

Hope in Mental Health Care Survey

Summary

As part of the I GOT BETTER campaign to challenge messages of hopelessness in mental health care, MindFreedom International conducted the Hope in Mental Health Care Survey from June to October, 2012. Responses of 390 participants were analyzed.

Four main findings emerged:

- 1. The mental health system often sends the unhelpful (and hopeless) message to individuals with psychiatric diagnoses that recovery from mental/emotional distress is impossible.**
 - Nearly two-thirds of respondents with psychiatric diagnoses have received the unhelpful and hopeless message (most frequently from their mental health provider) that recovery from mental/emotional distress is unlikely or impossible.
- 2. Many people achieve a medication-free, stable wellness even after experiencing extreme mental/emotional distress.**
 - Nearly 70 percent of people who experienced extreme mental/emotional distress (receiving diagnoses of psychosis or schizophrenia) rated themselves as "recovered" or "fully recovered."
 - Over half of individuals who have received diagnoses of psychosis or schizophrenia are currently medication free. Nearly half of the latter group have been medication free for more than five years.
- 3. Respondents overwhelmingly judged a variety of non-drug alternatives to be more helpful to individuals in mental/emotional distress than standard psychiatric care.**
- 4. Certain psychiatric practices, particularly forced drugging, are often described as "traumatizing."**

A question central to the I GOT BETTER campaign is: *What is recovery from mental or emotional distress?*

Findings from the Hope in Mental Health Care Survey clearly show that many individuals (even those with so-called severe mental illness) can and do achieve stable, medication-free wellness. And **97%** of Follow-up Survey respondents with a psychiatric diagnosis affirmed they had "experienced at least some recovery from mental or emotional problems."

The discord between generally negative prognoses forecasted by the mental health system and actual rates of recovery force us to consider that a fundamental part of recovery may be an individualized refutation of the hopeless message the mental health system so often sends to individuals labeled with a so-called "mental illness."

We're all humans with the ability to be either well or unwell, distressed, at peace, or anywhere in between. I GOT BETTER is about embracing those many ways of being in the world, giving each individual the chance to define recovery for himself.

There are many ways to mental and emotional wellness – what's yours?

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Reviewed and approved by members of the MindFreedom Academic Alliance

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Introduction

MindFreedom International

MindFreedom International (MFI) is an independent coalition rooted in a global movement to change the mental health system. The majority of MindFreedom's membership, board and staff identify themselves as psychiatric survivors. However, membership is open to everyone who supports MFI's human rights goals. Advocates, mental health professionals, family members, and the general public are all valued members and leaders in the MindFreedom community, and MFI is one of the few mental health advocacy groups that does not accept money from government, drug companies, mental health systems or religious groups.

MFI is primarily an activist organization, and has led numerous human rights campaigns in the field of mental health over the past 25 years of its existence. It also places a high value on positive, mutual support.

MFI's mission statement: "In a spirit of mutual cooperation, MindFreedom International leads a nonviolent revolution of freedom, equality, truth and human rights that unites people affected by the mental health system with movements for justice everywhere."

To learn more about MFI, visit www.mindfreedom.org.

I GOT BETTER campaign

In February 2012, MindFreedom International received funding from the Foundation for Excellence in Mental Health Care [FEMHC] to launch a campaign geared towards challenging messages of hopelessness in mental health care; this campaign was named the "I GOT BETTER campaign." (To learn more about the I GOT BETTER campaign, visit <http://igotbetter.org>)

MFI first elected to conduct a two part Hope in Mental Health Care survey which would gather information about messages of hopelessness in mental health care, including:

1. prevalence
2. sources and content
3. veracity (in other words, did hopeless prognoses and statements about recovery, medication use, etc. generally prove true or false for the individuals surveyed?)

Methods

Survey Development

Survey questions were developed by MindFreedom staff and volunteers, and their content was based on several informal discussions about messages of hopelessness perpetuated by the mental health system. Contributors also drew upon numerous years of firsthand experience of mental and emotional distress, the mental health system, and activism in the area of mental health and human rights.

The draft of the survey was reviewed by Jeff Gau, a survey design consultant.

Survey Deployment

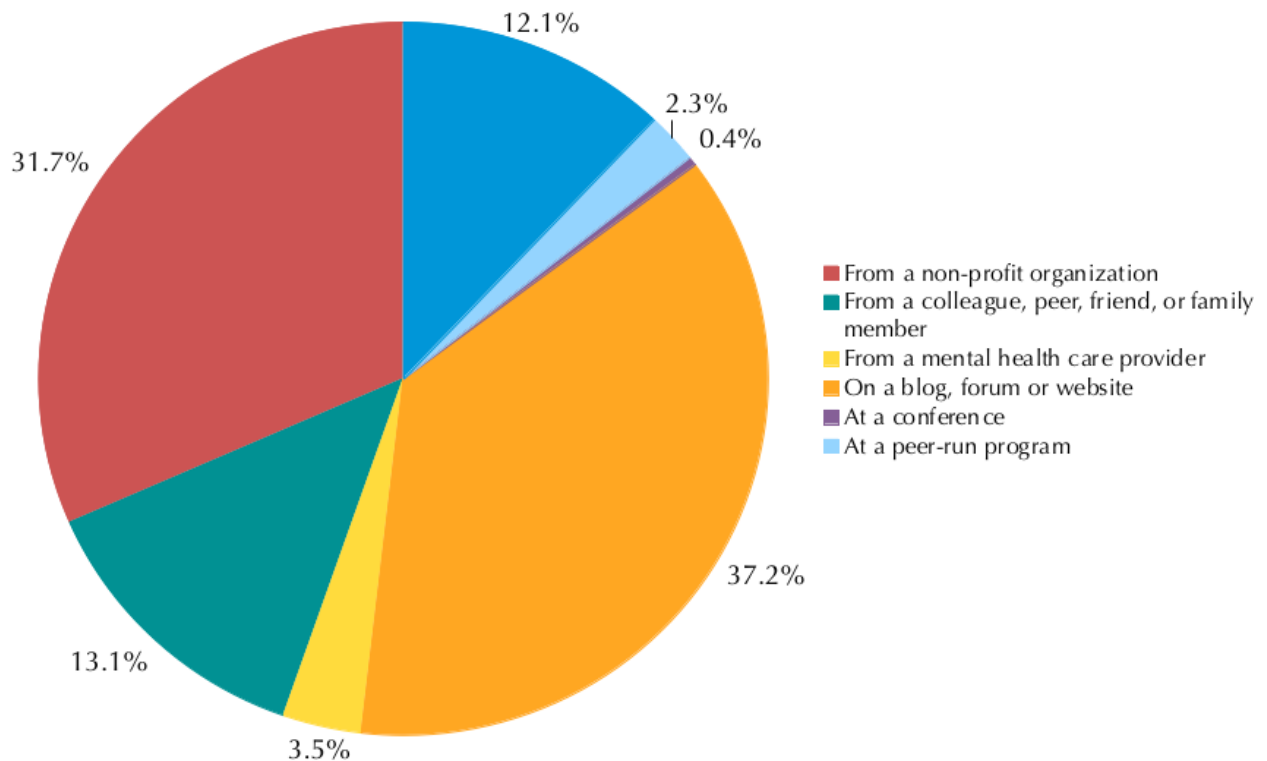
Once the survey design was finalized, participants were recruited in a number of ways. MFI used press releases on its website and its news email lists to promote participation amongst members. Several other mental health websites and online forums posted the press release as well, including www.beyondmeds.com, www.madinamerica.com, and www.femhc.com.

