

Susan Katz Page 1 8/6/2008

Why I Am a 'Consumer'

'Consumer'-- everyone hates this word: it implies we buy our services like groceries or laundry soap; or that we are offered enough options in services to comparison shop; or because the term can be derogatory and stigmatizing, like the labels it was created to replace, such as 'mentally ill' or 'insane'.

But I have come to love this term because I have learned an important self-management skill; how to find and request services I know are right for me, something effective consumers of any product do.

The term 'consumer' originated with peers, mental health activists, during the Disability Rights movement of the 1970's and was intended to empower service users with the authority of choice in their care. In 2002, the B.C. Ministry of Health defined 'consumers' as: "people who have direct and personal experience of a mental health issue and who have used or are using the resources available through the private or public mental health system.", including treatment by private psychiatrists, psychologists, general practitioners or alternate therapies.

Here are some other terms I have heard:

- User: refers to active users of services but commonly refers to substance abuse.
- Service user: actively uses services; they are only supplied though, after a needs assessment by an assigned care manager; implies welfare dependence, a drain on public resources and strips many of their sense of self-worth.
- Survivor: either surviving a mental illness, or surviving the mental health system. In the latter, a very negative and inflammatory message that erodes relationships with service providers. Also diminishes the experience of Holocaust survivors, for whom it was originally created.
- Patient/mental patient: from the Latin root 'one who suffers'; connotes a passive supplicant seeking relief from an expert. Contrary to any collaborative process.
- Ex-patient: persons who are not using services.
- Client: the most preferred term but the Latin root is 'one who depends'; the power of self-management and healing is dependent upon someone else. Clients pay for therapy, and most persons cannot.
- Victim: one has been attacked or is defenseless; is contrary to personal empowerment.
- Psychiatrised: has undesirable associations of coercive treatment.
- Receiver: vague and invites shame as all euphemisms do.
- Person with a psychiatric disability: well-liked, but many people do not consider themselves disabled and lead what they feel is a meaningful, fulfilling and functional life.
- Person in recovery: is popular, but can be mistaken for other types of recovery journeys, especially from substance abuse.

'Consumer' is the most inclusive term and it conveys Hope, the cornerstone of the widely adopted psychosocial rehabilitation recovery model, which emphasizes collaboration rather than compliance.

Hope is expressed in an article by Janet Meagher of the Australian Mental Health Consumer Network:

“Our dream was to expect that mental health services would provide their services to meet a range of reasonable needs which would respect the rights of the service user, and, that these individual needs and rights would be adequately protected by regulations, standards and laws. At the time the concept seemed somewhat fanciful and quite unattainable, but something to aim for and work towards...consumer and carer participation and partnerships were the stuff of those dreams and now do exist. We need to ensure that they become more than that, that they are fully enacted across every health service and in every mental health activity.”

What can we consumers do to ensure the dream? Participate in opportunities to create choices, just like any other consumer driven market product. Providers are aware that the best, most cost-effective services are the ones that produce results. And the best results are ultimately the ones we choose for ourselves through informed and collaborative decision-making.

We all win when we become true consumers of mental health recovery services.