



Frontline Perspectives

The Illusion Of Recovery Oriented Hospitals

Submitted By Darrell Herrmann, NSSC Ohio State Policy Director, August 18, 2024

The writer, Darrell Herrmann, is a retired Captain of the United States Army who has lived successfully with schizophrenia for 40 years. Darrell worked for many years as a volunteer recovery educator, speaking to more than 30,000 people in hospital groups. His book, "Straight Talk About Living With A Severe Mental Illness" is a compilation of essays on how to live and cope with a psychotic illness, something that sadly most don't know. It provides valuable information for both those diagnosed with a serious mental illness and clinicians working in the field and is available in [paperback, Kindle, and audio book](#). Darrell is a member of the [National Shattering Silence Coalition](#) and believes teaching individuals about their illness will assist in their recovery.

While most mental health hospitals and treatment facilities profess to be recovery oriented, as someone who lives with schizophrenia, I assert that this notion is nothing more than an illusion. There is a lack of focus in promoting the recovery of patients from psychotic illnesses. While many patients with psychotic illnesses do achieve success in their recovery, it is usually in spite of the mental health system not because of it.

Why am I saying this and why do I NOT believe these facilities promote recovery? The answer is complicated and hinges on the official definition of recovery used by these facilities. Their definition is one promoted by the Substance Abuse and Mental Health Services Administration ([SAMHSA](#)). While these statements are aspirational, these principles and guidelines do not hold true for those like myself who live with a psychotic illness. These statements make prominent mention of self-determination and self-direction. The recovery model celebrates the aspect of letting the individual take charge of his own recovery and treatment plan. While I strongly support these values, when you have a psychotic illness there are additional aspects that warrant consideration.

It is important to first understand what it means to be psychotic or in psychosis. Psychosis simply means the person is experiencing hallucinations and delusions and therefore acting in ways that make no sense to those around him or her. To the psychotic person those hallucinations and delusions are reality. It is critical to note that hallucinations can affect any of the five senses. It can be anything that a person could imagine or experience. Delusions are fixed false beliefs about reality that can take almost any form imaginable. The only limitation on delusions is that the belief must be something that the person could imagine. For example, today a person might have a delusion that the voices he is hearing are a result of spirits, demons, or even possibly a miniature radio receiver implanted in a filling in one's teeth. Prior

to the invention of the radio, a person could have had a delusion that the voices being heard were due to spirits or demons but would not have been able to have a delusion about a miniature radio in one's teeth because radio had not yet been invented. It is important to remember that delusions, as illogical as they may be, are quite real to the person experiencing them. A delusion can lead a person to act in a way that is harmful to himself or others. The person might believe that such action would be beneficial in some way. This belief can include killing someone in a perceived defense of self or others close to them. While it is true that these harmful actions are not common, the possibility of such an occurrence warrants attention especially when psychosis is left untreated.

Self-determination and self-direction are based on the idea that everyone should be able to choose what is in their own best interests. Someone experiencing psychosis has impaired judgment, often believing specific actions to be in one's best interest when clearly this is not the case. This conflict between the ideal of self-determination and self-direction and the reality of gravely impaired judgment when experiencing psychosis creates a controversy of involuntary treatment of those with psychotic illnesses. I strongly support involuntary treatment of those with untreated psychosis (including myself) just as I think it is appropriate to take the car keys away from someone who has had too much to drink. Involuntary treatment for a person with untreated psychosis is analogous to refusing to let someone with dementia walk out into a snowstorm wearing only pajamas and house slippers. Society recognizes that intervention is necessary to prevent the elderly person with dementia from harming themselves, yet intervention remains highly controversial for the person in psychosis when judgment and grasp of reality is impaired.

Unfortunately, some who live with psychotic illnesses continue to have difficulty identifying reality even when no longer psychotic. During a Crisis Intervention Training presentation, a police officer shared a personal experience that substantiated this notion. He often saw a young man begging on a street corner who was missing a leg and using crutches to get around. When the officer approached him in conversation, the young man reported that he was a veteran and had lost his leg in Iraq. Being a good Samaritan, the officer took the young man to the VA clinic to assist in obtaining a prosthetic leg. Upon arriving, much to the officer's surprise, he found out that they knew the young man very well. The VA personnel informed the officer that many would-be good Samaritans had brought the young man to the clinic in the past. He was not in fact a veteran, documentation confirmed that the young man had lost his leg due to an amputation caused by gangrene from using a dirty needle to inject illicit drugs. The officer often continued to see the young man begging on the street corner, still insisting that he was a veteran and had lost his leg in Iraq. This is an excellent depiction of a condition that often occurs in psychotic illnesses called Anosognosia. Anosognosia can present in many ways, and sometimes includes persistent false memories of the past. There are events that occurred almost 40 years ago while experiencing my first psychosis which to this day I am not certain what was real and what was delusion.

Psychosis has many causes and is part of many diagnoses. The most common psychotic diagnoses are Schizophrenia (always involves psychosis), Schizo-Affective Disorder (always involves psychosis), Bipolar 1 Disorder (usually involves psychosis), Bipolar 2 Disorder (usually

does not involve psychosis), and Depression (usually does not involve psychosis). Many physical ailments may cause psychosis. Psychosis is a symptom, not a diagnosis.