Mental health providers and peer-run organizations were asked to promote the survey to their contacts. Survey participation was also encouraged at several mental health conferences, including Alternatives 2012 in Portland, OR.

The survey was primarily administered online, and most recruitment of participants took place online as well.

Introductory survey respondents reported how they heard about the survey (n=1423):

How did you hear about this survey?



The Introductory Survey garnered 1423 responses, with 91% of participants completing the survey. It was open to psychiatric survivors, their family, friends, and allies, and mental health professionals. It collected basic demographic information about participants, and gauged their opinions about a.) the possibility of recovering from mental and emotional distress and b.) our society's dominant beliefs about the possibility of recovery from mental and emotional distress. The survey was brief and cursory and was designed mainly to vet participants for the much more detailed Follow-Up Survey; at the end of the Introductory Survey all participants were asked if they had an interest in taking the Follow-up Survey.

All participants who expressed an interest in participating in the Follow-up Survey were invited to take the survey, and 448 (31%) did so. Of these 448, 395 (88%) completed the survey, which was divided into four topical sections: mental health care, psychiatric medications, hope, and recovery.

Only the responses of psychiatric survivors to the questions contained in the Follow-up Survey will be examined in the following analysis (n=390). The responses of allies, family, friends, and mental health professionals to the Follow-Up Survey (as well data drawn from the Introductory Survey) will be summarized in forthcoming data sheets, which will be made available on the I GOT BETTER website (<http://igotbetter.org>). Together, this body of information can help to inform the evolving debate about hope and hopelessness in mental health care.

Limitations

Participants in this study do not constitute a sample randomly selected from a known population. Thus the findings cannot be assumed to be generalizable to all individuals experiencing mental or emotional distress or having received psychiatric diagnoses or treatments.

Because the survey was administered almost exclusively online, participation was largely limited to individuals with access to computers and the Internet. Participants in the survey tended to be female and white/caucasian, which is consistent with trends in levels of accessing psychiatric services^{1,2}.

Nevertheless, a slightly more gender- and racially-balanced sample would have been beneficial.

1 In 2009, for example, roughly 2/3 of mental health services users in the US were women, and there was also a higher prevalence of mental health diagnoses amongst women. Additionally, white/Caucasian and biracial individuals were most likely to access mental health services.[Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings* (Center for Behavioral Health Statistics and Quality, NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD.]

2 Minority groups such as African Americans, Latinos, and Asian/Pacific Islanders are much less likely to access treatment than white/Caucasian Americans.[Centers for Disease Control (2007) *Eliminate Disparities in Mental Health*. Online publication. Accessed 7 December 2012 at <<http://www.cdc.gov/omhd/amh/factsheets/mental.htm>>.]

DEMOGRAPHICS

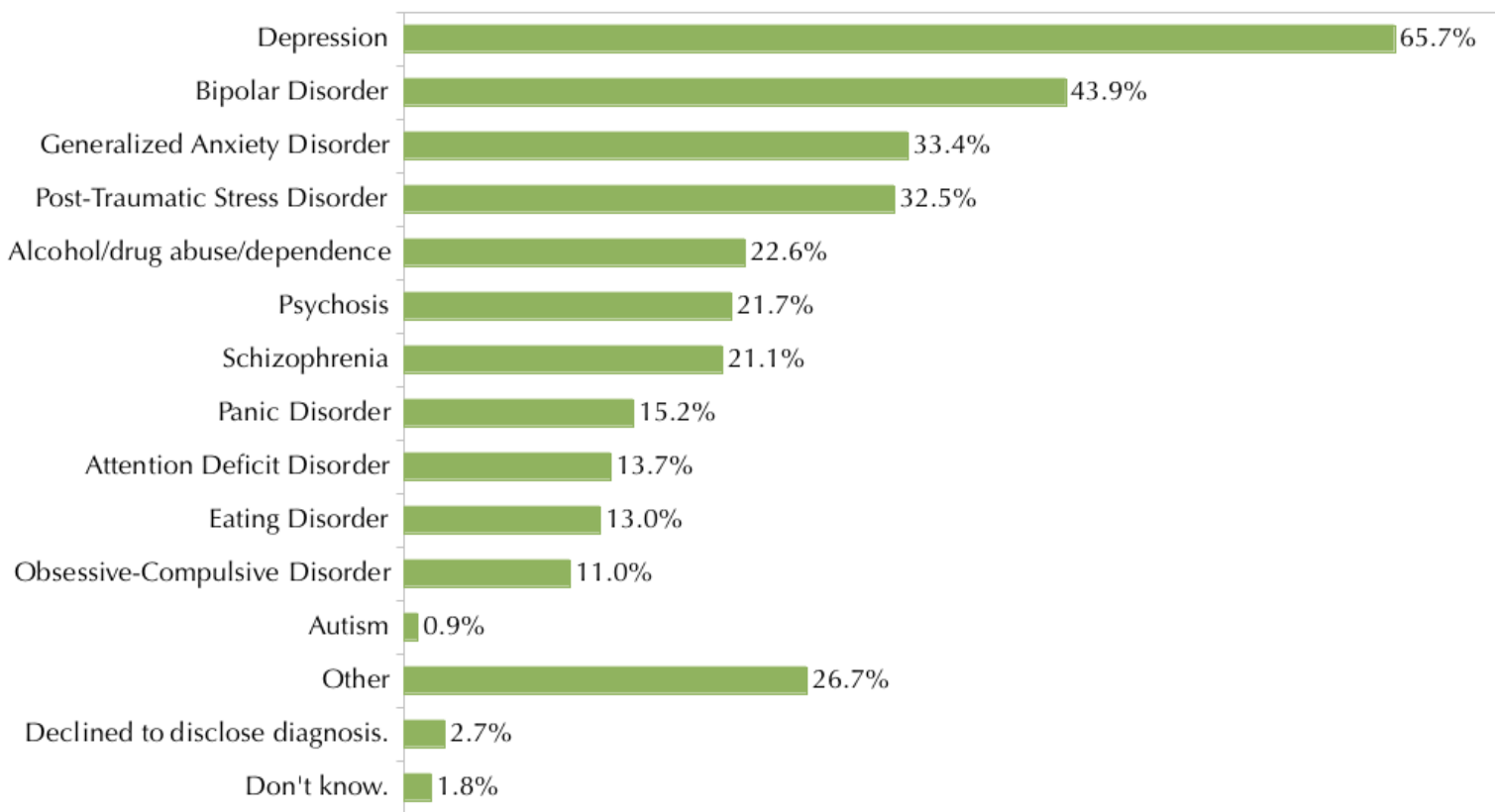
Age, gender, and ethnicity variables were provided by 274 (70%) respondents. The average age was 53 years (SD=13), and ages ranged from 17 to 89 years.

