

# Client Versus Client

Mary Gibson-Leek

I am a client of a county mental health clinic. I believe that the quality of my care and the privacy of my treatment are threatened by heavy-hitting, ego-centered, and power-driven members of consumer, survivor, or ex-consumer organizations. I have experienced firsthand the wrath of the extremists who linger within the mental health system so that they can bring it down, take control, and receive government dollars to pretend that they are providing my treatment. They call it "alternative treatment," which is meant to eventually replace all forms of professionalism in the field. They are careful to say that they are working "in conjunction with, not as a replacement for" the mental health system—but in the underground, they joke that once they infiltrate, they will rule.

Drop-in centers used to be a part of county mental health. All clients were equal. Socialization was natural. Clients attended the centers for these reasons. A counselor was available but unobtrusive. Despite what the extremist groups say, we all appreciated the counselor's saving us from the abusive controller. Abuses of clients by clients were not allowed, which enabled us to develop social skills without being threatened by the controlling client. These programs were cut only to have the government fund numerous "exclusive" drop-in centers that work as political fronts. The true client is submissive to the "super client"—attacked, cut off, shouted down, and silenced.

The heavy hitters shout that I am not a client but someone who has been brainwashed. I am now a "consumer," part of their potential market. The truly mentally ill are bullied into silence. The "super clients" now

speak on my behalf. With their newfound power they abuse the "lesser" client. When I told one of these "leaders" that she did not speak for me and that I benefited from professional treatment, I was told "You have been brainwashed by the system. Until you join us I will always speak for you, whether you like it or not." She took it a step further by telling me, "Once I am empowered to be in power, I will be deciding who gets treatment and who does not, and you can float down the river with the professional quacks."

I must become compliant with their cause while they use me as a disposable tool for their political and business agendas. My feelings, treatment, and being are now dictated by narcissistic and histrionic individuals who could not control those in the outside world but have found it easy to control me as well as ill-informed lawmakers and frightened therapists. They do this by promoting ideas such as "All medication is poison" and "Your therapist wants you dead." People with paranoid schizophrenia become terrified and toss their medication; some eventually commit suicide. I have to listen while these groups proudly shout, "See what the System did!" They are good at acting meek while they con the lawmakers. I've watched in helplessness as they interrupt our groups, screaming at the counselor that if they don't get what they want they will go to the media and claim abuse.

Treatment by professionals has saved my life. I do not wish to be "therapitized" to by people who know less than I do but seek dominance over me by claiming that they are providers. I am sickened by the idea that they want me warehoused in one of their drop-in centers while they pretend to practice as professionals and sit on multiple boards. I do not wish to mop the floors of these centers while they receive government

dollars to fly to conferences and claim to represent me.

These people designate themselves as staff, telling me I must lobby legislatures to keep their business open. I watch as the vulnerable client is offered donuts to be bussed to the rally of the day, where they are to scream in protest about how severely abused they are. These elite super clients bribe other clients by telling them that they will be given free computers if they join the movement. One of these super clients discouraged another client from purchasing a car, saying, "Computers can be used to increase our movement—cars cannot." They have sunk as low as helping other clients register to vote so that the clients can be "empowered," only to tell these clients whom to vote for. Their role has expanded from natural socialization and support—which should be received on a voluntary basis—into self-appointed mental health providers. They have pushed their way into my treatment.

No client should ever be placed above another client or be paid to be a client. Funds that should be going to treat the mentally ill are now squandered on extremists who constantly seek attention, awards, esteem, power, and control over others. Hundreds of these groups are forming, each demanding its own share of government dollars.

These super clients brag about how they must destroy all aspects of professional treatment, including professional qualifications and medication—if they don't, they will have people who are their superiors. The removal of professionals and any service that requires a professional, such as prescribing medication, would automatically qualify them as providers.

