

National Coalition of
Mental Health Consumer/Survivor Organizations
1101 15th Street, NW Suite 1212
Washington, DC 20005

February 4, 2009

Dear Mr. Kilberg & Mr. Lasseur,

Thank you for including me on the panel of the Fred Friendly Socratic Dialogue on January 31, 2009.

I am writing to express my disappointment concerning the fact that the panel did not actually constitute a dialogue. The word “dialogue” implies that more than one opinion is well-represented.

There are at least two perspectives on the issue of forced treatment. Some believe that it can be lifesaving – and that position was given a disproportionate percentage of attention during the taping. Others believe that forced intervention is, by definition, traumatizing and counterproductive. I am hoping that the final version of the program addresses this imbalance by including more information about the need for choice and self-determination in regard to mental health treatment, and the short- and long-term damage inflicted by the use of force and coercion.

Because of the pervasive abrogation of individuals’ civil rights – even a person accused of serious criminal behavior is given greater legal protection and due process than a person diagnosed with mental illness – these issues are not being properly considered by the courts (Gottstein, 25 *Alaska L. Rev.* 51 [2008]; *see*, also Perlin, 42 *San Diego L. Rev.* 735, [2005]; and Morris, 42 *San Diego L. Rev.* 757, 772–74 [2005]). Research clearly shows that forcing patients to take medication is not supported by clinical evidence (Jarrett et al., Coerced medication in psychiatric inpatient care: literature review, *Journal of Advanced Nursing*, 538-548, Dec. 2008), that coercive interventions are routinely traumatizing to the individuals they purport to help and make people fearful of seeking treatment (Campbell and Schraiber, *In Pursuit of Wellness: The Well-Being Project*, 1989). In addition, involuntary interventions are a poor substitute for building recovery-focused, culturally attuned, community-based mental health and social support services.

There is an alternative to force and coercion: the fostering of trusting and stable relationships while emphasizing choice in treatment plans.

For example, peer-directed services – services directed by individuals who themselves have psychiatric diagnoses – and peer support workers can often help

The National Coalition of Mental Health Consumer/Survivor Organizations is united by these values:

Recovery:

We believe it is possible for everyone.

Self Determination:

We need to be in control of our own lives.

Holistic Choices:

We need meaningful choices, including a range of recovery-oriented services.

Voice:

We must be centrally involved in any dialogues and decisions affecting us.

Personhood:

We will campaign to eliminate stigma and discrimination.

Steering Committee:

Daniel Fisher
Joseph Rogers
Kathy Muscari
Effie Smith
Carole Glover
Linda Corey
Mike Finkle
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persons whom traditional services cannot reach. Training and education are needed to ensure that mental health professionals – and the public – understand that there is always a person inside even the most severely distressed individual. That person is usually frightened and may appear trapped in a personal version of reality or temporarily lost in an internal monologue. At times like this, what is needed is someone patient and skilled at engaging this individual in dialogue. He or she can often be reached by a peer who has been through a similar experience, or by a provider specially trained by peers.

Another way to avoid force is by giving person-centered crisis plans the weight of law, as some states have done. (Such plans are written documents in which an individual expresses his treatment preferences so that, if he later is not competent, his preferences can be adhered to. The individual can also identify someone to act as a health care agent who can make sure his wishes are respected.)

The goal of treatment should be recovery of a full role in society, not mere maintenance of “symptom-free” behavior. In 2003, the President’s New Freedom Commission on Mental Health, charged with reviewing the public mental health system in the United States, reported “that the current system is unintentionally focused on managing the disabilities associated with mental illness rather than promoting recovery, and that this limited approach is due to fragmentation, gaps in care, and uneven quality. These systems problems frustrate the work of many dedicated staff, and make it much harder for people with mental illness and their families to access needed care. Instead, the commission recommends a focus on promoting recovery and building resilience – the ability to withstand stresses and life challenges” <http://www.mentalhealthcommission.gov/press/july03press.htm>.

The more the public becomes aware that alternatives to force and coercion work, the more the public will support them. I had been hopeful that the Fred Friendly Socratic Dialogue would help educate the public about the harm that results from involuntary treatment and the fact that such methods have been shown to be ineffective, as well as the fact that alternatives to force have a proven track record. My hope now is that, even after the taping, something can be done to convey this message to the public.

Peer-run crisis respite centers are the most recovery-oriented, cost-effective alternatives to psychiatric hospitalization. These voluntary centers provide hope, trust, person-centered treatment, and interpersonal connection from the outset. Unlike involuntary hospitalization, which disconnects and disempowers the individual, these centers start individuals with psychiatric disabilities on their road to recovery at one-third to one-fifth of the cost. Several examples of these peer-run crisis respite centers are attached below.

Thank you in advance for making sure that the final product presents a balanced view of the issues. If you would like to include more interviews, I would be happy to provide you with names and contact information of people who would make an excellent contribution to the program.

Sincerely,

Lauren Spiro

Director of Public Policy

Attachment can be found at: <http://www.power2u.org/peer-run-crisis-services.html>