



Why people are often reluctant to see a psychiatrist

The Highland Users Group (HUG) is a collective advocacy group run through 13 branches spread throughout the Scottish Highlands. It has over 360 members and has two tasks: (a) to speak out about the lives of its members in order to press for changes to improve their lives and (b) to raise awareness of mental ill health in an attempt to challenge the stigma and discrimination that users face. Our work has been recognised as being of a consistently high quality, both locally and nationally within Scotland.

One of the ways the group presses for change is by the production of reports on different aspects of its members' lives. These reports do not claim to be pure research but are a collection of users' views.

A recent report was produced at the request of a local consultant psychiatrist who wanted to know the reasons for the sometimes negative and hostile response to psychiatrists from patients, despite the fact that psychiatrists often provide life-saving treatment and care. Members of the group produced a report which was the distillation of 13 meetings, involving 80 of its members, as well as six detailed personal reflections on what constitutes good treatment. We looked at a number of areas: the stereotype of a psychiatrist, whether this was accurate, the reasons we don't want to see a psychiatrist, what we feel about their power and how to improve the situation.

The stereotype of a psychiatrist

We discussed the impression that we had of psychiatrists before we had ever met one and came up with six different characters. These ranged from 'the nutty professor' to 'the analyst' to 'the aloof interrogator'. None of the different stereotypes was wholly positive, in fact most were very negative. We felt that these different images were an important reason for the general public being resistant to psychiatry.

We were not sure where these views originated from, but had a feeling that the media coverage of psychiatry played a part, and that this was fuelled by a cultural view of psychiatry and the memories we have about the history of psychiatric services and treatments.

Is the stereotype accurate?

We felt that these stereotypes were in the main wildly inaccurate, but that there were occasional kernels of truth. Many of us have had very positive experiences of psychiatry and psychiatrists. We were treated by humane and compassionate people who gave us time to speak and find solutions and ways of managing our lives. They were respectful and down to earth, were good communicators and very understanding. They provided useful assistance and helped us back into lives that at times have

been unmanageable. They provided us with information about the risks we are taking but still gave us freedom. They entered into our worlds and understood our differing realities. This helped us focus on the direction we wanted to take.

It appeared that although some may see the work as just a job, many others work because they care about the quality of service provided, as well as the people they are helping.

However, there are negative aspects. There is a contrast between our pressing individual need to see a psychiatrist and what can seem like a conveyor belt of consultations during an out-patients clinic. We were worried that some unwittingly collude with the pedestal they can be put on by us; by seemingly agreeing that they are the sole experts, they can sometimes give the impression that they are superior to us which makes us feel both vulnerable and dependent. We were also disappointed at the gap between appointments and the length of our appointments. We found that the appointments were often emotional and draining. Over time the lack of any real change in our health has been extremely disheartening.

Why we don't want to see a psychiatrist

We had numerous reasons why we found it hard to see a psychiatrist.

First, we can be frightened of their public image. Second, meeting with them is a very personal and private process. However, if we do not gel with them as an individual, or if they do not communicate effectively, or deal sensitively with our anxieties, this can be damaging to any meaningful relationship. Some psychiatrists are very remote, even intimidating and patronising.

Our worlds may seem far apart: the gap between our lifestyles and experiences may be so great that we don't have faith that they will understand our worlds. Our perception can be that the actions of authority are the cause of our suffering, and sometimes psychiatrists can come to represent that authority.

We often have completely differing expectations, believing that we are to be cured by talking intimately about our lives and our problems. This may not be possible or even on offer. Sometimes, we don't believe that there is anything is wrong with us and therefore resist seeing them. We may have an unconventional view of our reality that doesn't fit with traditional concepts of healing. This may cause us to reject conventional approaches. Sometimes we just feel too bad and want to be left alone. We have no desire to talk to yet another person about just how awful our life has become.

We may have had bad experiences in the past or we may see the move to consult a psychiatrist as signalling a



stepping point in our lives into a world of failure. We often see too many different psychiatrists (normally locums) for too short a time and lose faith in them. Sometimes we worry that they are concentrating exclusively on our illness and do not see the wider aspects of our lives, and the differing effects that our environment has on us. We worry that if we see them and talk about how we feel, that we will be detained against our will. We may have experienced this in the past and this may have damaged our confidence that they are on our 'side'.

What could improve this?

A number of suggestions about what could make our relationship better emerged. We felt that if we knew psychiatrists better we could get away from the remote image some have and start to know them as people with skills that might help us. This could involve seeing more of them in our world, such as in places that we visit (i.e. drop in centres). Understanding more about their skills and ideas and other aspects of their lives would make them fellow citizens in our journeys. It would help if patients were given information about psychiatrists by community psychiatric nurses and the other members of the mental health team.

It would be a great improvement if we could see them when we felt we needed to, and if they had the time to see us. If they have to stick to busy hectic schedules, then our appointments can also appear hectic, instead of relaxed and comforting as we might wish them to be.

Sometimes a change in attitude is needed: better manners, sensitivity and tactfulness would make a big difference. Equally, if we felt better about ourselves and had more confidence, we would be able to speak more freely and join in a consultation as equal partners. This might stop the 'them and us' attitude that is established so easily.

We would also feel happier if we didn't feel that everything relied on medication. Although medication is helpful, knowledge of other alternatives and how to access them would be helpful.

We felt that their image needs to change, particularly in the media. Many of us would be much less frightened about seeking their help if the public perception were to change. We need acknowledgement – 'if we bare our soul then they need to give something back to

show they are human. They must acknowledge the force of what we have disclosed.'

The environment we meet in is not always pleasant – consulting rooms can be bland and impersonal and the wait to see someone can make the user feel very exposed and uncomfortable. The services could aim to provide attractive homely areas, maybe with music or tea and coffee on offer. This would not only put us more at ease but would acknowledge our importance and status.

On occasion life doesn't turn out as expected and we may feel disappointed and that we haven't been listened to. It may help to know that using an advocate will be welcomed as a way of getting through the problems that we have encountered. Seeing a psychiatrist of a similar age, background, or even someone of the same gender would make it more comfortable for us.

Conclusions

Psychiatrists can and do provide a vital service to many people with a mental illness. The quality of this service can be affected by the image the general public has of psychiatrists, the stigma associated with mental illness and the previous history of treatment. It can also be affected by the negative attitudes some psychiatrists seem to have towards users and the way in which relationships develop.

It is very important that psychiatrists acknowledge the reality of the problems users face when consulting them, and take action so that we can begin to work together towards recovery. However, it is also important that we as users/patients value the help we get when we experience positive results.

Declaration of interest

None.

Acknowledgement

The full report produced by HUG can be obtained from their website (<http://www.hug.uk.net>) or by emailing hug@hccf.org.uk

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