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Source:

Geller, J. L., Brown, J. M., Fisher, W. H., Grudzinskas, A. J., & Manning, T. D. (1998). A national survey of "consumer empowerment" at the state level. *Psychiatric Services*, 49(4), 498-503.

This article presents data from what is believed to be the only existing study of the extent of consumer empowerment in the adult public mental health system. In an attempt to determine the role that state governments have played in the employment of consumers, the authors sent a questionnaire to mental health authorities in all fifty states and the five U.S. territories asking whether consumer empowerment or responsibility was defined in state statutes, regulations, or policies and whether consumers or family members were employed in central or field offices. A completed questionnaire was received from all states and territories.

The authors define consumer empowerment as "clients' participation in treatment as collaborators with professionals and as the primary informants about what is needed from providers." The article also addresses the "empowerment" role that consumer advocate groups such as the Alliance for the Mentally III (AMI) play in mental health service delivery. In fact, 90% of state offices reported that the state mental health authority met regularly as well as on an asneeded basis with empowerment groups in their states, most often statewide or local affiliates of the AMI. "Consumer responsibility" is not defined and appears to be a term included in the questionnaire in the event that terminology varies among state policymakers; i.e., empowerment/responsibility to suggest consumer

Survey results

States and territories:

- addressed consumer empowerment in statute, regulation, or policy
- addressed consumer responsibility in statute, regulation or policy

Percentage of paid positions:

- 48% consumers in central offices
- 5% family members* in central offices
- 50% consumers in field offices
- 24% family members* in field offices
 - * limited to those involving adult services

involvement. More states addressed consumer empowerment than consumer responsibility in state statutes, regulations, and policies; thus "empowerment" seems to be the more often used term in policymaking.

Using the information provided by each state, the authors rank-ordered each state on its extent of consumer empowerment. The extent of consumer empowerment was not related to region of country. Interestingly, a higher rate of state expenditures did *not* reflect an increase in policies covering consumer employment, while states with large populations and those whose mental health systems received favorable ratings from outside consumer advocate groups (such as the Public Citizen Health Research Group and the National Alliance for the Mentally III) were *more likely* to report consumer involvement.

Thus, while state expenditures were not associated with policy output, favorably rated state systems had higher rates of consumer involvement. The authors speculate that increased consumer empowerment, *sans* funding or policy, may be the result of: 1) larger tax bases that may generate more discretionary funds for consumer involvement, 2) larger consumer populations which provide greater opportunities for consumer involvement, 3) the likelihood that states valuing consumer involvement are also receptive to implementation of new practices, and 4) the influence of consumer employees on the day-to-day delivery of quality service and practices.

The authors call for future studies on how consumers in state or county mental health authorities influence policies, contribute to dialogue, and represent the consumer. Research, they suggest, should aim toward understanding if and how such policies and practices better serve the clinical needs of clients. Noting that this research is on adult consumers and family members only, we suggest that similar efforts ought to be made toward understanding connections between funding, policy, and consumer involvement for children's mental health care delivery systems.