

My Experience With Psychiatric Services

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My experience with psychiatric services has been bad and good—a poison and a cure. However, without those services I would not be where I am today. Psychiatric services were unable to aid someone close to me for 3 years before their death. They appeared different under the influence of psychiatric drugs. I had similar symptoms of anxiety and depression and breakdowns in early adulthood and services did not help me. Of the 3 psychiatrists I utilized, 2 of them were domineering. I feared winding up drugged or dead. I dropped out of treatment and into poverty for 15 years.

Being hospitalized was like dying; I lost my freedom. Nevertheless, involuntary hospitalization was actually my pathway to recovery, with 1 caveat: I distrusted the medical model. I found myself coerced to take medication—which after taking, took me 3 days to get my thinking back; and then that same medication at a smaller dosage still drugged me. It was a traumatic ordeal. They were going to send me to the state hospital because I was terrified of the medication and I refused the medication when I was informed I had the legal right to do so. Thankfully, they prescribed a new medication at a small dosage that I felt comfortable with. I had a psychotic episode, and the treatment required medication in the hospital. Once that happened, I went to the next stage of my recovery.

There were good people on the hospital staff. One of the male nurses, who was a Christian priest, was like a guide for me. A female social worker assisted in getting me into a private psychiatric recovery center. I had a room to myself, which allowed me some peace. A worker for that hospital assisted my getting on SSI and Medicaid, as I had incurred large bills, and my insurance refused to pay for it because I invoked my right to refuse medication for a short time.

The recovery center was not clinical. It was a farm with old houses, and the work program was to tend to the place: feed and care for the animals, help with the meals, clean, cultivate the gardens, chop wood, produce maple syrup or brief projects like building a porch. The work

program was therapeutic. They asked you to choose a program every week and work about 5 hours a day.

Some staff had been in the Peace Corps or only had a year of college. One staff member and I established a friendship. He was college-educated and a Peace Corps volunteer. He became my second house advisor and we had discussions and coffee in the late afternoon. On the patient side, some of the clients were not focused on their recovery, or were severely ill.

Being at the residential recovery center was difficult; but it facilitated my recovery. I was 36 years old with little employment history or training for about 18 years. I could not see a future. Having experienced a psychotic episode, I was grappling with living in an institution, living with unknown people, concerned about my safety, and on medication. For someone dealing with major issues, there were moments when you didn't want to work. Often at the end of the day I just wanted to rest. I had my own room. Coffee and cigarettes became my indulgence and I learned how to type on the computer.

The doctor was excellent. He switched my medication to the night time soon after I got there. He got me off an order of involuntary outpatient treatment after 4 months. My case worker and my first house advisor said at one meeting, “low medication or no medication is the best.” That message was a guiding light for me when I later went off medication. I wanted to try an antidepressant. When I said I felt it didn't do much, we stopped it. I tried another antidepressant and the doctor suggested stopping that also.

My fourth case worker said that the purpose of the center was to “get people grounded to the earth and with the seasons. That is the healing.” They let people be. I argue recovery comes from within the individual. It is discovered. Eventually I got tired of someone running my life: down for morning meeting and then off to the work program. I consider this “confinement healing,” where one is put into an authoritarian system. After time, it becomes confining, and one wants to break free. Taking a college

course in computing was freedom. It got me away from the work program. I then signed up for more courses, and about the same time they suggested moving into the local city. They assisted with obtaining local subsidized housing. I met with my new case worker, a former carpenter, once a week. Having someone there to ask about a car problem or physical health problem was reassuring. During my time at college I had a counselor from vocational rehabilitation. She followed my progress as I endeavored to finish college. I received Pell grants and Supplemental Educational Opportunity Grants grants as well as a Vermont Student Assistance Corporation grants while attending college. These grants—free educational money—paid for two-thirds of my college expenses.

After 4 months of college my medication was lowered. I commented that I missed a dosage and took two and felt really groggy. My doctor suggested dropping the medication, even going off it. I balked because I worried about Supplemental Security Income (SSI) benefits. My doctor and case worker said I didn't have to be on medication to receive SSI. I found myself on the lowest dosage and smoked about 8 cigarettes a day. Cigarette smoking reduces antipsychotic drug levels. My doctor commented that I was on very little, if any medication. Yet it was probably beneficial to be on the lowest dosage while going to college. It helped me get needed sleep.