Also, 203 (74.1%) participants identified as female, 66 (24.1%) as male, and 5 (1.8%) as other.

The vast majority of respondents (86.3%) self-identified as White/Caucasian (and 3.7% as Hispanic, 1.1% each as Black/African-American and Asian, 0.7% as Native American, and 7.7% as Other).

Diagnosis

Survey respondents were asked what psychiatric diagnosis or diagnoses they had received in the past. 390 participants in the Follow-up Survey reported receiving a diagnosis. On average, respondents received 3.6 diagnoses (SD=2.4). The most frequently listed diagnoses are the following:



FINDING 1

The mental health system often sends the unhelpful (and hopeless) message that recovery from mental/emotional distress is impossible.

All data represents respondents to the Follow-up Survey who had received a psychiatric diagnosis (n=390)

- **64%** of individuals who had received a psychiatric diagnosis were never told by a mental health provider during their mental health care that recovery from their mental/emotional problem was possible, and **41%** were actually told by a mental health provider that recovery was *impossible*.

I was told [by mental health providers] I had a life-long disease that I could never recover from, but that I could learn to 'manage'.

Laura

Ranked self as "9" on 10-point recovery scale; off psychiatric medications for more than 1 year

- **76%** were told by a provider that they would have to take medications for the rest of their life.
- **49%** were specifically told by a mental health provider that they could not reach a personal goal (for example, education, career, independent housing, relationship, children, etc.) because of a psychiatric diagnosis.

I was told by a psychiatrist that I would have to quit graduate school for a while. He proceeded to make this come true by confining me to the mental hospital. A couple of psychiatrists have also told me that my relationship with my lover was just a symptom of mental illness, that I was going through a period of hypersexuality, that my relationship wouldn't last. This was done about 6 years ago — I am still with the same guy in a thriving relationship!

Anonymous

Ranked self as "8" on a 10-point recovery scale; off psychiatric medications for more than 1 year

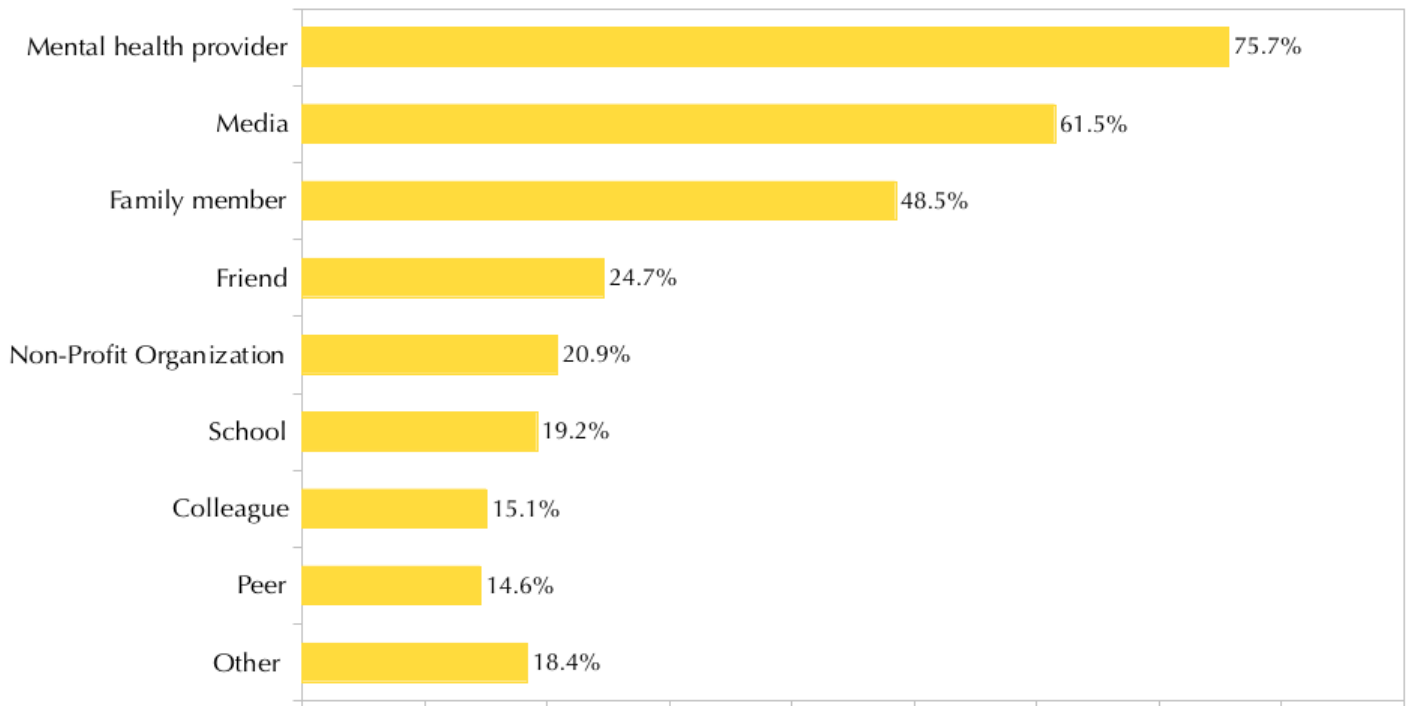
My psychiatrist thought that I was being grandiose when I told her I was planning to purchase my own home. I found a program that I qualified for and despite the negativity from this provider, I was able to purchase my own home (which I have now lived in for almost 3 years).

Kerrie

Ranked self as "8" on 10-point recovery scale; off psychiatric medications for less than 1 year

- **80%** answered yes to the question: "During your mental health care, have you often felt hopeless about your chance of getting better?" When asked the source of the hopeless message that "your recovery from a mental health or emotional problem was unlikely," **over 75%** of respondents pointed towards the mental health system:

If you have ever received a hopeless message that your recovery from a mental health or emotional problem was unlikely, *what was the source of that message?*



I was repeatedly told I could not reach my goals or do what I wanted to do —whether it was finishing school, having a career, being off SSI [Social Security Income], and living independently. I was told this by family, high school personnel, mental health providers/hospitals. When I told the Social Security office that I was starting a full time job at a living wage, the woman told me "Sometimes these things don't work out." ... That was more than 10 years ago.

Linda

Ranked self as "8" on 10-point recovery scale; off psychiatric medications for more than 1 year

FINDING 2

Many people achieve a medication-free, stable wellness even after experiencing extreme mental/emotional distress.

