

Involuntary mental health admissions: Building a better road to recovery

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A new University of Queensland study is examining how involuntary mental health admissions are experienced from the perspectives of mental health consumers, families and health care professionals within a recovery framework.

Dr Marianne Wyder from UQ's School of Social Work and Human Services is using her UQ Women's Postdoctoral Research Fellowship to explore the issue.

She is working with UQ Professor Robert Bland and Executive Director for Mental Health Metro South Health Service District, Associate Professor David Crompton.

The study is currently in the preliminary stages and involves the participation of 65 people – 20 family members, 20 [health care professionals](#) and 25 consumers.

Dr Wyder said that recovery had emerged as the guiding principle for provision of mental services, both in Australia and overseas, and involved more than just simply recovering from the mental health symptoms.

"Recovery involves the ability to live well in the presence or absence of one's mental health symptoms," she said.

For this to occur, it is important for mental health consumers to feel empowered, to assume control, to exercise citizenship and to have input into decisions which impact on their own lives.

"At face value, these principles are at odds with involuntary mental health admissions."

One of the main issues Dr Wyder and her fellow researchers are grappling with is how to apply recovery principles, as taking personal responsibility and assuming [personal control](#) may be difficult when the illness symptoms are severe

and persistent.

"While involuntary treatment and/or admission may be necessary to protect the patient and/or the community, many consumers experience these admissions as invasive and distressing, a threat to their sense of self and personal dignity, and humiliating," Dr Wyder said.

"On the other hand, for those whose [psychotic illness](#) substantially impairs their decision-making, mandatory treatment may offer the best hope of becoming well enough for recovery to be possible."

While there is a consensus that involuntary mental health admissions are necessary under certain circumstances and that minimising the use of involuntary treatment is desirable, Dr Wyder said there was little agreement about how this should be done in practice.

The preliminary findings of the study indicate that the recovery framework is very relevant in the context of involuntary settings, and what has emerged in Dr Wyder's research so far is the importance of control, relationships and hope in these settings.

There was a strong suggestion that those consumers who have a more positive experience during their involuntary treatment associated this with the following factors:

- being seen and treated as a fellow human being
- being respected and heard
- having a balanced relationship with the [health care](#) professionals
- being able to experience a return to freedom and control by having input into their own treatment

Dr Wyder hopes to continue research into the area

of involuntary mental health admissions and will start to look at ways to incorporate consumers' wishes and create a sense of control in involuntary settings.

"This is a contentious issue and one that we don't yet know much about," she said.

"This research could really make a difference, because if we can learn how to manage involuntary [mental health](#) admissions better, the long-term results could be very beneficial to all parties involved in the process.

"I am extremely fortunate as the part-time aspect of my UQ Fellowship allows me to continue my research whilst looking after two young children, and I am grateful for the opportunity to hopefully make a difference to the recovery process of those suffering from a mental illness."

Provided by University of Queensland

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