The above examples indicate how psychotic illnesses can seriously impair a person's judgment and grasp of reality; thus, a blanket statement of optimal recovery being based on the notions of self-determination and self-direction can be misleading. The SAMHSA definition of recovery fails to consider that many people with psychosis lack awareness of being ill, called anosognosia.. These individuals are allowed to exercise their "civil right" to self-determination and self-direction as indicated in the SAMHSA guidelines, pushing recovery out of reach for most. The result is clearly not what any reasonable person would consider to be optimal recovery. Lack of treatment adherence is typically due to anosognosia.

It is a fallacy to believe that hospitals are recovery oriented. Many are unaware of how the mental health system interacts with people with psychotic illnesses. Ordinarily when one is admitted to the hospital for psychosis, an attempt is made to start medications. For the purpose of this discussion, we will assume the individual agrees to take the prescribed antipsychotic medication. They will remain in the hospital for a period of time until the antipsychotic has had the desired effect, and the person is no longer psychotic. Shortly afterwards, the individual will be discharged from the hospital, provided with a supply of antipsychotic medication, and a follow-up appointment will be made. The time from admission to discharge is typically a week or less and often only four or five days in duration. During these customary short hospital stays, the patient will in all likelihood receive no meaningful therapy other than medication. The patient may or may not be told his or her diagnosis and is unlikely to be told what symptoms the medication is treating. Information on possible side effects is rare, although some facilities may provide a handout which is usually not read and is simply thrown away. Education about diagnosis is generally non-existent even when a diagnosis is provided. Information about symptoms, warning signs of relapse, when to ask for help, or any other meaningful education on diagnosis and how to live with it is not a reality. Many are not even told that medication is the key to preventing relapse or that they will probably need to take some form of medication for life. This lack of education may result in many stopping medication soon after discharge and ignoring and disregarding the admonition to continue care with the follow-up appointment they were given upon discharge.

In reviewing SAMHSA standards for recovery, there is emphasis on the importance of "*making informed healthy choices that support physical and emotional wellbeing.*" Not only does psychosis impair judgment and reality of an individual, but nowhere in our mental health system does anyone take responsibility in educating the patient about their illness. The current system fails to recognize the deterrents which make it impossible for one to make the *informed, healthy choices* that SAMHSA is referring to. This negatively impacts most people with psychotic illnesses in that they have little knowledge about their symptoms, warning signs of relapse, when to ask for help, medication and possible side effects, coping skills or strategies on how to live a relatively normal life with a psychotic illness. We would not simply tell someone with Type 1 Diabetes that they need to take insulin and send them on their way without further education about their illness. The most obvious place in the mental health system to provide the information needed to make this type of informed choice is in a psychiatric hospital. When a patient is admitted with psychosis, one's ability to learn and

comprehend information is compromised. Shortly before discharge, one should be capable of participating in a basic information class on how to cope and live with a psychotic illness. An education session lasting approximately half a day would be sufficient to provide the most important basics. It would not significantly increase costs, could be easily integrated into the hospital's programming, and could produce great savings to society through improved outcomes and a reduction in relapses and readmissions. SAMHSA's guidelines on informed decisions are seriously flawed because they make the clearly erroneous assumption that those with psychotic illnesses are informed enough to make these healthy choices.

Psychiatry hospitals report being recovery oriented, with almost all of them referencing SAMHSA guidelines. What exactly qualifies hospitals to meet these guidelines? Culturally appropriate care and trauma informed care are the only two expectations discussed and emphasized. Indeed, I have found this to be true. Sadly, psychosis is not addressed with either of these. I would submit that the experience of psychosis and its aftermath are highly traumatic to most who experience it, yet no emphasis on psychosis as a form of trauma exists nor are any allowances made in treatment. In fact, I have observed that large numbers of those caring for patients with psychotic illnesses in hospitals do not understand what psychosis is or what the experience is like for patients. Likewise, many hospital staff have very little knowledge of what prevents one from making an informed decision when the physical and mental well-being of their patients are compromised. From my observations, most assume medication is the single important factor and that everything else will just work itself out.

In conclusion, when it comes to patients suffering from a psychotic illness the SAMHSA guidelines for recovery are irrelevant in failing to acknowledge the obstacles present when experiencing psychosis. The notion that hospitals are promoting the recovery of their patients based on SAMHSA guidelines seems to be an illusion. The mental health professionals and leadership in our country have contributed to a mental health system that is beyond dysfunctional. From the points discussed throughout this article, one can conceive the reasons I believe that many patients achieve satisfying recovery from a psychotic illness in spite of the mental health system not because of it. There are indeed a few in the mental health system who understand, appreciate and agree with these assertions, but they are few and far between and have little if any significant influence on the overall system. Consequently, in the United States, the mental health treatment for someone with a psychotic illness that is truly recovery oriented (in the true sense of the word recovery with respect to an illness that is lifelong) is rare if it exists at all.

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