over the road, even detour off the road or go backwards at times and still make it. The important thing is not to give up. Keep caring.

It's common to get caught up in the crisis of the moment and feel pressured to take care of it, but far more often what's needed is to learn how to break the pattern of crises so they won't keep happening. It's unlikely someone's mental problems will stop entirely, but it is likely that over time it will take more to trigger them, they'll be less severe, and they'll be able to get out of them faster and back in control of their lives. Therefore it's important to develop long term proactive plans for dealing with mental problems; plans for staying well, dealing with modest problems, and dealing with serious crises.

Here are a few key things to ask for to recover over the long run:

- **Be accessible.** I need someone I know and trust to answer the phone when I need advice or support, not a message machine. I need someone I know and trust when I'm in a crisis not a stranger on a "crisis line." I need someone I know and trust when I'm being dragged away and locked up, not some strangers and policemen. I know you can't be everywhere at all times, but make an effort. Don't leave me in the hands of strangers when I need you most. **Work as part of a team** of people who know me so I can be supported by more than just you.
- If you're frustrated because I'm stuck, think about how frustrating it must be to be me. You might feel like a failure because you can't seem to help me, but I'm the one living the failing life. **Don't retreat behind professional distance** or your books or big words to distance or protect yourself. I need to know you're still there with me.
- The only way I can really give up is by killing myself. What I need most when I'm close to giving up is for you to **help me see more possibilities**, to help me see I'm not totally hopeless and powerless, and to **promise not to abandon me**. If you're considering locking me up, make sure it's not just so you don't have to deal with me.
- **Be real.** You're probably a good person inside who wants to help people. If you treat you friends well, **treat me more like a friend**. I know you're a professional and being paid to help me, but I hope you'll be with me for a long time, and we're going to share a lot of life together, so you don't have to hide behind so much professionalism. If you're more genuine, I'll be able to tell you really care about me and so will you. You'll enjoy my successes more and won't destroy your heart by trying not to feel when something tragic happens to me. You'll burn out less if you don't block your feelings as much. **We can enjoy each other**.
- Make sure you **have ways of taking care of yourself** and team mates around you to help you. If you're lost you can't really help me find my way.
- If I'm going to grow to be more than just a chronic mental patient then you're going to have to **be more than just a chronic mental health professional** if you're going to be able to keep

relating to me. The more roles you have, the more I can have. If you're always just a doctor with me, I can only be a patient with you. Life should be so much more than that.

- Remember that **not all of my feelings are symptoms of my illness**. Over time **get to know me**, the person who has the illness, not just my illness. I need you to **be my partner, my guide, my doctor** as I struggle to recover from my illness.

In a recovery based treatment, you don't just assess and treat my illness as a detached professional. We walk together, sharing the joys and sufferings of recovery.

6) Help me move on:

A person-centered recovery based approach has a much better chance of leading to lasting improvement than an illness-centered approach, because while the illness may well come and go, have relapses and remissions, personal recovery gains are usually, though not always, maintained even if the illness worsens. Just because someone's symptoms worsen, doesn't mean their recovery has to be redone. The way someone handles their symptoms may change for the better forever.

No one doctor or mental health professional is likely to be with anyone their entire life. The goal, therefore, is not to arrange a stable way for someone to be taken care of, but to arrange for someone to be able to manage after the present treatment is gone. Some people may always need some support, but the goal is increasing self sufficiency. Even in the case of needing ongoing medications, we should work towards the person being able to have their own insurance and private care instead of needing to rely on a fragile system forever.

No one is entirely independent, but we can work towards replacing professional supports and care with self help and community supports. Developing friendships is preferable to relying on therapists and doctors as paid friends indefinitely. Being financially self supporting is preferable to relying on government supports like Social Security and Section 8 Housing indefinitely.

When systems, programs, and treatments are designed to promote growth, people can graduate. If that's the expectation from the beginning, people will be more hopeful from the beginning. Some people won't be able to recover enough to move on and a few will need to come back for awhile after a set back, but many can move on, especially if they see others doing it. Graduating and moving on is the only way to bring down overwhelming case loads and harsh rationing of services.

Here are a few key things to ask for to help you graduate and move on successfully:

- Think about **how I'm going to make it after you're gone**. Help me **build things I can take away with me** and keep using including an understanding of my condition, the ability to make good choices, self help coping skills, the ability to engage with and collaborate with others to get help, and develop community niches, roles, and supports. Every interaction with you, from our initial meeting through all our crises are opportunities to prepare me to be self sufficient.

- Use as many **growth oriented approaches** instead of caretaking approaches as possible. Emphasize **collaboration and self help** instead of coercion and compliance.
- Describe to me how your **people flow forwards** and progress in your program. **Keep track of my progress. Celebrate** my accomplishments with me. Keep pointing out how far I've come and what else I need to learn and do to graduate.
- If I want to get off medications as part of graduating and moving on, help me figure out if I still need them to sustain my life. Remind me that the goal of recovery is not to be cured and without medications. It is to have enough control to have a high quality, meaningful life. I may or may not still need medications to achieve that. Help me **figure out how I can stay on medications if I need them** and still graduate from other services and maybe out of public care altogether.
- I may be scared of moving on and really attached to you. You maybe scared of me moving on and really attached to me. It's up to you to **push me forwards** anyway. We should **work on our separation** as part of my graduation. If you've made other relationships besides doctor with me, I may be able to keep some of them even as your ex-patient. Maybe I'll see you in the community as we each pursue our lives.
- There should be **some way of returning if I need to**, but don't make it my first resort. Help me **develop other choices**. If I can get through the initial fear and the first new crisis without returning to you, I'm very likely to make it indefinitely.
- Have a **formal graduation** where I can feel really proud, excited, and scared. I can be an **inspiration for others**. Ask me to **give back to others**. Tell my success story to them.
- **Accept my gratitude**. Someone new needs your help. It's time for me to move on.

Even though many serious mental disorders persist indefinitely, a recovery based treatment can prepare me to deal with whatever happens and keep going with my life without needing to be in treatment forever.