

The Line that Jumped Out at Me...

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"Improving Long-term Psychiatric Care: Bring Back the
Asylum".
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The line that jumped out at me in this measured, humane and smart assessment of the plight of the seriously disturbed in our de- or trans-institutionalized America was the description of these folk, who "cannot help themselves or live independently". This is the sticking point over which many increasingly vocal opponents of traditional mental health care vehemently disagree. *Given a chance, they could help themselves*, is the watchword often heard from the growing consumer-driven movements and groups made up of former patients, as well as those dealing with ongoing mental disorder, and many of their families and supporters. Perhaps as never before, a profound societal dissonance separates these two incompatible perceptions of the capabilities of the severely mentally ill. And we seem to have reached a kind of stalemate.

In the thoughtful and promising solution, the authors propose a model of care that provides a full range of integrated treatment services and patient-centered approaches – it's one with which we could hardly disagree, given the stark alternatives they sketch. In order to challenge this troubling dissonance over whether the helplessness of the severely disordered is an unarguable given, however, I would suggest an addition to the model. (If it was built into the model, then good – but just in case...) The addition: these organized and vocal 'survivors' of the mental health care system might be asked to step up and help – as an added source of expert consultants, as peer-counselors, care givers, policy advisors and managers. In the UK, I know, mental health care consumers whose issues are resolved or stabilized have shown themselves able critics, even researchers, and are now regularly included in policy-making bodies and management roles in mental health care institutions.

How much those with suitable supports are capable of helping themselves is a complex and difficult question, as the authors recognize. It is also more than a narrowly clinical one, however. The addition I suggest might help to resolve some of the persistent controversy and misunderstanding that surrounds these central and unresolved societal concerns over what is possible.

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