Respondents reporting diagnoses of psychosis or schizophrenia

(n=145)

- **61%** were told by a mental health provider that recovery was impossible. However, **95%** said that they had “experienced at least some recovery from a mental or emotional problem,” and **69%** ranked themselves as “recovered” or “fully recovered” (equivalent to a ranking of 8, 9, or 10 on a 10-point recovery scale).
- **86%** who have taken a prescribed psychiatric medication (n=137) were told by a mental health provider that they would have to take medication for the rest of their lives.
- However, **48%** of respondents with diagnoses of psychosis or schizophrenia are currently not taking prescribed psychiatric medications, and **57%** of them (n=65) have been off medications for 5 years or more.
- **72%** of respondents diagnosed with schizophrenia or psychosis and not taking medication ranked themselves as “recovered” or “fully recovered” on a 10-point recovery scale.

I have always believed that I could be well even when providers told me I would never get well and may even die by suicide or be institutionalized for life... [Now] I am working full time supporting myself and helping others to find wellness in their lives. I use a WRAP [Wellness Recovery Action Plan] to stay well instead of focusing on being ill. I am free from self stigma and psychiatric medications.

Jennifer; once received a diagnosis of “psychosis”

Ranked self as “9” on 10-point recovery scale; off psychiatric medications for more than 1 year

To me recovery means understanding that, whatever the emotional problem, it's not an illness, but rather an attempt to heal, a call to change one's life situation/circumstances, and a challenge — and chance — to grow personally...My primary goal when I went into therapy was to come to a better understanding of what was happening to me, and why..I think many people who do not experience crisis, or who do, but get trapped in the system, never get the opportunity to learn.

Marian; once received a diagnosis of “psychosis” and “schizophrenia”

Ranked self as “10” on 10-point recovery scale; has never taken a psychiatric medication

Respondents reporting a diagnosis of bipolar disorder

(n=196)

- **51%** were told by a mental health provider that recovery was impossible. Despite this, **98%** said they have “experienced at least some recovery from a mental or emotional problem,” and **64%** ranked themselves as “recovered” or “fully recovered” on a 10-point recovery scale.
- **89%** who have taken a prescribed psychiatric medication (n=190) were also told by a mental health provider that they would have to take medication for the rest of their lives.
- Yet **44%** of respondents with a diagnosis of bipolar disorder are not currently taking prescribed psychiatric medications, and **37%** of them (n=83) have been off medication for 5 years or more.
- **73%** of individuals diagnosed as bipolar and not taking medication ranked themselves as “recovered” or “fully recovered” on a 10-point recovery scale.

I can now see very clearly that my biggest problem has been trying to cope with racism and sexism, and I see how the stress has impacted my health and relationships. I'm no longer in a drug-hazed fog, getting side-tracked by minor issues. So now I can tackle the real problem; I can get out of this toxic, abusive environment and find peace where I'm accepted as an equal.

Anonymous; once received a diagnosis of “bipolar” and “schizophreniform”
Ranked self as “9” on 10-point recovery scale; off psychiatric medications over 5 years

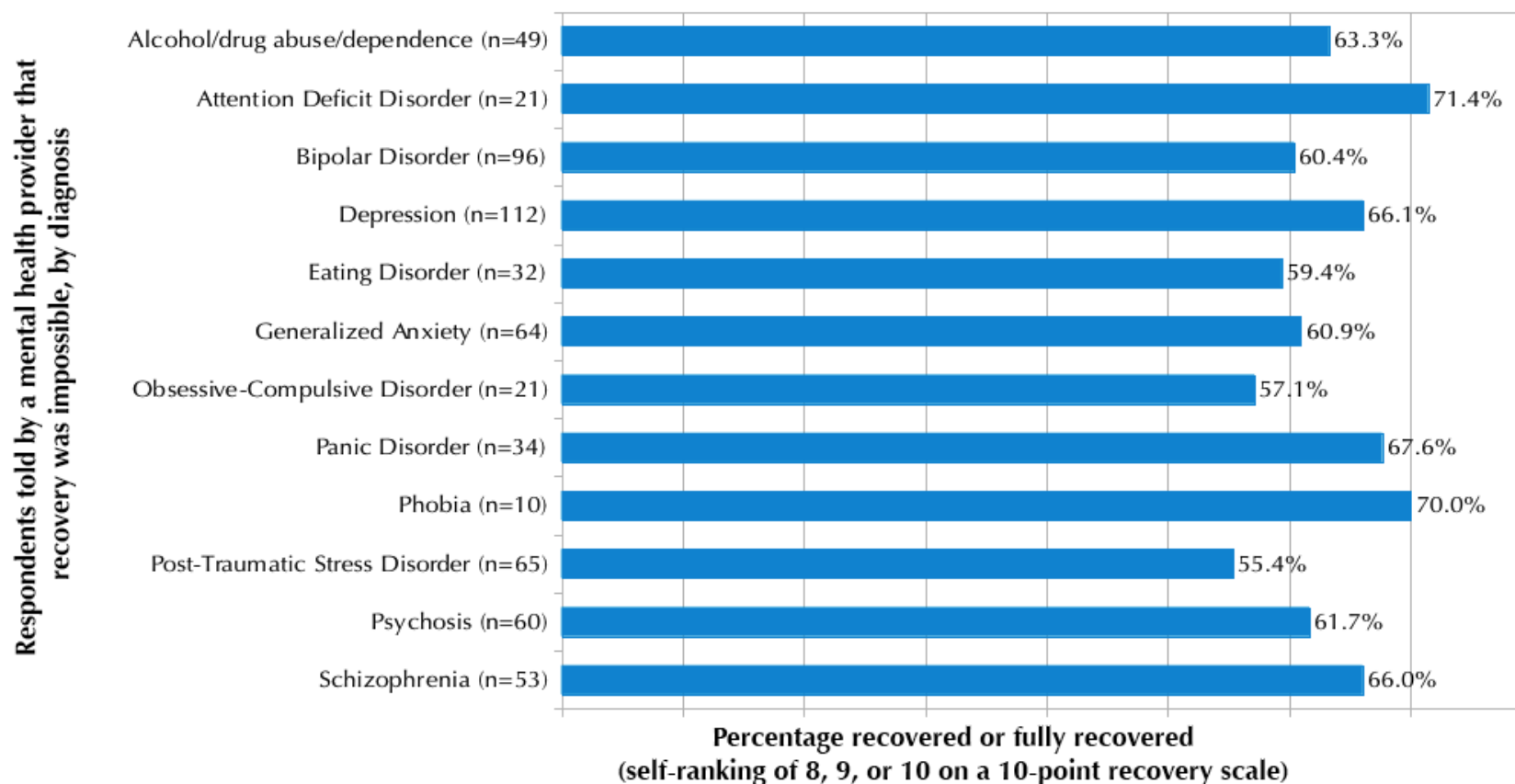
Recovery for me has been a holistic, self-directed journey that I have undertaken to heal and grow... [I am now] working full-time, off medications since 2008 after having been on them for about 12 years.

