Advances in Psychiatric Treatment (2008), vol. 14, 181–182 doi: 10.1192/apt.bp.107.005173

Continuing the dialogue

Invited commentary on … Detained – what's my choice? Part 1[†]

Mary Ellen Copeland & Shery Mead

Abstract We consider the value of dialogue between healthcare professionals and mental health service users with severe mental illnesses. Discussion with the service user before, during and after a psychiatric crisis should help services to offer choice even to individuals under compulsory detention.

The article by Roberts *et al* (2008, this issue) marks the beginning of a critical dialogue about decision-making in high-risk situations. We offer a commentary based on many years of experience with both self-help and peer-run alternatives in situations of crisis. Roberts and his co-authors bring together perspectives of both professionals (whom we might think of as 'outsiders', who are traditionally the only decision makers) and people who have experienced detention ('insiders', who have lived with the decisions made for them).

We see the article as containing a combination of outsider knowledge, representing what might be described as fear-based decision-making, and insider knowledge, representing the beginning of what we might call hope- or recovery-based decision-making (choices that lead to hope and increased feelings of well-being). The next step is to ask the question, 'What responses would lead to the development of hope and increased feelings of well-being as an outcome?' One way of considering these conversations is in terms of discussions embarked on proactively, of dialogues in the moment and of dialogues after the event.

Proactive discussion

In thinking about proactive approaches to ensuring choice, the dialogue might include self-care, prevention and crisis planning, which are the main focus of two US initiatives: the Wellness Recovery Action Plan (WRAP; Copeland, 2001, 2002) and also the Intentional Peer Support programme (Copeland & Mead, 2003; Mead & McNeil, 2005, 2006; www.mentalhealthpeers.com).

Crisis planning in WRAP gives individuals with mental illnesses the ability to think about how to deal with a crisis and who and what might be needed, and to put this into a document that others can use as a guide in difficult situations. Other parts of the plan help them to develop self-care and prevention strategies that will help them avoid crisis.

The Intentional Peer Support programme offers a relational dialogue about what might work for everyone. It involves considering crisis as an opportunity to break patterns and habits, stay connected and even to act reciprocally by negotiating fear, power and meaning (Mead & Hilton, 2003). An example (using the scenario in Roberts *et al*'s Box 2) might be having a clinician talk to Stephen when he is feeling well about the types of conversation that are useful when he is angry or withdrawn. They might discuss what he would like from the hospital if and when he should use it, but most importantly, they would let each other know what creates disconnection for him.

Discussion in the moment

An example of dialogue about what would help in the moment would be members of staff talking to Stephen (or any person who has been detained) in a way that includes him in decision-making. They might acknowledge their own fear and discomfort and ask what he would like from them when he is frustrated. As regards getting out of bed, they could find out more about what interests him and strategies that he feels might work. They might also

[†]To be read in conjunction with pp. 172–180, 183–184 and 184–186, this issue.

Mary Ellen Copeland is a mental health recovery author and educator in Dummerston, Vermont, USA. Shery Mead is an author and educator for the Intentional Peer Support programme, working in Plainfield, New Hampshire (302 Bean Road, Plainfield, NH 03781, USA. Email: shery466@comcast.net).

uncover justifiable reasons for his refusal to get out of bed such as extreme lethargy caused by medications or fear of the events of the day.

Discussion after the event

Discussions after the person leaves the hospital that might better inform future strategies might include talking about what worked well, what did not work and why, from the point of view of the person being served and of the people responsible for their care. In the example of Michael (Roberts *et al*'s Box 5), the staff might ask him what was useful about his hospital stay and what he will need to continue moving ahead.

Enabling shared risk

We hope that this beginning of a developing dialogue will expand over time and we believe that acting on what is learned will result in services that better meet the needs of people being served, making choice possible in even the most difficult situations. This will not happen overnight, but with practice we may just see the day when shared risk becomes a reality.

Declaration of interest

None.

References

Copeland, M. (2001) *Winning against Relapse*. Peach Press.

Copeland, M. (2002) *WRAP: Wellness Recovery Action Plan* (2nd, revised edn). Peach Press.

Copeland, M. & Mead, S. (2003) *WRAP and Peer Support: A Guide to Individual, Group and Program Development*. Peach Press.

Mead, S. & Hilton, D. (2003) Crisis and connection. *Psychiatric Rehabilitation Journal*, **27**, 87–94.

Mead, S. & MacNeil, C. (2005) Peer support: a systematic approach. *Family Therapy Magazine*, **4**(5), 28–31.

Mead, S. & MacNeil, C. (2006) Peer support: what makes it unique? *International Journal of Psychosocial Rehabilitation*, **10**, 29–37.

Roberts, G., Dorkins, E., Wooldridge, J. & Hewis, E. (2008) Detained – what's my choice? Part 1: Discussion. *Advances in Psychiatric Treatment*, **12**, 172–180.

To God

Why have you made life so intolerable
And set me between four walls, where I am able
Not to escape meals without prayer, for that is possible
Only by annoying an attendant. And tonight a sensual
Hell has been put on me, so that all has deserted me
And I am merely crying and trembling in heart
For Death, and cannot get it. And gone out is part
Of sanity. And there is dreadful hell within me.
And nothing helps. Forced meals there have been
and electricity
And weakening of sanity by influence
That's dreadful to endure. And there is Orders
And I am praying for death, death, death,
And dreadful is the indrawing or out-breathing of
breath,
Because of the intolerable insults put on my whole
soul,
Of the soul loathed, loathed, loathed of the soul.
Gone out every bright thing from my mind.
All lost that ever God himself designed.
Not half can be written of cruelty of man, on man.
Not often such evil guessed as between Man and Man.

The Silent One

Who died on the wires, and hung there, one of two –
Who for his hours of life had chattered through
Infinite lovely chatter of Bucks accent;
Yet faced unbroken wires; stepped over, and went,
A noble fool, faithful to his stripes – and ended.
But I weak, hungry, and willing only for the chance
Of line – to fight in the line, lay down under
unbroken
Wires, and saw the flashes, and kept unshaken.
Till the politest voice – a finicking accent, said:
'Do you think you might crawl through, there:
there's a hole? In the afraid
Darkness, shot at; I smiled, as politely replied –
'I'm afraid not, Sir.' There was no hole way to be
seen.
Nothing but chance of death, after tearing of clothes.
Kept flat, and watched the darkness, hearing bullets
whizzing –
And thought of music – and swore deep heart's
deep oaths.
(Polite to God) – and retreated and came on again.
Again retreated – and a second time faced the screen.

Ivor Gurney was born in Gloucester in 1890. He was a chorister at King's College Gloucester and studied music under Sir Charles Stanford at the Royal College of Music 1911–1914. His contemporaries included Vaughan Williams, He served in the First World War from 1915–1917, when he was gassed at Passchendaele, He was admitted to Barnwood House Gloucester in 1922 and later transferred to the City of London Mental Hospital, where he died in 1937. The two poems shown here were written between 1919 and 1925.

doi: 10.1192/apt.14.3.182