

DONOR Connection



Celebrating Our Doctors

National Doctor's Day is March 30, a yearly observance that honors the commitment, dedication, and skill of physicians. Since its inception in the 1930s, National Doctors' Day has become a nationally recognized event to celebrate doctors for their heroism and courage in serving patients and communities.

At Pittsburgh Mercy, we are fortunate to have a staff of excellent doctors and we dedicate this month's newsletter to all of them! As one outstanding example, our psychiatrist, **Dr. Holly Stewart**, graciously agreed to share her background and thoughts.*



Holly Stewart, MD/Psychiatrist

Q. Did you always want to be a psychiatrist?

No. It wasn't until the third year of medical school. I thought I wanted family practice, but when I did that clinical rotation, I found that all I really wanted to do was talk to people about their mental health. Going into medicine was also a late development in my life; I studied comparative literature in college without any career goal attached to that. What links literature and psychiatry is that both are powerfully concerned with listening carefully to stories, searching for patterns and meaning. That deep attentive listening is part of making diagnoses and assessing a person's functional abilities, but it's also the key to understanding who they are as a human being. If I can convey that I am trying to understand their experience, and how important that understanding is for me to be a good doctor for them, that is often the pathway to a productive therapeutic relationship.

Q. What's a common misconception about psychiatry that you experience with your patients and their families/communities?

The biggest misconception is that the purpose of psychiatric treatment is to label people. Many who come to outpatient psychiatry have been pushed into it by circumstances, family, or their workplace, or they're stepping down from hospital care and instructed to

follow up. When they meet with us, they may be feeling overwhelmed and terrified of having entered the world of mental health treatment, which can feel stigmatizing. New patients will sometimes use the word “crazy” and deny that they fall under that category. I always gently point out that words like that feel very hurtful and don’t help us understand what a person is going through. Sometimes the fear of being labeled will prevent people from sharing their symptoms or problems. I try to stay as descriptive and non-labeling as I can with my language, especially when I hear clues about these concerns. For example, “You’ve been experiencing so much emotional pain recently.” Or “You’ve been through so much disruption in your life recently, having been to jail and the hospital.”

Q. What are some of the biggest challenges you face as a mental/behavioral healthcare provider?

In the population we serve, many people have not been able to get some portion of their most basic needs met for most of their lives: not enough money for food, medicine, transportation, and basic necessities; lack of stable housing; no emotionally supportive relationships. As a group, they have tremendously high burdens of trauma from adverse childhood and/or adult experiences.

And, per the recent U.S. Surgeon General reports, our loneliness epidemic permeates every facet of society, not just those who qualify for medical assistance and Medicare (technically how we define our Pittsburgh Mercy clients). Loneliness endangers every aspect of physical and mental health, and our patients suffer tremendously from this problem. Many lack relationships and emotional support outside our community mental health clinic. When basic physical and emotional needs aren’t met, a person’s mental health can only improve so much with standard treatments like medication and therapy—despite the typical expectation that medicine alone will fix mental health problems. Often what’s needed is medicine *plus* some combination of a stable place to live, emotional and physical safety, healthy food, a safe and affordable place to exercise, a place to socialize with others, and meaningful activity like a job or volunteering. Recovery from mental health challenges involves layering approaches, including therapy, medication, and addressing basic needs. As a society, we need to do much more to address the basic needs issue, which is crucial for people to feel well enough to function closer to their potential.

**Edited slightly for clarity and length.*

Giving thanks for strong women!

In celebrating Women’s History Month, it is fitting that we give thanks for **Catherine McAuley**, the inspirational founder of Sisters of Mercy.

Born in Dublin in 1778, Catherine inherited approximately \$1 million in today’s dollars from an Irish couple she had served for 20 years. Rather than using her newfound wealth on herself, Catherine instead built a **House of Mercy** to care for the poor, the sick, and the homeless—especially women and children. A few years later, she and two others founded

the first Sisters of Mercy, which expanded throughout Ireland and England.

In 1843, two years after Catherine's death, the Sisters of Mercy brought their model of compassion to Pittsburgh, establishing their first American congregation. Known as "the walking Sisters" because they visited the sick and poor in their homes, they also operated a school in the basement of their convent on what's now Penn Avenue. In 1847 they opened the first hospital in Pittsburgh and the first Mercy Hospital in the world.

Mercy Hospital grew rapidly and in 1983, expanded to become Pittsburgh Mercy Health System, a network of integrated, community-based health and human services throughout the region.

In 2007, Pittsburgh Mercy Health System refocused its mission, transitioned its hospital-based services to other providers in the region, and returned to its roots of caring for the community's most vulnerable individuals—those with mental illnesses, addictions, intellectual and developmental disabilities, as well as those experiencing homelessness, abuse, and isolation. We are proud to continue the Sisters of Mercy legacy and we honor the compassionate commitment passed on to us by these incredible women.

Visit [our website](#) to learn more, including how you can support our mission.



Catherine McAuley

Let us know what you think!

This month, we debut a new look for *Donor Connection*, the Pittsburgh Mercy newsletter that keeps you informed of our programs and services.

We'd love your feedback!

Please complete this short survey to help us understand what's working, what we can improve, and what's most important to you. Thank you in advance!

[Survey Link](#)



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