Mary; once received a diagnosis of “bipolar,” “psychosis,” and “schizophrenia”
Ranked self as “9” on 10-point recovery scale; off psychiatric medications for more than 4 years

The first time I read that I had a negative prognosis, I was 16. I read it in my treatment notes from a psychiatrist. I have often been told that I will require medication for life or will likely struggle with poor mental health forever. I have been treated as an incomplete or damaged human being by numerous doctors and mental health professionals.

Elizabeth; once received a diagnosis of “bipolar”
Ranked self as “9” on 10-point recovery scale; currently off psychiatric medications

Prognosis vs. Outcome: Recovery of individuals told by a mental health provider that recovery was impossible

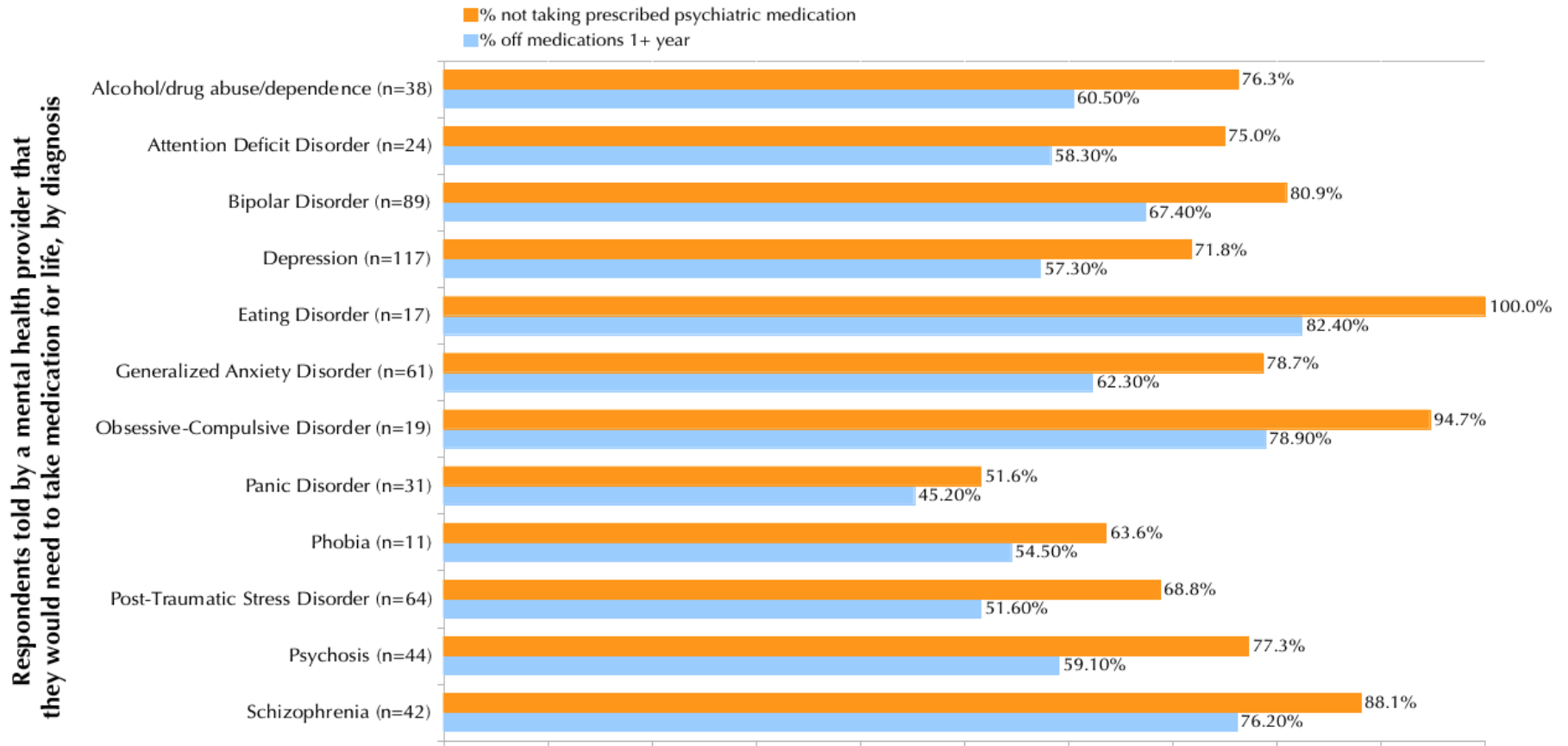


I was unable to tolerate the medication prescribed for 20 years, and despite my clearly being unable to tolerate the medication, psychiatrists kept insisting that I must take that medication and that I would somehow "adjust" to it...[I] felt hopeless until meeting a psychiatrist 13 years ago who told me she believed I could get better. This was the first time a professional had said that in over 30 years of treatment.

Anonymous

Ranked self as "8" on a 10-point recovery scale; currently taking prescribed psychiatric medication

Prognosis vs. Outcome: Medication use of individuals told by a mental health provider they would need lifelong medication

