



One of the first Participant Forum meetings—which are held monthly for people to be able to have regular input into the development of MHACA's services

# Deconstructing the Label 'Consumer'

*\* In late 2009, Participant Representatives tabled a discussion paper to the MHACA Committee recommending the name 'consumer' be replaced with the less stigmatising term 'member'. Due to this term conflicting with the term referring to general MHACA Membership, the Committee recommended that the word 'consumer' instead be replaced with the word 'participant.' Following mutual agreement, 'participant' was officially endorsed at the January Committee Meeting as the new term to refer to people who access MHACA services. Following is the discussion paper tabled by participants ...*

CONSUMER is the common term in Mental Health Service provision for a person with a lived experience of severe and persistent mental health issues. It appears as a term branching out from the USA in the 1980s from the Consumer / Survivor/ Ex-Patient Movement, also known as the User/Survivor Movement.<sup>1</sup> This paper is an explanation of some of the reasons why the label 'consumer' has negative impacts on some people, and is also an invitation for staff and community members of MHACA in Central Australia to begin to consider eliminating terminology for people in their community who experience mental health issues.

The term consumer means "One that consumes, especially one that acquires goods or services for direct use or ownership..."<sup>2</sup> It is a term that is, and has been throughout the history of its usage in the mental health field, a term connected with hospital and psychiatric care as the primary influence in recovery from a mental illness.

"A 1986 report on the developments in the United States noted that "there are now three national organisations... The 'conservatives' have created the National Mental Health Consumers' Association... The 'moderates' have formed the National Alliance of Mental Patients... The 'radical' group is called the Network to Abolish Psychiatry". Many, however, felt that they had survived the psychiatric system and its "treatments" and resented being called consumers."<sup>3</sup>

While it is stigmatising to be classified with the psychiatric model of recovery, "Labels, while they can be stigmatising, can also lead those who bear them down the road to proper treatment and (hopefully) recovery... there are actually plenty of approaches to these phenomena [mental health issues] that don't use categorical classifications and diagnostic terms, for example spectrum or continuum models."<sup>4</sup>

**Members of MHACA who utilise the service as part of their recovery process have expressed the desire not to be labelled in any form when accessing MHACA.**

Though the process of government report writing and the business side of the service may require the use of terminology that labels the user of the service, when dealing with a person in an informal or formal capacity it is possible to avoid labelling them verbally and it is also beneficial that the person doesn't concurrently then label themselves.

Some of the ways in which to approach a person as a whole individual, rather than as a person with a mental illness, is to hold the view that the mental health issues are a small part of a big picture. Whether severe and persistent or otherwise, mental health issues are a part of the human condition.

"Consumers reported that language and labelling have powerful effects on how they view themselves and develop (or fail to develop) trusting relationships

(cont.)

... person-centred language promotes a person-centred recovery process.

## Language and labelling can build barriers between staff and consumers by preventing an authentic personal encounter.

Coupled with the stigma associated with mental illness, they [language and labelling] rob consumers of their dignity and sense of individuality.”<sup>5</sup>

Members of MHACA who utilise the service have expressed the desire to be formally known in their own “Consumer” meetings at least, as ‘Members of MHACA’ (distinct from Community or Committee members) ‘Associates’, ‘Participants’ or ‘People with a Lived Experience’, the latter being the least preferred as it retains the connotations of ‘mental illness’ to a degree. This can be seen as an indication that people who have experienced mental health issues as having not received appropriate respect and understanding and that their experience has not been valued.

“Opposing all labelling, may not distinguish between positive self labelling which opposes negative social conditioning, and positive labelling, which is about individuals asserting themselves against the negative labelling which has been misappropriated onto individuals through things like abuse...”<sup>6</sup>

At this point in time individuals that attend MHACA to use the service do not wish to positive self-label or take on a positive label. The climate is one of indifference for mental health issues when they differentiate the person in the midst of the trauma from

the community and thereby separate them.

It is true that the term ‘consumer’ is used to mean that the consumer is a guide in what service they receive by means of giving feedback and without them there would be no service; however, these reasons are still part of the psychiatric system for mental health and not part of the spectrum or continuum models. The concept of the consumer being the leading educator on what service is provided and the leading construct through which the service is provided is also dismissed by the label.

“The label ‘mental health consumer’ and ‘consumer/survivor’ are misleading and insulting to many of us who have suffered psychiatric abuse, the terror and injustice of involuntary committal, and other violations of our human rights. A ‘mental health consumer’ is a person who accepts psychiatry’s medical model including pseudo-medical diagnostic labels ... Consumer also means real choices in the marketplace, but ironically there are virtually none in the psychiatric system —especially if you’re poor or homeless”<sup>7</sup> and come from Central Australia.

## Recommendations

- ◆ That the Consumer Forum become the *Members of MHACA Forum*.\*
- ◆ That the Consumer Action Group become the *Members Action Group*.\*
- ◆ That Consumer Representatives become *Member Representatives*.\*

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## References

- 1 en.wikipedia.org/wiki/Consumer/Survivor/Ex-Patient\_Movement
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- 3 en.wikipedia.org/wiki/Consumer/Survivor/Ex-Patient\_Movement
- 4 en.wikipedia.org/wiki/Labeling\_theory
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