Their belief that the mentally ill are the best therapists for the mentally ill is a myth. These super clients are some of the most dangerous people I have ever known. If they are seeking

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peer support, they could always keep it within their own living rooms, but they don't—it wouldn't be a business if they did. Their egos never allow another client to treat them, but they expect us to allow them to treat us. They are hurting me by claiming that "mental illness is not an illness" so that they can administer so-called alternatives. The only clients truly being served by this process are themselves. Sadly, some severely mentally ill people are easily recruited. Promises of a free donut can mean a great deal. Others, such as myself, feel so threatened that we feel our lives are at stake.

Why should any self-appointed consumer advocate, calling him- or herself a "peer," be paid to be mentally ill, paid to be placed over the "lesser" client, and paid to state that he or she is more qualified to provide therapy than my counselor is? Will mental health care die because it will be forced to pay all mental health clients so that they can protect themselves and feel equal to the super clients? Who is going to decide which mentally ill clients are better than others and then fund their activities? What happens when all clients want to run their own drop-in centers? Will the more threatening and intimidating clients be the ones who are made superior to the others? This is a dangerous situation. Clients do not belong anywhere near other clients' treatment. Clients must be allowed to advocate for themselves. Advocacy does not mean taking over. These groups have gone beyond what was intended.

I am tired of being told that if I don't lobby Congress to support their goals, the "bad therapists and congressmen" will take my treatment away. Some clients get scared and do as they are told. I get scared that what the super clients want will become a reality. These groups scream that cutting their funding would gravely affect the mental health consumer movement. No—it will gravely affect their pseudo-clinics and save lives.

Mental health has become a joke. Virtually anyone can set up shop and call him- or herself a counselor or provider and reap the joys of government dollars. They will always demand more money. I don't fear the

science they despise but the pseudo-science that they preach.

Funding is going to the same few self-appointed leaders. They seek permanent jobs at facilities where they will be the only "staff." There is no rotation, no concept that this isn't permanent. The argument that this work will help them reintegrate into society is bogus, because they never plan on leaving. The super client will always win over the lesser client. These super clients will never leave the mental health field, because they are having too much fun controlling it. They claim to be role models. But they are not survivors, they are controllers—and they are getting away with it.

These extremists state that they can help people completely recover without treatment and without medications, that they just need to connect them with supports so that they can return to society and lose their label of mental patient behind. That's easy for them to say, because they are professionally paid or are placed in permanent provider roles. They brag about how much fun it is to be "one of the pros," yet they trash the pros. I will die the day these super clients are given access to my chart or allowed to start their own chart on me just because they have decided that I need them on my case management team. Class action lawsuits will be brought

by clients who don't want the person sitting next to them pretending to be a client and then turning around and practicing on them.

Power by client over client is not the way to go. I have never been mistreated by the mental health system. I have not liked everything my counselor has said, but I don't go to counseling so that the counselor will tell me what I want to hear. Unfortunately, that is why some clients go. They demand, they want—and they'd better get. A therapist—of any type—being controlled or ruled by clients will mark the end of true treatment.

I am sure that some people have not had good experiences. This does not mean that they control my experiences. Many of these people were never mentally ill. They simply couldn't cope unless they were in control, and so they ended up in the mental health system. Now the government is letting them have control—no accountability or legal consequences for anything they do. The only brainwashing I have experienced is the brainwashing practiced by these extremist, self-appointed "professional clients." My mental health treatment shouldn't be based on whether or not I further their cause. But I fear that if I do not further it, they will come true on their promise, and I will be without treatment, help, or hope. ♦

## Submissions for Datapoints Invited

Submissions to the journal's Datapoints column are invited. Areas of interest include diagnosis and practice patterns, treatment modalities, treatment sites, patient characteristics, and payment sources. National data are preferred. The text ranges from 350 to 500 words, depending on the size and number of figures used. The text should include a short description of the research question, the database and methods, and any limitations of the study.

Inquiries or submissions should be directed to Harold Alan Pincus, M.D., or Terri L. Tanielian, M.S., editors of the column. Contact Ms. Tanielian at Rand, 1200 South Hayes Street, Arlington, Virginia 22202 (terri\_tanielian@rand.org).