A Survey of Preferred Terms for Users of Mental Health Services

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To determine how users of mental health services would like to be addressed by professionals, a survey of 302 persons participating in a variety of inpatient and outpatient psychiatric programs was conducted. Forty-five percent of the sample preferred the term “client,” 30 percent preferred the term “patient,” 9 percent preferred the term “consumer,” and 27 percent either expressed no clear preference for one term or provided another term. The results suggest that no one term is favored by users of mental health services. Professionals and persons receiving mental health services are encouraged to talk over individual preferences to help establish a working alliance. (Psychiatric Services 47:760-761, 1996)

Words are important. Not only do words form the basis for most communication, but they also define roles and address issues related to power. Thus the terms people use to describe their relationship to other people play an important role in creating expectations about the nature of that relationship. In the mental health field, there has been debate about what persons who use mental health services would like to be called. Although the term “patient” has been commonly used, because of the prominence of the medical model in treatment of severe psychiatric illness, objections to this term have been raised, and some have advocated that the term “consumer” is less pejorative (1).

Despite the variety of terms used and the debate about which term is “best,” few data on the actual preferences of users of mental health services exist. This paper reports the results of a survey of how recipients of mental health services prefer to be addressed by professionals.

Methods
Participants in this survey were persons who were currently receiving mental health services at any of more than 20 different settings in five states—California, Illinois, New Hampshire, New York, and Pennsylvania. Settings included inpatient psychiatric treatment facilities, community mental health centers, psychosocial clubhouses, day treatment programs, vocational rehabilitation programs, and consumer-run drop-in centers. There were no exclusion criteria for participating in this survey.

Potential participants were approached by their case manager, clinician, or other program representative during the period from January 1994 through June 1995 and asked whether they were willing to participate in a brief survey. Most persons who were approached agreed to participate. They were given a survey form and asked to complete it and return it to the person who administered it. All surveys were anonymous. The survey form contained the following statement about its purpose: “We are conducting a survey of people who have had experiences receiving mental health treatment. We are interested in knowing what you would like to be called (other than your name) as a recipient of mental health services.”

Subjects were then asked to identify the terms they preferred. The choices were “client,” “consumer,” “patient,” “doesn’t matter,” and “other.” In addition to identifying their preference, subjects indicated their gender and diagnosis, whether they were an inpatient or an outpatient, and whether they had previously had a psychiatric hospitalization. Most participants were able to complete the survey in one to two minutes. The survey form was read to participants with poor reading skills, and they indicated their responses verbally.

Of the total of 302 participants who provided usable data for the survey, 163, or 54 percent, were...
male; 73, or 24.2 percent, were inpatients; and 246, or 81.5 percent, reported a history of previous psychiatric hospitalization. Psychiatric diagnoses were self-reported. A total of 138 participants, or 45.7 percent, reported a diagnosis of schizophrenia; 29, or 9.6 percent, schizoaffective disorder; 35, or 11.6 percent, major depression; 24, or 7.9 percent, bipolar disorder; 15, or 5 percent, obsessive-compulsive disorder; and six, or 2 percent, posttraumatic stress disorder. Fifty-five participants, or 18.3 percent, did not report a diagnosis or reported multiple diagnoses. This diagnostic mix appears to be representative of the broader population of persons with severe mental illness.

Results
None of the terms included on the survey was identified by a majority of respondents as the term they would like professionals to use when addressing them. The greatest preference was for the term “client,” which was endorsed by 44.7 percent of the sample. The term “patient,” the second most preferred term, was favored by 19.9 percent, followed by “consumer,” selected by 8.3 percent. Among the 6.6 percent of respondents who indicated that they would prefer another term, no two respondents listed the same term. A total of 20.5 percent of respondents indicated that it did not matter which term was used.

Exploratory analyses showed no significant associations between the preferred term and gender, diagnosis, inpatient or outpatient status, or history of psychiatric hospitalization.

Discussion and conclusions
The results of this survey indicate that those who use mental health services express a range of different preferences for the term they would like professionals to use when referring to them, with no one preference shared by the majority. More individuals preferred the term “client” than preferred either “patient” or “consumer.” “Client” may be preferred because it connotes both a certain degree of voluntary participation in treatment or rehabilitation and because it suggests that the professional is acting in accord with the individual’s best interests.

The term “patient,” although not as popular as “client,” was nevertheless preferred by 19.9 percent of the survey participants. This finding suggests that many individuals do not find the term “patient” objectionable.

Finally, the term “consumer” was preferred by only 8.3 percent of the respondents. If the survey sample had included a greater number of individuals who had participated in the consumer empowerment movement, the term “consumer” may have been preferred by more individuals. However, we believe that our broad sampling strategy resulted in a mix of individuals who were representative of the broader population of individuals with severe mental illness.

Many persons in the consumer empowerment movement have emphasized the deleterious, stigmatizing effect of the labels given to persons with serious psychiatric illness (2,3). These authors have argued that terms such as “consumer” or “person with a psychiatric disability” convey a more activist, hopeful stance, compared with traditional labels such as “patient” or, even worse, “schizophrenic” or “borderline.”

Self-determination and acknowledgment of the possibility of recovery are clearly important aspects of evolving mental health services. However, in this era of managed care, declining public-sector services, and reduced funds for treatment research, the costs of moving outside the acceptable medical lexicon must be weighed against the benefits. Achieving parity of mental health and physical health insurance coverage, for example, may become more difficult if, simultaneously, mental health service users argue that they are not patients. Similarly, given the current level of misinformation and stigma already associated with serious psychiatric illnesses, the use of nonmedical terms such as “consumers” or “survivors” may inadvertently convey the impression that psychiatric illnesses are volitional and result from a substantial lack of self-control.

The results of this survey suggest that there is no one “correct” term that should be used to refer to individuals with severe mental illness. The participants in this survey indicated a range of preferences, and a full 20 percent of the sample indicated that they did not care what term mental health professionals used. The lack of consensus on which term is most preferred suggests the need for dialogue on this topic between mental health professionals and users of mental health services. Only by openly talking about specific preferences can both parties be assured that the common language they employ is mutually acceptable. Increased sensitivity and willingness to discuss these issues by mental health professionals may contribute to enhanced feelings of empowerment among individuals with severe mental illness and may facilitate the development of a working alliance between professionals and users of mental health services.

References
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