Veterans may be interested in some highlights from Grand Rounds held on September 9, 2011, at the Manhattan VA, entitled: **"Facing Down Stigma in the Consulting Room: Reality Oriented Treatment."**

Psychiatrist Bruce Levine, MD, Director of Education at the NY Harbor Healthcare System, challenged the stereotypes, and resultant stigmas, about mental illness. Nineteenth and early twentieth century psychiatrists viewed schizophrenia, for example, as having an unremitting, deteriorating course. That old view is now questioned. In one recent study, which followed patients over decades, 68% showed significant improvement and/or recovery. Another study showed less but still significant improvement. Dr. Levine observed that even today, if psychiatric trainees see patients only when they are acutely ill, and in hospital, this creates an unduly pessimistic view of patients' longer term recovery potential. Recovery is defined as "a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her own choice while striving to achieve his or her full potential." Rehabilitation, social skills training, psychotherapy, and medications to lessen symptoms, can all aid this "journey." Noting that current biological explanations for mental conditions have not lessened stigma, Dr. Levine warned against an exclusive reliance on biological factors in either the causation or treatment of mental conditions. Apropos of Suicide Prevention Week, during which he gave his talk, Dr. Levine reminded us that the prevention of suicide is the first, and obviously crucial, step on that "journey" of recovery.

Mental health professionals need to focus on where the patient hurts, and how he or she has coped with that hurt throughout life. How does the patient fashion a meaningful life despite having a mental problem, and goals that are personalized, yet realistic and achievable? When stereotypes about mental illness lead to low expectations, outcomes are low too. However, expectations must also be practical and patient-centered. For example, doctors expect that patients will follow a treatment plan; when they don't, that doesn't mean the patient is simply uncooperative, but rather, that a tolerable treatment plan has probably not yet been developed.

The mental health professional's genuine yet respectful interest in the patient is shown by certain practices in the consulting room. For example, Dr. Levine recommended looking at the patient, not at the computer screen or other electronic device, and not answering the phone or allowing other interruptions during the appointment. This allows the practitioner to concentrate on the patient in the room, and lets the patient know that he or she is the priority at that time. Simple medical and human courtesy, to be sure, but sometimes too easy to forget in our age of instantaneous electronic communication.

Patients do not want to be, and should not be, defined by their illnesses. Like others, they are trying to lead their lives, often under big challenges. Having begun his talk with a reminder that the prevention of suicide--staying alive--is the first step in recovery, Dr. Levine closed with a quote from a former patient that summarizes the main message of Grand Rounds: "Diseases have symptoms, machines function, but patients live."