

WHEN WORLDS COLLIDE
PEDAGOGIES OF PSYCHIATRIC
EXPERIENCE

OREGON STATE HOSPITAL



PEERS: EXPERTS BY EXPERIENCE



FROM MINDFREEDOM INTERNATIONAL



I GOT BETTER

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

MENTAL HEALTH INTAKE

Mental Status <hr/>
Appearance: <input type="checkbox"/> Clean <input type="checkbox"/> Well-groomed <input type="checkbox"/> Dirty <input type="checkbox"/> Disheveled <input type="checkbox"/> Inappropriate clothing
Orientation: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation <input type="checkbox"/> Disoriented
Speech: <input type="checkbox"/> Organized/Clear <input type="checkbox"/> Coherent <input type="checkbox"/> Rapid <input type="checkbox"/> Slowed <input type="checkbox"/> Mumbling
Thought Process: <input type="checkbox"/> Organized <input type="checkbox"/> Thought Blocking <input type="checkbox"/> Poor Concentration <input type="checkbox"/> Coherent <input type="checkbox"/> Tangential <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Obsessive
Thought Content: <input type="checkbox"/> Normal <input type="checkbox"/> Delusional <input type="checkbox"/> Grandiose <input type="checkbox"/> Other
Perceptual Process: <input type="checkbox"/> Normal <input type="checkbox"/> Auditory hallucinations <input type="checkbox"/> Visual hallucinations <input type="checkbox"/> Other
Insight: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> None
Judgment: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> None
Mood: <input type="checkbox"/> Normal <input type="checkbox"/> Elevated <input type="checkbox"/> Anxious <input type="checkbox"/> Hopeless <input type="checkbox"/> Labile <input type="checkbox"/> Sad <input type="checkbox"/> Irritable <input type="checkbox"/> Depressed <input type="checkbox"/> Manic
Affect: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Tearful
Memory: <input type="checkbox"/> Intact <input type="checkbox"/> Immediate Memory Problem <input type="checkbox"/> Recent Memory <input type="checkbox"/> Remote Memory Problem
Estimated Intellectual <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Above Average Functioning:
Cognitive Deficits: <input type="checkbox"/> None <input type="checkbox"/> Cognitive Deficits Present
<input type="checkbox"/> Concentration Deficits Present

CONSUMERS AND SURVIVORS

Of course, we know the bio- psycho-social model, but interventions are mostly aimed at the biological factors, and the psychosocial context is often ignored. If you enter the psychiatric business as a patient, then you have a high chance of being reduced to a disturbed object or to the disorder itself. Only that which is significant to the diagnostic examination is seen and heard. We are examined but not really seen; we are listened to but not really heard. Psychiatry does not regard us as serious discussion partners: after all, with a disorder you cannot speak.

--Wilma Boevink, "From Being a Disorder to Dealing With Life: An Experiential Exploration of the Association Between Trauma and Psychosis," *Schizophrenia Bulletin* vol. 32 no. 1 pp. 17–19, 2006

ELLEN FORNEY, MARBLES
CAN THIS GO IN AN INTAKE FORM?