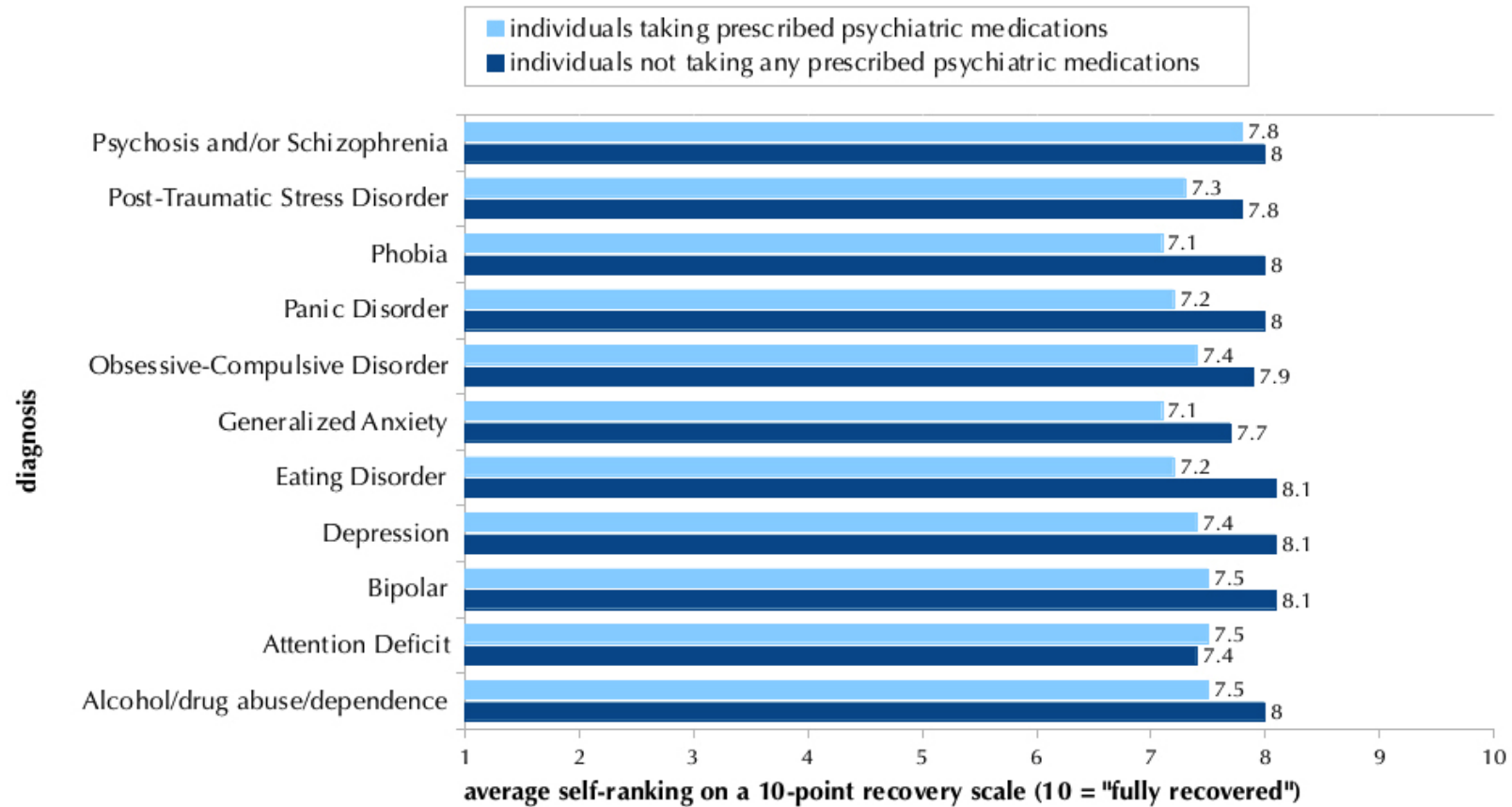


I felt like I was on a roller-coaster and I could never get off, because I believed what I had been told: that I had to stay on the drugs or I would be a danger to myself or society. I knew the drugs were causing all the problems, but the doctors and therapists all said that the drugs were not the problem; the drugs were treating the problem which was in my own brain chemistry. I was told I needed more drugs, to control my chemical imbalance. It was a constant fucking nightmare, and recovery from the drugs took many years.

Anonymous

Ranked self as "9" on 10-point recovery scale; off psychiatric medications for more than 5 years

Comparison of Medicated and Un-Medicated Recoveries by Diagnosis:



The system may not have been supportive in helping me find my own recovery, but my family and friends have always believed that recovery is possible and sustainable...They have always believed, encouraged, and supported me in achieving what ever I set my mind to do. It has been them, not the system, that have brought me to recovery.

Ally; once received a diagnosis of "bipolar"

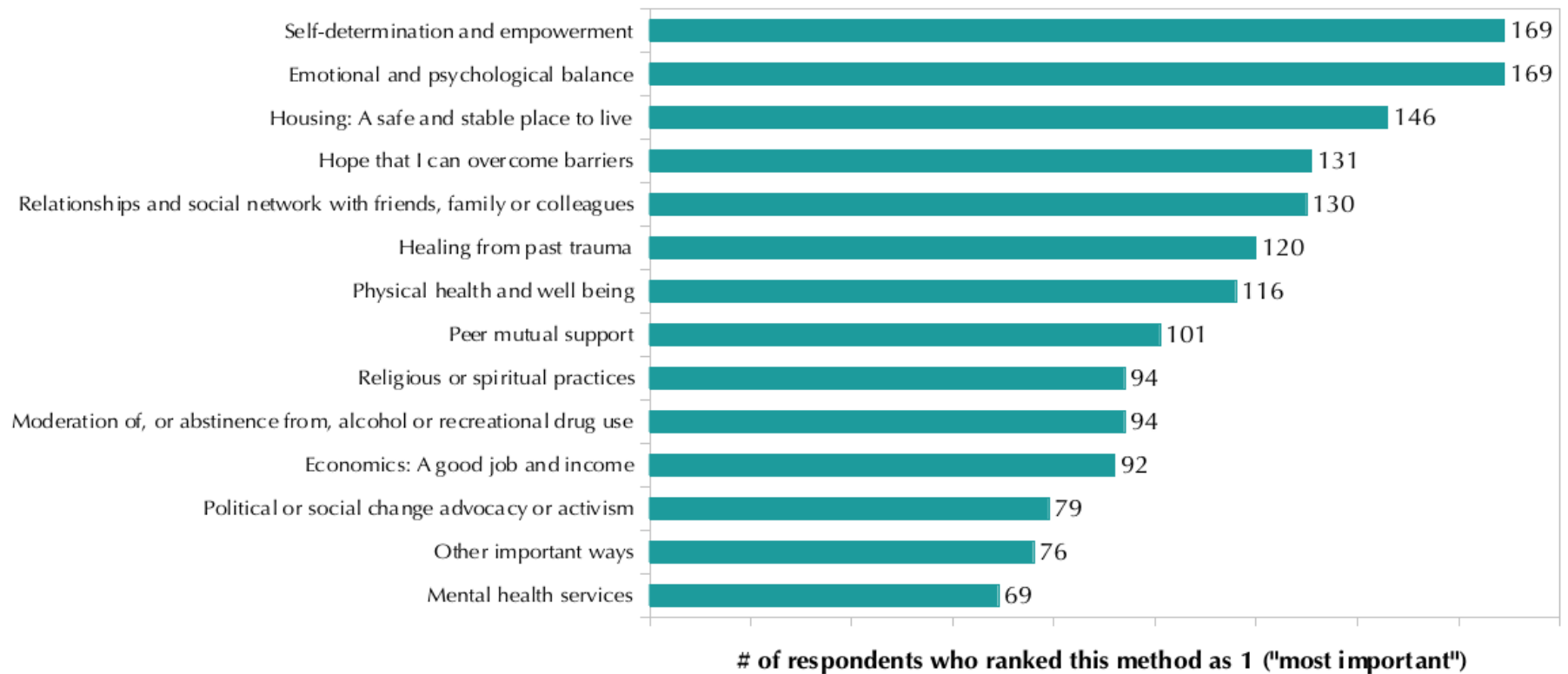
Ranked self as "10" on 10-point recovery scale; off psychiatric medications for more than 1 year

FINDING 3

Non-drug alternatives are often more helpful to individuals in mental/emotional distress than standard psychiatric care.