After 4 years I had a new doctor who eventually became a problem. When I did my senior thesis on a social study of smoking, I decided to quit smoking. I began to notice something in my head at night when I took the medication. In the day I felt slightly lethargic. So, I decided on my own to go off my medication. I saw the doctor only once every 3 months, and I felt I didn't need her approval. I had been taking 3 courses a semester and getting straight A's for over 3 years. When my doctor learned of it, she became aggressive. She argued my blood could have been checked, but I had never had my blood checked for over 5 years. She manipulated me into walking out with a new script; I felt bullied. She didn't listen to me. Graduation was 2 months away, and I was not going to risk experimenting with a new drug. I called up Vermont protection advocacy and learned of my rights regarding SSI and medication: I did not have to be on medication. They referred me to psychiatric survivors, a federal and state-funded organization that supports the rights of people with psychiatric disabilities. They sent a worker who sat down with me and the doctor as a peer support: She then supported my decision. This moment was like being reborn.

Shortly thereafter I began seeing my old psychiatrist on a monthly basis. My doctor for over 5 years was excellent. Perhaps this was because a family member died when he was young, and he experienced serious health problems later in life. He knew suffering.

About a year and a half after graduating college, I found myself unsafe in my public housing apartment. I checked into a psychiatric hospital. The hospital was a

safe haven. It was also a conduit to the psychiatric hospital in my home area, and then for 3 weeks in another private recovery center. Since I had been in the hospital before, and entered voluntarily, I knew what to expect. The second recovery center didn't have much structure, which worked well for me, but not for some others. I was connected into the local mental health care system, and with an employment specialist and a case worker. The doctor embraced shared decision making. When I decided to lower my medication of my own volition because I had intended to pursue a master's degree, he was ok with it. Again, when I went off the medication 5 months later he didn't contest it. He also made the comment that in African medicine, "the healer has to have had the illness." I found that very empowering. The case worker was knowledgeable in practical matters such as nutrition or answering a benefits question. Within 3 months I had a job in psychiatric research. And 2 years later, I was able to get a section 8 voucher and found an apartment in a new complex built to house people with disabilities. I didn't have to depend on my parents for rent money. Since then, things have really progressed. Much of my recovery has come through 8 years of research, finding bits and pieces of knowledge along the way.

These structural supports have allowed me to greatly improve my psychiatric health.

Equally important is the knowledge I have gained about psychiatric illness, often in sentences from books or articles, from clinicians at seminars, or from a personal encounter with psychiatric health care workers. Perhaps the most influential has been meeting regularly with my supervisor, an anthropologist who studies the lived experience of psychiatric illness. She has aided my journey to recovery—by listening to my experience, often validating something I say, or suggesting a book or article to read, or making a statement about illness or health. She supervised me when I wrote a paper about having a psychiatric break at college, and doing the research corroborated things I had experienced and knew. This was the last stage in recovery: a restoration to the person I once was in my late teens, when I was accomplished in various domains.

I fell apart and recovery is putting the pieces of the puzzle together. And those pieces that filtered down are multifold: like many spokes that lead to the wheel of health. A family that has bipolar/schizophrenic physical and behavioral markers; an upper middle class culture that is atheist, migratory, and focused on the individual; and the pressure to go to college can induce psychiatric breaks. The impact of developmental losses in early adulthood can knock people off track for life. People need assistance with employment and housing. America has invested in the world, but left many of its citizens behind. Nutrition plays a key role in psychiatric health. There are ways to improve sleep, which is vital to health. And personal religion was there before psychiatric services began in 1999.

Reading the gospel of Jesus Christ, praying the Lord's Prayer and Hail Mary has been part of my journey.

Psychiatric illness is often the result of the lack of structural supports. When enough of these supports are lacking, people can collapse. And it is important to understand why you fell apart; the forces that induce illness are often the same forces in its opposite form that induce recovery.

Having a psychiatric breakdown is like getting knocked out and not knowing why. It is an experiential journey of discovery for the person back to health. And that journey was in stages: from treatment to supported education to supported employment to consistent worker.

Oppressive doctors or therapists were not helpful, but the ones who respected my efforts at recovery were. Case workers were there for social support and advice. Being able to be in a private recovery center was the conduit to recovery. Having connections to housing services, higher education and education grant monies, to employment, to obtain SSI and Medicaid were instrumental. Getting a job in psychiatric research has been vital. Recovery involves the support of family, government, community, and beneficial psychiatric services. Recovery is not just one element, but rather many elements that lead to the wheel of health.