TAKING ISSUE

Coercion Is Not Mental Health Care

In this month's issue, Newton-Howes and Mullen report findings of their review of the literature on consumers' experience of coercion in care. What is remarkable is that this is the first systematic review of research on consumers' perception of coercion. It is also remarkable that the literature spans more than 30 years. This raises the question: Why has no one conducted a comparative analysis of consumers' perception of coercion?

One need only consult with the experts—consumers themselves—to understand why. In a nonsystematic review of consumer opinions, adolescent and adult consumers were asked why they thought such an analysis had not been undertaken before. They offered the following explanation: 1) discrimination, 2) discrimination, and 3) discrimination. They also agreed: "Coercion is in the eye of the beholder," and the orientation of the researcher biases the study. Research findings are inherently flawed—and our understanding of coercion along with them—unless the study and the data analysis are conducted by consumers who have experienced coercion.

However, consumer-experts find hope in new federally funded transformation initiatives. These efforts have helped to promote consumer voice and choice and expand peer roles. Thirty years ago, when the study of consumers' experience of coercion in care was in its infancy, the idea of peer specialists working in inpatient and outpatient settings was unheard of. Not now. Thirty years ago, the possibility of young adults working as peer mentors in inpatient and outpatient services did not exist. It does now. Thirty years ago, "parent partners" working in hospital and community-based care was unknown. Not anymore. These roles and many more are emerging in public and private health care systems and transforming and destigmatizing mental health treatment—making recovery real.

Newton-Howes and Mullen recommend further study "to enable psychiatrists to optimize management of their patients while maximizing their autonomy." The time has come to shift the research focus from coercion in traditional care to autonomy in peer programming. It is time to study what enables consumers to *self-manage* and what promotes satisfaction and efficacy. Recent research suggests that peer-run and peer-staffed crisis services lead to higher levels of consumer satisfaction and a reduction in psychiatric symptoms. In a service system focused on transformation, studying the facets of care that promote recovery is prudent and necessary.

Ironically, a bill introduced in Congress in response to health care reforms was titled "Coercion Is Not Health Care." At issue is a perceived lack of choice by Americans about health insurance. The matter may be headed to the Supreme Court for resolution, but for the moment, it appears that consumers and some legislators may have found common ground: coercion is not health care or mental health care.—JANICE L. LEBEL, ED.D., *Massachusetts Department of Mental Health*

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