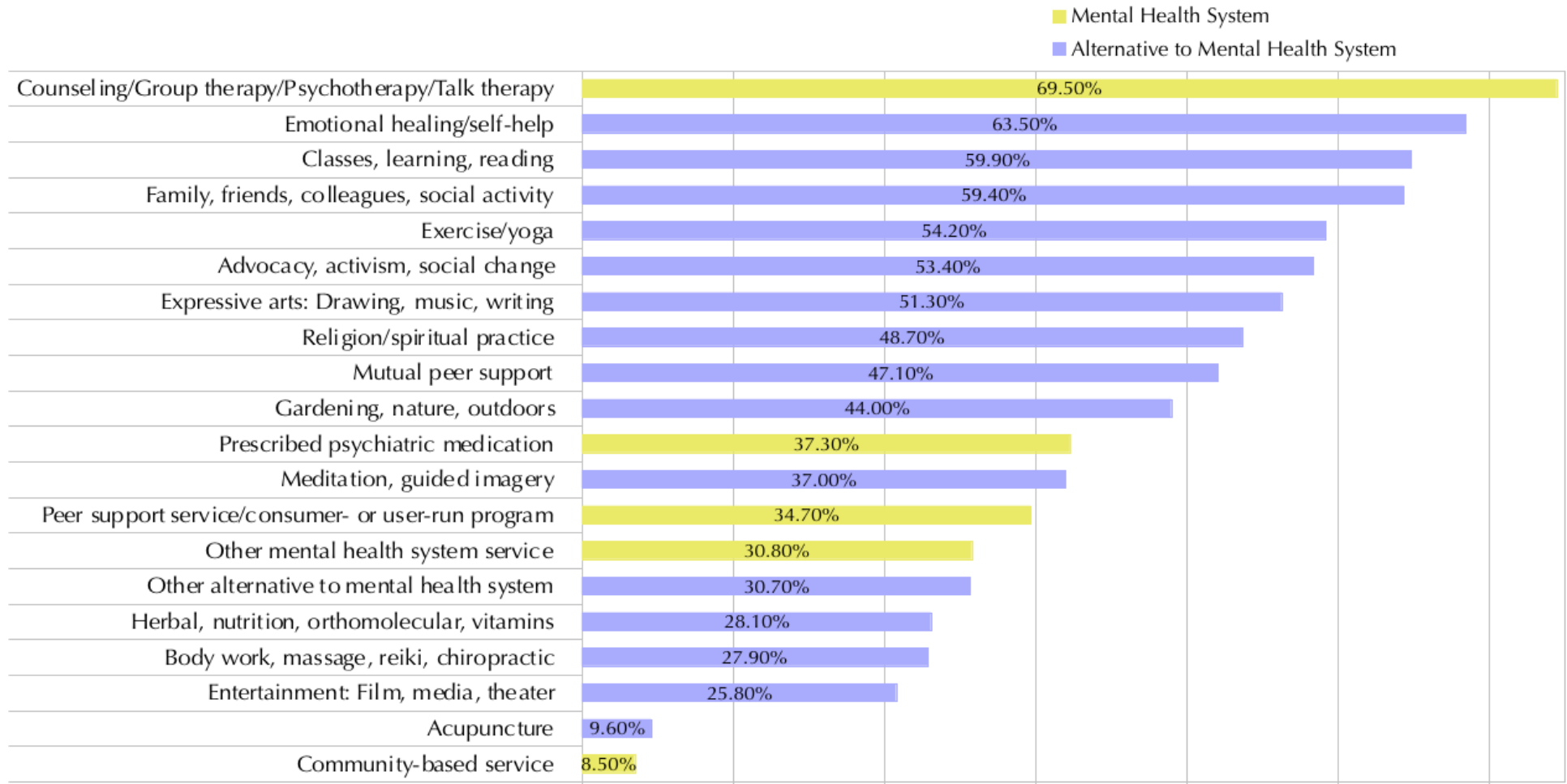
Methods for dealing with mental/emotional distress and achieving/maintaining recovery are vastly diverse (just like humanity) – indeed we could say they are unique to each individual. However, there were a few trends in responses from survey participants:

Individuals who had received a psychiatric diagnosis (n=390) were asked to rank items from a suggested list on a 1 to 5 scale, with 1 being *most important*, in "maintaining recovery from a mental or emotional problem." The following graph shows items most often rated *most important*. Of note, mental health services were rated least often as *most important*, and most often as *less important*.



"Mental health services" was the only item most commonly ranked lowest as 5 ("less important")

Respondents selected both alternative mental health practices and services within the mental health system that were helpful for recovery. Here were the top 15 rankings from these combined categories.



FINDING 4

Certain psychiatric practices, particularly forced drugging, are often described as “traumatizing.”

Several respondents provided comments describing traumatizing and otherwise distressing effects and consequences of their psychiatric treatment, especially when treatment was forced or imposed on them against their will. Many described effects which they considered to be much worse than their original distress. Here are some examples.

The trauma of psychiatric treatment

My mental or emotional health problems were mainly caused by reactions to psychiatric drugs and the trauma of psychiatric treatment... [I have] what I would now call PTSD for 5 years where I just slept, terrible nightmares, shaking uncontrollably, extreme weakness, excruciating pain and vision problems. I had none of these problems before the "psychiatric treatment".

Anonymous

Ranked self as “9” on a 10-point recovery scale; off psychiatric medications for more than 10 years

The effects of forced medication

Being forcibly medicated also caused sufficient trauma for me to disassociate and suffer post traumatic flashbacks of this for many years after. The main harm caused by being medicated was that I then had another whole layer of trauma to work through which was far more difficult and damaging than the problems I had which triggered the spiritual crisis (or psychosis) in the first place. The most difficult part of this was trying to regain some kind of self esteem and re-establish a sense of who I was.

Tracey

Ranked self as “10” on a 10-point recovery scale; off psychiatric medications for more than 10 years

I experienced a brief psychotic episode caused by extreme stress and sleep deprivation which lasted only a couple of days... Throughout the entire time I was incarcerated in the psychiatric hospital and forced to take medications, I knew that when I was released I would keep my stress level down, get enough sleep, and never experience another episode like that... I simply did not believe that at the age of 50 I had suddenly developed a biologically based psychiatric illness that I would need control with medications for the rest of my life.

Anonymous

Ranked self as “10” on a 10-point recovery scale; off psychiatric medications for more than 8 years

Initially I was involuntarily hospitalized in 2007 and it was a horrendous experience of being "incarcerated" for five days before my appearance before a judge to confirm that I was indeed not a menace to myself or society.

Paul

Ranked self as "6" on a 10-point recovery scale; currently taking prescribed psychiatric medication

It has been one uphill struggle with me pushing the boulder uphill to the peak. I have serious PTSD from mental health involuntary incarcerations (six or seven of them between 1996-1999 and one in 2007). I promised all my fellow mental health patients I lived with in my involuntary incarcerations that I would do everything possible with the rest of my life to try to help get them out of there. I pray for them regularly.

Lori

Ranked self as "10" on 10-point recovery scale; off psychiatric medications for more than 5 years

During the 13 days I was forced/coerced to ingest psychiatric psychiatric medication, I experienced an acute dystonic reaction to forced injections of Prolixin — twitching and cramping of my arms and legs followed by loss of control over the movements of my head and neck... during the 5 months it took to carefully withdraw from the psychoactive medication I was court-ordered to ingest, I was unable to feel any genuine emotional response. I felt like I was totally out of touch with my own life. When my dosage of valproic acid was reduced to a half tablet/day, the change in my outlook was dramatic. I felt like myself again.

Anonymous

Ranked self as "10" on 10-point recovery scale; off psychiatric medications for more than 5 years

Being locked up and unable to move...I compare that kind of pain of indefinite lockup to corporal punishment of a child. I thought they would never stop injecting me with typical antipsychotics. Recovery is when nobody is forcing drugs into you any more.

Eamon

Ranked self as "10" on a 10-point recovery scale; off psychiatric medication for less than 1 year

Discussion

What is recovery from mental or emotional distress? The term “recovery” carries a vast array of meanings for individuals, groups, mental health professionals, institutions, and governments. The idea (and the “recovery movement” that has built up around it) often brings hope to individuals dealing with mental/emotional crisis.³ Yet others say that the term has been co-opted and may even promote a pro-medication, biopsychiatric view of mental/emotional distress by implying extreme states of consciousness are necessarily “diseased” and require a return to the previous mental state.⁴ Many survey respondents expressed objections to the survey question asking them to define recovery from a mental health or emotional problem for these reasons. For example:

I wouldn't [define recovery]. I think it's grotesque to continue to use the illness paradigm in this way. I'm okay with recovery from psychiatrization. Also with figuring out how to channel craziness so that it does good rather than harm.... I consider myself fully recovered from the damage done me by the psychiatric industry, but I do still get nuts, enraged or miserable now and again. However, I'm much better and faster at getting through it, getting over it, and moving on.

Irit

In moving forward with the I GOT BETTER campaign, it became essential to come up with a working definition of “recovery” that pointed the campaign in the right direction – towards *inclusivity* (of people, experiences of mental/emotional distress, and alternatives to psychiatric medication and the mental health system).

Therefore, the I GOT BETTER campaign *is* about “recovery,” but in the sense that Irit and many other psychiatric survivors use it: recovery from a largely harmful, biopsychiatric ideology that divides people into categories – the mentally “fit” and “unfit” – and dehumanizes them. The I GOT BETTER campaign is about recovery from the belief that a subjective label of mental “ill health” precludes anyone from achieving the goals he has for himself – be it establishing a family, gaining a decent job, or living without medications.

I GOT BETTER is concerned with recovering from the hopeless message the mental health system often sends to individuals labeled with a so-called “mental illness.” It's time to say “No!” to hopelessness, to dehumanization, to pathologizing labels and biopsychiatric dogma that denies our *human potential to live*.

We're all humans with the ability to be either well or unwell, distressed, at peace, or anywhere in between. I GOT BETTER is about embracing those many ways of being in the world, giving each individual the chance to define recovery for himself.

There are many ways to mental and emotional wellness – what's yours?

3 Allott, P., Loganathan, L., & K. Fulford (2002). Discovering Hope for Recovery. *Canadian Journal of Community Mental Health* 21(2), pp 13-33.

4 Cooper, L. (2012). What are we recovering from? Making a case for Recovery. *Mad in America Webzine*. Retrieved 13 Dec 2012 from <<http://www.madinamerica.com/2012/10/what-are-we-recovering-from-making-a-case-for-recovery/>> See also: Williams, P. (2012) *Rethinking Madness: Towards a paradigm shift in our understanding and treatment of psychosis*. Sky's Edge Publishing: San Rafael, CA.

Messages

from survey respondents to people who are feeling hopeless about getting better

It does get better, I promise. This isn't the end of the world, this isn't a death sentence. You won't be in this place forever, whether this place is the hospital, medication, a sucky family, a shitty job, or an alley covered in trash. It's not your fault, and it gets better.

Leo

Ranked self as "8" on a 10-point recovery scale; currently taking prescribed psychiatric medication

Hopelessness is a learned behavior. We do not have to continue to live this way. There is always a solution, but our hopelessness and fear can blind us. Find a spiritual program, and peer/family support.

Virginia

Ranked self as "8" on a 10-point recovery scale; off psychiatric medications for more than 5 years

Our minds, bodies and emotions are constantly in a state of trying to repair themselves and sometimes what looks and feels like "illness" is really a step toward healing and wholeness...The key is to find providers and friends, people who BELIEVE THAT YOU WILL BE WELL AGAIN!

Anne

Ranked self as "9" on 10-point recovery scale; currently taking prescribed psychiatric medication

Immediately release any attachment to who you think others want or wanted you to be. Immediately identify and embrace who you are and who you want to be. This is how I began to get better. You can begin, too.

Amanda

Ranked self as "9" on 10-point recovery scale; off psychiatric medications for more than 5 years

Mental illness isn't linear. There are good days and bad. There are good years and bad. Take one step each day to honor who you are and where you are. Feelings aren't always "true" so if there are destructive thoughts find a person who can be an objective set of eyes when you're not able to do it for yourself.

Alicia

Ranked self as "7" on 10-point recovery scale; currently taking prescribed psychiatric medication

I would say that self-empowerment is critical. The beginning of wisdom is curiosity. I'd find peer supporters who have made it through and learn from them.

Thomas

Ranked self as "10" on 10-point recovery scale; currently taking prescribed psychiatric medication

Mental health providers regularly frighten people by giving them the worst scenario. Don't be fooled by them. "Chronic mental illness" is a man made category, like alcohol, sewers, and oil spills. Take one step at a time... life is as you live it, and every step counts, however small.

Bhargavi

Ranked self as "10" on a 10-point recovery scale; off psychiatric medications for more than 10 years

Listen to *yourself* first and what you need, instead of what the experts tell you you need. Engage in activities that you genuinely enjoy and that free your soul. If this sounds difficult, start with five minutes and see where you go. You are not obligated to put anything in your body that you don't want to...Know that you are a human being first, and that a diagnosis is someone's subjective opinion. FIRE anyone who refuses to see you as one.

Marylou

Ranked self as "9" on 10-point recovery scale; off psychiatric medications for more than 1 year

Do not listen to anyone who tells you what you will do or be "for the rest of your life." That especially applies to taking drugs. Insist on being listened to and treated with respect. If your "professional helpers" do not do this, don't yell at them — just get out of there, as quickly and efficiently as you can. And then keep looking for the respect you deserve.

Johanna

Ranked self as "7" on a 10-point recovery scale; currently taking prescribed psychiatric medication

Recovery is possible for everyone. It's not easy. I have to think about it every day and be diligent in its care and feeding. But nothing great is ever easy. It's important to decide what your own recovery looks like. It won't look like mine or anybody else's recovery. What does yours look like?

Ally

Ranked self as "10" on a 10-point recovery scale; off psychiatric medication for more than 1 year